VICTIMS OF SEXUAL VIOLENCE ATTENDED IN A SPECIALIZED SERVICE

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ABSTRACT: The aim was to investigate aspects of sexual violence and the victims' adherence to outpatient follow-up. This transversal study involved retrospective data collection in a specialized service in the Brazilian state of Paraná. The collection was undertaken between February and May 2014 from the notification files of 2009 – 2013. A total of 1,272 persons who had been the victims of sexual assault was attended; 53.46% of them were aged between 12 and 18 years old, and 94.65% were female. In more than half of the cases, the aggressor was unknown (53.38%), the aggression took place in homes (39.30%) and on public highways (35%), at night (50.33%) and, in 96.67% of cases, there was vaginal penetration. Indication of Post-Exposure Prophylaxis to the victims took place in 76.4% of cases and emergency contraception was administered to 64.77% of the women. Only 19.54% completed the outpatient follow-up. The evidence indicates the need for attendance strategies which motivate the victim of sexual violence to complete treatment.
DESCRIPTORS: Sexual violence; Violence against women; Nursing.

VÍTIMAS DE VIOLÊNCIA SEXUAL ATENDIDAS EM UM SERVIÇO DE REFERÊNCIA

RESUMO: Objetivou-se conhecer aspectos da violência sexual e adesão das vítimas ao seguimento ambulatorial. Estudo transversal, com coleta retrospectiva de dados em um serviço de referência no estado do Paraná. A coleta foi realizada de fevereiro a maio de 2014 mediante fichas de notificação de 2009 a 2013. Foram atendidos 1272 agredidos sexualmente, sendo 53,46% deles com idade entre 12 e 18 anos e 94,65%, mulheres. Em mais da metade dos casos, o agressor era desconhecido (53,38%), a agressão ocorreu nas residências (39,30%) e vias públicas (35%), à noite (50,33%) e, em 96,67% dos casos, houve penetração vaginal. A indicação da Profilaxia Pós-Exposição às vítimas ocorreu em 76,4% e a contracepção de emergência foi administrada em 64,77% das mulheres. Apenas 19,54% completaram o seguimento ambulatorial. As evidências indicam a necessidade de estratégias de atendimento que motivem a vítima de violência sexual a finalizar o tratamento.
DESCRITORES: Violência sexual; Violência contra a mulher; Enfermagem.

VÍCTIMAS DE VIOLENCIA SEXUAL ATENDIDAS EN UN SERVICIO DE REFERENCIA

RESUMEN: El objetivo del estudio fue conocer aspectos de la violencia sexual y adhesión de las víctimas al procedimiento ambulatorial. Estudio transversal cuyos datos fueron obtenidos de modo retrospectivo en un servicio de referencia en el estado de Paraná. Los datos fueron recogidos de febrero a mayo de 2014 por medio de fichas de notificación de 2009 a 2013. Fueron atendidos 1272 agredidos sexualmente, siendo la edad de 53,46% de ellos entre 12 y 18 años y 94,65%, mujeres. En más de la mitad de los casos, el agresor era desconocido (53,38%), la agresión ocurrió en las residencias (39,30%) y locales públicos (35%), por la noche (50,33%) y, en 96,67% de los casos, hubo penetración vaginal. La indicación de la Profilaxia Pos Exposicón a las víctimas ocurrió en 76,4% y la contracepción de emergencia fue administrada en 64,77% de las mujeres. Solamente 19,54% completaron el procedimiento ambulatorial. Las evidencias apuntan la necesidad de estrategias de atendimiento que ayuden la víctima de violencia sexual a finalizar el tratamiento.
DESCRIPTORES: Violencia sexual; Violencia contra la mujer; Enfermería.

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INTRODUCTION

Sexual violence is an object of concern worldwide, as it can result in broad consequences to the victim's biopsychosocial health. One aggravating factor is that, in many cases, the aggressor is the partner or a family member. One study undertaken by the World Health Organization (WHO) showed that the prevalence of women who reported having suffered at least one episode of sexual violence in their life from their intimate partner was greatest in Ethiopia (58.6%), followed by Bangladesh (49.7%) and Peru (46.7%). In Brazil the prevalence was 14.3%; the country with the lowest rate was Japan (6.2%)[1].

Another relevant issue is that the main victims have been female. One study undertaken at the Institute of Legal Medicine in the city of Ucayali, Peru, evidenced the occurrence of 110 attendances resulting from sexual assaults, in all of which the victims were female. In 52.8% of cases, the women were aged between 13 and 18 years old and 12.8% were over 18 years old; 35% mentioned having suffered sexual violence involving vaginal penetration and 25.2% referred to having suffered other types of sexual assault[2].

