Physical and psychic traumas after sexual violence in women

Traumas físicos e psíquicos após a violência sexual em mulheres

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ABSTRACT
Sexual violence against women is a public health problem and originates from the extensive gender inequality. It triggers several physical and psychological consequences that affect the woman's quality of life. This bibliographic review aimed to identify the feelings and traumas faced in short and long term after sexual abuse. It describes the pathophysiological changes manifested and investigates the therapies used for the
treatment of women sexually assaulted. The results of qualitative research in national and international literature in recent years on this subject shows that a large part of the physical consequences results from the psychological impact of the aggression. Eating disorders, sexual disorders, anxiety, insomnia, depression are frequent results of the trauma caused by the rape. For these reasons, psychiatric treatment and immediate psychological counseling are the best therapy, as they prevent drastic long-term consequences.

**Keywords:** Sexual Violence, Violence against women, Gender-Woman, Therapy.

**RESUMO**
A violência sexual contra as mulheres é um problema de saúde pública e tem origem na extensa desigualdade de gênero. Ela desencadeia várias conseqüências físicas e psicológicas que afetam a qualidade de vida da mulher. Esta revisão bibliográfica teve como objetivo identificar os sentimentos e traumas enfrentados a curto e longo prazo após o abuso sexual. Ela descreve as mudanças fisiopatológicas manifestadas e investiga as terapias utilizadas para o tratamento de mulheres sexualmente agredidas. Os resultados de pesquisas qualitativas na literatura nacional e internacional nos últimos anos sobre este assunto mostram que grande parte das conseqüências físicas resultam do impacto psicológico da agressão. Distúrbios alimentares, distúrbios sexuais, ansiedade, insônia, depressão são resultados frequentes do trauma causado pelo estupro. Por estas razões, o tratamento psiquiátrico e o aconselhamento psicológico imediato são a melhor terapia, pois evitam conseqüências drásticas a longo prazo.

**Palavras-Chave:** Violência Sexual, Violência contra a mulher, Gênero- Mulher, Terapia.

**1 INTRODUCTION**

Sexual violence is described as any unwanted act or attempt at sexual intercourse, it includes obscene comments, assaults, harassment, incest, penetration into the vulva, anus or mouth, with a penis or any other object. In Brazil, rape is considered a national crime of private action against customs, not against the person. However, other situations of sexual violence other than carnal conjunction fall into the category of indecent assault, as a crime of public action by the Brazilian Penal Code (DE SOUZA et al., 2012; BARBOSA et al., 2015).

As a result of this type of violence, the victims may present several pathological conditions related to physical and psychological trauma, which is why rape is among the main causes of morbidity and mortality among the young population. Sexual violence causes damage ranging from immediate consequences: contraction of sexually transmitted diseases, unwanted pregnancy, development of psychiatric disorders (anxiety, phobias, panic, post-traumatic stress and eating or sleeping disorders), to subsequent consequences such as drug addiction, abandonment of employment or studies, affective
problems, end of marital relationships and suicide (DREZETT et al., 2003; BARBOSA et al., 2015).

In order to reduce the traumas faced by the victims on a daily basis, several therapeutic actions could be introduced in the treatment after sexual violence. The Brazilian Federal Law of the Next Minute No. 12,845, of August 1, 2013, guarantees mandatory and comprehensive care for women who have suffered sexual abuse, including long- and short-term treatments. The current protocol proposes that the medical care initiates with the diagnosis of physical injuries to the genital system, prophylaxis of sexually transmitted infections and unwanted pregnancies, followed by instructions on the victim's legal rights and long-term psychological support (PORTARIA N°2.415, de 7 de Novembro de 2014).

It is worth mentioning that the consequences faced by women could be mitigated and even stopped if treated according to the protocol established by the legislation, however, in Brazil, the lack of infrastructure and understanding rule out the full implementation of therapeutic measures. As a consequence of this situation, most victims are unable to completely overcome the violence experienced.

The culture of violence against women originates from the imbalance of power between men and women in society. From a sociological point of view, sexual violence is associated to inequalities of an economic, political, social and cultural nature, historically constructed and culturally rooted in various segments of society. Sexual violence stands out as the most complex modality of violence, since it associates physical and psychological damage (MINAYO et al., 2005).

Violence against women is a portrait of the gender inequality that exists in this country. This imbalance determines roles, positions and duties that downplay women. For these reasons, sexual violence is a matter of public health. Following this thought, the crime of sexual abuse is not limited to the private family sphere but belongs to the social sphere and embrace the abused victim and the entire society affected by unethical standards (DE SOUZA et al., 2013).

