ORIGINAL ARTICLE

FEELINGS OF WOMEN IN THE EXPERIENCE OF LEGAL ABORTION DUE TO SEXUAL VIOLENCE

SENTIMENTOS DE MULHERES NA VIVÊNCIA DO ABORTAMENTO LEGAL DECORRENTE DE VIOLÊNCIA SEXUAL

SENTIMIENTOS DE MUJERES EN LA EXPERIENCIA DEL ABORTO LEGAL DECURRENTE DE LA VIOLENCIA SEXUAL

Aniete Cintia de Medeiros Guimarães¹, Karla da Silva Ramos²

ABSTRACT

Objective: to know the feelings presented by women victims of sexual violence who experienced the abortion provided by law. Method: a descriptive, exploratory study with a qualitative approach developed with ten women who underwent legal abortion after gestation due to rape. Data were collected through a semi-structured interview and analyzed using the Content Analysis technique. Results: feelings about violence, pregnancy diagnosis, decision making about abortion and after this procedure were identified. Legal abortion was the best alternative, according to the study participants. Conclusion: the experience of pregnancy resulting from rape, followed by legal abortion, is complex and produces permanent results in women's lives. Descriptors: Violence Against Women; Sexual Violence; Rape; Abortion, Legal.

RESUMO

Objetivo: conhecer os sentimentos apresentados por mulheres vítimas de violência sexual que vivenciaram o abortamento previsto em lei. Método: estudo descritivo, exploratório, com abordagem qualitativa, desenvolvido com dez mulheres que realizaram aborto legal após gestação por estupro. Os dados foram coletados por meio de entrevista semiestruturada e analisados pela técnica de Análise de Conteúdo. Resultados: foram identificados sentimentos diante da violência, do diagnóstico de gravidez, na tomada de decisão sobre o abortamento e após este procedimento. O aborto legal apresentou-se como melhor alternativa, segundo as participantes do estudo. Conclusão: a experiência da gravidez resultante de estupro, seguida por aborto legal, é complexa e produz resultados permanentes na vida das mulheres. Descriptores: Violência Contra a Mulher; Violência Sexual; Estupro; Aborto Legal.

RESUMEN

Objetivo: conocer los sentimientos por las mujeres víctimas de violencia sexual que han experimentado aborto previsto en la ley. Método: estudio descriptivo, exploratorio, con un enfoque cualitativo, desarrollado con diez mujeres que realizaron aborto legal después del embarazo por violación. Los datos fueron recogidos mediante entrevista semiestruturada y analizados por la técnica de Análisis de Contenido. Resultados: se identificaron sentimientos frente a la violencia, del diagnóstico de gestación, de la toma de decisiones sobre el aborto y después de este procedimiento. El aborto legal presentó la mejor alternativa, según los participantes del estudio. Conclusión: la experiencia de embarazo resultante de violación, seguido por el aborto legal, es compleja y produce resultados permanentes en las vidas de las mujeres. Descriptores: Violencia Contra La Mujer; Violencia Sexual; Violación; Aborto Legal.

¹Obstetric Nurse, Resident in Nursing in Women’s Health with Emphasis in Obstetrics, Municipal Health Secretariat of Recife / SES. Recife (PE), Brazil. E-mail: anietemedeiros@hotmail.com; ²Nurse, Master in Maternal and Child Health, Instituto de Medicina Integral Professor Fernando Figueira / IMIP. Recife (PE), Brazil. E-mail: karladramos@yahoo.com.br
INTRODUCTION

Violence against women has been defined in the Inter-American Convention to Prevent, Punish, and Eradicate Violence against Women (Belém do Pará Convention, 1994) as any gender-based act, that causes physical, sexual or psychological death, injury or suffering to the woman. According to studies by international organizations, one in four women in the world is a victim of gender-based violence, losing a potentially healthy life year every five years.1

In this context, since 1993, the World Health Organization (WHO) has focused attention on women in situations of domestic and sexual violence as a matter of public health and a human right.1 Gender violence is understood as a violation of human rights in the insofar as it affects the status of women as citizens, their freedom to come and go with security, their right to expression and respect for their physical, psychological and social integrity.2,3

Among the forms of violence suffered by women, the sexual order is understood as any action in which a person in relation to power uses physical force, coercion or psychological intimidation to force another to engage in sexual intercourse against his will.3

