Bioethics and epidemiological aspects of sexual violence victims in maternity wards

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Abstract

The everyday violence appears as the representative aspect of social life. Sexual abuse is a public health problem requiring early detection, treatment and monitoring to minimize the sequelae. The article aims at reviewing the epidemiological and bioethical aspects of sexual abuse and its prevalence, by means of retrospective and analytical study of the Social Service records in Maternity Hospital through parameters: gender, age, knowledge of the offender, marital status, physical trauma, interval between the act and service, location, and victim\s occupation. The results point that rape was the predominant offense and the majority occurred in streets. Vaginal penetration was the most frequent type, while genital stimulation and known abuser were most common in children. Profile detailing, at conclusion, could improve strategies to prevent such occurrences, to enhance guidance and treatment programs and effective intervention, since the degree of exposure to violence is variable.

Key words: Child abuse, sexual. Bioethics. Epidemiology. Mandatory reporting. Sexual violence.

Resumo

Bioética e aspectos epidemiológicos das vítimas de violência sexual em hospital maternidade

A violência cotidiana configura-se aspecto representativo da vida social. 0 abuso sexual é problema de saúde pública, sendo necessária sua detecção precoce, tratamento, acompanhamento e minimização das sequelas. 0 artigo visa revisar os aspectos epidemiológicos e bioéticos do abuso sexual e sua prevalência mediante estudo retrospectivo e analítico das fichas do Serviço Social de hospital-maternidade pelos parâmetros: sexo, idade, conhecimento do agressor, situação conjugal, traumas físicos, intervalo entre o ato e o atendimento, local e ocupação da vitima. 0s resultados apontaram que o estupro foi o crime predominante e a maioria aconteceu na rua. A penetração vaginal foi o tipo mais frequente e a estimulação genital e o agressor conhecido foram mais comuns em crianças. 0 detalhamento do perfil, a conclusão, poderá aperfeiçoar as estratégias para evitar essas ocorrências, melhorar a orientação e o tratamento, com programas e intervenção efetivos, vez que o grau de exposição a violência é variável.

Palavras-chave: Maus-tratos sexuais infantis. Bioética. Epidemiologia. Notificação de abuso. Violência sexual.

Resumen

Bioética y aspectos epidemiológicos de victimas de violencia sexual en hospital de maternidad

La violencia cotidiana representa aspecto representativo de la vida social. El abuso sexual es un problema de salud pública, siendo necesarios la detección precoz, el tratamiento, el acompañamiento y la minimización de las secuelas. El artículo objetiva revisar los aspectos epidemiológicos y bioéticos del abuso sexual y su prevalencia, mediante estudio retrospectivo y analítico de los documentos del Servicio Social de hospital de maternidad a partir de los parámetros: sexo, edad, conocimientos del agresor, el estado civil, traumas físicos, el intervalo entre el acto y el atendimiento, sitio y ocupación de la víctima. Los resultados apuntaran que la violación fue el crimen predominante y que la mayoría sucedió en la calle. La penetración vaginal fue el tipo más frecuente, y la estimulación genital y el agresor conocido fueron más comunes en niños. Los detalles del perfil, a la conclusión, podrán perfeccionar las estrategias para evitar estos hechos, mejorar la orientación y el tratamiento con programas e intervención efectivos, puesto que el grado de exposición a la violencia es variable.

Palabras-clave: Abuso sexual infantil. Bioética. Epidemiologia. Notificación obligatoria. Violencia sexual.

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Sexual violence, as a whole, is related to the definitions of male and female social roles, that is, gender studies. Violence is manifested in different forms and circumstances, through various violent acts afflicted to children, women and other defenseless people. Gender violence may come about as physical, psychological, sexual and institutional violence. The complexity of this phenomenon requires training professionals to attend the victims, in clinical evaluation and intervention[1-10].

Sexual violence reveals the complex context of power that characterizes social relations between sexes. Sexual abuse is a public health issue that entails great physical and emotional impact in its victims. Therefore, the necessity of early detection urges, in order to allow treatment, permanent ethical actions and adequate aftercare, reducing enduring damage. Immediate treatment to sexual violence victims in hospitals, emergency rooms and clinics should consider medical, bioethical, judicial an psychological aspects involved in this condition[11]. The continuous increase of everyday violence is a representative issue in current social organization, particularly in large urban centers.

