

## TIME LAPSED BETWEEN SEXUAL AGGRESSION AND ARRIVAL AT THE BRAZILIAN HEALTH SERVICE

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### Abstract

**Background:** We aimed to describe the social, demographic and medical characteristics of victims of sexual violence and their association with the lapsed time between the aggression and the search for medical attention, and to identify the possible reasons for delay in access to hospital. **Methods:** we reviewed the records of 439 female cases of sexual violence, treated through the medical services in Sao Bernardo do Campo, Brazil, during an eight-year period, from 2000 to 2007. **Results:** of the 439 patients, 374 arrived at the hospital within 72 hours after the aggression. The average age was 24.5 years; 45.1% completed or were finishing high school. The most common form of sexual aggression was vaginal penetration in 43.9% of the cases, followed by multiple forms of penetration such as vaginal plus anal, or vaginal plus oral in 31.4% of the patients. Patients who did not suffer extra-genital injury and those who did not notify the authorities were significantly more likely to present to care after 72 hours: OR = 2.58 (95%CI: 1.04; 6.38) and OR = 2.74 (95%CI: 1.58; 4.78) respectively. Patients who had prior knowledge of their aggressor were significantly less likely to present after 72 hours (OR = 0.51; 95%CI: 0.28; 0.96). **Conclusions:** patients who suffered from extra-genital trauma and those who notified the authorities were more likely to seek care within 72 hours whereas patients who knew their aggressor were more likely to suffer the consequences of seeking care later than 72 hours. Public policies and efforts to educate women about the seriousness of this crime and encourage them to notify the authorities and seek care immediately following the aggression, may reduce the complications involving such crime.

**Key words:** public health; women health; sexual violence; prevention and control; HIV infection.

### INTRODUCTION

The World Health Organization (WHO) defines violence in women as "any act of gender-based violence that results in serious physical, sexual or psycho-emotional impairment to women, occurring in public or private life". The literature indicates that it is an universal crime. Also, it is commonly underreported and rarely discussed, although it is a serious public health problem due to its high morbidity<sup>1</sup>.

According to the World Health Organizations report in 2002, 20% of women all over the world were sexually abused at least once in their lives, and the prevalence of this type of aggression ranges from 13 to 28%<sup>1,2</sup>. In Brazil, these statistics remain unknown due the lack of studies regarding

this matter, but the minimum incidence rate is estimated at 7% in the general population<sup>3</sup>.

Sexual violence can lead to unwanted pregnancies and sexually transmitted diseases (STD), which include the Human Immunodeficiency Virus (HIV), other physical injuries and the impact on the psychological status of women<sup>3</sup>. Health professionals are in a unique position to make an early diagnosis and to intervene to prevent problems resulting from such violence.

According to the technical standard of the Ministry of Health, in the final version published in 2005<sup>3</sup>, efforts for the prevention of morbidities resulting from sexual aggression are much more effective if implemented early. The first 72 hours after sexual aggression are critical for the prevention of unwanted pregnancy and STD/HIV,

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