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Sexual violence perpetrated in adolescence and adult phase: analysis of reported cases in the capital of Rondônia

Violência sexual perpetrada na adolescência e fase adulta: análise dos casos notificados na capital de Rondônia

Violencia sexual perpetrada en adolescencia y fase adulta: análisis de casos denunciados en la capital de Rondônia

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Abstract

Objective: to analyze the epidemiological profile of reported cases of sexual violence perpetrated against women in Porto Velho, Rondônia. **Method**: a quantitative, descriptive cross-sectional study, including cases of violence against women aged 12 years or older registered in the Notifiable Diseases Information System from 2010 to 2018. **Results**: statistical significance was found among women who suffered sexual violence in relation to education (p=0.000); marital status (p=0.000); if they were pregnant women (p=0.026); if the aggressor had a relationship/degree of kinship as spouse/boyfriend (p=0.000); ex-spouse/boyfriend (p=0.002); friends/acquaintances (p=0.015); unknown (p=0.000); with suspected alcohol use (p=0.001) and for the place of occurrence (p=0.000), if it occurred other times (p=0.000); procedure performed (abortion provided for by law (p=0.001), emergency contraception (p=0.001), material collection (p= 0.012) and prophylaxis (p=0.000)); and means used in aggression (body strength/beating (p=0.000), threat (p=0.031), sharp object (p=0.000), firearm (p=0.000), hanging (p=0.000) and blunt object (p=0.019)). **Conclusion and implications for practice**: sexual violence was evidenced as prevalent in adolescence, regardless of age group, and the type of aggression was rape. The contribution will enable efforts to be directed to prevent this disease in groups of younger ages in different forms of relationships.

Keywords: Nursing; Epidemiological Monitoring; Women's Health; Sexual Violence; Violence Against Women.

Resumo

Objetivo: analisar o perfil epidemiológico dos casos notificados de violência sexual perpetrada contra as mulheres em Porto Velho, Rondônia. **Método:** estudo quantitativo, descritivo, transversal, incluindo os casos de violência contra mulheres com idade igual ou superior a 12 anos registrados no Sistema de Informação de Agravos de Notificação no período de 2010 a 2018. **Resultados**: verificou-se significância estatística entre mulheres que sofreram violência sexual em relação à escolaridade (p=0,000); situação conjugal/civil (p=0,000); se eram gestantes (p=0,026); se o agressor possuía vínculo/grau de parentesco como cônjuge/namorado (p=0,000); ex-cônjuge/namorado (p=0,002); amigos/conhecidos (p=0,015); desconhecido (p=0,000); suspeita do uso de álcool (p=0,001); local da ocorrência (p=0,000), se ocorreu outras vezes (p=0,000); procedimento realizado (aborto previsto em lei (p=0,001), contracepção de emergência (p=0,001), coleta de material (p=0,012) e profilaxia (p=0,000)); e meio usado na agressão (força corporal/espancamento (p=0,000), ameaça (p=0,031), objeto perfurocortante (p=0,000), arma de fogo (p=0,000), enforcamento (p=0,000) e objeto contundente (p=0,019)). **Conclusão e implicações na prática**: evidenciou-se a violência sexual como prevalente na adolescência, independentemente da faixa etária, e o tipo de agressão foi o estupro. A contribuição possibilitará direcionar esforços na prevenção desse agravo em grupos de idades mais jovens nas diferentes formas de relacionamentos.

Palavras-chave: Enfermagem; Monitoramento Epidemiológico; Saúde da Mulher; Violência Sexual; Violência contra a Mulher.

