

## SPECIALIZED ASSISTANCE FOR WOMEN/GIRLS VICTIMS OF SEXUAL VIOLENCE: SERVICE PROFILE

### ASSISTÊNCIA ESPECIALIZADA ÀS MULHERES/MENINAS VÍTIMAS DE VIOLÊNCIA SEXUAL: PERFIL DOS ATENDIMENTOS

Leidiane Ferreira Santos<sup>I</sup>, Michelle Tavares Barbosa dos Santos<sup>II</sup>, Sâmia Ponciano Gabriel Chabo<sup>III</sup>,  
João Pedro Sousa Lima<sup>IV</sup>, Juliana Bastoni da Silva<sup>V</sup>, Danielle Rosa Evangelista<sup>VI</sup>

**Abstract.** Sexual violence against women is a serious public health problem. Globally, one in eight women and girls has been raped or sexually assaulted before the age of 18, representing more than 370 million people. Therefore, understanding the epidemiological profile of abuse can contribute to more effective interventions, targeting the specificities of cases and victims. Thus, this research aimed to analyze cases of violence against women and girls registered at a Specialized Care Service for People in Situations of Sexual Violence (SAVIS) in a state in the Legal Amazon between 2015 and 2023. To this end, a descriptive, quantitative, time-series, documentary-based study was conducted, approved by the Human Research Ethics Committee (CAAE 72696123.5.0000.5519). SAVIS provided 2,005 (100%) services to women victims of sexual violence from 2015 to 2023, with 2022 being the year with the highest number of reports (333; 16.6%). Over the course of nine years, 1,845 (92%) women were raped, 110 (5.5%) were harassed, and 11 (0.55%) children were subjected to pornography. The majority of abuses (1,453; 72%) occurred in the home. Regarding age group, the highest incidence was among women aged 10 to 14 (1,021; 50.4%). In the capital studied, as in other national and international settings, sexual violence primarily victimizes young women. Most aggressors are male and known to the victims. It is concluded that over the years, there has been an increase in the number of services provided to victims of sexual abuse, showing that the prevalence of violence against women/girls continues to grow and that actions to address it are weak or non-existent.

**Keywords:** sex offenses; health services; violence against women; gender-based violence.

**Resumo.** A violência sexual contra as mulheres configura-se em um grave problema de saúde pública. Mundialmente, uma em cada oito mulheres/meninas sofreram estupro ou agressão sexual antes dos 18 anos, o que representa mais de 370 milhões de pessoas. Logo, conhecer o perfil epidemiológico dos abusos pode colaborar para intervenções mais efetivas, direcionadas às reais especificidades dos casos e das vítimas. Assim, esta pesquisa teve como objetivo analisar os casos de violência contra as mulheres/meninas registrados em um Serviço de Atenção Especializada às Pessoas em Situação de Violência Sexual (SAVIS) de um Estado da Amazônia Legal no período de 2015 a 2023. Para tanto, foi realizada uma pesquisa descritiva com abordagem quantitativa, do tipo série temporal e base documental, aprovada pelo Comitê de Ética em Pesquisas com Seres Humanos (CAAE 72696123.5.0000.5519). O SAVIS realizou 2.005 (100%) atendimentos às mulheres vítimas de violência sexual de 2015 a 2023, sendo 2022 o ano com maior número de registros (333; 16,6%). Ao longo de nove anos, 1.845 (92%) mulheres foram estupradas, 110 (5,5%) assediadas e 11 (0,55%) crianças submetidas à pornografia. A maioria dos abusos (1.453; 72%) ocorreu em ambiente doméstico. Em relação à faixa etária, a maior ocorrência foi em mulheres de 10 a 14 anos (1.021; 50,4%). Na capital pesquisada, assim como em outros cenários nacionais e internacionais, a violência sexual vitimiza prioritariamente mulheres jovens. A maioria dos agressores é do sexo masculino e conhecido pelas vítimas. Conclui-se que ao longo dos anos houve aumento no número de atendimentos às vítimas de abuso sexual, evidenciando que a prevalência da violência contra as mulheres/meninas permanece crescente e que ações para seu enfrentamento são frágeis ou inexistentes.

