

Sexual abuse of women in Minas Gerais: a documentary analysis from the perspective of forensic nursing

Abuso sexual a mujeres en Minas Gerais: un análisis documental desde la perspectiva de la enfermería forense

Abusos sexuais em mulheres em Minas Gerais: uma análise documental sob a perspectiva da enfermagem forense

Sara Jardim dos Santos¹

ORCID: 0000-0002-2969-7476

Renato Philipe de Sousa^{1*}

ORCID: 0000-0002-6586-2205

Laura Cecilia Serra Machado¹

ORCID: 0000-0002-1138-0286

Lilian de Oliveira Gonçalves

Bezerra²

ORCID: 0000-0001-8080-3046

Iannca Hama Torres Araújo

Gonçalves²

ORCID: 0000-0003-0711-031X

Julia Maria Pimenta Suman²

ORCID: 0000-0001-7822-5873

Leilane Mendes Garcia¹

ORCID: 0000-0002-8895-7143

¹Centro Universitário Atenas.
Minas Gerais, Brazil.

²Faculdade Metropolitana de
Manaus. Amazonas, Brazil.

How to cite this article:

Santos SJ, Sousa RP, Machado LCS, Bezerra LOG, Gonçalves IHTA, Suman JMP, Garcia LM. Sexual abuse of women in Minas Gerais: a documentary analysis from the perspective of forensic nursing. *Glob Acad Nurs.* 2023;4(Spe.1):e377. <https://dx.doi.org/10.5935/2675-5602.20200377>

*Corresponding author:

r_marcciano@hotmail.com

Submission: 08-19-2022

Approval: 06-13-2023

Abstract

The aim was to analyze cases of sexual abuse in Paracatu-MG and the State of Minas Gerais from the perspective of forensic nursing. This is documentary research, of an exploratory nature with quantitative and qualitative analysis, based on documents in the public domain. From data collection on the Health Surveillance Portal of the State of Minas Gerais, notifications of sexual violence with data on the person treated and the occurrence, from 2018 to 2022, there was an increase from 21,591 cases to 38,097 cases notified. In the same period, in the Northwest region of Minas Gerais, notifications corresponded to 872 cases. In contrast, in the municipality of Paracatu-MG, the data reported in the same period were 103 cases. Therefore, violence against women can be considered a public health problem, not only because of its epidemiological data but also because it is considered the main reason for female morbidity and mortality. It is concluded that Forensic Nursing should have greater visibility in Brazil, as there is a need for specialist professionals with scientific knowledge in work to provide quality care for the victim and their families.

Descriptors: Forensic Nursing; Sexual Violence; Women; Woman's Health; Violence Against Women.

Resumen

El objetivo fue analizar casos de abuso sexual en Paracatu-MG y en el estado de Minas Gerais desde la perspectiva de la enfermería forense. Se trata de una investigación documental, de carácter exploratorio con análisis cuantitativo y cualitativo, basada en documentos de dominio público. A partir de la recopilación de datos en el Portal de Vigilancia de la Salud del Estado de Minas Gerais, notificaciones de violencia sexual con datos sobre la persona atendida y la ocurrencia, durante el período de 2018 a 2022, hubo un aumento de 21.591 casos para 38.097 casos notificados. En el mismo período, en la región Noroeste de Minas Gerais, las notificaciones correspondieron a 872 casos, mientras que en el municipio de Paracatu-MG, los datos reportados en el mismo período fueron 103 casos. Por tanto, la violencia contra las mujeres puede considerarse un problema de salud pública, no sólo por sus datos epidemiológicos, sino también porque se considera la principal causa de morbilidad y mortalidad femenina. Se concluye que la Enfermería Forense debe tener mayor visibilidad en Brasil, ya que existe la necesidad de profesionales especialistas con conocimiento científico en el área de trabajo para brindar atención de calidad a la víctima y sus familiares.

Descriptores: Enfermería Forense; Violencia Sexual; Mujeres; Salud de la Mujer; Violencia Contra las Mujeres.

Resumo

Objetivou-se analisar os casos de abusos sexuais em Paracatu-MG com o Estado de Minas Gerais sob a perspectiva da enfermagem forense. Trata-se de uma pesquisa documental, de caráter exploratório com análise quantitativa, a partir de documentos de domínio público. A partir do levantamento de dados no Portal de Vigilância em Saúde do Estado de Minas Gerais, as notificações de violência sexual com os dados da pessoa atendida e da ocorrência, durante o período de 2018 a 2022, houve um aumento de 21,591 casos para 38,097 casos notificados. No mesmo período, na região Noroeste de Minas Gerais, as notificações corresponderam a 872 casos, já o município de Paracatu-MG, os dados notificados no mesmo período, foram de 103 casos. Sendo assim, a violência contra as mulheres pode ser considerada um problema de saúde pública, não somente pelos seus dados epidemiológicos, mas também, por ser considerada a principal razão de morbidades e mortalidades femininas. Conclui-se que a Enfermagem Forense deveria ter uma visibilidade maior no Brasil, pois existe uma necessidade de profissionais especialistas com conhecimentos científicos na área de trabalho para prestar um atendimento de qualidade para a vítima e aos seus familiares.