Resumen

Objetivo: analizar el perfil epidemiológico de los casos denunciados de violencia sexual perpetrados contra mujeres en Porto Velho, Rondônia. **Método**: estudio transversal, cuantitativo y descriptivo, que incluye casos de violencia contra mujeres de 12 años o más registrados en el Sistema de Información de Enfermedades de Notificación Obligatoria de 2010 a 2018. **Resultados**: se encontró significación estadística entre las mujeres que sufrieron violencia sexual en relación con la escolaridad (p=0.000); el estado civil/conyugal (p=0.000); si eran mujeres embarazadas (p=0,026); agresor que tenía una relación/grado de parentesco cónyuge/novio (p=0,000); ex-cónyuge/novio (p=0,002); amigas/conocidas (p=0,015); desconocidas (p=0,000); con sospecha de consumo de alcohol (p=0,001); y para el lugar de ocurrencia (p=0,000), si ocurrió otras veces (p=0,000); procedimiento realizado (aborto previsto por la ley (p=0,001), anticoncepción de emergencia (p=0,001), recolección de material (p= 0,012) y profilaxis (p=0,000)); y medios utilizados en la agresión (fuerza corporal/golpeo (p=0,000), amenaza (p=0,031), objeto punzante (p=0,000), arma de fuego (p=0,000), ahorcamiento (p=0,000) y objeto contundente (p=0,019)). **Conclusión e implicaciones en la práctica:** la violencia sexual se evidenció como prevalente en la adolescencia, independientemente del grupo de edad, y el tipo de agresión fue la violación. La contribución permitirá dirigir esfuerzos para prevenir esta enfermedad en grupos de edades más jóvenes en diferentes formas de relación.

Palabras clave: Enfermería; Vigilancia Epidemiológica; Salud de la Mujer; Violencia Sexual; Violencia contra la Mujer.

INTRODUCTION

Sexual violence is recognized as a serious complex and multicausal public health problem as well as a violation of human rights. It mainly affects girls and women, contributing to the fragmentation of development stages, consequently, which can have a catastrophic impact on behavior in adult life.[1-3]

On the world stage, the World Health Organization (WHO) estimates that 31% of women aged 15 years and over have experienced, at some point in their lives, physical, sexual or both forms of violence at least once in their lives.[4] While there are many other forms of violence that women are exposed to, these two provide an expanded picture of the proportion of women who suffer this grievance in the world.

In Brazil, despite the establishment of government policies to combat sexual violence, the problem still affects a considerable portion of the population, with prevalence that vary according to age group and social group investigated. Overall, the prevalence found is 20.4%, affecting twice as many women as men. Children suffer sexual violence seven times more, and adolescents, six times more, when compared to other age groups, constituting the most vulnerable groups. Moreover, some factors have been associated with sexual violence, such as vulnerability to poverty, unemployment and educational level, i.e., illiterates have almost twice the prevalence of sexual violence than people with higher education.[5]

Another significant data that deserves to be highlighted is the number of aggressors suspected of using alcohol (15.6%), among which 55.1% were children's parents.[6] However, there are several impacts of sexual violence on women's lives with physical, psychological and social consequences that can be found in the short and long term, being devastating, especially when it occurs in childhood or adolescence. Sexual violence is a strong stressor in relation to the normal process of growth and development,[2,5,7,8] in addition to suicide attempts and unwanted pregnancies.[9]

Some authors[9-15] have sought to characterize the situation of sexual violence experienced by women in different parts of the country. However, no study was identified on cases of sexual violence against girls and women in Porto Velho. In this context, the scarcity of studies in the thematic area promotes the invisibility of the problem of violence and health problems for women in the North region, more specifically in Rondônia.

Therefore, the topic to be investigated is relevant, as it presents a problem that has taken on alarming dimensions in the current scenario in the world, in Brazil and, more precisely, in the proposed scenario. In addition to this, this phenomenon is one of the problems of both public and social health that affects physical and psychological integrity, in addition to constituting a violation of women's rights.[1]

In this regard, this study aimed to analyze the epidemiological profile of reported cases of sexual violence perpetrated against women in Porto Velho, Rondônia.

METHOD

This is a quantitative and descriptive study, carried out in a transversal way, guided by the Strengthening the Reporting of Observational Studies in Epidemiology Statement (STROBE). Data collection was carried out in March 2020 by the main researcher, based on the information contained in the individual notification/investigation form of domestic, sexual and/or other interpersonal and self-inflicted violence, in the database of the Notifiable Diseases Information System (SINAN - *Sistema de Informação de Agravos de Notificação*), made available by the Municipal Health Department of Porto Velho/Rondônia, from 2010 to 2018, stored in Microsoft Excel spreadsheets, version 2013, containing information organized according to the items on the notification form and later analyzed using the Epi Info software (version 7.2.4). Age equal to or greater than 12 years was considered as an inclusion criterion, based on the Child and Adolescent Statute (ECA), Law 8069 of July 13, 1990.[16]

During the previously selected period, 2,449 notifications were made on SINAN about interpersonal/self-inflicted violence. A total of 919 cases (37.5%) occurred due to sexual violence, of which 274 were excluded, as they were male (57 cases) and under 12 years of age (217 cases).

