PROFILE OF THE NOTIFICATIONS ON SEXUAL VIOLENCE

PERFIL DAS NOTIFICAÇÕES SOBRE VIOLÊNCIA SEXUAL

PERFIL DE LAS NOTIFICACIONES SOBRE VIOLENCIA SEXUAL

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ABSTRACT

Objective: to outline the profile of cases of sexual violence. **Method:** a quantitative, cross-sectional study, based on the consultation of the records of cases treated at a referral hospital, from 2014 to 2016, filed in the epidemiological surveillance sector. Data was collected identifying the victim, the aggressor and the characteristics of violence. The descriptive and inferential analysis was carried out and the results were presented in tables. **Results:** 241 cases were reported, more frequently in adults (34.9%), followed by adolescents (32.8%) and children (30.3%), female (87.1%) and white (60.2%). Most cases occurred at home (41.9%). Among adults / elderly, unknown perpetrators (65.2%) prevailed and, among children / adolescents, friends / acquaintances (42.1%). The most frequent procedures were the collection of material for examinations (64.7%), STD prophylaxis (60.2%) and referral to the Guardianship Council and the Women's Precinct. **Conclusion:** Sexual violence was more frequent in females and reached all ages. Their results show the need for greater commitment in completing the notification forms. The study contributes to the advancement of knowledge about this type of violence when describing the main characteristics of its occurrence. **Descriptors:** Sex Offenses; Public Health; Mandatory Reporting; Exposure to Violence; Epidemiology; Nursing Care.

RESUMO

Objetivo: traçar o perfil dos casos de violência sexual. **Método:** estudo quantitativo, transversal, realizado a partir de consulta às fichas de notificação dos casos atendidos em um hospital de referência, no período de 2014 a 2016, arquivadas no setor de vigilância epidemiológica. Coletaram-se dados de identificação da vítima, do agressor e características da violência. Realizou-se a análise descritiva e inferencial e apresentaram-se os resultados em tabelas. **Resultados:** foram notificados 241 casos, com maior frequência em adultos (34,9%), seguidos por adolescentes (32,8) e crianças (30,3%), do sexo feminino (87,1%) e cor branca (60,2%). Grande parte dos casos ocorreu no domicílio (41,9%). Entre adultos/idosos, prevaleceram agressores desconhecidos (65,2%) e, entre crianças/adolescentes, amigos/conhecidos (42,1%). Os procedimentos mais frequentes foram a coleta de material para exames (64,7%), a profilaxia de DST (60,2%) e o encaminhamento para o Conselho Tutelar e a Delegacia da Mulher. **Conclusão:** a violência sexual foi mais frequente em pessoas do sexo feminino e atingiu todas as idades. Seus resultados mostram a necessidade de maior comprometimento no preenchimento das fichas de notificação. O estudo contribui para o avanço do conhecimento sobre este tipo de violência ao descrever as principais características de sua ocorrência. **Descritores:** Violência Sexual; Saúde Pública; Notificação Compulsória; Exposição à Violência; Epidemiologia; Cuidados de Enfermagem.

RESUMEN

Objetivo: trazar el perfil de los casos de violencia sexual. **Método:** estudio cuantitativo, transversal, realizado a partir de consulta a las fichas de notificación de los casos atendidos en un hospital de referencia, en el período de 2014 a 2016, archivadas en el sector de vigilancia epidemiológica. Los datos fueron recolectados por identificación de la víctima, del agresor y características de la violencia. Se realizó el análisis descriptivo e inferencial y se presentaron los resultados en tablas. **Resultados:** fueron notificados 241 casos, con mayor frecuencia en adultos (34,9%), seguidos por adolescentes (32,8) y niños (30,3%), del sexo femenino (87,1%) y color blanco (60, 2%). Gran parte de los casos ocurrió en el domicilio (41,9%). Entre adultos / ancianos, prevalecieron agresores desconocidos (65,2%) y, entre niños / adolescentes, amigos / conocidos (42,1%). Los procedimientos más frecuentes fueron la de material para exámenes (64,7%), la profilaxis de ETS (60,2%), y el encaminhamento para el Consejo Tutelar y la Comisaría de la Mujer. **Conclusión:** la violencia sexual fue más frecuente en las personas del sexo femenino y alcanzó todas las edades. Sus resultados muestran la necesidad de mayor compromiso en el llenado de las fichas de notificación. El estudio contribuye al avance del conocimiento sobre este tipo de violencia, al describir las principales características de su ocurrencia. **Descriptor:** Delitos Sexuales; Salud Pública; Notificación Obligatoria; Exposición a la Violencia; Epidemiología; Atención de Enfermería.

