

ORIGINAL ARTICLE

EPIDEMIOLOGICAL PROFILE OF CASES OF SEXUAL VIOLENCE IN ANÁPOLIS - GOIÁS - BRAZIL, IN THE YEARS 2017 TO 2020

HIGHLIGHTS

1. Sexual violence is a complex public health problem.
2. Rape is the most serious type of sexual violence.
3. Strengthen the social protection network for children and adolescents.

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ABSTRACT

Objective: to identify the epidemiological profile of victims who suffered sexual violence, in Anápolis - Goiás - Brazil, between the years 2017 to 2020. **Methods:** descriptive study of quantitative nature. Data from the notification form of sexual violence registered in the Department of Epidemiological Surveillance were used. Chi-square test was used with a significance level of 5% ($p < 0.05$). **Results:** 850 cases were notified, with the peak in 2020, 82.1% were female, between the age group of two to 10 years (42.2%), brown (61.2%) and single (37.1%). The main conduct carried out after sexual violence was blood collection (21.6%); the main aggressors were the parents (20.9%), the main type of sexual violence was rape (68.7%) and the victims were mainly referred to the Guardianship Council (48.2%). **Conclusion:** The results point to the need to strengthen interventions to expand the social protection network for children and adolescents.

DESCRIPTORS: Violence Against Women; Notification; Public Health Surveillance; Sexual Child Abuse; Epidemiology.

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INTRODUCTION

Violence is characterized as an asymmetrical action of power that reveals forms of domination and oppression in which the aggressor is in a superior position and contrary to the will of the victim, thus committing physical, sexual, or psychological harm¹. One of the facets of violence is sexual violence, which is a result of a social and historical context and is rooted in the cultural roots of Brazil, affecting all ages, social classes, and both genders².

Sexual violence relationships based on machismo are very common because women are seen as objects or inferior to men, taking away their autonomy and damaging their integrity and dignity³. However, even though cases of sexual violence are more prevalent among women, the databases deal with a high number of underreporting. Therefore, the reports of sexual abuse cases in men are lower, with an average prevalence of 8% for men and 20% for women⁴. The cases of underreporting also affect children and adolescents, often because they are in a situation of vulnerability and subordination to the aggressors⁵.

Sexual violence is understood as any attitude that forces the victim to witness, maintain or participate in unwanted sexual intercourse, through intimidation, threat, coercion, or the use of force. This violence is also seen as any form that induces the victim to commercialize or use, in any way, her sexuality. It is important to understand that even in cases in which the victim is prevented from using any method of contraception or is forced into marriage, pregnancy, abortion, or sexual prostitution are considered sexual violence³.

In Brazil, sexual violence in the 10-14 age group is the second most common type of violence, second only to physical violence. Therefore, most of the victims are women, children, and adolescents. The aggressors are mostly men, between 22 and 39 years old, have some family tie with the victim, and the act is performed in the domestic environment, being the main aggressors the parents and stepparents. Among the most recurrent pattern of victims are individuals between 12 and 14 years old, attending elementary school, with an income of up to one minimum wage⁷.

In the state of Goiás, the predominant cases of sexual violence against children and adolescents are rape, followed by psychological-moral violence. According to the study, in Goiás, the profile of the victims resembles the cases in the country, with a prevalence of females, and the most common place where this type of violence occurs is the domestic environment. Other common places are public roads and schools¹.

The profiles of the aggressors are also identified, as well as their degree of kinship with the victim, in addition to the place of the highest occurrence of sexual abuse cases where external problems, such as underreporting and the execution of work around sexual violence with pre-established biases⁸. The victims of sexual violence are subject to a series of sequels, in their most varied forms, compromising not only the victim's quality of life, but society, being considered, then, a serious public health problem².

Since sexual violence is highly prevalent to these days⁴, this research is of utmost importance to provide updated results through this study, as it is believed that knowing the profile of victims of sexual violence enables the development of social and health actions aimed at eradicating the problem. Given this, the present study aimed to identify the epidemiological profile of victims who have suffered sexual violence, in Anápolis, Goiás - Brazil, between the years 2017 to 2020.