Descritores: Enfermagem Forense; Violência Sexual; Mulheres; Saúde da Mulher; Violência contra a Mulher.



Introduction

Sexual violence is an attempt to obtain sex where it is not consensual, causing physical and psychological harm. According to the World Health Organization (WHO), it is also considered a public health problem¹.

The greatest vulnerability is in women of various age and socioeconomic groups, being one of the main causes of female morbidity and mortality. When women who are raped seek professional help, one of the first contacts they have is with nurses. Most of these professionals may not be prepared for this type of case or do not provide quality care for these women^{1,2}.

Forensic Nursing is a new specialty for the Nursing profession in Brazil that arrived in 2011 according to Resolution No. 389, of October 18, recognized by the Federal Nursing Council, enabling nurses to use their scientific-technical knowledge for care with the victim³.

Sexual violence is considered a public health problem, as it affects physical, psychological, and social health. Worldwide, around 30% of women have suffered violence. It is assumed that it is the nurse's responsibility to welcome the victim of sexual abuse and provide the necessary assistance, as well as collect evidence through gynecological examinations as well as administration as prescribed by the medical professional sexual violence, affecting social development⁴.

Given the above, the hypothesis of this research is the assumption that it is the nurse's responsibility to welcome the victim of sexual abuse and provide the necessary assistance, as well as collect evidence through gynecological examinations as well as administration as prescribed by the medical professional.

The objective was to analyze cases of sexual abuse in Paracatu-MG and the State of Minas Gerais from the perspective of forensic nursing.

Methodology

This study will be evidenced in exploratory research with a qualitative approach. Exploratory research for study⁵, is "[...] one that is characterized by the development and clarification of ideas, to provide a panoramic view of a particular phenomenon that is little explored". In other words, this research will help the researcher to understand or improve his knowledge on a certain subject, if the results obtained allow him to carry out further research with other approaches. For researcher⁶, "[...] Qualitative research deals with phenomena: it provides for the hermeneutic analysis of the collected data". In other words, the researcher must use interpretation, as it is of great importance for research since it is not just closed information that must be taken with more attention.

In this research, data from the websites of the Brazilian Institute of Geography and Statistics (IBGE) and the Government of Minas Gerais were stratified into women who suffered sexual violence in the State of Minas, in the Northwest region, in the period between 2018 and 2022. The search took place in May 2022.

The data were analyzed according to the quantitative-qualitative approach. According to a study⁷,

qualitative analysis depends on many factors, such as the nature of the data collected, the size of the sample, the research instruments, and the theoretical assumptions that guided the investigation. With this analysis, we seek to interpret and understand nursing care in assisting women who have suffered sexual violence. Quantitative data plays the role of supporting qualitative analysis.

As this involves the use of public domain data, there is no need to forward the project to the Research Ethics Committee of the given institution.

Results

According to the WHO, the term sexual violence is characterized as any sexual act, attempted sexual act unwanted sexual innuendo, or other actions in such a way that a person's sexuality is forced by another person, regardless of their relationship with the victim, in any context, including home and the workplace⁸.

This act of pressure can occur in different forms and with different degrees of force, including psychological intimidation, extortion, and threats. Sexual violence against women is a public health problem, as it impacts mental, physical, and social health. Violence is caused by gender inequality, making social development difficult, as many women have already suffered some type of violence^{4,8}.

According to the Civil Police of Minas Gerais, the following types of violence against women are physical violence, psychological violence, property violence, moral violence, and sexual violence. Remembering that, it is also considered sexual violence if someone is not able to give consent, if they are under the influence of alcohol or other types of drugs, asleep, or mentally incapacitated^{8,9}.

Physical violence is characterized by physical acts that offend the integrity of bodily health, whereas psychological violence is any act that harms the person's emotional state and reduces a person's self-esteem. Patrimonial violence is conceptualized as retention, subtraction, partial or destruction of its objects, and moral violence is described as slander, defamation, or insult¹⁰.

And sexual violence is described as any act that constrains a woman to witness, maintain, or participate in an unwanted sexual act, done through threat or use of force. Remembering that blackmail, bribery, manipulation, or anything that limits or nullifies the practice of women's sexual and reproductive rights, is also considered sexual violence⁹.