**Palavras-chave:** delitos sexuais; serviços de saúde; violência contra a mulher; violência de gênero.

<sup>I</sup>Enfermeira, doutora em Ciências da Saúde, Universidade Federal do Tocantins, Programa de Pós-Graduação em Ensino em Ciências e Saúde (PPGECS-UFT), CEP: 77003110, Palmas, Tocantins, Brasil, e-mail leidiessantos@uft.edu.br, <https://orcid.org/0000-0002-2969-6203>

<sup>II</sup>Médica, graduada pela Universidade Federal do Tocantins-UFT, Universidade Federal do Tocantins CEP: 77003110, Palmas, Tocantins, Brasil <https://orcid.org/0000-0002-0831-8940>

<sup>III</sup>Enfermeira, mestre em Ensino em Ciências e Saúde pela Universidade Federal do Tocantins-UFT, Universidade Federal do Tocantins CEP: 77003110, Palmas, Tocantins, Brasil,

<sup>IV</sup>Psicólogo, mestre em Ensino em Ciências e Saúde pela Universidade Federal do Tocantins-UFT, e-mail sousa.lima1@mail.uft.edu.br, Universidade Federal do Tocantins, CEP: 77003110, Palmas, Tocantins, Brasil,

<sup>V</sup>Enfermeira, Doutorado em Enfermagem pela Escola de Enfermagem da Universidade de São Paulo, e-mail juliana.bastoni@mail.uft.edu.br, Universidade Federal do Tocantins, Programa de Pós-Graduação em Ciências da Saúde (PPGCS-UFT), CEP: 77003110, Palmas, Tocantins, Brasil,

<sup>VI</sup>Enfermeira, Doutorado em Enfermagem pela Universidade Federal do Ceará, Universidade Federal do Tocantins, CEP: 77003110, Palmas, Tocantins, Brasil, <https://orcid.org/0000-0002-4472-2879>

## INTRODUCTION

Violence against women is a serious global public health problem (Stöckl et al., 2024), particularly sexual violence, which has been showing alarming numbers, resulting from a scenario of vulnerability and gender inequality. It is estimated that, globally, approximately 27% of women aged 15 to 49 who have had a partner at some point have experienced physical and/or sexual violence, usually with early onset, affecting girls and young women, with approximately 24% of cases occurring in the 15-19 age group.<sup>1</sup>

Current data reveal that, globally, one in eight women/girls has been a victim of rape or sexual assault before the age of 18, representing more than 370 million people. When considering forms of sexual violence without physical contact, such as virtual or verbal abuse, the number becomes even more significant, reaching approximately 650 million, or one in five women and girls.<sup>2</sup>

It is important to emphasize that sexual violence causes deep and persistent suffering in women and girls. In childhood and adolescence, this type of aggression results in feelings of anguish, humiliation, fear, constant insecurity, disconnection from one's body, damaged self-image, self-accusation, and guilt. Victims may feel responsible for the abuse, develop suicidal thoughts, and experience a variety of other physical and mental health problems.<sup>3</sup>

The consequences of sexual violence for women and girls are multifaceted and varied, including vaginal dysfunction, recurrent urinary tract infections, widespread and chronic pain, sleep problems, fibromyalgia, eating disorders, anxiety, severe depression, and chronic fatigue.<sup>3</sup>

Therefore, there is an urgent need for strategies to prevent this problem and effective measures to support and assist victims. It is essential that care for women experiencing sexual violence is not limited to isolated actions, but rather constitutes intersectoral initiatives that enable care, protection, prevention, and the establishment of a flow of assistance.<sup>4,5</sup>

Nationally, there are Care Services for People Experiencing Sexual Violence, classified as referral units for comprehensive care for women, men, children, adolescents, and the elderly. Their main functions are to preserve life, offer comprehensive health care, and promote a network of care. These services operate in health units of the Unified Health System (SUS) and are staffed by teams of nurses, doctors, psychologists, and social workers, fully trained to care for victims of sexual assault. In referral services for termination of pregnancy, in cases provided by law, care may be provided in general hospitals, maternity wards, emergency rooms, Emergency Care Units (UPA), and other non-hospital emergency services.<sup>6</sup>

Considering the relevance of producing and analyzing reports for the planning and implementation of practices more effectively aimed at preventing and addressing violence.<sup>7-8</sup> This research aimed to investigate cases of violence against women/girls registered at a Specialized Care Service for People in Situations of Sexual Violence (SAVIS) in a state within the Legal Amazon, from 2015 to 2023.