In Brazil, one epidemiological investigation undertaken by the Brazilian Surveillance System for Accidents and Violence (VIVA) in 136 urgency and emergency services observed that 8,766 attendances were undertaken responding to harm resulting from violence in domestic, sexual and other forms. Of this total, 2,780 cases were recorded involving sexual violence, of which 2,429 were committed against women[3].

In Paraná, between 2009 – 2010, the number of cases of violence notified reached 10,515. Of these, 70% were committed against women, and the municipality notifying the most was Curitiba, with 1,514 cases in 2010 alone. Of the 10,515 notifications, 21.87% were recorded as sexual violence[4].

The specialized services for women who have been victims of sexual violence follow the multidisciplinary and interdepartmental model of care, based in the care protocol stipulated by the Ministry of Health, which establishes a minimum of four consultations for the woman after she seeks the service, resulting in a minimum of 180 days of outpatient follow-up with physicians, nurses, psychologists and social workers, as well as the undertaking of examinations and the provision of drug treatment[5]. In spite of the service's availability, the recommendation to notify the occurrence of the aggression and to seek the specialized service does not always occur.

One of the difficulties found in attending people in a situation of sexual violence indicated in a study undertaken in Fortaleza, in the Brazilian state of Ceará, was the barrier formed by the victim herself who, generally, is affected by shame, embarrassment, insecurity and fear, this being mentioned as the main obstacle to the attendance[6].

Although it is not feasible to assess the impact of the sexual violence on the women's psychiatric suffering and the development or not of symptoms among them, it is possible to infer that many of the victims need support in relation to mental health and that, if they do not make use of the outpatient follow-up on offer, they may develop long-term sequelae[7].

In the light of the above, the following questions guided this study: what are the characteristics of the sexual violence which takes place against the victims attended by a specialized service in the state of Paraná? In the period studied, did the victims of sexual violence adhere to the outpatient follow-up stipulated by the Ministry of Health?

The aim was to investigate aspects related to the sexual violence and to the victims' adherence to the outpatient follow-up stipulated by the Ministry of Health.

The study's contribution lies in the presentation of evidence which may provide support for the elaboration of health professionals' care strategies for victims of sexual violence, with a view to encouraging greater adherence among these to the outpatient follow-up.

METHOD

This is a descriptive, transversal study with retrospective collection of secondary data from a teaching hospital in the capital of the Brazilian state of Paraná, a specialized center for victims of violence.

Data collection was undertaken in February – May 2014 through analysis of the notification files (stipulated by the Ministry of Health) for

domestic, sexual and other forms of interpersonal violence, for incidents which occurred in the period 2009 – 2013[8], available in the Brazilian Notifiable Diseases Information System (SINAN) of the hospital itself. The data were provided by the hospital in an Excel 2007 spreadsheet and contained information on the number of the notification file, the year of attendance, the sex, age, educational level and marital situation of the victim, the aggressor, the municipality, the place and time of the occurrence, the type of sexual violence, whether the administration of antiretroviral therapy was indicated, whether pregnancy resulted from the sexual aggression, and whether the administration of emergency contraception or the arrangement of a termination of pregnancy was indicated.

The inclusion criteria were all of the files for individual notification-investigation, referent to sexual violence suffered by people who had sought the hospital's specialized service between 2009 – 2013, which contained information allowing the collection of data in relation to the sexual aggression suffered. None of the notification files were excluded.

For the recording of the information, the hospital's computerized system was consulted. This supported the construction of an instrument for recording presence or absence in the infectious diseases outpatients center. Referral to this outpatient center is made when the time between the violence and attendance is below 72 hours, and when it is not a case of chronic aggression. In the first attendance, the nurse undertakes the embracement of the victim and requests the presence of the medical expert from the Institute of Legal Medicine and of the resident physician of the area of gynecology for the clinical attendance. At this point, the examinations undertaken and the drugs for averting the occurrence of Sexually Transmitted Diseases (STDs) and pregnancy, resulting from the act of violence, are administered. If clinical indication is present: contact with mucosa, non-chronic sexual abuse and time between the violence and the first attendance < 72 hours, administration of Post-Exposure Prophylaxis (PEP) for HIV is initiated, for a period of 28 days[4].