*"Among all types of violence against women in the world, that practiced in the domestic and family environment is one of the most cruel and perverse. The home, identified as a welcoming and comfortable place, becomes, in these cases, an environment of continuous danger that results in a state of permanent fear and anxiety. Wrapped in a tangle of emotions and affective relationships, domestic and family violence against women remains, to this day, a major challenge (problem) to be persistently faced in our society"*⁹.

According to the Maria da Penha Law, Article 6, "[...] domestic and family violence against women constitutes one of the forms of violation of human rights". The Maria da Penha Law is one of the three most advanced in the world,



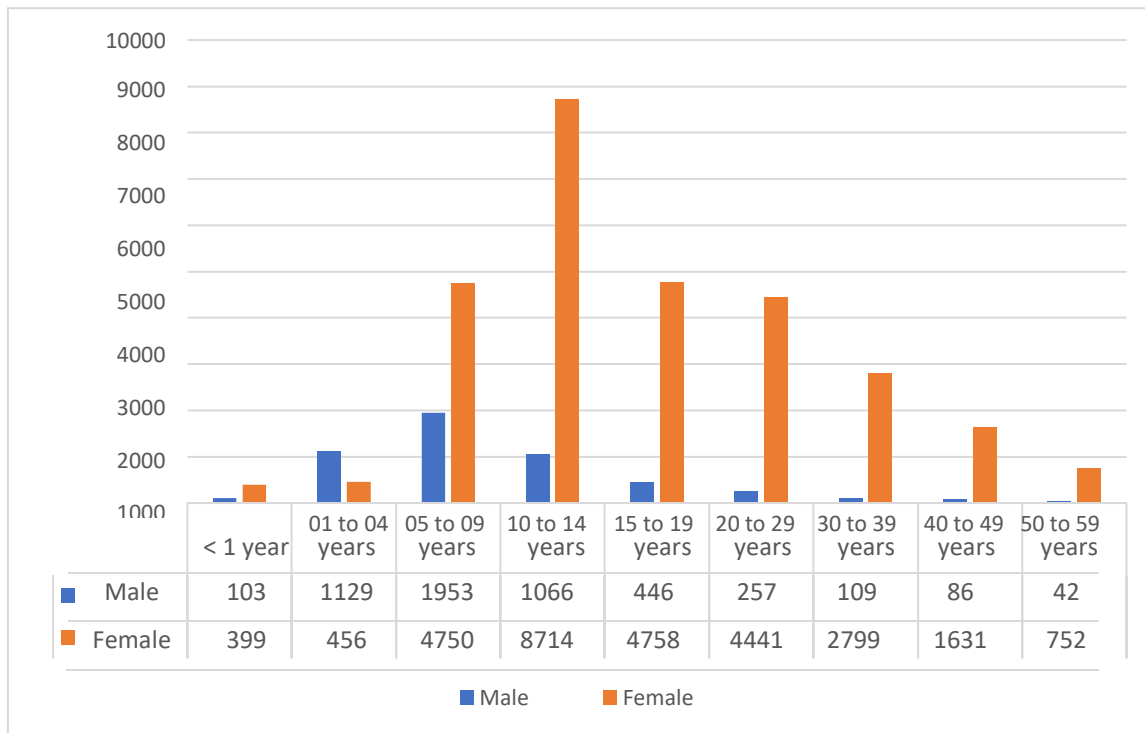
known by the United Nations (UN), which brings protective measures in immediate need for the victim who suffered the type of violence^{10,11}. According to the Law¹¹, you can analyze the following Articles:

being guaranteed the opportunities and facilities to live without violence, preserve their physical and mental health and their moral, intellectual, and social improvement.