Judicial aspects

Rape was defined by Brazilian Penal Code[12] as a crime of private action against costumes, not against an individual. In other words, it was restricted to sexual intercourse between a men and a woman with vaginal penetration, non-consensual or violent. This law had been in force until two years ago, and provides that other sexual violence acts, differently from carnal conjunction – which were considered *indecent assault* –, as also crimes of public action. From this definition, it is assumed that this crime was considered an offense to society through female bodies, and not the act itself. It was as if the man (father of husband) had been morally affected by the sexual violence inflicted on one of his female relatives – wife, mother, sister or daughter[13].

According to a more recent law – Act 12.015[14], from August 7 of 2009 –, rape is, from then on, defined in article 213 as constraining someone through violence and severe threat into having sexual conjunction or allowing him to perform some other sort of libidinous act. Paragraphs 1st e 2nd present as pertinent penalties to cases that resulted in death or serious bodily injury, or if the victim is less than 18 and more than 14 years of age. This amendment takes into consideration the circumstance in which the sexual act occurred, defining rape (against man or woman) as the lack of consent between parties involved in the sexual practice, as well as its physical consequences. Such perspective emphasizes the victim, abandoning the idea of *honor*, which, until then, subscribed the definition of rape.

Bioethical aspects

What characterizes the human being is precisely the possibility of choosing how to deal with its own instincts (*Instinkt*) and desire (*Trieb* – drive)[15]. The impossibility of restraining certain drives may be the result of a defected mental development. Therefore, the way this individual behaves is not the result of reflection, thought and choice. However, although flaws due to this possibility may be characterized as resulting of something that escapes rational limits, and, thus, ethical thinking, most contemporary societies tend to identify them as an expression of violence, in a lower or higher level.

In an individual dimension, violence started to become visible in the twentieth century as not only a physical, but also psychic and social phenomenon. Such classification refers to any sort of violence, but also characterizes especially non-consensual sexual intercourse, which is an example of how significantly complex is to define violence in modern age. Rape, such as understood today, is a form of violence that harms the physical integrity of its victim; its consequences are extended to the psychic and social dimensions of the human being.

Thus, it is possible to infer that, through history, sexual abuse, in general, and rape, specifically, started gradually to be considered

moral issues[16] and, as such, pertaining to bioethics. This insertion of this phenomenon in the list of moral preoccupations relates to the emergence of the notion of human dignity and of *immanent equality* among all human beings, ideas that are manifested in the very conception of *human being* and in human rights treaties from the twentieth century. Ever since this perspective emerged, sexual violence started being perceived as an undesirable phenomenon that need to be restrained. This is what can be noticed, for example, in the grounding of actions and recommendations proposed in the report of International Conference on Population and Development, more specifically action 7.47, which recognizes sexual and reproductive rights as human rights, emphasizing how important it is for governments to create *programs of prevention and treatment against sexual harassment and incest*[17].

Medical aspects

Giving the increasing visibility of sexual abuse committed against children, adolescents, women and homosexuals, the first challenge health policies have to face relates to underreporting this sort of occurrence to the police. Although numbers are expressive in all of these social groups, studies[18,19] underestimate real facts, because rape entails in its victims feelings such as shame, fear and guilt. It should be also considered the fact that, most of times, sexual abuse committed against children and adolescents occur inside the household or, very frequently, by close and trustworthy people, which makes accusation a very difficult and conflictive act[20,21].

The second challenge concerns training different professional sectors to attend sexual violence victims. Intervening in sexual violence situations requires quick response from various professionals, from police officers to health staff, which makes awareness a multifaceted process. Although identifying sexual violence victims is a standard rule adopted by health services, considering that medical examination is a necessary stage of a criminal investigation, other sectors of societies – such as schools – have been increasingly indicated as institutions capable of identifying the problem. Nonetheless, health system is the priority *locus* of recognition of these victims[22], which implies constant evaluation and qualification of its guidelines and practices to the improvement of services, as proposes the Technical Standard for Prevention and Treatment of Injuries Resulted from Sexual Violence Against Women and Adolescents, published by the Brazilian Ministry of Health in 2005[9].