The variables were categorized in **relation to women** (race/color: brown, white, black, yellow, indigenous; education: illiterate, up to 4 years, from 4 to 8 years, more than 8 years; marital status/marital status: single, married/consensual union, widowed, separated and pregnant: yes or no), **to aggressor** (probable aggressor's sex: male, female, both sexes; relationship/degree of kinship with the battered woman: father/mother, stepfather, spouse/boyfriend, ex-spouse/boyfriend, son (daughter), brother (sister), friends/stranger, stranger, caregiver, boss, person with institutional relationship, police/law enforcement officer, person, others; and suspected alcohol use: no or yes), **to violent act** (year of occurrence: 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018; place of occurrence: residence, public road, commerce/services, bar or similar, school, collective housing, place of sports practice, others; occurred at other times: yes or no; type of sexual violence: sexual exploitation (yes, no), pornography (yes, no), indecent assault (yes, no), rape (yes, no), sexual harassment (yes, no), other (yes, no); procedure performed: abortion prescribed by law (yes, no), emergency contraception (yes, no), material collection (yes, no) and prophylaxis (yes, no); number of people involved: one, two or more; and means used in aggression: body strength/beating (yes, no), threat (yes, no), sharp object (yes, no), firearm (yes, no), hanging (yes, no), blunt object (yes, no), poisoning (yes, no), hot substance or object (yes, no), others (yes, no)) and **to referral** (health network, Assistance Network and Guardianship Council/Elderly Council, police stations, Public Ministry/Children and Youth Justice and other sectors).

Data were processed using the TabWin program (Tab for Windows), version 4.15, 2018, and later analyzed using descriptive statistics in Epi Info, version 7.2.4. To analyze the association between age groups (categorized between 12 and 19 years and older than 19 years) and the other study variables, chi-square and Fisher's exact tests were performed, adopting a significance level of 5%. When the results of both tests pointed to a statistically significant association between variables, the interdependence pattern between them was tested through residual analysis (difference between what was observed and

what was expected) in a standardized and adjusted way, so that residuals above 1.96 or below -1.96 indicated, respectively, a significant positive or negative association between the results of the variables.

This study was approved by the Research Ethics Committee (REC) of the *União Educacional do Norte* (UNINORTE), according to Opinion 3,910,065, in compliance with Resolution 466 of December 12, 2012 of the Brazilian National Health Council (*Conselho Nacional de Saúde*) regarding research with human beings.

RESULTS

Among the 645 women who experienced sexual violence, there was statistical significance for education (p=0.000), marital/civil status (p=0.000) and pregnant women (p=0.026). Most cases were between the age group of 12 to 19 years (77.3%), with a positive association of these with education between 4 and 8 years, and for those over 19 years old with illiteracy, more than 8 years of education, married/consensual union, widowed and separated (Table 1).

Regarding the aggressor's profile, there was statistical significance with the relationship/degree of kinship of spouse/boyfriend (p=0.000), ex-spouse/ boyfriend (p=0.002), friends/acquaintances (p=0.015), stranger (p=0.000) and others (p=0.047) and with suspected alcohol use (p=0.001).

There was a positive association when the act was performed by the spouse/boyfriend, and a negative association, when unknown, for those between 12 and 19 years old, when compared with the age group over 19 years old. In a complementary way, a negative association was identified when the act was performed by friends/acquaintances, and positive, by ex-spouse/ex-boyfriend and with suspected alcohol use by the probable aggressor for those over 19 years old (Table 2).

Table 1. Analysis of the association of the profile of women who suffered sexual violence according to age group. Porto Velho, Rondônia, Brazil, 2010-2018.