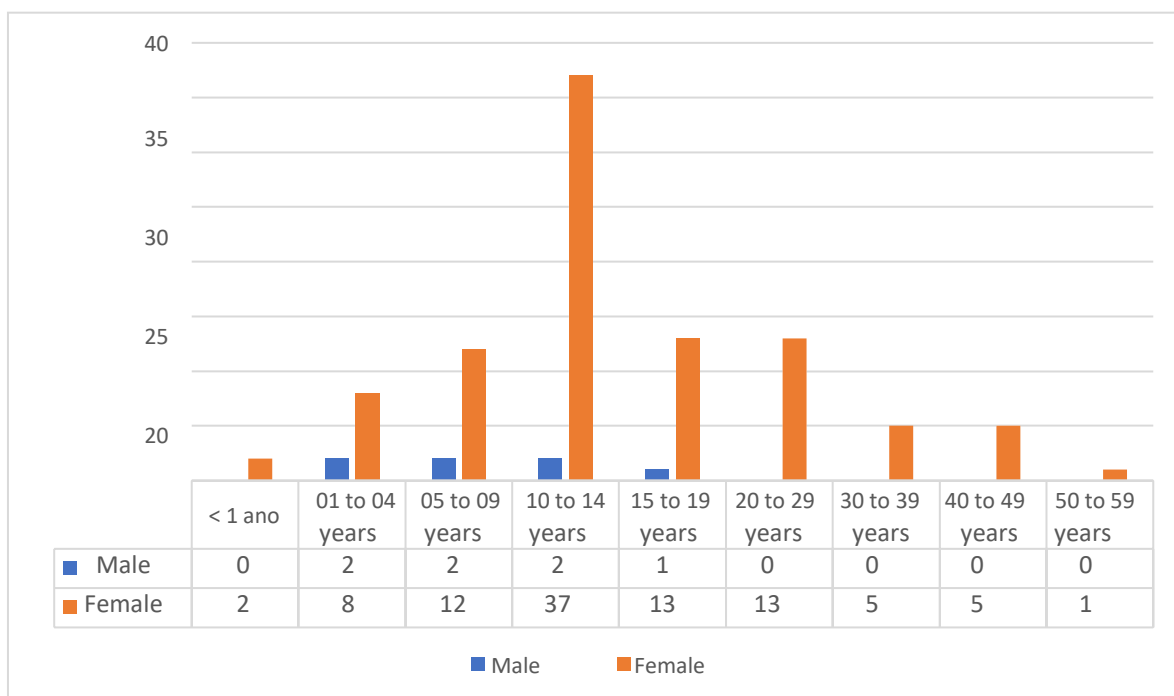
Art. 3 Women will be guaranteed the conditions for the effective exercise of their rights to life, security, health, food, education, culture, housing, access to justice, sport, leisure, work, citizenship, freedom, dignity, respect, and family and community coexistence”.

“Art. 2 Every woman, regardless of class, race, ethnicity, sexual orientation, income, culture, educational level, age, and religion, enjoys the fundamental rights inherent to the human person,

Graph 1. Cases of sexual violence in the State of Minas Gerais. Paracatu, MG, Brazil, 2022



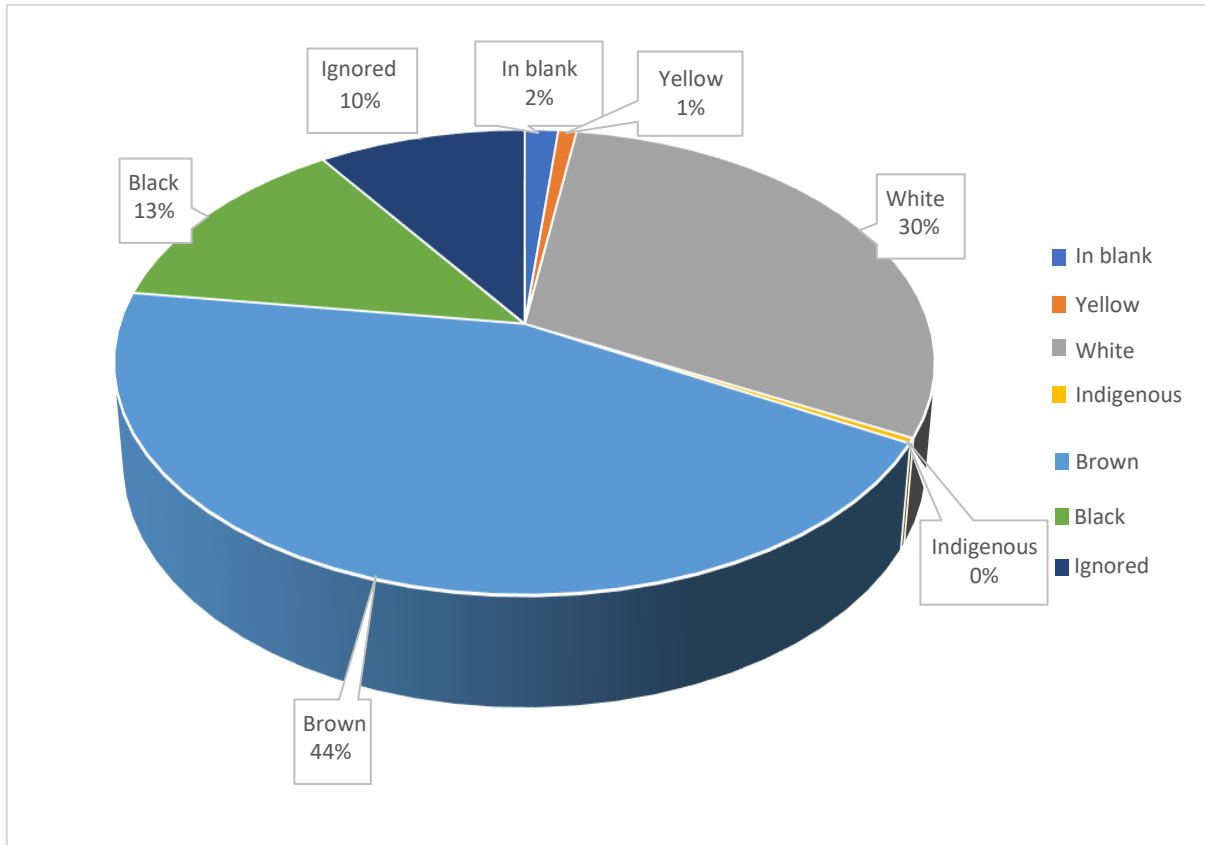
Graph 2. Cases of sexual violence in the municipality of Paracatu. Paracatu, MG, Brazil, 2022