METHODS

This is an epidemiological, descriptive, cross-sectional, and retrospective study. Information provided by the Department of Epidemiological Surveillance of the Municipal Health Secretariat on sexual violence, recorded in the database of the Information System of Notifiable Diseases (SINAN) in the period from January 2017 to December 2020, was analyzed. The study was conducted in the municipality of Anápolis - GO which is located 53 km from the capital Goiânia and 139 km from the federal capital. With these two cities, it makes the axis Goiânia-Anápolis-Brasília, the most developed region of the Midwest.

According to the last census in Anápolis, from the Brazilian Institute of Geography and Statistics (IBGE – in Portuguese) in 2010, the population is 334.613 inhabitants. Composing the study population are all people who are victims of sexual violence registered in SINAN (in Portuguese), linked to the Department of Epidemiology of the Municipal Health Department of Anápolis, between the years 2017 and 2020.

The inclusion criteria were victims of sexual violence, of both sexes, reported in SINAN in the city of Anápolis - GO in the period 2017 and 2020, and the exclusion criteria were data from duplicate notification forms.

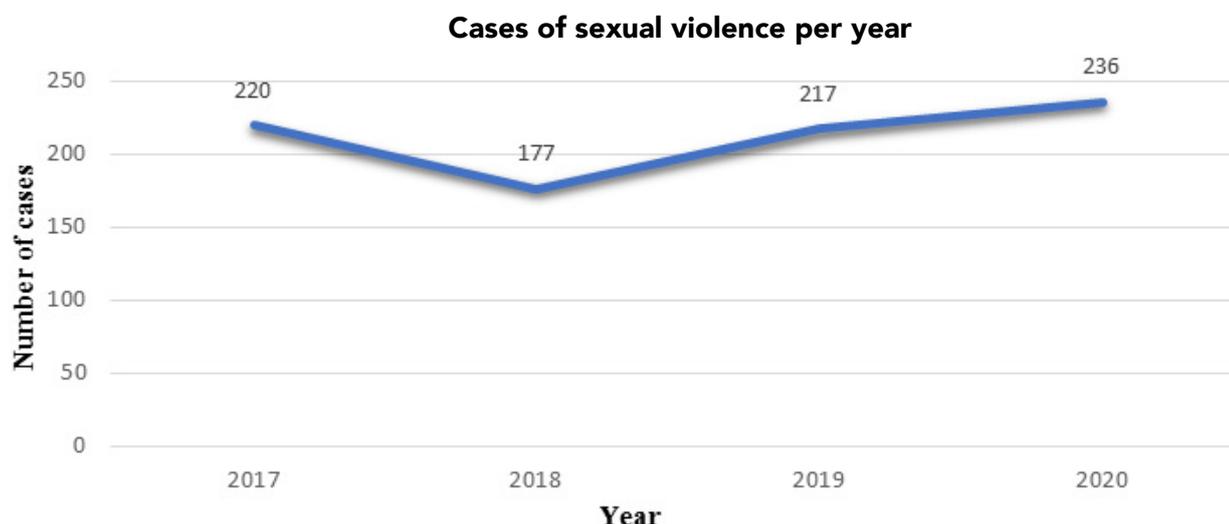
The sociodemographic characteristics evaluated were frequency of occurrence per year; age group; sex; color; education; and marital status. The epidemiological characteristics were type of sexual violence suffered by the victim; main aggressor; place of aggression; conduct after sexual violence; and referral to other sectors after sexual violence.

The data were transcribed to a spreadsheet in MS Excel Office XP. Later, the data were analyzed using the software Statistical Package for the Social Sciences (SPSS) version 23, to perform the statistical analysis, adopting as a significance criterion $p < 0.05$. Pearson's Chi square test and possible Likelihood Ratio corrections were performed as necessary.

The present study was approved by the Research Ethics Committee - UniEVANGÉLICA, opinion number 5,299,450.

RESULTS

According to data obtained from the notification forms on violence of the Department of Epidemiological Surveillance of the Municipal Health Department of Anápolis, in the period from January 2017 to December 2020, assistance was offered to 850 cases. In the year 2017, 220 cases of sexual violence were notified, already in the year 2018 there were 177 cases, starting an increase in the number of cases with 217 notifications in the year 2019, followed by 236 occurrences in the year 2020 (Graphic 1).



Graphic 1 - Number of cases of sexual violence in relation to the years 2017 to 2020 in the municipality of Anápolis - Goiás, Brazil, 2023

Source: The authors, 2023.