Variables		From 12 to 19 years old		Over 19 years old		Total		p
		n	%	n	%	N	%	
Race/color	Brown	310	62.1	89	61.0	399	61.9	0.934
	White	88	17.6	29	19.9	117	18.1	
	Black	41	8.2	12	8.2	53	8.2	
	Ignored/blank	46	9.2	14	9.6	60	9.3	
	Yellow	8	1.6	1	0.7	9	1.4	
	Indigenous	6	1.2	1	0.7	7	1.1	
Education	Illiterate	2	0.4	4	2.7+	6	0.9	**0.000**
	Up to 4 years	41	8.2	9	6.2	50	7.8	
	4 to 8 years	245	49.1+	14	9.6-	259	40.2	
	Over 8 years	53	10.6-	57	39.0+	110	17.1	
	Ignored/blank	158	31.7	62	42.5	220	34.1	
Marital status	Single	380	76.2	85	58.2-	465	72.1	**0.000**
	Married/consensual marriage	59	11.8	36	24.7+	95	14.7	
	Widow	-	-	2	1.4+	2	0.3	
	Separated	1	0.2-	9	6.2+	10	1.6	
	Not applicable	37	7.4	4	2.7	41	6.4	
	Ignored	22	4.4	10	6.8	32	5.0	
Pregnant women	Yes	120	24.0	21	14.4	141	21.9	**0.026***
	No	216	43.3	80	54.8	296	45.9	
	Not applicable	87	17.4	28	19.2	115	17.8	
	Ignored	76	15.2	17	11.6	93	14.4	
TOTAL		499	77.4	146	22.6	645	100	

Source: SINAN, 2019. *Fisher's exact.
Caption: positive association (+) and negative association (-).

Table 2. Analysis of the association of the aggressor profile according to the age group of women who suffered sexual violence. Porto Velho, Rondônia, Brazil, 2010-2018.

Variables			From 12 to 19 years		Over 19 years		Total		p
			n	%	n	%	N	%	
Probable aggressor's sex	Male		480	96.2	141	96.6	621	96.3	0.231
	Female		5	1.0	-	-	5	0.8	
	Both sexes		5	1.0	-	-	5	0.8	
	Ignored/blank		9	1.8	5	3.4	14	2.2	
Relationship/ degree of blood relationship with the assaulted woman	Father/mother	No	446	89.4	131	89.7	577	89.5	0.508
		Yes	23	4.6	4	2.7	27	4.2	
		Ignored/ blank	30	6.0	11	7.5	41	6.4	
	Stepfather	No	437	87.6	132	90.4	569	88.2	0.089
		Yes	33	6.6	3	2.1	36	5.6	
		Ignored/ blank	29	5.8	11	7.5	40	6.2	
	Spouse/ boyfriend	No	326	65.3	123	84.3+	449	69.6	**0.000**
		Yes	149	29.9+	13	8.9-	162	25.1	
		Ignored/ blank	24	4.8	10	6.8	34	5.3	
	Ex-spouse/ boyfriend	No	466	93.4	127	87.0	593	91.9	**0.002**
		Yes	5	1.0	8	5.5+	13	2.0	
		Ignored/ blank	28	5.6	11	7.5	39	6.1	
	Child	No	472	94.6	136	93.2	608	94.3	0.511
		Ignored/ blank	27	5.4	10	6.8	37	5.7	
	Sibling	No	467	93.6	134	91.8	601	93.2	0.743
		Yes	3	0.6	1	0.7	4	0.6	
		Ignored/ blank	29	5.8	11	7.5	40	6.2	
	Friends/ acquaintances	No	332	66.5	108	74.0	440	68.2	**0.015**
		Yes	143	28.7	26	17.8-	169	26.2	
		Ignored/ blank	24	4.8	12	8.2	36	5.6	
	Stranger	No	365	73.1	62	42.5-	427	66.2	**0.000**
		Yes	105	21.0-	74	50.7+	179	27.8	
		Ignored/ blank	29	5.8	10	6.8	39	6.0	
	Caregiver	No	468	93.8	135	92.5	603	93.5	0.452
		Yes	3	0.6	-	-	3	0.5	
		Ignored/ blank	28	5.6	11	7.5	39	6.0	
	Boss	No	468	93.8	135	92.5	603	93.5	0.564
		Yes	2	0.4	-	-	2	0.3	
		Ignored/ blank	29	5.8	11	7.5	40	6.2	
	Person with institutional relationship	No	469	94.0	134	91.8	603	93.5	0.483
		Yes	1	0.2	1	0.7	2	0.3	
		Ignored/ blank	29	5.8	11	7.5	40	6.2	
	Police/ Law Enforcement Official	No	469	94.0	135	92.5	604	93.6	0.507
		Ignored/ blank	30	6.0	11	7.5	41	6.4	
	The persons themselves	No	470	94.2	136	93.2	606	94.0	0.488
		Yes	3	0.6	-	-	3	0.5	
		Ignored/ blank	26	5.2	10	6.8	36	5.6	
	Others	No	422	84.6	125	85.6	547	84.8	**0.047**
		Yes	42	8.4	5	3.4	47	7.3	
		Ignored/ blank	35	7.0	16	11.0	51	7.9	
Suspected use of alcohol	No		268	53.7	56	38.4-	324	50.2	**0.001**
	Yes		108	21.6	51	34.9+	159	24.7	
	Ignored/blank		123	24.6	39	26.7	162	25.1	
	TOTAL		499	77.4	146	22.6	645	100	

Source: SINAN, 2019.
Caption: positive association (+) and negative association (-).