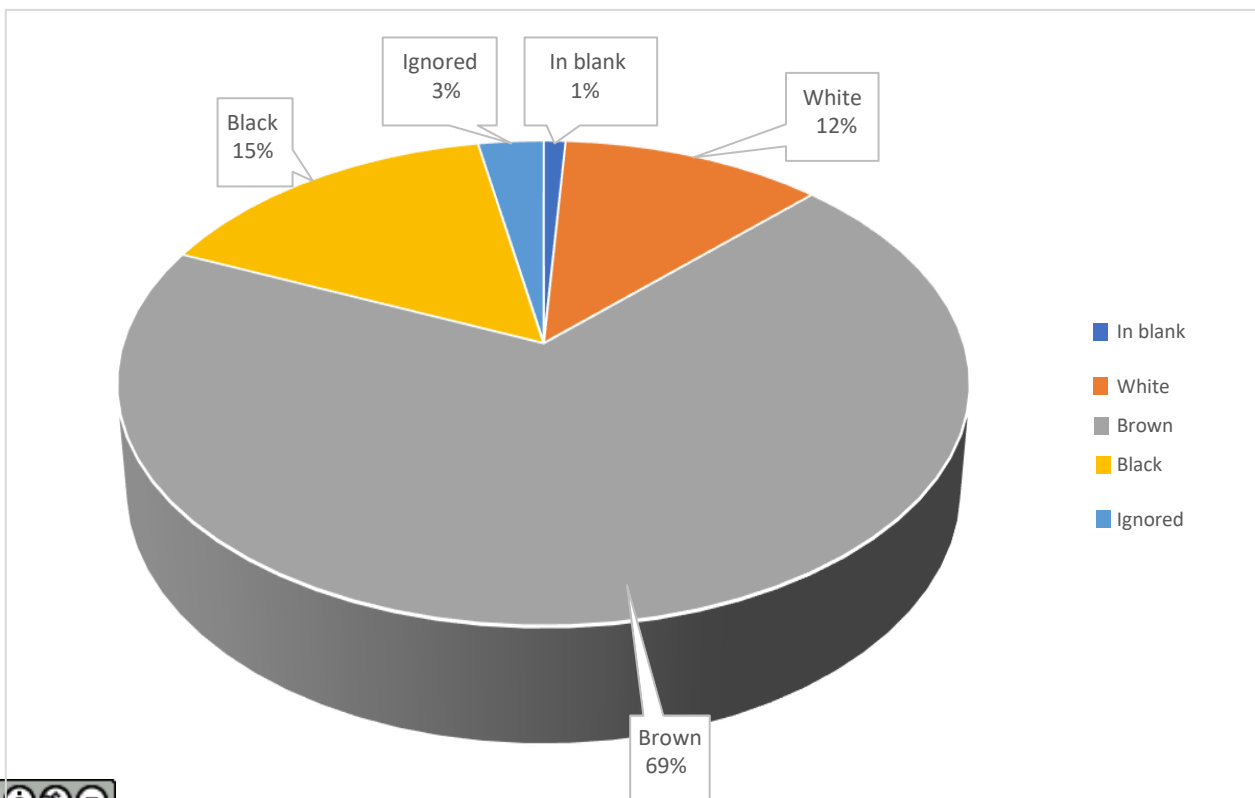
According to the study carried out, based on data collection on the Health Surveillance Portal of the State of Minas Gerais, notifications of sexual violence with data on the person treated and the occurrence, during the period from 2018 to 2022, there was an increase from 21,591 cases

to 38,097 reported cases. In the same period, in the Northwest region of Minas Gerais, notifications corresponded to 872 cases, while in the municipality of Paracatu-MG, the data reported in the same period were 103 cases¹².