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INTRODUCTION

Violence is considered to be a multi-causal process characterized by the use of physical force or power against an individual, group or community, resulting in suffering, death, psychological damage, development impairment or deprivation. It can be expressed in a variety of ways and reach any individual regardless of age, sex, social position or ethnicity.¹⁻²

More than 1.3 million deaths were recorded as a result of violence in all its forms, according to the World Health Report of 2014. This figure accounted for 2.5% of global mortality. Among the various types of violence committed, the sexual one stands out because of its complexity, since it causes, besides corporal damage, emotional damage.³

Sexual violence is characterized as any act or attempt of a sexual act, unwanted sexual comments, acts directed to the sexual traffic or directed against the sexuality of an individual, using coercion, practiced by any person, in any scenario.⁴

It is estimated that, annually, 12 million people are sexually abused worldwide. This type of violence mainly affects women, children, adolescents and young adults, and is most often practiced by relatives, friends or acquaintances.⁵

The preparation, monitoring and evaluation of the indicators of violence perpetrated against the victims are considered essential actions for the dissemination of knowledge about the phenomenon, as well as to subsidize the planning and implementation of strategic policies and programs of prevention and intervention.⁶ In Brazil, strategies have been undertaken as the operationalization of the national system of anonymous denunciation "call 100" and the accidents and violence surveillance system - VIVA / MS.⁷ Adding to this, the Ministry of Health had already implemented the Federal Law No. 10,778 of November 24, 2003, which establishes the obligation of health services to make notifications, in any public or private institution, with the completion of the Notification / Investigation of Domestic, Sexual and / or Other Violence Violations of the Notification of Injury Information System (SINAN).⁸

With the notification, the legal commitment of health professionals is demonstrated, as well as indicating their responsibility in the integral protection of victims of violence, working in conjunction

with the safety networks, in the prevention, care and monitoring of cases.⁹

In the municipality of Maringá, in 2008, the "Protection Protocol for women, children and adolescents victims of sexual, domestic and intra-family violence" was elaborated with the objective of qualifying the professionals involved in the care of this population, promoting actions of prevention of violence against these groups, as well as identifying cases in the community by hosting and assisting victims and their families.¹⁰

According to this protocol, several entry points for the care and referral of victims of sexual violence are considered, among which the following stand out: Health Services; the Educational System; the Mobile Emergency Care Service (MECS); the Integrated Emergency Response Service (IERS); the Social Assistance Reference Centers (CREAS and CRAS); the Military and Civil Police and the Guardianship Council. However, all cases should be referred to the referral hospital, which is responsible for completing the notification form.¹⁰

In view of the above, it is considered fundamental to know about the characteristics of the problem to establish measures of prevention and protection to this population.

OBJECTIVE

- To trace the profile of cases of sexual violence reported and attended at a referral hospital.

METHOD

A quantitative, cross-sectional, secondary-based study based on the records of the occurrence of sexual violence in the municipality of Maringá-PR, from 2014 to 2016. The data was collected in 2017, based on consultation with all the records of notification filed in the epidemiological surveillance sector of the referral hospital.

