REPORTING OF SEXUAL VIOLENCE AGAINST WOMEN IN BRAZIL

Notificações de violência sexual contra a mulher no Brasil

Notificaciones de violencia sexual contra la mujer de Brasil

Original Article

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ABSTRACT

Objective: To present the scenario of the sexual violence against women in Brazil, based on cases reported through the Notifiable Diseases Information System (*Sistema de Informação de Agravos de Notificação – SINAN*). **Methods:** This descriptive quantitative study analyzed the information on the reporting of sexual violence against women in the period from 2009 to 2013, including the federated state, the women's profile, the characteristics of the occurrences, and the referrals made by the health sector. Data was analyzed using descriptive statistics and presented in absolute and relative numbers derived from the cases reported. **Results:** In Brazil, 21,871 cases were reported in the studied period. The year 2013 and the Northern region presented the highest number of cases reported. There was a prevalence of 10- to 19-year lifecycle (10,806/49.4%), white (8,894/40.7%) and brown (8,535/39.0%) races, incomplete primary education (5,444/24.9%). Sexual assaults occurred most commonly in the woman's house (13,259/60.6%), committed by an offender known to the victim, (5,649/25.8%) and with no suspected use of alcohol (9,249/42.3%). Most of the care provided by the health sector was on an outpatient basis (15,842/72.6%), and the victims were discharged in most cases (16,879/77.2%). **Conclusion:** Violence reports increased steadily in the studied period, and the sexual assault against women in the country, registered by the health sector, affected mainly the adolescents, in the home environment, and with an aggressor known to the victim.

Descriptors: Sexual Violence; Violence Against Women; Notice; Public Health Surveillance.

RESUMO

Objetivo: *Apresentar o quadro de violência sexual contra a mulher no Brasil, com base nas notificações realizadas no Sistema de Informação de Agravos de Notificação (SINAN).* **Métodos:** *Trata-se de um estudo descritivo, com abordagem quantitativa, que analisou informações referentes às notificações de violência sexual contra a mulher, no período de 2009 a 2013, considerando a unidade da federação, perfil das mulheres, características da ocorrência e encaminhamentos realizados pelo setor saúde. Os dados foram analisados por meio da estatística descritiva, sendo apresentados números absolutos e relativos derivados das notificações.* **Resultados:** *No Brasil, foram registradas 21.871 notificações no período estudado. Observaram-se maiores taxas de registros no ano de 2013 e na região Norte. Predominou o ciclo de vida de 10 a 19 anos (10.806/49,4%), as raças branca (8.894/40,7%) e parda (8.535/39,0%), e a escolaridade ensino fundamental incompleto (5.444/24,9%). Os casos de violência sexual ocorreram com maior frequência na residência da mulher (13.259/60,6%), com agressor conhecido (5.649/25,8%) e sem suspeita do uso de álcool (9.249/42,3%). A maior parte do atendimento no setor saúde foi de nível ambulatorial (15.842/72,6%), e os casos evoluíram para alta (16.879/77,2%).* **Conclusão:** *As notificações cresceram progressivamente no período estudado, e a violência sexual contra a mulher no país, registrada pelo setor saúde, atingiu, principalmente, adolescentes, no ambiente doméstico e com agressor conhecido.*

Descritores*: Violência Sexual; Violência contra a Mulher; Notificação; Vigilância em Saúde Pública.*

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RESUMEN

Objetivo: *Presentar el cuadro de la violencia sexual contra la mujer de Brasil basado en las notificaciones realizadas en el Sistema de Información de Agravios de Notificación (SINAN).* ***Métodos:*** *Se trata de un estudio descriptivo de abordaje cuantitativo que analizó las informaciones de las notificaciones de violencia sexual contra la mujer en el período entre 2009 y 2013 considerando la unidad de la federación, el perfil de las mujeres, las características de la ocurrencia y las prescripciones realizadas en el sector de salud. Los datos fueron analizados a través de la estadística descriptiva con números absolutos y relativos derivados de las notificaciones.* ***Resultados:*** *En Brasil fueron registradas 21.871 notificaciones en el período estudiado. Se observó mayores tasas de registros en el año 2013 y en la región Norte del país. Hubo el predominio del ciclo de vida entre 10 y 19 años (10.806/49,4%), las razas blanca (8.894/40,7%) y parda (8.535/39,0%) y la educación primaria incompleta (5.444/24,9%). Los casos de violencia sexual se dieron con más frecuencia en la residencia de la mujer (13.259/60,6%), con agresor conocido (5.649/25,8%) y sin sospecha de uso de alcohol (9.249/42,3%). La mayor parte de la atención del sector de la salud fue a nivel de ambulatorio (15.842/72,6%) y los casos evolucionaron para la alta (16.879/77,2%).* ***Conclusión:*** *Las notificaciones crecieron progresivamente en el período estudiado y la violencia sexual contra la mujer en el país registrada en el sector de la salud, atingió principalmente a los adolescentes en el ambiente doméstico y con agresor conocido.*