Graph 3. Cases of violence by race and color in Minas Gerais. Paracatu, MG, Brazil, 2022



Graph 4. Cases of violence by race and color in the municipality of Paracatu. Paracatu, MG, Brazil, 2022



Graph 3 shows cases of violence by race and color in Minas Gerais, during the years 2018 to 2022. We can see that, in the state of Minas Gerais, with a total of 37,393 cases of violence, the highest incidence of reported cases of sexual violence affected people of mixed color, reaching 16,515 (44%) reported cases that occurred in the absolute majority within their residence (9,841), the second highest incidence is in white people with 11,337 (30%) with the residence remaining as the place of higher incidence of cases. The lowest rate was in cases occurring in indigenous people with

132 (0.35%) cases.

Graph 4 shows that in the period from 2018 to 2022 in the municipality of Paracatu the total number of cases was 103, with brown color with 71 cases (69%) being the highest rate of notifications, black color being the second highest rate of notifications in 16 cases (15%), and the lowest rate corresponds to white people with 12 cases (12%) with residence prevailing as the place with the highest number of cases.

Table 1. Prevalence rate of reported cases per 100 thousand inhabitants. Paracatu, MG, Brazil, 2022

Location	Population	Reported cases	Rate per 100,000 population
Minas Gerais	21.411.923	37393	174,63
Paracatu	94.539	103	108,94

According to Table 1 When analyzing the total number of cases reported in the state of Minas Gerais and comparing with the municipality of Paracatu, it appears that the State of Minas Gerais has a rate of 1.74 per thousand inhabitants while the municipality of Paracatu com (94539 inhabitants) obtains a rate of 1.08 per thousand inhabitants¹³. The amount of sexual violence in data is likely by the perpetrator of the crime, it is almost always

committed by males. Considering that in the total of 38,097 cases reported, the number of those involved in the acts carried out by just one perpetrator is 28,710 (75.36%), and those carried out by two or more perpetrators of the crime is 6398 (16.79%). In comparison with the municipality of Paracatu with a total of 103 cases, 65 cases (63.11%) are carried out by one author, and 32 cases (31.07%) are carried out by two or more authors.

Figure 1. Types of Sexual Violence Cases in Minas Gerais. Paracatu, MG, Brazil, 2022



Figure 2. Types of Violence Cases in the municipality of Paracatu. Paracatu, MG, Brazil, 2022



It can be seen in Figure 1 with the total number of cases of 38,097 in the State of Minas Gerais, in which for types of sexual violence the number of cases of harassment is 12,523, for cases of rape it is 24,485, in cases of

exploitation sexual is 1,653, cases of child pornography are 1,168 and other types of cases with the amount of 2,039.

Figure 2 shows the municipality of Paracatu-MG in cases of types of violence with a total number of 103, with a



number of cases of harassment being 31, cases of rape 62, cases of sexual exploitation being 9, cases of child pornography of 2 and other types of cases with the amount of 7.

In comparison between the two figures, the types of cases of violence, rape prevails with a higher incidence of notifications, with the number of cases 24,485 in Minas Gerais and 62 cases. Harassment is second with the highest rate of notifications, with a number of cases of 12,523 in Minas Gerais and 31 cases in the municipality of Paracatu.

Discussion

Sexual violence is a public health problem that continues in incidents, remaining for some time in Brazil, and the health area is increasingly specializing and scientific advancement in Nursing. The importance and need for a sensitive approach from professionals to care for women who have been victims of sexual violence¹⁴.

In the National Policy for Combating Violence against Women, it was established to combat violence against women, it is organized into structuring axes that can define the principles, guidelines, and actions that reduce these episodes of violence, and guaranteeing comprehensive assistance and humanized⁴.

Care must be delivered by a multidisciplinary and interdisciplinary team, including a doctor; nurse; nursing technician; social worker, and psychologist. You can also count on other professionals such as pharmacist¹⁵.

And nurses are one of the first professionals to encounter women in health units. In this sense, it can be said that a bond was created with the users of the service, therefore, the training of these professionals is essential for providing care².

When assisting, the Nursing professional needs to be prepared to meet the target of violence in health services, being able to work on preventing violence and promoting a culture of peace, and detecting cases of violence early, even those that are not explicit. He should also suspect abuse when there is no explanation for the injuries, bruises, frequent falls, etc¹⁶.

It is worth mentioning that according to COFEN Resolution No. 564, of November 2017, where the new Nursing Code of Ethics is approved, you can observe articles¹⁷:

“Art. 1 Practice Nursing with freedom, technical, scientific, and environmental safety, autonomy, and be treated without discrimination of any kind, under legal, ethical, and human rights principles and assumptions. Art. 2 Carry out activities in workplaces free from risks of damage and physical and psychological violence to the worker's health, with respect for human dignity and the protection of the rights of Nursing professionals.