For the violent act, the variables place of occurrence (p=0.000), whether it occurred at other times (p=0.000), procedure performed is abortion provided for by law (p=0.001), emergency contraception (p=0.001), collection of material (p=0.012) and prophylaxis (p=0.000), as well as the means used in aggression, as body strength/beating (p=0.000), threat (p=0.031), sharp object (p=0.000), firearm (p=0.000), hanging (p=0.000) and blunt object (p=0.019) presented statistical significance.

For those women who suffered sexual violence aged over 19 years, there was a positive association with the place of occurrence on the public road when it did not occur other times and had body strength/beating and hanging as the means used in aggression, when compared to those between 12 and 19 years old.

In addition, for people over 19 years of age, a negative association was identified when the place of occurrence was at home, and a positive association with others and commerce/services. There was a negative association when the procedure used was material collection, and a positive association for abortion provided for by law, emergency contraception and prophylaxis. Finally, there was a positive association between sharp objects, firearms and blunt objects as the means used in aggression (Table 3).

The variables related to being pregnant when women suffered sexual violence, the profile of the probable perpetrator of sexual violence to others, the bond/degree of kinship with the abused woman, as well as the threat as a means used in aggression, showed statistically significant results for the chi-square test. However, it was not possible to affirm association of variables with age group for the standardized residue analysis.

Regarding referrals, regardless of the age group of women who suffered sexual violence, these occurred mainly to the health network (39.5%), followed by the Social Assistance Network and Guardianship Council/Elderly Council (22.7%), although not all reported cases have a record of the referral made (Table 4).

Table 3. Analysis of the association of women who suffered sexual violence according to the violent act characteristics. Porto Velho, Rondônia, Brazil, 2010-2018.

Variables		From 12 to 19 years		Over 19 years		Total		p
		n	%	n	%	N	%	
Year of occurrence	2010	41	8.2	7	4.8	48	7.4	0.085
	2011	29	5.8	7	4.8	36	5.6	
	2012	33	6.6	2	1.4	35	5.4	
	2013	31	6.2	10	6.8	41	6.4	
	2014	40	8.0	8	5.5	48	7.4	
	2015	80	16.0	23	15.8	103	16.0	
	2016	81	16.2	29	19.9	110	17.1	
	2017	79	15.8	35	24.0	114	17.7	
	2018	85	17.0	25	17.1	110	17.1	
Place of occurrence	Residence	336	67.3	63	43.2-	339	61.9	**0.000**
	Ignored/blank	65	13.0	13	8.9	78	12.1	
	Public road	39	7.8-	36	24.7+	75	11.6	
	Others	38	7.6	23	15.8+	61	9.5	
	Business/services	2	0.4	6	4.1+	8	1.2	
	Bar or similar	6	1.2	-	-	6	0.9	
	School	5	1.0	1	0.7	6	0.9	
	Collective housing	3	0.6	1	0.7	4	0.6	
	Sports venue	2	0.4	-	-	2	0.3	
Occurred other times	Yes	265	53.1+	34	23.3-	299	46.4	**0.000**
	No	167	33.5-	95	65.1+	262	40.6	
	Ignored	67	13.4	17	11.6	84	13.0	

Source: SINAN, 2019.
Caption: positive association (+) and negative association (-).

Table 3. Continued...