Descriptores*: Violencia Sexual; Violencia contra la Mujer; Notificación; Vigilancia en Salud Pública.*

INTRODUCTION

Sexual violence is one of the most cruel and persistent manifestation of gender violence against women in the history of humankind. This phenomenon takes no notice of borders, constituting a universal problem that affects women of different countries, cultures, social classes, races, ages, marital status and education levels, and can occur anywhere, in both the public and private space, and be committed by strangers or intimate partners, relatives and acquaintances[1].

The magnitude of the phenomenon is evidenced by international and national investigations. Multi-country study by the World Health Organization (WHO) revealed high prevalence and variability of the phenomenon: 6% to 59%, when committed by an intimate partner, and 0.3% to 12% by non-partner[2]. On the national scene, findings of a research comprising 5,040 subjects show that sexual violence committed by intimate partner affected 11.8% of women, and one in ten reported at least one occurrence in life[3]. Data from the Brazilian Public Safety Yearbook (2014) calls attention to the occurrence of one rape every 10 minutes in Brazil, with 50,320 cases recorded in 2013[4].

Sexual violence takes on a different role within the group of gender violence, particularly because of its consequences on women's physical, sexual, reproductive and mental spheres, besides the social impacts. In this perspective, the phenomenon constitutes a social problem that significantly impacts the women's way of living, sickening and dying, being globally considered one of the main forms of violation of human rights and a public health problem[1,5].

Given its high prevalence and its impact on the lives of people and communities, sexual violence against women is gaining visibility, becoming the subject of discussions in different disciplines and by international organizations, which required the formulation of policies and programs to dealt with it, as well as the arrangement of practices and singular services. In Brazil, in the confrontation of violence, the health sector plays a key role in the identification, reporting, treatment and referral of cases. Specially in regard to sexual violence, the Ministry of Health has been releasing publications to meet the purpose of supporting the activities of health professionals in relation to definitions, rules and conduct protocols[6].

Among the strategies to confront the problem, the reporting of these situations stands out, given that the compliance with this measure is essential for the recognition of the violence dimensions and its consequences, contributing to the development of intervention actions. The legal basis for this proposal were established by Federal Law no. 10,778 on November 24, 2003, which instituted, throughout the national territory, the mandatory reporting of cases of violence against women attended in public and private health services[7]. In 2011, the Ministry of Health enacted Ordinance no. 104, which established domestic, sexual violence, and other types of interpersonal violence as the 45th mandatory reportable event[8].

For standardization of the records, a notification form on the health surveillance field was established, thus spreading to all health utilities throughout the country the possibility of reporting. Data is recorded in the Notifiable Diseases Information System (*Sistema de Informação de Agravos de Notificação - SINAN*), which is powered by the Municipal Health Secretariats (MHS) from the reports made. Such standardization helps to qualify and systematize the records, contributes to greater accessibility to the stored data, and allows the characterization of the perpetrated violence, referrals that have been made, and other set of information, according to regional specificities[9,10].

It is worth noting that this health surveillance process has a fundamental impact on health promotion strategies, since

the broadened concept of surveillance aims at intervening not only on what is to be avoided, but it seeks to establish levels to be reached in terms of positive achievements, from the physical, mental, emotional, cultural and environmental point of view, for the characterization of a good quality of life[11]. In this perspective, planning and development of actions based on those indices allow the services to monitor the cases of violence and claim political changes as well, concerning the accomplishment of rights, accountability, services network integration, health prevention and promotion[12].

Within this context, this study aimed to present the panorama of sexual violence against women in Brazil, based on the reports entered in the Notifiable Diseases Information System (SINAN). From the characterization of this framework, this study is believed to contribute to providing an accurate scenario of this public health problem and thus favor the implementation of measures for the prevention of the phenomenon and promotion of women's health.