Data was collected on the following variables:

- a) Identification of the victim: sex (male, female); age (one to 12 years = child, 13 to 17 years = adolescent, 18 to 59 years = adult and ≥ 60 = elderly); color (white, not white);
- b) Identification of the aggressor: number of involved (one, two, more than two, ignored); bond with victim: (friend / acquaintance, caregiver, stranger, relative, father / mother);
- c) Characteristics of violence: municipality (Maringá, others); place of occurrence (relatives, school, other, residence, public

road); recurrence (yes, no, ignored); associated violence (physical, psychological, neglect /abandonment); procedures (hepatitis B prophylaxis, HIV prophylaxis, semen collection, blood collection, collection of vaginal secretion, STD prophylaxis, emergency contraception and no procedure); in-hospital referral (ambulatory care, hospitalization, ignored and not applicable); extra-hospital referral (Guardianship Council, Legal Medical Institute, CREAS-CRAS, Women's care Precinct, Child and Adolescent Protection Precinct).

Data was written in a spreadsheet prepared in Microsoft Office Excel 2007 © Software and analyzed in the IBM SPSS software version 20.0. A descriptive analysis was carried out by

mean and standard deviation and associations were tested by the Chi-square test or Fisher's Exact Test. 95% confidence ($\alpha = 0.05$) were considered.

The study was developed in accordance with the guidelines disciplined by Resolution 466/2012 of the National Health Council (NHC) and its project was approved by the Permanent Committee of Ethics in Research involving Human Beings of the State University of Maringá (COPEP / UEM), under opinion No. 852161 and CAAE No. 35759214.2.0000.0104.

RESULTS

The results of this study are presented in Tables 1, 2, 3, 4 and 5, respectively.

Table 1. Characteristics of occurrences of sexual violence reported in the period from 2014 to 2016. Maringá (PR), Brazil, 2017.

Characteristics of the victims	Total (n=241)		Years					
	N	%	2014 (n=34)		2015 (n=93)		2016 (n=114)	
Sex			N	%	N	%	N	%
Female	210	87.1	29	85.3	87	93.5	94	82.5
Male	31	12.9	5	14.7	6	6.5	20	17.5
Age								
Adult	84	34.9	11	32.4	37	39.8	36	31.6
Adolescent	79	32.8	15	44.1	31	33.3	33	28.9
Child	73	30.3	8	23.5	24	25.8	41	36.0
Elderly	5	2.1	0	0	1	1.1	4	3.5
Color								
White	145	60.2	22	64.7	53	57.0	70	61.4
Non white	96	39.8	12	35.3	40	43.0	44	38.6
Associated violences								
Physical violence								
No	190	78.8	25	73.5	59	63.4	106	93.0
Yes	51	21.2	9	26.5	34	36.6	8	7.0
Psychological violence								
No	189	78.4	14	41.2	33	35.5	5	4.4
Yes	52	21.6	20	58.8	60	64.5	109	95.6
Negligence/Abandon								
No	236	97.9	33	97.1	91	97.8	112	98.2
Yes	5	2.1	1	2.9	2	2.2	2	1.8

Table 2. Characteristics of victims of sexual violence reported in the period 2014 to 2016. Maringá (PR), Brazil, 2017.

Variables	Total N (%)	Child/Adolescent N (%)	Adult/ Elderly N (%)	p-value
Sex				
Female	210 (87.1)	127 (83.6)	83 (93.3)	0.030
Male	31 (12.9)	25 (16.4)	6 (6.7)	
Color				
White	145 (60.2)	90 (59.2)	55 (61.8)	0.692
Non White	96 (39.8)	62 (40.8)	34 (38.2)	
Associated violence				
Physical violence				
No	190 (78.8)	126 (82.9)	64 (71.9)	0.044
Yes	51 (21.2)	26 (17.1)	25 (28.1)	
Psychological violence				
No	189 (78.4)	126 (82.9)	63 (70.8)	0.027
Yes	52 (21.6)	26 (17.1)	26 (29.2)	
Negligence/Abandon				
No	236 (97.9)	147 (96.7)	89 (100.0)	0.161
Yes	5 (2.1)	5 (3.3)	0 (0.0)	

Table 3. Characteristics of occurrences of sexual violence reported in the period 2014 to 2016 by age group. Maringá (PR), Brazil, 2017.