Psychological aspects

Individuals submitted to sexual abuse have their integrity affected as a person, as well as their self-esteem and self image. Some become sick from the moment they suffer the aggression. Many of them become incurable, because they cannot overcome the great imbalance provoked by the violence inflicted on them. In all of these cases, people's dignity is affected, bringing about sensations of fear, panic, shame and guilt, that preclude or complicate socializing or the victims' sex life. Besides violating the basic ethical principal of respect to human dignity, sexual abuse can also be related to other classic ethical principles, such as non-maleficence and the moral obligation of doing good[16], whose absence contributes in increasing the feeling of powerlessness and victims' suffering.

Goals

Evaluating the main aspects involved in sexual abuse events, taken in epidemiological level by wide indicators, considering information obtained through analyzing medical records from a certain health institution (maternity ward). From this survey, characterize the profile of the victims attended at that institution, in order to provide some reflecting contribution to those professionals that take care of them, relating diagnosis, prevention and checking the prevalence of a higher exposure of children, adolescents and adults to sexual violence.

Methodology

Retrospective study based on analyzing data from Social Services application forms from a maternity hospital located at northern region of the city of Rio Janeiro, carried out from January of 2005 to December of 2009. All application forms filled in during this period were evaluated, and they were classified according to the following analytical standards: sex, age, relation to the aggressor, marital status, occurrence of physical trauma, time elapsed from the violent act until the medical treatment, place of aggression, and occupation of the victim. The data was inserted in spreadsheets, evaluated according to its distribution both in absolute numbers and in percentages to each modality, and later compared to literature information.

Results and discussion

In relation to the sex of sexual abuse victims, it is clear that the almost absolute majority of them were composed by women, representing 93.4% of the cases (Table 1). This percentage seems to confirm female prevalence as preferable victim of sexual violence. However, it must be noted that the type of treatment unit (maternity hospital) may have some influence in this matter.

Table 1. Number and percentage of patients

Patients	No	%
Women	43	93.4
Men	3	6.6
Total	46	100

Regarding age, the study acknowledged the Statute of Children and Adolescents (ECA) as a parameter to define which age groups correspond to child and adolescent[23], considering only age-related aspects, not psychological or social. In order to characterize the "youngsters" age group, it was adopted a parameter dictated by the World Health Organization – WHO, which establishes that this group comprises individuals who are 19-24 years old[24].

The analysis of the data (Table 2) verified consistency with the literature pertaining sexual crimes, which register its occurrence in all age groups. Although the percentage of children victim of sexual abuse is significant, representing more than a quarter of the sample, the study unraveled the predominance of adult victims: they represent 40% of the cases. The next most frequent age group is the adolescents: 34%. In an effort to examine this age profile, the sum of the percentages related to adolescents and young adults (54%) was disintegrated, so that the two age groups would represent most of the studied cases.

From the data apprehended in Table 2, it is observed that female adolescents and young adults are the main victims of sexual abuse, consisting in a highly vulnerable share to this kind of sexual violence. This high incidence of violence in this age group is attributed to the "biopsychosocial immaturity of victims", their economic dependence, the non-recognition of their rights, and the difficulty to be heard.

Table 2. Number and percentage according to age group

Age	No	%
Child (up to 12)	12	26
Adolescent (12-18 yrs old)	16	34
Young adults (19-24 yrs old)	9	20
Adults (older than 24)	9	20
Total	**46**	**100**

The number and percentage regarding the relationship between aggressor and victim are presented in Table 3, in which the data match the findings of specialized literature. The survey revealed that in 100% of sexual abuse cases committed against children, the victim knows the aggressor. According to statistics provided by the care services of sexual violence[25], over 90% of sexual crimes against children and adolescents are committed by relatives or people to whom they are affective related (father, stepfather, uncle, cousin, grandfather, neighbor).