METHODS

This is a descriptive study with a quantitative approach that had as its data source the Notifiable Diseases Information System (SINAN), which is powered by reports and investigation of cases of disease and disorders included in the list of diseases, disorders and events of mandatory reporting, according to Ordinance no. 104/2011[8].

Data collection occurred in September 2014, from searching in SINAN electronic address (http://dtr2004.saude.gov.br/sinanweb/). The study attempted to locate in SINAN the information contained in the Report/Investigation Form for Domestic, Sexual and/or other Violence, which covers the report of any suspected or confirmed case of domestic, sexual and/or other violence against men and women, regardless of age group[8].

In the selection of reports, were included those relating to sexual violence against women of all ages, from 2009 to 2013. The search on SINAN website generated condensed files of yearly information, which were imported into electronic spreadsheets for further analysis. For the variables considered in this study, the whole period studied was consolidated, by manually adding up the amount obtained per year.

For the characterization of sexual violence against women, the variables that make up the reporting form were considered: unit of federation, age range, education level, race, place of occurrence, type of aggression, offender characteristics and referrals made by the health sector.

In this study, data was analyzed by means of descriptive statistics, with presentation of absolute and relative numbers derived from reports of sexual violence against women. Rates per hundred thousand women were calculated for the variable unit of the federation, using the number of women in each state, according to information from the 2010 census[13]. The discussion of the findings was guided by official documents, public policy and the literature on the subject.

The study was conducted using only publicly available data, so it did not require review by a human research ethics committee.

RESULTS

Across the country, 21,871 reports of sexual violence against women were registered from 2009 to 2013, distributed according to the year: 1,726 (2009); 2,859 (2010); 4,261 (2011); 6,353 (2012) and 6,672 (2013). A progressive increase in reports was observed in the period, and year 2013 stands out with the largest number of records (30.5%) (Figure 1).

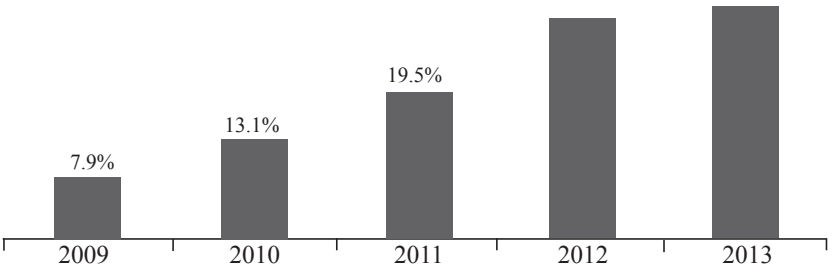

Figure 1 - Rate (per 100,000 women) of reports of sexual violence against women, distributed by year. Brazil. (n=21,871). Source: SINAN/Ministry of Health (2009-2013).

On the reports rate (per 100,000 women) distributed by federation unit (2009-2013), the highest registration rates, per year, were observed in the following states: 2009 - Roraima (7.7) and Mato Grosso do Sul (3.6); 2010 - Roraima (10.8) and Rio de Janeiro (11.1); 2011 - Acre (33.4) and Mato Grosso (10.3); 2012 - Acre (54.5) and Piauí (24.9); 2013 - Acre (70.9) and Piauí (19.8) (Table I).

By analyzing the sociodemographic characteristics of the women who experienced sexual violence in Brazil in the study period, greater occurrence of the event is demonstrated in the age range from 10 to 19 years (49.4%), white (40.7 %) and brown (39.0%) races, with education level from the 5th grade to incomplete 8th grade (24.9%). It is noteworthy that 30.7% of the reports did not register the item relating to the women's education level (Table II).

Table I - Number and rate of reports of sexual violence against women, distributed according to the Unit of Federation. Brazil. 2009-2013.