Variables	Total (n=241) N (%)	Child /Adolescent N (%)	Adult/ Elderly N (%)	p-value
Municipality				
Maringá	147 (61.0)	86 (56.6)	61 (68.5)	0.066
Others	94 (39.0)	66 (43.4)	28 (31.5)	
Location				
Residence	101 (41.9)	76 (50.0)	25 (28.1)	<0.001
Public highway	79 (32.8)	33 (21.7)	46 (51.7)	
Relative's houses	13 (5.4)	11 (7.2)	2 (2.2)	
Other	37 (15.4)	23 (15.1)	14 (15.7)	
School	11 (4.6)	9 (5.9)	2 (2.2)	
Recurrence				
No	163 (67.6)	89 (58.6)	74 (83.1)	<0.001
Yes	64 (26.6)	53 (34.9)	4 (4.5)	
Ignored	14 (5.8)	10 (6.6)	11 (12.4)	
Num of agressors				
One	199 (82.6)	129 (84.9)	70 (78.7)	0.051
Two or more	21 (8.7)	12 (7.9)	9 (10.1)	
Two	12 (5.0)	9 (5.9)	3 (3.4)	
Ignored	9 (3.7)	2 (1.3)	7 (7.9)	
Degree of kinship				
Unknown	96 (39.8)	38 (25.0)	58 (65.2)	<0.001
Friend/Acquaintance	88 (36.5)	64 (42.1)	24 (27.0)	
Relative	31(12.9)	28 (18.4)	3 (3.4)	
Father/Mother	21(8.7)	19 (12.5)	2 (2.2)	
Caretaker	5 (2.1)	3 (2.0)	2 (2.2)	

Table 4. Characteristics of care provided to victims of sexual violence, 2014 to 2016 by age group. Maringá (PR), Brazil, 2017.

Variables	Total (n=241) N (%)	Child/Adolescent N (%)	Adult/Elderly N (%)	p-value
Proc. Carried out				
Prophylaxis Hepatitis B				
No	187 (77.6)	121 (79.6)	66 (74.2)	0.041
Yes	41 (17.0)	20 (13.20)	21 (23.6)	
Ignored	13 (5.4)	11 (7.2)	2 (2.2)	
HIV Prophylaxis				
Yes	139 (57.7)	69 (45.4)	70 (78.7)	<0.001
No	89 (36.9)	72 (47.4)	17 (19.1)	
Ignored	13 (5.4)	11 (7.2)	2 (2.2)	
Collection of semen				
No	214 (88.8)	135 (88.8)	79 (88.8)	0.08
Yes	14 (5.8)	6 (3.9)	8 (9.0)	
Ignored	13 (5.4)	11 (7.2)	2 (2.2)	
No procedure				
Yes	172 (71.4)	94 (61.8)	78 (87.6)	<0.001
No	56 (23.2)	47 (30.9)	9 (10.1)	
Ignored	13 (5.4)	11 (7.2)	2 (2.2)	
Blood collection				
Yes	156 (64.7)	84 (55.3)	72 (80.9)	<0.001
No	72 (29.9)	57 (37.5)	15 (16.9)	
Ignored	13 (5.4)	11 (7.2)	2 (2.2)	
Vaginal Secretion Collection				
Yes	123 (51.0)	67 (44.1)	56 (62.9)	<0.011
No	105 (43.6)	74 (48.7)	31 (34.8)	
Ignored	13 (5.4)	11 (7.2)	2 (2.2)	
STD Prophylaxis				
Yes	145 (60.2)	73 (48.0)	72 (80.9)	<0.001
No	83 (5.4)	68 (44.7)	15 (16.9)	
Ignored	13(5.4)	11 (7.2)	2 (2.2)	
Emergency Contraception				
No	127 (52.7)	93 (61.2)	34 (38.2)	<0.001
Yes	101 (41.9)	48 (31.6)	53 (59.6)	
Ignored	13 (5.4)	11 (7.2)	2 (2.2)	
Intra-hospital Forwarding				
Ambulatory Care	17 (7.1)	9 (5.9)	8 (9.0)	0.611
Ignored	10 (4.1)	7 (4.6)	3 (3.4)	
Hospital internment	10 (4.1)	8 (5.3)	2 (2.2)	
Not applicable	11 (4.6)	8 (5.3)	3 (3.4)	