Following the evaluation made in the first attendance, the women for whom these were recommended are given guidance and referred for the subsequent returns to the infectious diseases service, at approximately 10, 30, 90 and 180 days after the violence. In the subsequent consultations, examinations stipulated in the protocol are requested, guidance is provided, and the adherence to the PEP is monitored. In the consultation provided at the 90 day point, the service offers the opportunity to the woman to return three months later for the 180 day consultation, and asks whether she wishes to receive the results of the examinations by telephone. In addition to these possibilities, the woman is referred for psychiatric care and to the social services[9]. The adherence to the outpatient follow-up is configured through attending the four consultations established, the use of the drugs prescribed, and the agreement to undergo the examinations stipulated in the protocol[5].

The data were analyzed using Excel 2007, version 12.0, through descriptive statistics. The total and the mean of the variables corresponding to the characteristics of the victims of violence and of the violence itself were ascertained; variables relating to the adherence to the outpatient follow-up were also ascertained, the values being presented in tables. The research project was approved by the Research Ethics Committee, under Opinion N. 507.604 of 7th January 2014.

RESULTS

In the period 2009 – 2013, 1,272 persons were notified as suspected of having experienced sexual violence, with a total of 142 notifications observed in 2009, 253 in 2010, 268 in 2011, 270 in 2012 and 339 in 2013.

As Table 1 shows, nearly all the persons attended were women, 1,204 (94.65%). Although the service is characterized as attending adults, the presence may be observed of 29 (2.28%) children aged below 12 years old. The highest number of attendances occurred in the age range from 12 to 18 years old, 680 (53.46%), with the oldest age recorded being 81 years old. In relation to marital situation, the majority stated that they were single, 942 (74.05%), while in relation to educational level, more than half had completed Junior High School (51.65%).

Table 2 shows that the majority of the victims did not know the aggressor (53.38%). In relation to the place, 637 (50%) of the cases occurred

in the metropolitan region of the Curitiba, with 500 (39.30%) taking place in homes, followed by public highways in 445 cases (35%). Regarding the time that the sexual aggression took place, 607 (47.72%) events took place between 19:00 and 07:00 on the following day. In 1,164 cases of sexual aggression against women, penetration occurred via the vagina.

The recording of 81 (6.36%) cases of pregnancy was observed, of which 55 (4.32%) resulted from the sexual aggression suffered.

Emergency contraception was administered in 824 (64.77%) of the cases and PEP was undertaken in 973 (76.4%) of the notification files. Based on this indication, 973 victims were referred for outpatient follow-up from the infectious diseases service, although only 394 (40.5%) appeared for the first attendance.

In Table 3, one can observe that of the total of 394 victims of sexual violence who appeared for the first attendance, only 77 (19.54%) were present in the fourth consultation, completing the treatment with 180 days of follow-up. It is emphasized that in 2012, only eight victims of the 89 who began the first attendance completed treatment.

Tabela 1 – Características das vítimas de violência sexual. Curitiba-PR-Brasil, 2014

Variáveis	**N**	**%**
Sex		
Female	1.204	94,65
Male	68	5,35
Age range		
< 12 years old	29	2,28
12 - 18 years old	680	53,46
19- 59 years old	553	43,47
≥ 60 years olds	10	0,79
Marital situation		
Single	942	74,05
Married/stable relationship	169	13,29
Widowed	16	1,26
Separated	79	6,21
Field not filled out	66	5,19
Education		
None	11	0,86
Junior High incomplete	459	36,09
Junior High complete	133	10,45
Senior High incomplete	240	18,86
Senior High complete	151	11,89
Higher Education incomplete	83	6,52
Higher Education complete	50	3,93
Field not filled out	145	11,40

Source: SINAN. Epidemiology Service. Teaching Hospital. Paraná, Brazil, 2014.

Table 2 – Characteristics of the sexual violence. Curitiba-PR-Brazil, 2014

Variables	**N**	**%**
Aggressor		
Father	34	2,70
Mother	13	1,02
Stepfather	45	3,54
Spouse/boyfriend	94	7,39
Ex-spouse/ex-boyfriend	44	3,45
Son	01	0,07
Unknown	679	53,38
Brother	08	0,63
Known	318	25
Caregiver	02	0,16
Boss/Institutional relationship	12	0,94
Police officer/Agent of the Law	02	0,15
Others	20	1,57
Place of occurrence		
Residence	500	39,30
Hall of Residence	10	0,78
School	11	0,86
Area of sports practice	15	1,18
Bar or similar	14	1,10
Public highway	445	35
Business	24	1,9
Industry/construction	5	0,39
Others	199	15,64
Field not filled out	49	3,85
Time		
Between 19hrs and 7hrs	607	47,72
Between 7hrs and 19hrs	387	30,42
Not recorded	278	21,86
Type of sexual aggression		
Vaginal penetration	1164	91,50
Others	108	8,50

Source: SINAN. Epidemiology Service. Teaching Hospital. Paraná, Brazil, 2014.