Regions/UF	Reports/Total									
	2009/1,726		2010/2,859		2011/4,261		2012/6,353		2013/6,672	
	n	rate	n	rate	n	rate	n	rate	n	rate
North										
Rondônia	22	2.9	15	1.9	18	2.3	21	2.7	37	4.8
Acre	13	3.5	16	4.5	122	33.4	199	54.5	259	70.9
Amazonas	76	4.4	66	3.8	196	11.3	234	13.5	217	12.5
Roraima	17	7.7	24	10.8	58	26.1	73	32.9	86	38.8
Para	43	1.1	250	6.6	299	7.9	581	15.4	626	16.6
Amapá	10	3.0	11	3.2	83	24.8	50	14.9	49	17.6
Tocantins	02	0.2	12	1.7	27	3.9	43	6.3	96	14.1
Northeast										
Maranhão	28	0.8	58	1.7	80	2.4	62	1.8	74	2.2
Piauí	05	0.3	10	0.6	20	1.2	396	24.9	315	19.8
Ceara	10	0.2	13	0.3	17	0.4	21	0.5	32	0.7
Rio Grande do Norte	02	0.1	18	1.1	16	0.9	22	1.3	30	1.8
Paraíba	08	0.4	12	0.6	13	0.7	29	1.5	20	1.0
Pernambuco	147	3.2	136	3.0	310	6.8	319	7.0	260	5.7
Alagoas	02	0.1	09	0.5	19	1.2	10	0.6	21	1.7
Sergipe	26	2.4	53	5.0	85	8.0	121	11.4	112	10.5
Bahia	27	0.4	177	2.5	52	0.7	71	1.0	197	2.7
Southeast										
Minas Gerais	119	1.2	05	0.1	275	2.7	452	4.5	467	4.7
Espírito Santo	14	0.8	115	6.4	51	2.8	118	6.6	156	8.7
Rio de Janeiro	49	0.6	928	11.1	100	1.2	160	1.9	201	2.4
São Paulo	599	2.8	189	0.9	1,100	5.2	1.493	7.5	1,186	5.6
South										
Paraná	102	2.0	67	1.3	228	4.3	358	6.7	462	8.7
Santa Catarina	51	1.6	283	9.0	179	5.7	275	8.7	286	9.1
Rio Grande do Sul	154	2.8	94	1.7	352	6.4	481	8.7	524	9.5
Midwest										
MatoGrosso Sul	45	3.6	17	1.4	82	6.7	142	11.5	137	11.1
Mato Grosso	06	0.4	59	3.8	160	10.3	82	5.3	116	7.5
Goiás	27	1.0	69	2.3	89	2.9	160	5.3	183	6.1
Distrito Federal	26	1.2	-	-	51	3.8	120	9.0	202	15.0
Not informed	96	-	153	-	179	-	260	-	321	-

Table II - Number and proportion of reports of sexual violence against women, distributed according to sociodemographic data. Brazil. 2009-2013. n=21,871

Variables	n	%
Age range		
<10 years	7,098	32.4
10-19	10,806	49.4
20-59	3,828	17.5
60 and above	130	0.6
Not informed	05	0.1
Race		
White	8,894	40.7
Black	1,781	8.1
Yellow	168	0.8
Brown	8,535	39.0
Ameridian	165	0.8
Not informed	2,328	10.6
Education level		
Illiterate	201	0.9
Incomplete elementary school	2,639	12.1
Complete elementary school	899	4.1
5th grade to incomplete 8th grade	5,444	24.9
Complete junior high school	826	3.8
Incomplete high scholl	1,579	7.2
Complete high scholl	1,050	4.8
Incomplete higher education	337	1.5
Complete higher education	228	1.0
Not informed	8,668	39.7

Table III shows characteristics of the occurrence. Most cases of sexual violence occurred in the women's residence (60.6%) and without repetition (49.9%). As to the means used by the perpetrator to commit violence, the most used was the body force/beating (27.1%), followed by threatening (24.3%). The other forms of aggression reached little expression.

By analyzing the characteristics of the aggressor, no suspicion of alcohol use (9,249/42.3%) and known abuser (5,649/25.8%) were most often observed. As for the referral made by the health sector, it was evidenced that most of the attention to the woman was provided on an outpatient basis (15,842/72.6%), and 77.2% (16,879) of the cases progressed to discharge.