The purpose is to shed light on the characteristics of sexual abuse against women/girls in a region of the Legal Amazon, to support the application of evidence-based interventions and, consequently, protect the rights of this population.

## MATERIALS AND METHODS

This is a descriptive, quantitative, time-series, documentary-based study that analyzed data on sexual violence against women and girls treated at SAVIS (National Health Surveillance Service) in a public hospital located in a capital city in the Legal Amazon.

This unit has a multidisciplinary team of doctors, nurses, psychologists, social workers, pharmacists, and nursing technicians to provide urgent and emergency care, as well as outpatient care for up to six months.

On-site, they provide examinations, medications, psychological and social support, immunizations, and, in cases of pregnancy resulting from rape, the performance of an abortion provided for by law. The service has been operating since 2012, 24 hours a day, seven days a week, without the need for referrals. For this research, data regarding services provided to women and girls were provided by the Epidemiological Surveillance Department of the hospital where SAVIS is located, via an electronic spreadsheet, in April 2024. The variables used were: age,

education, and marital status of the victim; type of sexual violence; relationship with the perpetrator; means used for the assault; and the perpetrator's life cycle.

Data analysis was performed in Microsoft Excel between April and July 2024, using simple descriptive statistics, with the results expressed as absolute and relative frequencies.

The inclusion criterion was the records of women and girls who were victims of sexual violence from 2015 to 2023. Records that did not specify the type of violence perpetrated were excluded.

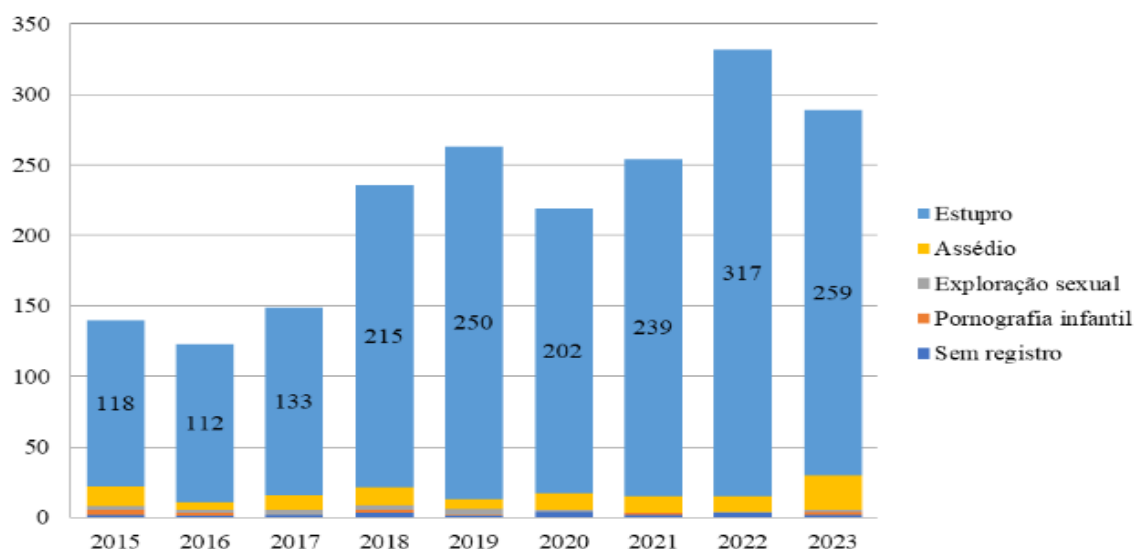
It should be noted that, although the municipality has a referral service for children in situations of violence (SAVI), some of them turn to SAVIS for assistance, which is provided by the same service. Therefore, this group was included in the analysis.

This research complies with the precepts of Resolution No. 466/12.9 of the National Health Council (CNS) and was approved by a Human Research Ethics Committee (CAAE 72696123.5.0000.5519) and by the State Health Department, where it was conducted.