Art. 3 Support and/or participate in movements to defend professional dignity, the exercise of citizenship, and demands for better conditions of assistance, work, and remuneration, observing the parameters and limits of current legislation.

Art. 4 Participate in multidisciplinary, interdisciplinary, and transdisciplinary practice with responsibility, autonomy, and freedom, observing the ethical and legal precepts of the profession”.

According to the Ministry of Health, in Brazil there are different care flows for people who have suffered sexual violence, but everyone must consider the preservation of information and traces of the aggression, avoiding revictimization¹⁵. Therefore, the following situations are:

“When the person initially seeks the public security system: the security system records all the information about the incident and forwards it to the forensic medicine bodies so that the examination can be carried out, which will characterize the type of injury found and collect the traces that can assist in identifying the perpetrator and materialization of the crime”.

When the person initially seeks the health system, there are several forms of flow, depending on the configuration of the network and the local formal agreements between the justice, security, and health system. It is not necessary to register a police report for assistance. If the victim does not wish to register a police report, their wishes must be respected, and this will not cause harm to assistance and all necessary guidance regarding their rights. However, the health team must guide them about the importance of registering a police report, as it is a citizenship right and contributes to combating impunity for the aggressor¹⁵.

Welcoming this victim must involve all places and moments in the care process, differentiating itself from triage. This reception represents the first stage of care, and it is necessary to have: ethics, privacy, confidentiality, and secrecy. The victim will have to be welcomed in a private location, as soon as the event that led them to seek care is reported¹⁶.

Health care for this victim must be provided under the technical standards of the Ministry of Health. If necessary, care must be provided within 72 hours of the attack due to the greater effectiveness of prophylactic measures¹⁵.

To obtain qualified care, the professional must respect the victim's speech, helping to express their feelings, and bringing self-confidence; must establish effective communication, paying attention to non-verbal communication such as gestures and facial expressions; simple language must be used, organizing access, and prioritizing service according to needs encountered; identifying and evaluating the needs and risks of damage caused, resolving them according to the technical capacity of the service, or the victim must be referred to other specific services, guaranteeing privacy in care and confidentiality of the information and carrying out technical procedures in a humanized manner, informing about the necessary interferences¹⁵.

The forensic nurse performs examinations in cases of sexual violence, evaluates traumatic injuries, preserves evidence, investigates the characteristics of injuries, treats, and evaluates sexually transmitted diseases, evaluates the risk and prevention of pregnancy and crisis intervention, and provides the victim return for counseling¹⁸.

According to the Ministry of Health, the physical examination must be carried out by the doctor in the presence of another professional, the victim must be



informed how the procedure will be carried out, the places on the body that will be touched, and the materials that will be collected. The materials that are collected by the doctor are vaginal secretion, anal secretion, semen, secretions and/or fluids deposited on the skin or other regions of the body, sublingual traces, hair and fur, clothing, and objects with the possible presence of semen or other biological fluids¹⁵.

It should be borne in mind that violence against women, whether domestic, sexual, psychological, obstetric, among other types of aggression, influences the health-disease process and can be characterized as a social determinant of health, which influences all biopsychosocial aspects of women: physical, mental, emotional, social, sexual and spiritual; still being a risk factor for the development of phobias, social disorders, psychological disorders, mental disorders and the possibility of entering the world of drugs. In other words, nursing care for this patient needs to be as comprehensive, holistic, and individualized as possible to restore her health and well-being^{19,20}.

Final Considerations

The comparison of cases of sexual abuse in Paracatu-MG with the State of Minas Gerais, had the purpose of observing the numbers of notifications recorded between the years 2018 and 2022, and it was clear that cases of violence grew increasingly with time.

In identifying how a Forensic Nurse can work in welcoming women who are victims of sexual violence. The victim has the first contact with the nurse and this professional must be prepared for this type of case, being able to work on prevention and promoting peace. Having the preservation of information and traces of violence, being able to avoid re-victimization.

However, it was observed that the nurse does not collect any evidence and that there is a limitation by law in Brazil, which does not include the nurse as a professional capable of carrying out this work.

Therefore, Forensic Nursing should have greater visibility in Brazil, as there is a need for specialist professionals with scientific knowledge in work to provide quality care for the victim and the victim's family.