Of the total subjects analyzed in this study, 152 (17.9%) were male and 698 (82.1%) were female, constituting a male to female ratio of 4.59:1, showing a statistically significant difference in the distribution of sex among the years studied ($p= 0.012$). Regarding the age range, the most prevalent among the years was from 2 to 10 years old, with 359 (42.2%) cases, followed by 351 (41.3%) cases in the 11 to 18 age range, showing a statistically significant difference ($p= 0.018$). Regarding ethnicity, a higher prevalence was observed among mulattoes, with 521 (61.3%) cases, with a statistical difference between the years studied ($p=0.01$). Concerning education, it was observed that 377 (44.3%) had incomplete/complete elementary school education, with no statistical difference between the groups ($p= 0.164$). As for marital status, the highest prevalence was of ignored data, being 391 (46%), followed by 334 (39.3%) of singles, with no statistically significant difference ($p=0.106$) (Table 1).

Table 1 - Distribution of reported cases of sexual violence according to sex, age group, ethnicity, education, and marital status between the years 2017 and 2020 in Anápolis. Anápolis-GO, Brazil, 2023.

VARIABLES	2017	2018	2019	2020	total	p
GENDER	n (%)					
Male	37 (16.8)	34 (19.2)	52 (24.0)	29 (12.3)	152 (17.9)	0.012
Female	183 (83.2)	143 (80.8)	165 (76.0)	207 (87.7)	698 (82.1)	
AGE Rate						

< 1 year	7 (3.2)	1 (0.6)	4 (1.8)	9 (3.8)	21 (2.5)	
2 – 10	86 (39.1)	65 (36.7)	99 (45.7)	109 (46.2)	359 (42.2)	
11 – 18	103 (46.9)	75 (42.4)	83 (38.3)	90 (38.2)	351 (41.3)	
19 - 30	10 (4.4)	23 (13)	14 (6.4)	14 (5.9)	61 (7.2)	0.018
31 - 50	8 (3.6)	10 (5.6)	13 (6)	9 (3.8)	40 (4.7)	
51 - 60	1 (0.5)	-	2 (0.9)	4 (1.7)	7 (0.8)	
> 61	1 (0.5)	2 (1.1)	2 (0.9)	-	5 (0.6)	
No information	4 (1.8)	1 (0.6)	-	1 (0.4)	6 (0.7)	
ETHNICITY						
White	67 (30.4)	53 (29.9)	59 (27.3)	51 (21.5)	230 (27.1)	
Black	11 (5)	6 (3.4)	17 (7.9)	8 (3.4)	42 (4.9)	
Yellow	4 (1.8)	1 (0.6)	-	4 (1.7)	9 (1.1)	0.01
Brown	135 (61.4)	113 (63.8)	138 (63.9)	135 (57)	521 (61.3)	
Indigenous	1 (0.5)	-	-	2 (0.9)	3 (0.3)	
Ignored	2 (0.9)	4 (2.3)	2 (0.9)	37 (15.5)	45 (5.3)	
EDUCATION						
Illiterate	10 (4.5)	10 (5.6)	20 (9.3)	17 (7.2)	57 (6.7)	
Elementary School incomplete/ complete	116 (52.8)	78 (44.1)	96 (44.2)	87 (36.9)	377 (44.3)	
High School incomplete/complete	33 (15.0)	29 (16.4)	25 (11.5)	26 (11)	113 (13.3)	
Higher Education incomplete/ complete	6 (2.7)	7 (3.9)	9 (4.1)	6 (2.5)	28 (3.3)	0.164
Ignored	10 (4.5)	10 (5.6)	7 (3.2)	18 (7.6)	45 (5.3)	
No information	45 (20.5)	43 (24.4)	60 (27.7)	82 (34.8)	230 (27.1)	
Marital Status						
Single	80 (36.4)	67 (37.8)	85 (39.1)	102 (43.2)	334 (39.3)	
Married	28 (12.7)	13 (7.4)	10 (4.6)	5 (2.1)	56 (6.6)	
Widowed	-	2 (1.1)	-	1 (0.4)	3 (0.3)	0.106
Separated	3 (1.4)	5 (2.8)	2 (0.9)	2 (0.8)	12 (1.4)	
Ignored	98 (44.5)	84 (47.4)	101 (46.6)	108 (45.8)	391 (46)	
No information	11 (5)	6 (3.5)	19 (8.8)	18 (7.7)	54 (6.4)	

Source: The authors, 2023.