Variables			From 12 to 19 years		Over 19 years		Total		p
			n	%	n	%	N	%	
Type of sexual violence	Sexual exploration	Yes	14	2.8	1	0.7	15	2.3	0.071
		No	444	89.0	139	95.2	583	90.4	
		Ignored/ blank	41	8.2	6	4.1	47	7.3	
	Pornography	Yes	4	0.8	0	0.0	4	0.6	0.103
		No	452	90.6	140	95.9	592	91.8	
		Ignored/ blank	43	8.6	6	4.1	49	7.6	
	Sexual offense	Yes	9	1.8	3	2.1	12	1.9	0.142
		No	109	21.8	21	14.4	130	20.2	
		Ignored/ blank	381	76.4	122	83.6	503	78.0	
	Rape	Yes	465	93.2	140	95.9	605	93.8	0.186
		No	23	4.6	6	4.1	29	4.5	
		Ignored/ blank	11	2.2	0	0.0	11	1.7	
	Sexual harassment	Yes	48	9.6	7	4.8	55	8.5	0.068
		No	416	83.4	133	91.1	549	85.1	
		Ignored/ blank	35	7.0	6	4.1	41	6.4	
	Other	Yes	8	1.6	3	2.1	11	1.7	0.872
		No	434	87.0	128	87.7	562	87.1	
		Ignored/ blank	57	11.4	15	10.3	72	11.2	
Procedure performed	Abortion provided by law	Yes	10	2.0	13	8.9+	23	3.6	**0.000**
		No	386	77.4	111	76.0	497	77.1	
		Ignored/ blank	103	20.6	22	15.1	125	19.4	
	Emergency contraception	Yes	124	24.8	59	40.4+	183	28.4	**0.001**
		No	293	58.7	66	45.2	359	55.7	
		Ignored/ blank	82	16.4	21	14.4	103	16.0	
	Material collection	Yes	300	60.1	107	73.3	407	63.1	**0.012**
		No	145	29.1	26	17.8-	171	26.5	
		Ignored/ blank	54	10.8	13	8.9	67	10.4	
	Prophylaxis	Yes	194	38.9	93	63.7+	287	44.5	**0.000**
		No	240	48.1	42	28.8-	282	43.7	
		Ignored/ blank	65	13.0	11	7.5	76	11.8	
Number of people involved	One		406	81.4	114	78.1	520	80.6	0.369
	Two or more		70	14.0	21	14.4	91	14.1	
	Ignored/blank		23	4.6	11	7.5	34	5.3	

Source: SINAN, 2019.
Caption: positive association (+) and negative association (-).

Table 3. Continued...

Variables			From 12 to 19 years		Over 19 years		Total		p
			n	%	n	%	N	%	
Means used in aggression	Body strength/ beating	Yes	129	25.9^{-}	83	56.8^{+}	212	32.9	**0.000**
		No	323	64.7	57	39.0^{-}	380	58.9	
		Ignored/ blank	47	9.4	6	4.1	53	8.2	
	Threat	Yes	133	26.7	54	37.0	187	29.0	**0.031**
		No	319	63.9	84	57.5	403	62.5	
		Ignored/ blank	47	9.4	8	5.5	55	8.5	
	Sharp objects	Yes	18	3.6	18	12.3^{+}	36	5.6	**0.000**
		No	436	87.4	120	82.2	556	86.2	
		Ignored/ blank	45	9.0	8	5.5	53	8.2	
	Firearm	Yes	32	6.4	24	16.4^{+}	56	8.7	**0.000**
		No	419	84.0	115	78.8	534	82.8	
		Ignored/ blank	48	9.6	7	4.8	55	8.5	
	Hanging	Yes	4	0.8^{-}	11	7.5^{+}	15	2.3	**0.000**
		No	452	90.6	125	85.6	577	89.5	
		Ignored/ blank	43	8.6	10	6.8	53	8.2	
	Blunt object	Yes	2	0.4	4	2.7^{+}	6	0.9	**0.019**
		No	451	90.4	133	91.1	584	90.5	
		Ignored/ blank	46	9.2	9	6.2	55	8.5	
	Poisoning	Yes	5	1.0	3	2.1	8	1.2	0.342
		No	449	90.0	134	91.8	583	90.4	
		Ignored/ blank	45	9.0	9	6.2	54	8.4	
	Hot substance or object	Yes	2	0.4	0	0.0	2	0.3	0.374
		No	451	90.4	127	93.8	588	91.2	
		Ignored/ blank	46	9.2	9	6.2	55	8.5	
	Others	Yes	56	11.2	12	8.2	68	10.5	0.446
		No	365	73.1	114	78.1	479	74.3	
		Ignored/ blank	78	15.6	20	13.7	98	15.2	
		TOTAL	499	77.4	146	22.6	645	100	

Source: SINAN, 2019.
Caption: positive association (+) and negative association (-).

Table 4. Distribution of referrals of women who have suffered sexual violence according to age group. Porto Velho, Rondônia, Brazil, 2010-2018.