Table 3 – Adherence to outpatient follow-up for victims of sexual violence, in the period 2009 – 2013. Curitiba-PR-Brazil, 2014

Year	1st attendance		1st consultation (10 days)		2nd consultation (30 days)		3rd consultation (90 days)		4th consultation (180 days)	
	n	%	n	%	n	%	n	%	n	%
2009	48	12,18	33	14,47	10	7,64	12	8,63	11	14,29
2010	93	23,60	39	17,11	22	16,79	34	24,46	20	25,98
2011	69	17,51	58	25,44	23	17,55	24	17,27	22	28,57
2012	89	22,59	40	17,54	37	28,25	28	20,14	8	10,38
2013	95	24,12	58	25,44	39	29,77	41	29,50	16	20,78
Total	394	100	228	100	131	100	139	100	77	100

Source: Epidemiology Service. Teaching Hospital. Paraná, Brazil, 2014.

DISCUSSION

The observed annual growth in the number of attendances to victims of sexual violence evidences the increase in the notification of cases in the scenario studied. This is a relevant data, considering that, according to the literature, violence – in particular that of the sexual type – in the world has a high rate of under-reporting[9].

In spite of this, sexual violence, although a phenomenon which takes place on a large scale and which impacts on women's health, remains hidden in society, as the number of victims who contact the authorities remains low. It stands out that the act of notifying begins a process which aims to interrupt the violent activities and behaviors on the part of any aggressor[10].

In accordance with the majority of studies on sexual violence, the high percentage of women subjected to sexual aggression presented in this study confirms the vulnerability of women who experience this situation.

Regarding the victims' age at the time of the sexual aggression, this study's results corroborate the data presented by other investigations, including those of the study undertaken in Campina Grande, in the state of Paraíba, in which the age varied from 12 to 18 years old, with a mean of 16 years old[11].

The fact that the majority of the participants in this research had completed Junior High School is similar to a study undertaken in Fortaleza in the state of Ceará, in the Specialist State Center for Victims of Violence, which identified approximately 62% of the women attended as having a low educational level[12], and another in Campinas, in the State of São Paulo, in which 42.4% of the 664 cases of sexual violence analyzed had studied for up to eight years[7].

In the present study, the majority of the victims stated that the aggressor was an unknown person. This result was also found in a study undertaken in Rio Grande do Sul, in which the percentage of cases was 53.9%[13].

In contrast with this evidence, a study undertaken in Campina Grande, in the State of Paraíba, showed that 78.9% of the women who were victims of sexual violence classified the aggressor as known, a person with whom they had talked, who they had the habit of greeting, or whose name they knew, but who was not related to them[11]. Furthermore, one investigation undertaken in a center for attending victims of sexual violence in Cape Town, in South Africa, observed that, of the 135 participants in the research, 46% stated that the aggressors were neighbors, friends, or ex-boyfriends[14].

The highest percentage of occurrences of sexual aggressions found in the present study was in the metropolitan region of Curitiba, in homes or on public highways. This result was also found in a study undertaken in a Care Center in Campinas, in the state of São Paulo, in which approximately 54% of violent events took place on public highways, and 46% in the victim's home[15].

Regarding the time at which the victim suffered sexual violence, in this study, night-time is predominant, as was the case in the studies undertaken in Campinas, in 2011 (56.8% of the cases)[15], and, in 2013, when the violent situation took place between 18hrs and 7 horas in 75.9% of the cases[7].

The high percentage of sexual aggression with vaginal penetration observed in this study

was also ascertained in research undertaken in Campinas, in 88.8% of the cases[7]. The study undertaken in the south of Brazil also indicated that the most prevalent form of sexual violence was rape and attempted rape with 76.9% of the cases and 17.9%, respectively(13). These data reveal a crime against women's rights, constituting a serious public health problem, due to the emotional and physical consequences for the woman's health[16].

Attention is drawn to the notification of 55 cases of pregnancy resulting from sexual aggression, in spite of the specialized assistance provided to the women and the offering of emergency contraception. It is highlighted that the hospital in which the study was undertaken is a specialized center for the undertaking of legal termination of pregnancy in cases of sexual violence.