Regarding the types of aggressors, parents were the most notified 198 (23.3%), followed by friends/acquaintances 177 (20.8%), showing a statistical difference between the groups ($p= 0.01$). The most frequent sexual violence was in the residence, accounting for 640 (75.2%) of the cases, showing a statistical difference between the groups ($p= 0.009$). Rape was the most prevalent type of sexual violence, with a total of 587 (69%) cases, followed by sexual harassment with 204 (24%) cases, which demonstrates a statistical difference between the groups ($p= 0.01$), as shown in Table 2.

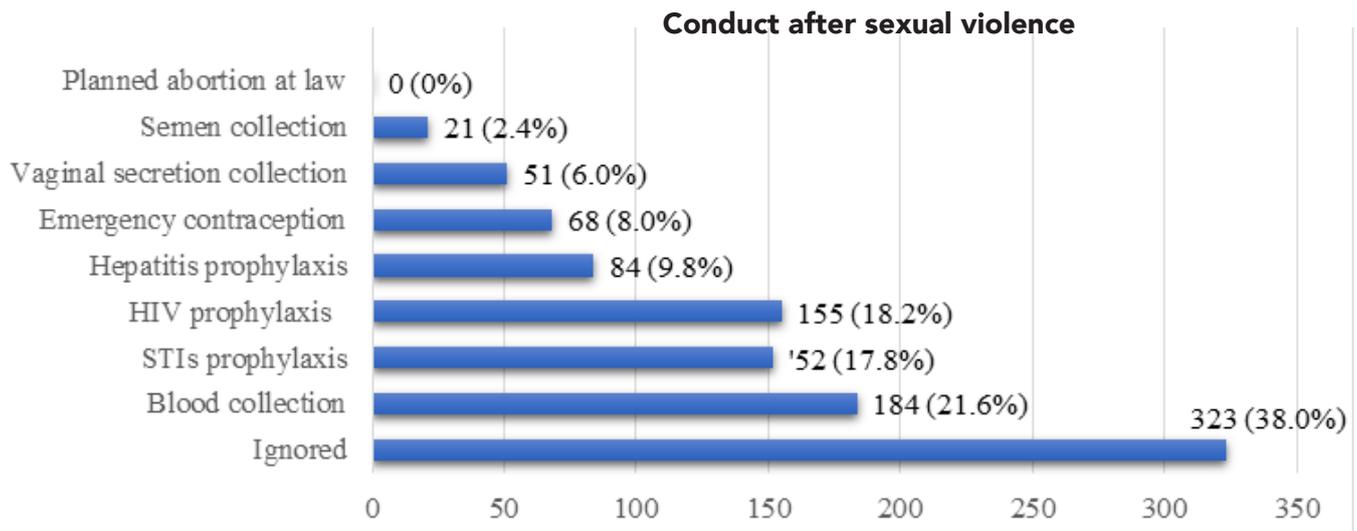
Table 2 - Distribution of reported cases of sexual violence according to the main aggressors, place of aggression and type of violence between the years 2017 and 2020 in Anápolis, Anápolis-GO, Brazil, 2023