In most cases, the child knows the aggressor. It is estimated that only 18% of children were assaulted by strangers, and the abuse committed by stepfathers is nearly five times more common than those committed by biological fathers[26]. Concerning the relationship between victim and aggressor in all age groups, our data show that, the aggressor is familiar to the victim in 22 cases and unknown in 23. In only one case this information was not provided.

Table 3. Number and percentage concerning aggressor-victim relation

Aggressor	No	%
Known	22	47.8
Unknown	23	50
Not reported	1	2.2
Total	**46**	**100**

The parameters related to marital status were also evaluated. In this circumstance, even considering the disintegration of data concerning the age groups among children, identifying victims that are, at the same time, children and single, it is observed that most registered cases are focus on single women, because this category probably gathers a considerable share of adolescents and young adults, as well as some adults. Although it is not related to marital status (but to sexual option), it was adopted the category *homosexual* to identify the only case in which the violence was not perpetrated against a female person.

The results compiled on Table 4 suggest that single women are more exposed to sexual violence, maybe because they are socially perceived as someone who cannot rely on the "protection" of a man. On the other hand, the analysis of the data relating to marital status may also point to the fact that this sort of violence is less perceived among married women, when the aggressor is the husband himself, or yet, because they are married, they might be reluctant to register what happened and to ask for help from health services, fearing the reaction of their husbands or partners.

Table 4. Marital status, sexual orientation and age

Marital status	No	%
Single	24	52.1
Married	5	10.9
Sexual orientation homosexual	1	2.2
Children	12	26.1
Not reported	4	8.7
Total	**46**	**100**

As to physical trauma (Table 5), data are inconclusive, even because the lack of description of what would exactly go under this category of trauma. Perhaps we might classify them as genital physical trauma (breast, vulva, vaginal and anal) and extra-genital. The percentage of non-reported cases is high (21.8%), and could alter the analysis, increasing any one of the alternatives. Given this restriction, it can only be affirmed that most of the analyzed cases in this study refer to victims that seemed not to have suffered any violence (54.3%). In literature, we find percentages that express more accurately this category. In a study undertook by Reis *et al*[27] as non-genital slight wounds were noticed in 7.8% of the cases, hurting children (3%), adolescents (7.2%) and adults (14.4%), with no use of guns (75%), revealing that an adequate register may describe more accurately this variant.

Table 5. Index of physical trauma

Physical trauma	Nº	%
Yes	11	23.9
No	25	54.3
Not reported	10	21.8
Total	**46**	**100**

Concerning the most common types of sexual abuse against girls mentioned in literature, we have: exhibitionism, masturbation, touching, contact with genitalia, vaginal, oral or anal sexual intercourse, perpetrated by a male aggressor. As to boys, we have: touching, fellatio, mutual masturbation and anal sex[15]. Among the studied cases, vaginal penetration stands out as the most frequent kind of violence,

representing 45.6% (Table 6) and in line with the most recent literature on the issue[28,29].

Table 6. Kind of aggression

Kind of aggression		Nº	%
Only one kind of violence	Vaginal	21	45.6
	Stimulation	3	6.6
	Anal	3	6.6
	Oral	5	10.8
	Not reported	6	12.9
More than one kind of violence	Vaginal/oral/ anal	4	8.7
	Vaginal/anal	3	6.6
	Vaginal/oral/ stimulation	1	2.2
Total		**46**	**100**

It must be considered how much time elapsed from to moment of violence until the victim's check in at the hospital, because of the matter of preventing venereal diseases or unwanted pregnancies, as well as the emotional support necessary to ease long-term acute psychological trauma[9].

From the findings demonstrated on Table 7, it can be inferred that most victims (84.4%) ask for help in the first three days after the episode of violence. A significant part of them did it just after the moment the abuse took place (43,5%). The second more frequent case (36,9%) relates to those who ask for help up to 72 hours after the event.

It must be registered that this period of time coincides with the deadline of the effect of the morning after pill, prescribed to avoid unwanted pregnancy in cases of rape – differently from other studies which affirm that over a little bit more than half women come to a hospital later than 36 hours after the occurrence. This attitude is probably due to not knowing an specific place to look for help, as well as the risk of contracting diseases. Perhaps a wider propagation of the care service offered to the victims might enable women who need them ask for help more quickly after the violence.