In Brazil, the authorization for termination of pregnancy in cases where this resulted from sexual abuse is found in the Technical Regulation regarding Prevention and Treatment of Harm resulting from Sexual Violence against Women and Adolescents, which involves the legislation found in the Brazilian Penal Code, as well as the need to explain to the victim the right to, and possibility to, continue with the pregnancy until its conclusion[5].

Emergency contraception was provided in the cases of more than 60% of the women included in this study. This evidence may be related to the fact that a high percentage of victims were found in the age ranges from 12 to 18 years old (53.46%) and 19 to 59 years old (43.47%), totaling 96.93% of the women, the majority of whom were in the reproductive phase of their lives.

When the sexual aggression occurs during her reproductive life, the woman is at risk of pregnancy resulting from this event. This risk varies between 0.5 and 5%, considering the randomness of the violence in relation to the period of the menstrual cycle, and whether the violence was an isolated case or continuous. Pregnancy resulting from sexual violence represents, for the majority of women, a second form of violence[5]. This situation can be avoided in many cases through the use of emergency contraception.

The indication of PEP for HIV is made in cases of sexual violence which involve contact with anal, vaginal or oral mucosa. The WHO recommends that the woman who has been assaulted should be referred to a health service within 72 hours for the beginning of treatment, given that, after this period, there is no evidence supporting its indication[5]. In the present study, PEP was indicated in approximately 76% of cases, similar to data found in a study undertaken in the Women's Hospital in Campinas, in which 84% of the victims were prescribed antiretroviral therapy[7].

Emphasis is placed on the recording of 26 women who were pregnant at the time of the sexual violence. In this case, the emergency contraception is absolutely contraindicated. On the other hand, pregnancy, at any stage, does not contraindicate the recommended prophylactic scheme, except for the use of ciprofloxacin throughout pregnancy and metronidazole, which must be avoided during the first trimester of the pregnancy[5].

In spite of the importance of the monitoring of the woman who suffered sexual violence, victims do not always seek the support services or continue with their treatment until discharge. In one center of attendance for victims of sexual violence in Cape Town, in South Africa, in the 135 attendances made, 131 (97.03%) people initiated PEP, but 44 did not continue the treatment, either through forgetting and/or being far from home[14].

One systematic review undertaken in London, evaluating 24 studies undertaken worldwide regarding adherence to PEP for HIV in victims of sexual violence, observed that the proportion of people who adhered to the treatment was 40.3%, while the percentage of patients who did not attend to undertake the treatment was 41.2%. This evidence confirms the low rate of adherence to prophylaxis among victims of sexual violence to be a global problem[17].

The low rate of adherence to outpatient follow-up among victims of sexual violence found in this study (19.54%) is similar to that of other Brazilian studies, such as that undertaken in Campinas in the State of São Paulo. In 687 attendances analyzed in the period June 2006 – December 2010, the rate of desisting from outpatient follow-up was 24.5%[7]. Another study undertaken in the same municipality recorded 644 attendances, between 2000 and 2006, and observed that 180 women desisted from outpatient follow-up after the first consultation, and 67, after the second[15].

The small number of victims who completed the outpatient follow-up (19.54%) evidenced in the present study constitutes a problem to be

confronted by the health service professionals. It is highlighted that the specialist services do not always have the necessary human and material resources, as well as articulation with the health network which is sufficiently appropriate for attending victims of sexual violence[6].

CONCLUSION

The growing number of attendances/year to victims of sexual violence in Curitiba (state capital of Paraná), the majority of whom were women of reproductive age, stands out as a result found in this study. If, on the one hand, the growth in the number of attendances depicts the increase in the cases of aggression which are reported and the seeking of the specialized services, the fact that the target of the violence is a woman draws attention, particularly for professionals who work in the health services, to the importance of paying attention to the principle of humanized care to be offered to this clientele.

Another result which deserves to be emphasized is the small number of victims who adhered totally to the treatment, completing the 180 days of health monitoring. This evidence should give rise to reflection regarding the health risk to which these people are subjected, considering the harm resulting from the sexual violence and the health professional's responsibility in the embracement and support of the victim.

The study had limitations in relation to the fact that it used secondary data taken from the notification files, which contained incomplete information. These limitations, however, do not invalidate the evidence obtained, given that these permit reflection regarding the importance of considering strategies which motivate the victim of sexual violence to continue with outpatient follow-up until completing the treatment.

It is suggested that qualitative investigations should be undertaken with this public, with the purpose of understanding the reasons for desisting from the outpatient follow-up in the specialized services for victims of this violence.

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