## RESULTS AND DISCUSSION

SAVIS provided 2,005 (100%) services to women and girls who were victims of sexual violence between 2015 and 2023, with 2022 having the highest number of reports, totaling 333 cases (16.6%). Over the nine-year period, 1,845 (92%) women and girls were victims of rape, 110 (5.5%) of sexual harassment, and 11 (0.55%) children were subjected to pornography. The majority of abuse, corresponding to 1,453 (72%) cases, occurred in domestic settings (Figure 1).

**FIGURE 1.** Notifications made by SAVIS according to the year of occurrence/service and the type of sexual violence. The capital is located in the Legal Amazon. 2024. (n=2005)



Source: Prepared by the authors based on data from SAVIS (2024).

There is evidence that one in four young women (aged 15 to 24) who have been in a relationship will have experienced intimate partner violence by the age of 251. Furthermore, approximately one in three women worldwide has experienced some form of sexual violence in her lifetime. Such abuse represents a serious violation of human rights and has adverse consequences for the physical and mental health of victims.<sup>10</sup>

Violence against women is an alarming situation in Brazil and Latin America, which has been significantly exacerbated during the COVID-19 pandemic. Specifically, in the national context, there has been a significant increase in this type of violence, whether due to financial instability, increased contact between victim and perpetrator, women's overburdened responsibilities, increased alcohol and drug use, reduced care services, and the shift to online assistance formats, which are not always accessible to everyone.<sup>11</sup>

Data recorded by SAVIS show that in 2020, the year the COVID-19 pandemic began in Brazil, marked by social isolation as a measure to contain the virus, there was a reduction in the number of services provided to women and girls victims of sexual violence at the unit. This may be related to underreporting of cases and the confinement of victims with their perpetrators, which hindered access to assistance and protection services.<sup>12</sup> In 2022, Brazil recorded the highest number of rapes in history, totaling 74,930 cases, of which 88.7% (66,463) involved women, the majority of whom were girls under 13 years of age. Furthermore, most rapes occurred in the victims' homes—51,177 (68.3%)—and were committed by acquaintances.<sup>13</sup>

These aspects reinforce the urgent need for actions aimed at combating sexual violence, considering the nature of the cases and social contexts, as interdisciplinary, interprofessional, and interinstitutional interventions.<sup>14</sup> Regarding the profile of sexual violence victims treated at SAVIS, the age group with the highest incidence was 10 to 14 years old, with 1,021 (50.4%); 1,017 (50.2%) had incomplete elementary education, and 1,234 (61.5%) were single (Table 1).

**TABLE 1.** Profile of women served by SAVIS from 2017 to 2023. Palmas, Tocantins, Brazil. 2024. (n=2,005)

| Characteristics              | Years |      |      |      |      |      |      |      |      | Total |
|------------------------------|-------|------|------|------|------|------|------|------|------|-------|
|                              | 2015  | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |       |
|                              | n     | n    | n    | n    | n    | n    | n    | n    | n    | n     |
| <b>Age Range</b>             |       |      |      |      |      |      |      |      |      |       |
| <1 Year                      | 0     | 0    | 0    | 4    | 0    | 1    | 2    | 2    | 0    | 9     |
| 1-4                          | 15    | 11   | 5    | 9    | 12   | 5    | 7    | 2    | 7    | 73    |
| 5-9                          | 19    | 16   | 20   | 25   | 33   | 25   | 44   | 32   | 36   | 250   |
| 10 a 14                      | 64    | 62   | 75   | 121  | 121  | 114  | 132  | 176  | 156  | 1021  |
| 15-19                        | 13    | 9    | 15   | 27   | 39   | 26   | 38   | 51   | 41   | 259   |
| 20-34                        | 22    | 17   | 19   | 36   | 46   | 31   | 29   | 52   | 44   | 296   |
| 35-49                        | 3     | 7    | 7    | 8    | 13   | 11   | 8    | 17   | 10   | 84    |
| = ou > 50                    | 2     | 1    | 2    | 2    | 0    | 2    | 1    | 1    | 2    | 13    |
| <b>Education</b>             |       |      |      |      |      |      |      |      |      |       |
| Illiterate                   | 2     | 1    | 0    | 1    | 1    | 1    | 3    | 0    | 0    | 9     |
| Incomplete Elementary School | 71    | 60   | 73   | 110  | 136  | 121  | 130  | 168  | 148  | 1017  |
| Complete Elementary School   | 10    | 5    | 17   | 28   | 28   | 33   | 50   | 56   | 51   | 278   |
| High School                  | 15    | 17   | 15   | 27   | 41   | 22   | 25   | 52   | 43   | 257   |
| Higher Education             | 2     | 4    | 1    | 12   | 8    | 9    | 7    | 13   | 6    | 62    |
| NSA/White                    | 38    | 36   | 37   | 54   | 50   | 29   | 46   | 44   | 48   | 382   |
| <b>Marital Status</b>        |       |      |      |      |      |      |      |      |      |       |
| Married                      | 26    | 25   | 25   | 25   | 32   | 26   | 16   | 29   | 21   | 225   |
| Single                       | 64    | 60   | 82   | 151  | 159  | 142  | 178  | 221  | 177  | 1234  |
| NSA/White                    | 48    | 38   | 36   | 56   | 73   | 47   | 67   | 83   | 98   | 546   |