References

1. Silva JOM, et al. Planejamento e implementação do curso Sexual Assault Nurse Examiner para o atendimento às vítimas de violência sexual: relato de experiência. *Rev. esc. enferm. USP.* 2021;55:e03739. <http://dx.doi.org/10.1590/s1980-220x2020029803739>.
2. Silva VG, Ribeiro PM. Violência contra as mulheres na prática de enfermeiras da atenção primária à saúde. *Esc. Anna Nery.* 2020;24(4):e20190371. <http://dx.doi.org/10.1590/2177-9465-ean-2019-0371>
3. Reis IO, Castro NRS, Chaves M, Santos RC, Souto RQ, Souza JSR. Atuação do enfermeiro forense em casos de agressão sexual no contexto norte-americano. *J. nurs. health.* 2021;11(1):e2111120111. Disponível em: <https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/20111>
4. Mota JA, Aguiar RS. Percepções de enfermeiros da atenção primária no atendimento às mulheres vítimas de violência sexual. *Revista Nursing.* 2020;23(262):3848-3651.
5. Gonsalves EP. Iniciação à pesquisa científica. 3. ed. Campinas: Alínea; 2003.
6. Apollinário F. Dicionário de metodologia científica: um guia para a Produção do Conhecimento científico. São Paulo: Atlas; 2004.
7. Gil AC. Como elaborar projetos de pesquisa. 4. ed. São Paulo: Atlas; 2002.
8. Organização Mundial de Saúde (OMS). Relatório Mundial de Violência e Saúde. Genebra: OMS; 2018.
9. Polícia Civil do Estado de Minas Gerais. Registrar ocorrência policial (REDS) de Violência contra a Mulher, Idoso, Pessoa com Deficiência e Vítima de Intolerância. Belo Horizonte (MG): PC-MG; 2021. Disponível em: <https://www.mg.gov.br/servico/registrar-ocorrencia-policial-reds-de-violencia-contra-mulher-idoso-pessoa-com-deficiencia>
10. Instituto Maria da Penha (IMP). O Instituto. Fortaleza (CE): IMP; 2018. Disponível em: <https://www.institutomariadapenha.org.br/quem-somos.html>
11. Brasil. Lei Maria da Penha. Lei n.º 11.340/2006. Coíbe a violência doméstica e familiar contra a mulher. Brasília (DF): Presidência da República; 2006.
12. Secretaria Estadual de Segurança Pública (MG). Violência contra a Mulher: diagnósticos semestrais de violência doméstica e familiar contra a mulher em Minas Gerais (registros tentados e consumados): Diagnósticos semestrais de Violência Doméstica e Familiar contra a Mulher em Minas Gerais (registros tentados e consumados); 2020. Disponível em: <http://www.seguranca.mg.gov.br/component/gmg/page/3118-violencia-contra-a-mulher>
13. Instituto Brasileiro de Geografia e Estatística (IBGE). Censo Brasileiro de 2010. Minas Gerais. IBGE; 2022.
14. Santos DG, Santos EKA, Aued GK, Souto RQ, Bordignon JS, backes MTS. Assistência de enfermagem às mulheres em situação de violência durante a pandemia da COVID-19. *Enfermagem em Foco.* 2021;12(6). Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/4736>
15. Ministério da Saúde (BR). Ministério da Justiça, Secretaria de Políticas para as Mulheres. Norma técnica. Atenção humanizada às pessoas em situação de violência sexual com registro de informações e coleta de vestígios. Brasília (DF); 2015;
16. Associação Brasileira de Enfermagem Forense (Abeforense). Regulamento das competências técnicas de enfermagem forense. Aracaju (SE); 2015. Disponível em: www.abeforense.org.br
17. Conselho Federal de Enfermagem (COFEN). Resolução n.º 556/2017. Código de Ética dos Profissionais de Enfermagem. Brasília (DF): COFEN; 2017. Disponível em: <http://www.cofen.gov.br>
18. Townsend MC. Enfermagem Psiquiátrica: conceitos de cuidados na prática baseada em evidências / Mary C. Townsend; revisão técnica Isabel Cristina Fonseca Cruz; tradução Douglas Arthur Omena Futuro ... [et al.]. - 7. ed. - Rio de Janeiro: Guanabara Koogan; 2014.
19. Costa BCP, Bem MMS, Godinho LSC. Determinantes sociais da saúde e sua influência na vida de mulheres vítimas de violência doméstica.



Glob Acad Nurs. 2020;1(2):e31. <https://dx.doi.org/10.5935/2675-5602.20200031>

20. Machado TO, Souza TCP, Lopes GMN, Silva MLL, Silva WGR, Santos RM, Neves MP, Silva WBH, Machado PRF, Marta CB. Uso de drogas ilícitas na gestação: quais os malefícios à integridade do bebê? Glob Acad Nurs. 2021;2(Spe.1):e102. <https://dx.doi.org/10.5935/2675-5602.20200102>