MAIN OFFENDERS	2017	2018	2019	2020	Total	p
	n (%)					
Parents	65 (29.5)	36 (20.4)	45 (20.7)	52 (22)	198 (23.3)	0.01
Friends/Family Acquaintances	34 (15.5)	36 (20.4)	48 (22.1)	59 (25)	177 (20.8)	
Strangers	33 (15)	28 (15.9)	38 (17.5)	34 (14.4)	133 (15.7)	
Stepfather	23 (10.5)	15 (8.6)	18 (8.3)	27 (11.5)	83 (9.7)	
Boyfriend or ex	12 (5.5)	7 (4.0)	9 (4.1)	14 (5.9)	42 (4.9)	
Brother	4 (1.8)	8 (4.6)	9 (4.1)	7 (3)	28 (3.4)	
Spouse or ex.	4 (1.8)	2 (1.1)	6 (2.8)	6 (2.6)	18 (2.1)	
Caregiver	-	4 (2.3)	7 (3.2)	1 (0.4)	12 (1.4)	
Persons in an institutionalized relationship	2 (0.9)	2 (1.2)	1 (0.5)	3 (1.3)	8 (0.9)	
Boss/employer	1 (0.5)	-	-	2 (0.8)	3 (0.3)	
Own Person	2 (0.9)	3 (1.8)	3 (1.4)	-	8 (0.9)	
Child	-	-	1 (0.5)	-	1 (0.1)	
Police officer	-	-	-	1 (0.4)	1 (0.1)	
Others	23 (10.5)	28 (15.1)	32 (14.8)	28 (11.9)	111 (13.2)	
No information	17 (7.6)	8 (4.6)	-	2 (0.8)	27 (3.2)	
PLACE OF AGGRESSION						
Residence	173 (78.6)	108 (61)	167 (77)	192 (81.3)	640 (75.2)	0.009
Public road	18 (8.1)	17 (9.6)	15 (6.9)	12 (5.1)	62 (7.3)	
Group Housing	-	28 (15.8)	3 (1.4)	2 (0.8)	33 (3.8)	
School	7 (3.2)	1 (0.6)	3 (1.4)	1 (0.4)	12 (1.5)	
Bar or similar	-	2 (1.1)	4 (1.8)	2 (0.8)	8 (1)	
Commerce/Services	3 (1.4)	2 (1.1)	-	3 (1.3)	8 (1)	
Industry/Construction	2 (0.9)	1 (0.6)	1 (0.5)	-	4 (0.4)	
Place of sports practice	1 (0.5)	1 (0.6)	-	-	2 (0.2)	
Other	7 (3.2)	8 (4.5)	14 (6.5)	14 (6)	43 (5.1)	
Ignored	6 (2.7)	8 (4.5)	10 (4.5)	9 (3.9)	33 (4)	
No information	3 (1.4)	1 (0.6)	-	1 (0.4)	5 (0.5)	
TYPE OF SEXUAL VIOLENCE						
Rape	177 (80.4)	126 (71.2)	151 (70.0)	133 (56.4)	587 (69)	0.01
Sexual Harassment	34 (15.5)	38 (21.5)	56 (25.8)	76 (32.2)	204 (24)	
Sexual Exploitation	2 (0.9)	3 (1.7)	2 (0.8)	10 (4.2)	17 (2)	
Child Pornography	2 (0.9)	2 (1.1)	5 (2.2)	7 (3)	16 (1.9)	
Other	1 (0.4)	1 (0.6)	1 (0.4)	6 (2.5)	9 (1.1)	
Ignored	1 (0.4)	3 (1.7)	2 (0.8)	4 (1.7)	10 (1.2)	
No information	3 (1.5)	4 (2.2)	-	-	7 (0.8)	

Source: The authors, 2023.

As for the procedures performed after sexual violence, it was possible to observe that most victims 184 (21.6%) had blood drawn, and the second most common procedure was prophylaxis of Sexually Transmitted Infections (STIs), with 155 (18.2%) cases. Finally, it is noteworthy that the number of ignored conducts, 323 (38%) of the forms, excelled all other types of conducts performed after sexual violence.

It is important to note that the procedures performed after sexual violence in some individuals were repeated two or three times, for example: collection of vaginal secretion and HIV prophylaxis; blood collection, STIs prophylaxis, and vaginal secretion collection (Graphic 2).