Variables		From 12 to 19 years*		Over 19 years*		Total	
		n	%	n	%	N	%
Referral	Health Network	119	38.5	24	45.3	143	39.5
	Social Assistance Network and Guardianship Council/Elderly Council	79	25.6	3	5.7	82	22.7
	Police stations	49	15.9	14	26.4	63	17.4
	Public Prosecutor/Child and Youth Court	2	0.6	1	1.9	3	0.8
	Others	60	19.4	11	20.7	71	19.6
	TOTAL	309	85.4	53	14.6	362	100

*Some women who suffered sexual violence were referred to more than one place and some are not registered for any place.
Source: SINAN, 2019.

DISCUSSION

From the analysis of the data obtained in this research, it was possible to identify the predominance of reported cases of women in situations of sexual violence in Porto Velho, Rondônia, among adolescents aged between 12 and 19 years and with low education. The higher occurrence of violence and sexual violence against adolescent women was also pointed out in other studies carried out in the Federal District,[17] Alagoas,[14] Santa Catarina[9] and Fortaleza.[10] It was also found that lower education has been associated with a higher probability of experiencing sexual violence.[9,10,17]

On the other hand, in Recife, the majority of women who have experienced sexual violence (66.9%) are between 29 and 49 years old, with 9 to 12 years of education.[15] The difference with the findings from Porto Velho indicates that there is a different profile for sexual violence in different Brazilian regions and states, which will demand specific actions in each location to assist these women in case prevention. However, it is noted that in Brazil it is a vulnerability that affects women in their different stages of life.

Considering the relationship/degree of kinship with abused women, this study pointed to the spouse/boyfriend as the probable perpetrator of sexual violence against adolescents, in line with the evidence that the main aggressor of violence against women was perpetrated by an intimate partner.[18,19] In a survey carried out with adolescents in five East African countries, the prevalence of experiencing this type of violence was 45.1% (n=2,380).[20]

In this reason, sexual violence pervades different reasons listed by the aggressors and women who have experienced this aggravation. This experience permeates personal, family, past histories, behavior, and, therefore, the high rates of occurrence of this type of violence are found in research around the world.[21,22]

Furthermore, strategies must be designed and implemented to deal with sexual violence within the marital relationship. At the same time, it is necessary to develop ways of raising awareness, especially in Primary Health Care (PHC), about women's sexual and reproductive rights. Finally, an environment is needed that allows access to these rights and that allows women to express themselves and become aware of the different forms of violence, as well as the institutions that they can seek help and/or support. It should be noted that one of the specific goals of the Sustainable Development Goal for Health (SDG 3)[23] refers that, by 2030, it must be ensured that sexual and reproductive health services, access to information, education and the integration of reproductive health into national strategies and programs must be accessible to all.

Regarding the profile of the probable perpetrator of sexual violence, in this study, the male aggressor was predominant among adult women, stranger to these women, having acted under suspicion of alcohol and used physical force, beatings, sharp objects, firearms and blunt objects as a resource for aggression. The findings corroborate with other studies.[10,15,24] A study on sexual violence in Kenya found that the aggressor is usually a stranger (57.3%). However, since the victims are children, they become a close person, a family member or friend, because, out of 61, only five children were attacked by strangers.[25] In this regard, this research justifies the difference in the bond between the aggressor and adult women, compared to adolescents, that the aggressor is their spouse/boyfriend.

Prophylaxis against sexually transmitted infections (STIs) and abortion provided for by law were the procedures most frequently chosen in this research after the occurrence of violent sexual intercourse. However, it is the right of women and adolescents, during emergency care in the first 72 hours after the occurrence of the disease, to be informed about protective measures, such as emergency contraception and STI/HIV and hepatitis prophylaxis, including the decision to legally terminate pregnancy in cases of pregnancy resulting from rape, a situation provided for in the Brazilian Penal Code since 1940 and by the International Human Rights Norms by the ECA.[16]

It is also important to highlight the need for clinical and laboratory follow-up during the 28 days of use of the prophylactic medication, as there was research[26] in which patients needed to adapt antiretroviral therapy (ART) due to hematological changes. However, the complete health service structuring, based on interdisciplinary care, is fundamental for the high acceptance of prophylaxis prescribed to girls and women in situations of violence.[27]

A study[25] pointed to low compliance with the 28-day post-exposure prophylaxis, as only 34% of 207 victims of sexual violence completed the regimen and only 10.1% returned to repeat the HIV test within three months. In addition to this, the authors found that victims present more for prophylaxis within 72 hours when the aggressor is a stranger. Following this logic, in Porto Velho, special attention is given to the segment of adolescent women who are most attacked by their spouses/boyfriends and need to be oriented regarding the risk of acquiring HIV and the possibility of making use of prophylaxis.