Globally, it is estimated that sexual violence reaches about 12 million people a year, and that 18% of women experience at least one episode of this type of violence during their lifetime.1,4-5 In 2012, 674 cases of sexual violence against women were reported in Recife / PE.6 In 2014, Brazil registered 47,464 rapes, against men and women, of which 2,239 were in Pernambuco and 456, in Recife, observing a reduction when this number is compared to previous years. However, considering that only about 35% of sex crimes are reported, more data are needed to confirm this decrease.7

Sexual violence against women is a historical and cultural issue, affecting mainly young people of reproductive age and having consequences on physical and psychological health.1,8 In addition to the risk of contamination by Sexually Transmitted Diseases (STDs), another important problem that women victims of rape may suffer is pregnancy, whose occurrence, in these cases, is approximately 7% in Brazil, resulting, in most cases, in abortion.9

From the point of view of health, abortion is the interruption of pregnancy until the 20th / 22nd week, and/or with a product of conception weighing less than 500 grams.1 It may occur spontaneously or induced and is considered unsafe when performed in precarious and inadequate conditions, and/or by staff without sufficient qualification.3

Abortion represents a serious public health problem, with a higher incidence in developing countries, being one of the four main causes of maternal morbidity and mortality in the world, especially when performed in unsafe conditions.4,9,10 Each year, approximately 60 to 70 thousand women die from complications of this procedure, and five million suffer from temporary or permanent dysfunctions.9,10 In Brazil, there are more than one million unsafe abortions per year, with predominant mortality in the Northeast.4

Historically, the struggle and debate conducted by women's movements and various segments of civil society have resulted in the consolidation of social and legal instruments for the protection of women in situations of violence. One of these instruments is the Brazilian Penal Code (Decree-Law No. 2848 of December 7, 1940), which, in article 128, section II, establishes the permission to perform abortion when the pregnancy results from rape or, by analogy, otherwise sexual violence, that is, there is no punishment for abortion cases arising from these advent. Thus, abortion provided for by law constitutes a woman's right, which must have ensured full medical care and full guarantee of her sexual and reproductive health.1,11-2

Safe abortion, in case of pregnancy due to rape, is allowed in almost half of the countries.10 In Brazil, in 2012, the country had 63 health institutions that reported offering the abortion program provided by law, but, few effectively waived this care and access was hampered for a number of reasons, mainly, the lack of information from health professionals and women about their rights, and these services were concentrated in the metropolitan regions of the country.11-3

In view of the current problem of sexual violence in Brazil, related to the high number of abortions performed, and considering all the bio-psychosocial context that involves the unwanted pregnancy resulting from rape, it becomes fundamental knowledge about the feelings experienced by the women who pass through this Situation, which led to this study.

OBJECTIVE

- To know the feelings presented by women victims of sexual violence who performed abortion as provided by law.
A descriptive, exploratory study, with a qualitative approach, developed at the Wilma Lessa Women's Support Service (SAMWL), which was created in 2001 and works closely with the Agamenon Magalhães Hospital (HAM), in the city of Recife / PE. SAMWL is a public institution, a state reference in the care of women in situations of violence, formed by a multi-professional team for prompt care and follow-up of the users, as well as the guarantee of safe abortion for victims of sexual violence, a procedure carried out in the HAM maternity ward. In the year 2014, the service performed 14 legal abortions as a result of sexual violence. In 2015, until the beginning of December, 32 procedures were carried out, a fact attributed to the greater disclosure about the existence of the service and its operation.

The study population comprised women victims of sexual violence accompanied in SAMWL. For sample composition, inclusion criteria were defined as: (1) being pregnant as a consequence of sexual violence; (2) have entered into the abortion protocol provided by law; and (3) accept voluntary participation in research. The exclusion criteria were: (1) to have suffered sexual violence, but not to be pregnant; (2) gestational age incompatible with the date of the aggression; (3) not opt for abortion provided by law; and (4) not accept participation in the research.

The theoretical saturation sampling process, was used to define the sample size, which resulted in ten women. It is noteworthy that two women were no longer part of the sample due to lack of communication regarding the date of hospitalization and abortion.