STD: Sexually Transmitted Disease; HIV: Human Immunodeficiency Virus

Table 5. Profile of referrals made to victims of sexual violence between 2014 and 2016. Maringá (PR), Brazil, 2017.

Intra-hospital Forwarding	N	%
Guardianship Council		
Yes	138	57.3
Ignored	101	41.9
No	2	0.8
Medical Legal Institute (MLI)		
No	231	95.9
Yes	8	3.3
Ignored	2	0.8
CREAS-CRAS		
No	200	83.0
Yes	39	16.2
Ignored	2	0.8
Other Precincts		
No	222	92.1
Yes	17	7.1
Ignored	2	0.8
Women's Police Department		
No	161	66.8
Yes	78	32.4
Ignored	2	0.8
Child and adolescente protection police department		
No	233	96.7
Yes	6	2.5
Ignored	2	0.8

DISCUSSION

It was verified that the majority of the victims were female and of white color, corroborating the results of other studies.¹¹⁻² It was revealed, in research data from Campinas, that, per day, about 22 women seek care in health services because they suffer some type of sexual violence and that, of these, a total of 14 are reported as victims of rape.¹¹

It is noteworthy that, despite the evident advances in terms of equality between the sexes, both historically and culturally, conditions of abuse and discrimination are imposed on women, factors that determine the prevalence of sexual violence influenced by gender issues that place women as a male sex object and glimpse.¹²⁻³

Although the minority of notifications (2.9%) corresponded to cases of sexual violence against males, significant values related to this gender were observed. In the literature, it is evident that, despite the increase in the number of studies on sexual violence, most studies still deal with aspects related to female victims. The scarcity of data and reports on sexual violence against males is explained by their difficulty in reporting violence and adopting positions that underestimate the problem as denial. Thus, it is essential to look at sexual violence against

the male sex and the impact that it has on the lives of these victims.¹⁴

Silence is a determining factor in facing violence. Often, the victim is afraid to report the aggression, because they fear future punishments, feel embarrassed about the occurrence or receive threats from the aggressor, and do not have the psychological structure to reveal such an occurrence to third parties.^{13,16} Research reveals that the fear of dissociation of the family, in case the fact is discovered, the disrepute as to the victim's speech, as well as the blame for the abuse constitute as factors that contribute to the non-verbalization of what happened to third parties, often culminating in underreporting of cases, even with the high prevalence of sexual violence.¹⁵

As for the characteristics of the violence, most of the cases occurred at the victim's or the aggressor's home, that is, with a high possibility of involving the relatives or persons known as aggressors in cases of sexual violence.¹³ He found in a nationwide survey of children and adolescents victims of sexual violence, that 14% of the cases occurred in the victim's home environment.¹⁷ It is shown through this data that, most of the time, the perpetrator is someone who is trusted by or close to the victim, which facilitates their approach in function of the pre-existing bond used to subject the victim to the episode of violence.