The world average is that one in three women (35%) suffers physical and sexual violence inflicted by their partner or third parties during their lifetime. But, in some countries, such as the ones in the Southeast Asia, this percentage exceeds the average reaching to 37.7% (ORGANIZAÇÃO PAN-AMERICANA DE SAÚDE, 2017). In accordance with these data, a more serious approach to sexual violence is extremely important. This premise is even more relevant when it comes to the health field, since it
is the responsibility of a doctor to attend and release the report that will prove the sexual abuse. As legal success depends on this process, health professionals who are not trained to identify sexual violence, or who do not give due importance to this identification, obstruct the search for justice (OLIVEIRA et al., 2005).

The current global pandemic of COVID-19 influences the conditions of sexual violence, as it increases the cases of intimate partner violence. Among the hypothesis to explain this data, the most likely reason is the forced cohabitation with the abusive partner on account of restrictive measures, necessary to contain the spread of the virus (BARBARA et al., 2020). Paradoxically, according to data from the Brazilian Ministry of Women, Family and Human Rights, even though the number of feminicide increased in the first trimester of 2020, there was a decrease in the number of women who sought assistance due to domestic violence. This evidence leads to the conclusion that the constant proximity to the abusive partner prevents victims from reporting the crime (OKABAYASHI et al., 2020).

In view of this reality, there is a joint responsibility for the smooth running of investigations into rape allegations, which not only depend on the police and the justice system but are also subject to the quality of the primary care victims receive in hospitals. As the identification of sexual violence by health professionals is vital in the legal process, universities in health courses carry a significant share of responsibility on this issue, and ultimately, it is the government’s responsibility to demand that this agenda be addressed by all universities in the country. It is in educational institutions that health professionals should be instructed on how to proceed in situations in which their patients have suffered sexual abuse to increase the chances of the aggressor receiving the correct punishment for his crime, which, consequently, contributes to reducing the recurrence of sexual crimes.

In this regard, the goal of this review is to identify and expose the physical and psychological effects of sexual violence on women, seeking to educate the female audience and emphasize the importance of health and mental health professionals in welcoming and treating trauma victims. And to point out the relevance of higher education institutions, justice and governments for reducing the incidence of sexual abuse in Brazil.
2 METHODS

A literature review based on national and international studies was carried out systematically, in order to verify physical and psychological consequences of sexual violence suffered by Brazilian women. The magnitude of the trauma is evident in the reports on the suffering faced after sexual abuse exposed in this review.

The preliminary bibliographic research used as databases: PubMed, Scielo and Google Scholar. Selection criteria: 16 articles published in the last 17 years were selected. The inclusion criteria used are articles that answered the guiding question: what are the physical and psychological effects of sexual violence on women, and articles that met the theme established by the descriptors: Physical traumas, psychic traumas, sexual violence, women.

Data analysis: the choice of articles followed the protocol created for the preparation of this study. The elaboration of this protocol used the following aspects: author, year, place, design, sample, age group, tests used and results.

3 RESULTS AND DISCUSSION

3.1 PSYCHICAL CONSEQUENCES FACED BY WOMEN AFTER SEXUAL VIOLENCE

Sexual violence is a universal and underreported crime. Due to its high incidence and serious consequences for women's health, especially for mental health, it is considered a public health problem. In Brazil, sexual abuse is an important cause of morbidity, affecting mainly young women of reproductive age, with no distinction between classes, social segments or ethnicity. Most of the time, women who are victims of this violence face difficulties that are not limited to the immediate consequences of the crime, but suffer profound damages, such as the disturb left in their sexual, affective, social and professional lives, which need to be treated by interdisciplinary care (OLIVEIRA et al., 2005).

It is important to remark that the psychological consequences of rape are the most relevant, once the trauma caused by this crime may last for many years and even follow the victim for the rest of her life. For this reason, the therapeutic approach must be carried out with the aim of healing the woman completely, not only the immediate physical injury. Sexual abuse causes a series of issues on women's lives, which are expressed in complex feelings such as: emotional trauma of the moment, insomnia, anxiety, depression, difficulties in her sex and work life, and even suicide (TELES et al., 2017).
The approach of the victims must be gentle and patient, always aiming at humanizing the post-traumatic care. The importance of this care is evidenced in Oliveira et al. (2005) through the testimony of a doctor (anonymous), when she affirms that, in 90% of the cases, sexual abuse does not leave physical marks on the patient's body, therefore, in cases of rape, medical care needs to go beyond the body treatment paradigm. She points out that, although it is not always possible to identify physical damage on the patient's body, this type of violence leaves profound and devastating marks in all spheres of the patient's life, which the doctor is only able to understand and treat during the conversation with the patient. For these reasons, in cases of rape, medical care needs to go beyond the treatment of physical injury, it must be comprehensive and humanized.