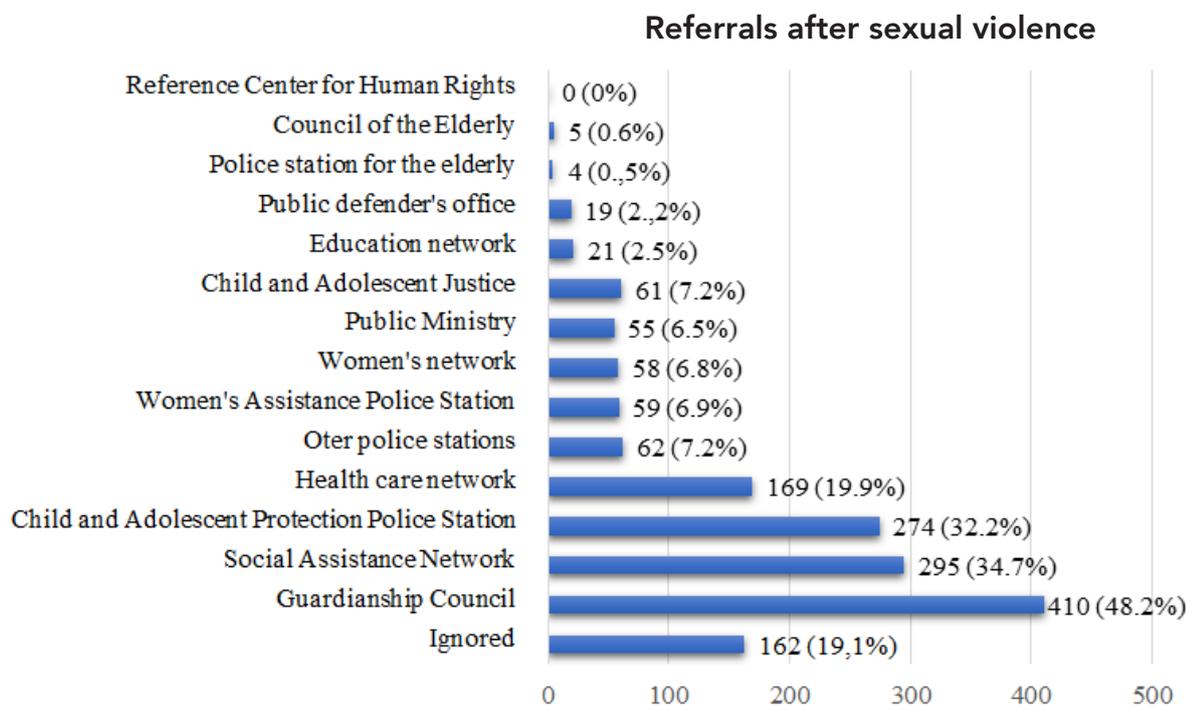
Graphic 2 - Distribution of cases according to the conducts performed after sexual violence between the years 2017 and 2020 in Anápolis. Anápolis-GO, Brazil, 2023

Source: The authors, 2023.

Key: HIV: human immunodeficiency virus; STIs: sexually transmitted infections

Regarding referrals, the main institution was the Guardianship Council, with a total of 410 (48.2%) notifications. The second most relevant institution in this context was the Social Assistance Network with 295 (34.7%) cases. It is worth noting the high number of ignored data, with 162 (19.1%) notification forms.

It is noteworthy to observe that the referrals made after the sexual violence, in some individuals, were repeated two or three times, for example: guardianship council and child and adolescent protection police station; public ministry, guardianship council, and social assistance network (Graphic 3).



Graphic 3 - Distribution of cases according to referrals made after sexual violence between the years 2017 and 2020 in Anápolis. Anápolis-GO, Brazil, 2023

Source: The authors, 2023.

DISCUSSION

The temporal pattern of the numbers of cases of sexual violence obtained a constancy between the years with an increase in the year 2020, a fact justified by the isolation of the pandemic of COVID-19, mainly in female children and adolescents as evidenced in this study⁹⁻¹², and that the social isolation limited the possibility of victims to trigger the support networks¹³⁻¹⁴.

One of the variables analyzed in this study was the relationship between the number of cases and the sex of the victims, resulting in more women being reported as having suffered sexual violence. Studies indicate that women are more susceptible to this type of violence¹⁰⁻¹¹, and men are the main perpetrators of aggression^{7,12}. It is understood that this fact is directly related to a patriarchal sociocultural culture of women's subservience rooted in society, with unequal values of power and gender oppression still existing in Brazil¹⁵.

Regarding age, the main age group most affected was two to 10 years old, followed by 11 to 18 years old. It is known that infant-juvenile sexual violence is a public health problem not only in Anápolis, but throughout the world, especially in underdeveloped countries¹⁶⁻¹⁸. Children and adolescents present a higher risk of suffering violence when compared to the population in general, especially due to their situation of vulnerability. Moreover, they suffer greater health repercussions because they are in the process of growth and development, causing a greater risk of negative social and emotional consequences,^{14,19-20} impacting the victim's future adult life, such as changes in behavior, risk of STIs, aggressiveness, fear, bulimia, and alcohol abuse, among others²⁰. These data can be explained by the physical, psychological, and social vulnerability of some of these victims, besides the lack of maturity that facilitates the aggressor's action¹¹.