Table 7. Period of time between the violent event and medical care

Period of time	Nº	%
24 hours	20	43.5
More than 72 hours	17	36.9
Not reported	9	19.6
Total	**46**	**100**

As to the place where the violence occurred, most of them were unknown (in the "streets"), with adult women and young adolescents, configuring a sexual abuse/violence framework that corresponds to data found in the literature. However, the non-reported data in the medical records limited our analysis.

Table 8. Place of occurrence of the aggression

Place of occurrence	Nº	%
Street	18	39.2
Home	12	26.1
School	2	4.3
Other	4	8.7
Not reported	10	21.7
Total	**46**	**100**

Although professional categories are not described in the study (Table 9), considering that it is not determined if there are or how many professions would be more affected by sexual abuse, the survey suggests reflecting on the unsafe situation in which all people live, specially women, possible victims of sexual violence at any time, no matter their professional status.

Considering the fact that half of the cases refer to students, although, even here, schooling level is not specified, it can be inferred that there is some relation between this professional situation and victim's ages, whose majority is given by the sum of children and adolescents, representing 60.8%.

Table 9. Professional situation of the victim

Professional situation	No	%
Student	23	50
Worker	10	21.7
Housewife	4	8.7
Not reported	9	19.6
Total	46	100

Conclusion

Systematizing data relating the victim's profiles and the kind of sexual abuse found in this study, it is possibly to affirm that:

1. Rape was the predominant sexual crime among adult women and adolescents;
2. A significant part of the cases occurred with single women;
3. Most cases refer to students;
4. Most cases happened in the street, although it is also significant the percentage of cases occurred inside the household;
5. Vaginal penetration was the most frequent kind of aggression in adult women and adolescents;
6. Genital stimulation was the kind of abuse committed against children;
7. In 100% of cases with children, the aggressor is familiar to them.

The information apprehended from this study allowed us to describe a general profile of the social group most affected by sexual violence: single adult and young women and students. It is noted, however, the necessity of new surveys in order to deepen knowledge about this profile, considering that the sensibility of the registered information that compose these variants do not enable further inferences.

Such information seem essential to the development of public policies directed to preventing sexual abuse, because detailing the profile may refine strategies to prevent these occurrences and improve the treatment and proper orientation given to the victims. Therefore, in order to develop truly effective preventive and interventional programs, it is necessary to have a detailed identification of the potential victims, so that protective factors may be established relating to sexual violence, considering that the level of exposure is variable.

Accordingly, it must be pointed out a problem identified in the study. It is about the medical records that were not completely filled in. Besides the fact that the correction of the medical record is a patient's right, incomplete information also affect the possibility of collecting detailed and precise data about the occurrences, jeopardizing the strategies that may be adopted to prevent sexual violence.

Studies about the extent of sexual violence as a social phenomenon with multiple causes, which factors are associated with it and what its different and complex consequences are, have to be more pragmatic. Accordingly, the medical records have to be filled with most accuracy and, if possible, with all details collected during the interview and examination – thus, becoming valuable instruments that would enable to trace a sexual violence framework against women.

Failure to record the information contained in the medical records leads to yet another range of considerations that cannot be neglected, refering to the necessary interface among the actions in the areas of Health and Justice. The correct filling of medical records can substantiate the lawsuit, contributing to the elucidation of these crimes, to the punishment of the aggressors, and to a better treatment for the victim, relieving her from repeatedly going through situations of unnecessary suffering due to a lack of adequate records about the occurred events.

In conclusion, an ethical approach over the acts of abuse involves, perhaps, greater access to human matters and the destructive aspects of human relationships. Neither the numbers nor our anger against our own conflicts, directed to the other, will show us the real dimension of the problem of sexual abuse.

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Authors' participation

Eliana Restum was responsible for the proJect, methodology, translations, and assessment of bibliography (research sources). Tereza Fontes, was responsible for data collection and analysis.

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