It is demonstrated from the findings of this study that sexual violence occurred concomitantly with other violence, showing that the number of records of psychological violence has increased over the years and decreases the number of records related to physical violence. These findings are corroborated in other regions of the country and in the world in which the simultaneous occurrence of more than one type of violence was identified along with cases of sexual aggression.^{12,18} Study in the Sentinel Services of Urgency in Brazilian capitals has shown that male gender is a factor associated with violence against children and that the most frequent types are neglect / neglect followed by physical and sexual violence.¹⁹ It is presumed, therefore, that the occurrence of other types of violence, besides the sexual, happens because the majority of the victims are adolescent females and who try to defend themselves from the aggressor.¹³

In most cases, it was evidenced that blood and vaginal secretion collection was carried out for diagnostic purposes and, in most cases, STD prophylaxis was carried out with the use of antiretrovirals and vaccine / immunoglobulin for hepatitis B, as well as emergency contraception.

The earlier the contact with the health service, the more effective the investigative and victim assistance measures become. The chances of developing STD infections and gestations due to rape with the introduction of prophylaxis for STDs and Hepatitis B as well as emergency contraception are reduced. It should be emphasized that the risk for STD infection depends on the type and time of sexual exposure, the number of aggressors, the fact that they have an STD and contact with sexual secretions or blood. In the indication of post-exposure prophylaxis, the following criteria should be followed: time from violence - less than 72 hours from the aggression; characteristics of the author; the type of abuse; side effects of medication and adherence of the victim to treatment.¹⁰

It was observed that the most frequent referrals were to the Tutelary Councils, the Women's Care Precinct and CREAS, respectively, corroborating the results of a similar study carried out in Bahia.¹³ In the "Protection Protocol for women, children and adolescents victims of sexual, domestic and intrafamilial violence" in the municipality of Maringá, it is determined that all cases, after attending the referral hospital, must be communicated to the Guardianship Council and the Precinct for later referral to the reference centers: Basic Health Unit. victim is

linked, according to the area of coverage, and Centers of Reference of Social Assistance (CREAS / CRAS). With this determination, the purpose is to ensure post-hospital care and intervention and support measures for the victim and his / her family.¹⁰

The need for constant updating by health professionals to effectively identify, notify and monitor violence cases is undeniable. An agile and qualified approach, ensuring the reception and correct follow-up of this demand, as well as strategies that optimize this implementation, are essential actions for institutions and public sector policies. Nevertheless, this task is still a great challenge for the professionals due to the overload and the often deficient organization of health services.^{11,13}

Coping with and combating sexual violence is often permeated by the insecurity and unpreparedness of health professionals, both in notifying cases and in promoting prevention and care of the victim, due to the lack of knowledge of the real magnitude and impact that this phenomenon causes in the exposed individual and his/her family.²⁰

It is important to emphasize that the training of the teams is fundamental in order to reinforce the relevance of the notification and the adequate completion of the records. This is because the quality of the information, that is, completeness in filling all the fields of the form, as well as the commitment of the professionals to investigate in depth the cases of suspicion, to carry out the necessary referrals and to treat all the cases adequately, are shown as actions of extreme relevance to the surveillance system.²¹

Governmental agencies are entrusted with the investment in the elaboration of educational projects and programs, with a focus on violence prevention and protection of victims, in order to raise awareness among the population and empower them to cope with what they have experienced. This is because violence involves physical damage and has great implications for the life of the individual and for the community.²²⁻³

The possible limitations of the study refer to the use of secondary databases that presented with incomplete, or even absent, completion of many variables, making impossible a more complete identification with subsequent analysis and further discussion.

CONCLUSION

It was found that victims of sexual violence were predominantly female, with a very close percentage distribution among children, adolescents and young adults. In most of the cases where the victims were children or adolescents, violence occurred at home and the main perpetrators were people in the victim's relationship circle, whereas in adults and the elderly, violence occurred mainly on public roads. practiced, predominantly, by strangers.

It is believed that the results of this study can sensitize professionals and future health professionals about the need for completeness of the notification forms and the importance of the quality of the information recorded. It is expected that the knowledge of the factors involved in the cases of violence in the municipality under study may also contribute to the planning of actions aimed at preventing violence and protecting the health of victims.

It is recommended that studies be carried out to deepen the theme, as well as to explore subjective aspects related to the experience of the victims and the aggressor.

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