Data were collected between January and May 2015, during the hospitalization of the patients to perform the abortion, through a semi-structured interview script, contemplating open questions about socioeconomic characteristics, the feelings they presented at the time of the violence, in the discovery of the pregnancy, in the decision to stop it and after the abortion.

The interviews were recorded with the permission of the participants and, subsequently, transcribed, and the information obtained was treated using the technique of content analysis, thematic modality type. In this way, the analysis included the steps of floating reading, coding of data, from registration units (word, theme, character), and thematic categorization, by grouping and classifying discourse elements by content affinities.14

The ethical and legal recommendations of National Health Council Resolution 466/2012, which regulates research involving human beings, were respected. The women interviewed were clarified in advance about the purpose of the research, the confidentiality of information and identities, and their voluntary participation. They were asked to consent to the study by reading and signing the Free and Informed Consent Term.

The project was approved by the Research Ethics Committee of the Agamenon Magalhães Hospital, under the Certificate of Presentation for Ethical Assessment - CAAE n° 38759914.0.0000.5197 and protocol no. 888.311 / 2014.

RESULTS

The ten women participating in the survey were aged between 18 and 40 years; two of them had not finished high school; two were married and five were in paid employment. Six women knew the perpetrator who committed sexual violence, and, in two cases, the perpetrator was the partner of the victim and, in another case, a cousin. The gestational age at which the pregnancy was interrupted ranged from eight to 20 weeks.

The analysis of the responses regarding the presented feelings allowed the identification of four thematic categories: (1) feelings about sexual violence; (2) feelings about the diagnosis of pregnancy; (3) legal abortion decision process; And (4) feelings presented after the abortion. Each category is described below, and the respondents were identified by codenames..

- Feelings about sexual violence

Regarding the questioning of feelings about the violence suffered, the women reported that the experience of the rape aroused negative emotions that reflected in the personal, professional and, above all, psychological aspects. The main feelings reported were of anger, fear, impotence and shame.

*I felt very sad and I felt disgusted, angry and very afraid, especially, of the threats he made to me, death threats. Then, I just wanted to isolate myself, you know? I just wanted to lie down, I lost my will to do things. And today I’m very afraid to leave home, mostly, alone. (Pink)*

[…] you feel impotent, a waste, an object that anyone is entitled to get on and do whatever they want and it’s all right. (Jasmine)
In some speeches, it was also possible to verify the feeling of guilt in the face of sexual violence, especially, in cases where the perpetrator was known to the victim.

At that moment, that guilty feeling came, that was the first thing I felt, for letting him go to my house. If he had not, that would not have happened. I also felt other bad things, a lot of anger, embarrassment. Because you're standing defenseless and exposed to someone who knows you and you never imagined you could do that. [...] but when I came here and talked to the psychologist I saw that it was not that, that I did not have to feel guilty. (Tulip)

Feelings about the diagnosis of pregnancy

When questioned about how they felt when they discovered they were pregnant, almost all of the women interviewed reported the feeling of despair at the diagnosis. In general, the finding was shocking and they did not perceive themselves pregnant. Other feelings in the speeches included sadness, fear, shock, and concern about the family, since few women had reported having undergone rape.

When I found out, I went into despair, but so far I do not feel pregnant. In fact, I did not know what to feel, I was lost with the impact of the news. (Daisy)

Ruined [...] as much as I find the process ugly, it is as if it were an invader in my body, a disease that I did not seek and that appeared in me. (Violet)

Some reports have revealed the influence of the diagnosis on the psychological state of women, generating disturbances, isolation and thoughts of suicide as a way to solve the problem immediately.

I cried a lot, I was very sad, worried, I insulated myself, I even thought about doing stupid things. It was a lot at the same time when I least expected it, I did not understand anything. (Hydrangea)

Legal abortion decision process

Asked about the reasons that led them to the choice of abortion, most women responded that they had made the right choice because they did not imagine carrying on an unwanted pregnancy, generated from a violent act, without their consent and their own desire. Some reported difficulty in maintaining pregnancy because they already had other children and/or being married because they said that the child would constantly remind them of their aggression and at the same time they would not be able to give it up for adoption.