Table III - Distribution of the number and proportion of reports of sexual violence against women, according to the characteristics of the event. Brazil. 2009-2013. (n=21,871)

Variables	n	%
Place of occurrence		
Residence	13,259	60.6
Collective housing unit	151	0.7
School	401	1.8
Sports practicing spot	104	0.5
Bar or similar	185	0.8
Public roads	3,283	15.0
Trade/services	274	1.3
Industry/construction	97	0.4
Others	2,266	10.4
Not informed	3,854	17.6
Sem informação	1,851	8.5
Repeated violence		
Yes	7,113	32.5
No	10,904	49.9
Not informed	3,854	17.6
Body forçe/beating		
Yes	5,919	27.1
No	14,675	67.1
Not informed	1,277	5.8
Hanging		
Yes	155	0.7
No	20,718	94.7
Not informed	998	4.6
Blunt instrument		
Yes	140	0.6
No	20,707	94.7
Not informed	1,024	4.7
Hot substance/object		
Yes	50	0.2
No	20,817	95.2
Not informed	1,004	4.6
Poisoning		
Yes	64	0.3
No	20,785	95.0
Not informed	1,022	4.7
Fire gun		
Yes	955	4.4
No	19,871	90.8
Not informed	1,045	4.8
Threatening		
Yes	5,300	24.3
No	15,206	69.5
Not informed	1,347	6.2

DISCUSSION

By analyzing the data obtained in this study, it was shown that the number of reports of sexual violence against women has gradually increased in the country in the period studied. This finding raises some reflections: has the number of cases of sexual violence increased over the years or are healthcare professionals more aware and able to perform the reporting?

It is noticeable the investment in the dissemination of legal instruments such as the Statute of the Child and Adolescent (*Estatuto da Criança e do Adolescente* - *ECA*),

Law no. 10,778/2003, that made mandatory the reporting of violence against women in public and private healthcare, and Ordinance no. 104/2011, which provides domestic, sexual and/or other violence as the 45th reportable event[14]. The states are making efforts with a view to implementing the reporting form within the health services, sensitizing professionals through qualification and training[15,16]. Further spread of the theme in the media and in scientific production is observed as well[17,18]. These factors favor the visibility of the theme, which may have influenced the increase in the amount of notifications in recent years.

On the other hand, despite these investments and the increase in the number of notifications, researches reveal that the practice of reporting violence is still incipient and the reports made do not correspond to the actual incidence of cases[15,16,19]. In this perspective, greater commitment becomes necessary to really merge reporting into the professional practice, given that violence is a complex issue, and the mere distribution of forms in health services, by itself, is not sufficient for an effective implementation of actions before the phenomenon[19].

In this study, there was a discrepancy of reports of sexual violence against women, according to the units of the federation, what may reveal local particularities that appear to be traversed by sociocultural and, above all, political issues[15]. It draws much attention, in the current investigation, the fact that the states of the North region are those with higher reporting rates, in addition to the progressive increase of such rates over the years. Regarding that, the question is whether more cases of sexual violence do occur in that region or whether the notification process is more consolidated in those locations.

The North region, due to their socioeconomic characteristics, shows significant rates of sexual violence against women, mainly directed at adolescents[20]. In mining sites, there is a high concentration of child prostitution points, in which girls between 12- and 19-years-old are in slavery and are forced into prostitution. The exploitation of women, children and adolescents is developed significantly in closed brothels, where the exploitation relates to the regionalized market of extractive practices[20].

Other possible understanding of the highest number of cases reported in that region may be related to the evolution in the supply of accouterments to support the woman under sexual violence, the strengthening of the service network[20], and investment in professional training to put into effect the registration of violence cases in the formal instruments[16].

As for the sociodemographic variables, this study evidenced that sexual violence against women occurs in the age range from 10 to 19 years, thus affecting mainly teenagers, according to criteria of the World Health Organization (WHO)[21]. The predominance of this age group was also observed in other national and international researches. A study of 1,242 girls and women aged 13-24 years in Swaziland, a country in southern Africa, pointed that 33.2% of them reported having experienced an episode of sexual violence before being 18-years-old[22]. Another study showed that adolescents between 10- and incomplete 12-years-old were the ones who most experienced sexual violence, followed by those in the age range from 12- to complete 14-years-old[23].

The reality regarding cases of sexual violence against adolescents, found through information in the reporting forms of the health sector that were surveyed in this study, has also been observed in sources of records from other sectors of the care network. Study of data from the Child Protective Services found that 90% of cases of sexual violence occurred in the age group of 10 to 13 years[24]. Researchers[25] have characterized the assistance of a reference center that shelters children and adolescents under sexual violence in Rio Grande do Sul, showed that 75% of cases were female, aged between 5 and 12 years.