Women victims of this barbarity often have difficulty reporting the episode. After a few sessions of therapy and pharmacological methods, some patients are able to verbalize their feelings about the abuse. This bibliographic review selected some reports of these patients:

“[..] He took me by the waist, told me to stay calm and pretend he was my boyfriend [...]” (Daisy). "When we arrived at the place where I was going, he didn't stop, he took me away with him." (Rose) "[..] They rendered us, one with a gun and another with a pistol [...] They put us in the trunk, all the time threatening to kill us [...] One of them took my friend to the car seat, while I stood with the other. "(Violet)" [...] All the time with the gun to my head." (Daisy) "[..] He immediately pressed a knife on my neck." (Tulipa) (SUDÁRIO et al., 2005, p.82).

It is worth remembering that most approaches were followed by death threats with a weapon, knives or the fire guns being the most used to intimidate the victims (SUDÁRIO et al., 2005).

Women who suffer from this brutality are more prone to disorders and psychological consequences, such as: depression, anxiety, eating disorders, sexual disorders and mood disorders. There is a significant correlation between sexual violence, high rates of PTSD (Post Traumatic Stress Disorder) and symptoms that include dissociation, freezing and hypervigilance, which could be interpreted as an attempt at self-protection against new violence. In addition, other disorders such as alcohol and drug abuse, reduced quality of life, low satisfaction with life, body image, sexual life and interpersonal relationships are also reported more frequently among rape victims (DE SOUZA et al., 2012).

Some victims try to cope with anxiety and to repress traumatic memories by eating excessive amounts of food or abusing drugs and alcohol. PTSD can be a mediator between
sexual violence and the development of eating and sexual disorders. As for sexual disorders, victims generally experience greater sexual dissatisfaction, loss of pleasure, fear and pain during sexual intercourse. The relationship with one's own image is also affected, and the reduction of self-esteem and the loss of quality of affective relationships are frequent. These disorders may last for many years leading to the reduction of the quality of life of these women (DE SOUZA et al., 2012).

3.2 PHYSICAL CONSEQUENCES FACED BY WOMEN AFTER SEXUAL VIOLENCE

Any injury inflicted by physical force, by some type of weapon or instrument with the purpose of causing damage to the body integrity of others is considered physical violence. The range of physical damage goes from the cause of mild pain to the extreme, homicide. In case of sexual abuse, any harm suffered by the victim is currently considered a human rights problem by the United Nations - UN. After the rape, the severity of the consequences may also depend on the quality of care received shortly after the violence (DREZETT et al., 2003).

Depending on the degree of violence, the consequences can be even more serious, for example, the need to reconstitute the vagina, hymen or anus, permanent injuries, chronic problems such as headaches, abdominal pain, vaginal infections and also heart disease, hypertension and arthritis. In addition, victims of rape are more likely to experience natural abortions, intrauterine bleeding, edema or bleeding from the vagina, anus, gynecological and urinary tract infections, and loss of reproductive capacity (DREZETT et al., 2003).

Even though the qualitative and quantitative indicators of sexual violence are impressive due to their magnitude, Brazilian health services still have little recognition of the problem or the importance of their role in women's lives. This lack of awareness may be explained by the little information provided to health professionals during academic training (DREZETT et al., 2003).

Health professionals and providers should be better trained in the clinical management of victims of sexual violence. The risks involved in each case should be rigorously assessed. It is up to the health professionals to recognize their important role in the destiny of these women (GESSE et al., 2008). It is necessary to conduct a meticulous examination in order to detect the physical consequences of crimes of rape.
and indecent assault. Because without correct evidence collection it may not be possible to legally prove that there was a sexual crime (BARBARA et al., 2019).