I do not know what made me choose abortion. Like most women, I think everyone wants a pregnancy, but no one wants it that way. [...] I was too scared to regret it later, because I know the child is not to blame for anything, and who am I to take a life? But I really cannot afford this child that way and I do not think God wants it for me. (Orchid)

I will not say that I do not feel sorry for the child, I have. But at that moment I had to think about myself, I cannot carry on a pregnancy like this, feeling a child move inside me, watching my body change, feeling the pain of childbirth, knowing that it's like an invader inside of me. I do not know how I could deal with it [...], I could not look at the child and not remember. I also do not know if I could send it to adoption. (Violet)

Half of the interviewees said they did not know about the right to abortion, which makes it difficult to find health services and women's decision-making.

I did not know I could have an abortion because I always knew it was a crime, right? But then they said that when a woman becomes pregnant through violence, she has the right to an abortion, and, since I have that right, I think it's the best thing to do. (Hydrangea)

Feelings presented after abortion

At the interview stage after termination of pregnancy, women were encouraged to describe how they felt at that time. The most observed feelings in the speeches were relief and tranquility, and four women reported physical complaints, including mild pain and bleeding.

I'm feeling relieved. [...] I feel a relief in the soul, you know? (Lily)

I feel good, calm, I took a weight of worry and anguish that was on me. For me, that was the best way to get this resolved. And I am very grateful to the service for all the attendance, I was very welcomed, the team reassured me enough and I'm very satisfied indeed. (Sunflower)

I'm fine, I just feel a little cramp still, but not so strong. I'm not afraid anymore, I was just worried because I lost a lot of blood, until I thought it would get very bad after I did the curettage. But overall, I'm relieved, for sure. (Hydrangea)

DISCUSSION

Sexual violence appears in a social scene of gender relations characterized by inequality and opposing positions of power and subordination, strength and weakness, where the woman who suffers this type of violence tends to be pointed out as responsible for the situation, for some behavior considered improper.13,15-6

Other studies have obtained results similar to this one, where rape women reported that

ISSN: 1981-8963
DOI: 10.5205/reuol.10827-96111-1-ED.1106201713

English/Portuguese

2352
the experience of the aggression was shocking and compromised their ability to seek help, being associated with physical suffering and emotional trauma, feelings of anger and frustration due to impotence in front of the aggressor, besides the desire to try to forget and not to divulge the occurrence. The fear of being unaccompanied, the insomnia, the disturbance by the side effects of the prophylaxis for STDs, desire to change of residence, difficulty in performing daily tasks Without company, to resume sexual life and work were also described by the women.

It can be seen that the effects of sexual violence on women's lives go beyond the immediate implications of violent acts, leaving marks in the sexual, affective, social and professional spheres. These women can commonly present fear, low self-esteem, loss of autonomy, eating disorders And of sleep, lack of concentration, personality disorders, feelings of anger, humiliation and self-accusation. Thus, they become prone to the development of pictures such as depression, anxiety, panic syndrome, posttraumatic stress disorder, suicide attempts and use of psychoactive substances.

Some authors affirm that the confrontation after sexual violence is characterized by phases, beginning with an acute reaction of disorganization in the lifestyle of the victim and his family, followed by a process of behavioral reorganization, until the resumption of autonomy and sense of control over life itself.

The search for help, whether in the health system, police stations or other components of the health care network, can be understood as a further consequence of violence, as it can cause fear and embarrassment associated with these services, causing many women to seek due assistance and, therefore, do not perform prophylactic actions.

Another issue related to sexual violence against women refers to the proximity to the aggressor - intimate partners, family members or people living with the victim. In these cases, it must be considered that the woman may be more vulnerable, due to emotional involvement, economic dependence, aggressor access to the victim, guilt, shame or fear of threats.

Among the consequences of sexual violence, pregnancy stands out because it gives rise to bio-psychosocial reactions of relevant complexity and can be considered as a second violence for many women. Gestation is a biological event involving situational and transitory conflicts, which can be accentuated by the gestation condition due to rape.

Often, pregnancy appears as a denouncing factor of sexual violence and, only after suspicion or confirmation of the diagnosis, women seek help. In a study carried out in Campinas/SP, with ten women victims of rape who performed legal abortion, they affirmed that pregnancy was the most unexpected consequence of violence, and they described the moment of discovery as one of the most striking of the whole process, feelings of despair and anguish.