The results of this study also indicate greater occurrence of sexual violence in women of white and brown race, with incomplete elementary education - compatible with the most prevalent age range. These data confirm what literature has been pointing out regarding the characterization of violence against women[16,26,27].

It was also observed in this study that sexual violence happens predominantly in the woman's residence. In the domestic environment, the limits imposed by privacy isolate the family from the eyes and ears of the public domain, giving the attackers a place where sexual violence becomes a perfect crime, since it can be practiced without witnesses or covered by the privacy of the home[28].

This fact can also be attributed to gender issues that still remain strongly rooted in relationships between the sexes, placing the woman in a secondary position in relation to man, which can lead to increased sexual violence committed in the domestic sphere by the partner himself. Researches[23,29] indicate the relation between gender inequalities and sexual violence, particularly against children and adolescents, given that the motives of the offenders are not merely originated by desire, but cover issues related to the power of the most experienced individual, who takes the dominant position in relation to the younger and inexperienced[23,29]. In this context, it is argued[29] that children and adolescents are in a phase of psychosocial development, with immaturity that hinders their understanding of the web created by the perpetrator, who imposes authority to perform the seduction and sexual practice[29].

Proving the above, the most prevalent offenders in this study were known to the women. These findings point out the high impact of violence perpetrated by acquaintances such as family members, friends and neighbors with access to the home and social life of these women, and are in agreement with other studies[16,29].

Despite the predominance of known offenders, researches evidence that the identity of the offender is different in studies conducted with police statistics or health services data, compared to population-based surveys. Researchers[26] observed that an increase in the number of known offenders has occurred over the years, though there is still a predominance of unknown perpetrators in 65% of the reported cases of sexual violence. This difference may indicate that sexual assault by a stranger is quite different from the same act committed by a close person, with a more often tendency for women to denounce to the police and seek the health services in situations where the perpetrator is an unknown individual[30].

According to the results of this work, in the majority of reported cases there was no alcohol consumption by the offender. Other research, however, draws attention to the intake of alcohol as a feature that may represent a precipitating factor for violence, because of its disinhibiting effect of the conduct of the perpetrators or as a means of minimizing the accountability for the violent behavior[31].

On the approach by the health sector to the woman under sexual violence, it was evidenced in this study that most of the assistance was provided on an outpatient basis and the cases progressed to discharge. The type of care provided to women by the health sector reflects the intensity of the physical injury caused by the act[32]. It is noteworthy, however, that few sexually assaulted women do suffer severe physical trauma[6].

On the other hand, sexual violence results in great impact on social life and mental state of those who have experienced it, and it affects family relations as well[33]. Therefore, the woman/adolescent who has experienced this situation requires a systematic monitoring by the health services, considering the physical and psychological impacts caused by the act[6]. In cases of sexual violence by acquaintances or close people, it is important to bear in mind that women/ adolescents may be more vulnerable due to emotional involvement, economic dependence, and fear of reprisals or violence recurrence. In this understanding, the skills of professionals working in the service network are imperious, so that they can promote attention in the integral perspective[6].

It is worth mentioning the significant number of the item "not informed" found in the current study in the issues that constitute the notification form, which signals a weakness in filling. Filling the fields completely and the adherence by health professionals are considered critical points in the Surveillance System associated to underreporting of the existing data[29].

Unregistered information compromises a closer analysis of violence, causing losses to the revelation of the magnitude and characteristics of cases, which may hinder the adoption of effective strategies to tackle the phenomenon. Given this reality, it becomes necessary to invest in job training for the handling of cases of violence, for the effectiveness of the reports and quality of records[34].

Besides the weakness in filling in the reporting form, it is assumed as a limitation of this study the fact that the data generated by SINAN cannot reflect the real magnitude of sexual violence against women in the country, given the underreporting associated with barriers to the act of reporting the violence expressions[15,34].

Nevertheless, the results of this research indicate the panorama of the phenomenon, and this profile of sexual violence against women appears to be crucial for the activation of health promotion actions to prevent the problem and for the encouragement of a culture of peace.

CONCLUSION

In conclusion, it was shown that the number of reports has increased gradually during the study period and that the North region was the one that most reported cases of sexual violence against women. Women aged 10 to 19 years, of white and brown races, and with low education level were predominant, as well as the residence as the main place of occurrence and known abuser. In most cases, the health sector provided outpatient assistance, progressing to discharge.

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