Currently, in Brazil, the responsibility of care for the victim belongs to the police or emergency services. Unfortunately, these professionals are not well prepared to respond to the needs of these women. The attitude of health workers and police officers, who blame the victim for the situation is even more problematic. This kind of behavior discourages raped women from asking for help or reporting the aggressor (FAÚNDES, et al., 2006). Given the multiple consequences of sexual violence, care for this victim should have a multidisciplinary approach, even if the physician needs to assume a leadership role in the victim's assistance process, professionals such as psychologists, social workers, forensic practitioners, sexologists, lawyers are indispensable in this situation (BARBARA et al., 2019).

It should also be noted that there are secondary physical consequences of sexual violence directly linked to psychic consequences, and that psychological damage is the main reason for the morbidity that affects rape victims. Therefore, it is the responsibility of the government and the health community to establish innovative guidelines and projects that seek to promote psychological support and include the victim, as soon as possible, back in society.

3.3 TREATMENT AFTER SEXUAL VIOLENCE

There is still a great debate about what actions should be taken (immediately and in the long term) after sexual violence. The police authorities prioritize the physical examination of the victim and the information necessary to proceed with the report of the case. Regarding care in different health units, there is still a lot of misinformation about the protocol that should be followed in situations of victims of harassment (OLIVEIRA et al., 2005).

The survivor of rape tends to build new limits between herself and the world after this trauma. However, such delimitations are built by the dynamics of trauma, which triggers pathological changes in the body, behavior and learning. The medical and psychic service has an essential role in helping the victim to cope in a healthy way with the trauma suffered, stimulating exercises that aim to increase self-esteem (DE SOUZA et al., 2012).

According to the bibliographic research, the relationship between sexual abuse and psychiatric disorders was persistent, regardless of the victim's sex and the age the abuse occurred. However, therapies must be evaluated individually, as they must be
personalized and guided by factors such as: if the woman maintained an active sexual life, the propensity for the development of obesity or anorexia, if she had physiological gastrointestinal changes, chronic pelvic pain, psychogenic seizures, and non-specific chronic pain (CHEN et al., 2010).

Moreover, it has been proven that women who had a preservation of consciousness during the abuse are more likely to have PTSD, depression and addictions to legal and illegal drugs. It is up to the health professional to provide assistance by prescribing psychoactive drugs to combat pathologies of mental suffering, as well as inserting the victim into individual and collective therapy sessions, encouraging the women to express their feelings and listen to the experiences of people who already went through this situation and overcame the trauma (ZINZOW et al., 2010).

Even when using pharmacological and psychological therapies, the patient can still continue to have problems related to self-esteem, sexual reputation, frequency and to have sex. Therefore, the family members who are around this woman should keep close watch, because in this case the victim is highly prone to suicide as a form of pain relief (PERILLOUXET et al., 2012).

In the data collection regarding the pharmacological form, it is described that seroprevalence cocktails are initially used, such as: Doxycycline 100mg, Penicillin Benzathine, Azithromycin, Erythromycin, Metronidazole, Zidovudine (AZT), Lavimudine, Kaletra, Doxycycline and contraceptives. Regarding the psychoactive form, the most prevalent drugs are: Flouxetine, Paroxetine, Citalopram, Escitalopram, Sertraline, Alprazolam, Clonazepam, Apraz, Diazepam and Alenthus XR. Medications are also prescribed to help with pain, to combat problems in the gastrointestinal tract and to combat the side effects of psychoactive and antiretroviral drugs (BRASIL-MINISTÉRIO DA SAÚDE, 2019).

After overcoming mental suffering, the patient may have several secondary psychic consequences. This can be treated through nutritional treatment for those who developed obesity or anorexia, aesthetic services to be stimulated to take care of the skin and hair, even plastic surgeries because most of the patients end up with leftover skin in the abdominal region and requires some correction (abdominoplasty) (ROMEIRO et al., 2003).
4 CONCLUSION

Sexual violence against women is a topic that must be discussed in order to face the consequences of physical and psychological trauma after sexual abuse. The measures to be taken in the short and long term, although well described in the legislation, are not implemented on a large scale by health and police institutions. As discussed in this review, most Brazilian police stations do not have professional training to approach the victims of rape. After facing all these barriers to carry out the occurrence report and the first prophylaxis, this patient becomes vulnerable to the development of psychic diseases, with emphasis on depression, post-traumatic stress, anxiety and eating disorders. There are also secondary physical consequences such as obesity, anorexia, dissatisfaction with self-image and abuse of alcohol, illegal substances and medications. The development of strategies to an efficient treatment protocols is a governmental obligation since sexual violence is a universal crime and a public health problem.
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