An analysis performed at a referral service in the care of victims of sexual violence and legal abortion in Caxias do Sul/RS revealed that, in these situations, women are fragile, and they are exposed to drug use, depression and Unsafe abortion reinforces this fragility. The authors also reported the difficulty in establishing interpersonal relationships with the service team, since the impact of violence and/or pregnancy diagnosis has aroused a range of sensations and emotions in the victims, interfering with the adequate adherence to the service and treatment.

From the confirmation of pregnancy resulting from sexual violence, all information regarding the interruption of pregnancy, prenatal care and delivery of the child for adoption should be offered to women, from the perspective of knowledge as a facilitator of the decision-making process, which should be free, conscientious, informed and respected. The literature shows that, faced with an unwanted pregnancy, a woman needs a strong justification to carry out the intention to abort, as in the case of rape. However, abortion decision tends to be complex and multi-factorial, involving environmental, cultural, socioeconomic determinants, family relationships and beliefs.

A study with pregnant women as a result of rape in a hospital in Campinas / SP found that 65% of them opted for abortion, 21% did not opt for abortion, and the others could not perform abortion due to medical reasons. Another previous study that investigated the abortion decision process showed that all women whose pregnancy was the result of rape performed abortion.

Recent research with women who have gone through this experience has revealed that abortion was the best solution found by them, at the same time that it was painfully experienced, requiring emotional elaboration to become more acceptable. The ambivalence surrounding this decision is related to the symbolic representation of motherhood, as
the essence of the condition of being a woman and a mother, which can weigh in the choice of women and be received with restrictions by unprepared professionals.4,13

Most women are still unaware of their rights or have difficulty in accessing safe services, using clandestine abortion services and being exposed to unsafe conditions, with serious health consequences. On the other hand, women who sought a referral service mentioned feelings of relief and comfort regarding the care received and, above all, the discovery of the possibility of interrupting gestation.13

The results of this study, with respect to the feelings referred by women after legal abortion, corroborate with the findings of previous publications, which indicate that, for the majority of women, the sensation of relief at this moment stands out.22 This feeling appeared expressed, including when considering the controversial aspect involving abortion and religion, where women who disagreed with abortion in other situations, for religious reasons, affirmed a sense of relief after abortion, in cases of rape pregnancy.24 It is also evident the importance of procedure in that it reduces the frequency of suicidal ideation among women experiencing pregnancy under these conditions.9

In a study of 465 women who underwent abortion for various causes, nearly half of them reported having felt emotionally ill and had physical complaints such as cramps, nausea, and malaise; approximately 28% reported relief and well-being, and 14.7% expressed positive and negative feelings about having aborted.23

In view of the above, it is clear the need for these women to receive humanized assistance in a network of support and protection of easy access, with integrated services and skilled professionals in all phases of the process, from the occurrence of rape to post-abortion. It is essential that there is an environment of trust, support and empathy, aiming at the strengthening, overcoming and emotional and social restructuring of women, including support for the family and those close to them when necessary.1,3,25

CONCLUSION

This study made it possible to elucidate the complexity of the pregnancy experience resulting from sexual violence, followed by the process of legal disruption, leaving important and persistent marks in women's lives. It is fundamental to reflect on the right of women not only in relation to the choices about their body, but also about their physical and mental health and their own life.

Public policies for women in Brazil have made many strides, but there are issues that need and can be improved if women's rights are to be effectively fulfilled. Thus, a wider and more comprehensive dissemination of information about immediate care of victims of sexual violence is needed in order to avoid unwanted pregnancies and, consequently, to reduce the number of unsafe and unsafe abortions. The number and distribution of health services that perform legal abortion should also be expanded to ensure equal access for all women.

Another issue of great relevance observed in this study concerns the role of the team that assists the rape victims who seek to interrupt the pregnancy. The existence of an interdisciplinary and multidisciplinary team capable of receiving and assisting in a humanized way during all the stages of this process makes it possible to make the experience less traumatic and permanent for these women.

In general, it was difficult to find, in the literature, updated publications about the themes, mainly related to the decision of legal abortion. Thus, it is imperative to develop further studies within this context, as a way of disseminating knowledge about something so present and important within the field of public health.

REFERENCES


Feelings of women in the experience of...