Source: Prepared by the authors based on data from SAVIS (2024)

Between 2020 and 2024, 85,386 cases of sexual violence against adolescents aged 10 to 14 were reported to the Notifiable Diseases Information System (SINAN), with a gradual increase in reports over the years. During the same period, there were 71,619 reports of sexual abuse against girls up to nine years old.<sup>15</sup>

However, it is important to consider the underreporting of rape cases, which is one manifestation of this serious and chronic public health problem. The lack of adequate recording in official statistics in Brazil leads to an underestimation of its magnitude. Therefore, public policies are needed to improve reporting systems for sexual violence and guarantee the right to protection for victims, especially those in positions of greater individual and social vulnerability and with less access to health services, such as girls under 14.<sup>16</sup>

It is also important to note that in addition to physical and mental harm, girls who suffer sexual violence experience significant changes in their social lives. Among the repercussions are low self-esteem, depression, post-traumatic stress disorder (PTSD), difficulty sleeping, borderline personality disorder, self-harm, suicidal behavior, psychotic disorder, auditory hallucinations, and involvement with alcohol, tobacco, and other drugs.<sup>17</sup>

Furthermore, sexual violence can result in a teenage pregnancy, essentially unplanned and unwanted, and lead to psycho-emotional problems, especially when the pregnancy is the result of abuse, often perpetrated by a family member.<sup>17</sup>

In this perspective, regarding the profile of the aggressors of the women/girls treated at SAVIS, 1,924 (96%) were men; the majority were adults (943; 47.3%) and adolescents (386; 19.3%), and at least 1,588 (79.2%) had some type of relationship with the victim. The main means used for sexual violence were threats (491; 24.5%), physical force (456; 22.7%), sharp instruments (69; 3.4%), hanging (47; 2.3%), firearms (45; 2.2%), and poisoning (13; 0.65%) (Table 2).

**TABLE 2.** Profile of aggressors of women treated at SAVIS from 2017 to 2023. Palmas, Tocantins, Brazil. 2024. (n=2,005)

| Characteristics                | Years |      |      |      |      |      |      |      |      |       |
|--------------------------------|-------|------|------|------|------|------|------|------|------|-------|
|                                | 2015  | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | Total |
|                                | n     | n    | n    | n    | n    | n    | n    | n    | n    | n     |
| <b>Life Cycle</b>              |       |      |      |      |      |      |      |      |      |       |
| Child<br>(0 a 9 years)         | 4     | 1    | 1    | 3    | 0    | 2    | 3    | 1    | 1    | 16    |
| Teenager<br>(10 a 19 years)    | 25    | 23   | 40   | 50   | 52   | 42   | 46   | 44   | 64   | 386   |
| Young Adult<br>(20 a 24 years) | 28    | 28   | 33   | 50   | 45   | 43   | 29   | 57   | 42   | 355   |
| Adult<br>(25 a 59 years)       | 64    | 53   | 45   | 92   | 122  | 96   | 142  | 186  | 148  | 948   |
| Elderly<br>(≥ 60 years)        | 5     | 2    | 8    | 6    | 13   | 13   | 15   | 16   | 13   | 91    |
| NSA/Blank                      | 12    | 16   | 16   | 31   | 32   | 19   | 26   | 29   | 28   | 209   |
| <b>Link to the Offender</b>    |       |      |      |      |      |      |      |      |      |       |
| Stepfather                     | 1     | 1    | 0    | 2    | 2    | 1    | 2    | 6    | 1    | 16    |
| Father                         | 36    | 27   | 33   | 37   | 36   | 40   | 22   | 35   | 27   | 293   |
| Mother                         | 1     | 1    | 5    | 6    | 2    | 1    | 5    | 11   | 3    | 35    |