Other authors[1,9,10] refer that sexual violence is considered a traumatic event and has multiple effects on girls and women, and can cause physical, sexual, psychological and social damage to them. However, psychological care is essential for women who have experienced sexual violence, due to the negative repercussions inherent to the situation experienced, which can aggravate pre-existing situations and persist throughout life with a negative impact on future sexual relationships.[26]

In the analysis of the variables that presented high percentages in the ignored/blank option (place of occurrence, indecent assault, pregnant woman, race/color, education, among others), it is noteworthy that these findings, in relation to unfilled gaps, are similar to other studies that also reported on the fragility of notifications, showing high rates of failure to adequately fill out the notification form.[9,28] It is essential to develop ongoing training processes to sensitize and equip health professionals to fill in the compulsory notification form with quality information.

More than that, through proper registration and notification, it is possible to conduct epidemiological monitoring capable of supporting the elaboration of integrated and intersectoral public policies by the network to combat violence. With a view to

reducing morbidity and mortality resulting from violence, equity, quality of life and the guarantee of the rights of girls and women are consequently promoted.

In a complementary way, the establishment of an effective and articulated support network is notorious, as well as advances in the referral of cases of sexual violence from the service to other services to combat violence. It is worth mentioning that the non-use of standardized care protocols and flows can characterize a limitation to the care provided.[29] Cases of violence should be referred to services, such as the health network, the Specialized Police Station for Woman Care (DEAM)[30] and the Guardianship Council, the latter when the disease occurs in children and adolescents, as provided for in the ECA.[16]

It is believed that the specialized monitoring of these women will bring security and encouragement, so that they can face the adversities of situation of violence. Therefore, teams of qualified professionals in different reception scenarios will certainly support a more humanized and effective care in terms of empowering these girls and women to break the cycle of violence.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

It was found that, regardless of age group, the most prevalent type of violence was rape, that is, this vulnerability affects all women in their different stages of life. Therefore, it is emphasized that there is a need to focus efforts on the prevention of this condition in younger age groups, such as through school strategies to prevent violence in its different forms in initial relationships. As for the referral sites, the women were referred to the health networks. These are organized in order to make possible, from accessibility, monitoring and treatment of possible damages caused to the physical or mental health of these women.

In this context, knowledge of the epidemiological profile of reported cases in the capital of Rondônia represents an important tool for organizing the services involved in the network for coping with violence experienced by women, in the sense of carrying out intersectoral actions in care networks, especially with regard to the line of care for women's health, in which the performance of nursing professionals stands out.

This study contributed significantly, as it allowed to give visibility to this serious phenomenon experienced by women in Porto Velho, regardless of age group, even knowing that this portrait is only the tip of an iceberg, because the stigma and shame, associated with the act, prevent and/or silence women who have experienced the aggravation of the abuse and aggression experienced. Moreover, it is emphasized that the perception of sexual violence by women becomes a difficult factor, since some are unaware of the types of violence and, mainly, because they do not recognize that sexual intercourse without their consent is one of these forms.

The results also pointed to the need to qualify professionals for embracing women in situations of violence. There is a need to promote the complete recording of information in the notification form/Individual Investigation of Domestic, Sexual and/or Other Interpersonal Violence (FNIV), since several fields on this form were blank and/or ignored, compromising the importance of providing care to women and their referral to the violence protection network.

In this sense, discussions on the theme of violence and its different forms contribute to the elaboration of public policies necessary for women who experience this problem. However, it is worth noting that the network to combat violence against women, especially health services, must be prepared to welcome these women who, in turn, may have an impact mainly on mental health, requiring efforts from professionals to address their needs.

It is noteworthy that this study has as a limitation the considerable number of gaps absent in the notification forms analyzed and that, in a way, made it impossible to carry out other more improved analyses, in addition to the underreporting of cases of sexual violence in the studied municipality. It is essential to develop public policies that can improve both the service and the awareness of professionals who perform the reception of this social follow-up, with the intention of guaranteeing the necessary information for a comprehensive care and that can provide subsidies for management planning in this line of care.

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