As for the characteristics of race/ethnicity, it was found that the largest percentage of victims was brown, followed, respectively, by white, black, yellow, and indigenous. The

mixed-race ethnicity was also verified in a study in Teresina/Piauí²¹, justified by the higher number of people who consider themselves mixed race in the region of Anápolis-Goiás, Brazil being a country of high miscegenation. Given this issue, the importance of the variable ethnicity should be emphasized, since it is a factor that favors the understanding of social inequalities and needs regarding the planning of public policies aimed at specific groups, i.e., sexual violence that follows an ethnic pattern, with browns and blacks as highlights²¹.

Regarding marital status, singles prevailed, in similarity with the study of sexual violence in the northern region of Brazil²² since most victims correspond to children and adolescents.

As for the main aggressors in the present study, most were parents, followed by friends/acquaintances. Compared with the study in the northern region of Brazil, it could be observed that most aggressors were friends and acquaintances, with 81% of the cases²², showing that sexual violence often occurred by perpetrators from the victim's social and family circle.

Regarding the place of aggression, in this study, it was observed that sexual violence occurred mainly in the homes. Thus, the home itself has become an unsafe place, primarily for children and adolescents⁷.

Regarding the type of sexual violence, rape was the most prevalent, followed by sexual harassment. Rape and sexual harassment also constitute one of the most prevalent types of sexual violence in Brazilian cities. Studies conducted in Campina Grande/Paraíba and Recife/Pernambuco corroborate the present study, where they also associate women and children as the main victims, with most of the aggressors being fathers and friends or acquaintances²³⁻²⁴.

The main behaviors performed after sexual violence were blood collection, followed by STIs prophylaxis and HIV prophylaxis, after the ignored cases, differing from the study conducted in Goiânia-GO, where 85% of cases of sexual violence had HIV prophylaxis²⁵. It is reiterated that the ignored cases were the most prevalent, making it difficult to know the real conduct carried out after sexual violence.

In relation to the largest number of referrals, these were directed to child and adolescent care institutions, such as the guardianship council, police station for the protection of children and adolescents, public ministry, among others, precisely because the most prevalent age group was children and adolescents. It is reiterated that the ignored cases were the most prevalent, making it difficult to know the referrals made after the sexual violence. The values found show that, even though the referral of victims who have been notified is mandatory, there are records that are compromised due to the difficulty or embarrassment of filling out the form, overload in the daily service and difficulty in dealing with cases, among others²⁶.

Finally, it is noticeable the need for continuous improvement of professionals who provide care to victims of sexual violence so that they feel welcomed and respected, minimizing the non-attendance rates to the referral. It has been observed that many women who suffer sexual violence do not seek health care services for various reasons, such as psycho-emotional and motor sequelae, and physical and moral embarrassment⁸.

This study has certain limitations, such as the use of secondary data, since they are conditioned to the quality of the records, besides not allowing estimating how much the frequency of underreporting can distort the results found. However, the databases used, even with their limitations, are considered reliable and of good quality with production of reliable information, and the abundance of data brings relevance to the results.

CONCLUSION

Based on the results, it can be concluded that the largest number of cases of sexual violence occurred in brown women in the age group of two to 10 years, with incomplete/complete elementary school education, single and that were assaulted at home, mainly by parents. The most common type of sexual violence was rape, the main procedures performed after sexual violence were blood collection, prophylaxis of STIs and HIV, and the main referral institutions of the victims were the guardianship council and the social assistance network.

Moreover, the lack of filling out some information in the notification forms, such as conducts and referrals after sexual violence, reaffirms the need to provide preparation of professionals for the notification of cases and a greater training of health professionals, since these data interfere directly in the areas of teaching and research in Brazil, among others, and may compromise both the development and improvement of the Brazilian Unified Health System and health care, demonstrating a fragility in the reception of these victims, leaving them more vulnerable, contributing to the possibility of presenting future injuries, such as psychological and emotional problems.

This study can contribute to planning public policies for prevention, promoting interventions focused on the most vulnerable population, covering more effective prophylactic and therapeutic measures and adequate psychotherapeutic support, so that the rights of the most vulnerable to this type of aggression can be guaranteed and respected. The practice of notification is highly important for improving the provision of health care services and can be used as a specific health indicator by managers and health professionals.

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