|                     |    |    |    |    |     |    |     |     |     |     |
|---------------------|----|----|----|----|-----|----|-----|-----|-----|-----|
| Spouse              | 47 | 38 | 45 | 78 | 121 | 85 | 134 | 138 | 140 | 825 |
| Ex-Spouse           | 0  | 0  | 0  | 2  | 1   | 2  | 0   | 1   | 2   | 8   |
| Boyfriend           | 0  | 0  | 0  | 1  | 2   | 0  | 1   | 1   | 1   | 6   |
| Ex-Boyfriend        | 0  | 1  | 1  | 1  | 1   | 0  | 1   | 0   | 0   | 5   |
| Friend/Acquaintance | 25 | 27 | 25 | 49 | 47  | 42 | 30  | 64  | 47  | 356 |
| Employee            | 0  | 0  | 4  | 7  | 7   | 6  | 7   | 9   | 16  | 56  |

Source: Prepared by the authors based on data from SAVIS (2024)

Violence against women/girls, especially sexual violence, is predominantly perpetrated by males. It is noteworthy that a variety of factors are involved in the characterization of perpetrators of sexual crimes, with secondary psychopathy and narcissism indicating a greater likelihood of more violent sexual assaults. The perceptions and attitudes of men who commit sexual violence are complex and, to some extent, predictable, indicating a powerful influence of structural and cultural factors in a patriarchal society. Violence against women is a culturally tolerated phenomenon, deeply rooted in social life, corroborating the invisibility of this offense, reflecting a process historically constructed under the logic of justifying the crime and blaming the victim, both by the general public and by the criminal justice system itself. From this perspective, the crucial role of parents, guardians, and older family members in promoting a healthy mindset regarding female sexuality and curbing aggressive instincts in men/boys is also highlighted. Measures such as formal sex education and behavioral analysis by professionals at the school segments to identify and address potential perpetrators early in their formative years can also be adopted as sexual crime prevention strategies.<sup>22</sup>

Sexual violence against women and girls is unequivocally widespread throughout the world. It is not a small problem that occurs only in some sectors of society, but a global public health challenge of pandemic proportions, affecting hundreds of millions of women and girls and requiring urgent government and intersectoral interventions.<sup>18</sup>

However, it is important to note that women's vulnerability occurs unequally. In Brazil, violent deaths among this group are primarily caused by domestic conflicts, but are also influenced by changes in urban and social contexts, such as the availability of firearms and the dynamics of drug trafficking. Between 2000 and 2018, while the Northeast and North macro-regions saw an increase in homicide rates, the Southeast region saw a reduction, especially in larger municipalities.<sup>23</sup>

Therefore, the approach to violence against women needs to be intersectoral and structural, and understood as gender-based violence, to guarantee equal and fair access to rights for all, with special attention to those whose vulnerabilities increase the risk of abuse.<sup>23</sup>

## CONCLUSION

Over the course of nine years, SAVIS provided services to 2,005 women and girls who were victims of sexual violence, the majority of whom were under 14 years of age and had not completed elementary school. The abuse was primarily perpetrated by male individuals who had some kind of relationship with the victim.

From 2015 to 2023, there was an annual increase in the number of services, highlighting that the prevalence of violence against women and girls continues to rise and that actions to address it are weak or non-existent. Preventing sexual violence against women and girls should be considered a priority public health goal, implemented through the coordination of various sectors, such as health, education, social assistance, and criminal justice, based on intersectoral, collaborative, humane, and engaged work.

A limitation of this research is the use of secondary sources, with many forms not fully completed. However, the data allowed us to describe the profile of victims and aggressors, the types of sexual violence and other aspects, constituting an important tool for planning and implementing actions aimed at tackling sexual violence against women/girls.



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