CONCEPTS, CAUSES AND REPERCUSSIONS OF SEXUAL VIOLENCE AGAINST WOMEN FROM THE PERSPECTIVE OF HEALTHCARE PROFESSIONALS

Conceitos, causas e repercussões da violência sexual contra a mulher na ótica de profissionais de saúde

Conceptos, causas y repercusiones de la violencia sexual contra la mujer a partir de la opinión de profesionales sanitarios

Original Article

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ABSTRACT

Objective: To analyze the meanings given by health professionals to the concepts, causes and repercussions of sexual violence against women. **Methods:** Qualitative study conducted with 68 higher degree health professionals of the multiprofessional team of nine public hospitals in the municipality of Fortaleza, Ceará, between August and December 2013 using semi-structured interviews to collect data that underwent thematic analyses of the themes that emerged. **Results:** The main meanings given to the concept of sexual violence were the violation of human rights and the emphasis on the perpetuation of gender issues; the main causes were misogyny, the existence of pathologies in the aggressors, the reproduction of family violence – the repercussions affect psychological aspects and lead to the exposure to disease and physical assaults. **Conclusion:** The study enabled the analysis of the meanings given to sexual violence from the perspective of the professionals interviewed, who presented different views regarding gender inequality and social context. The causes highlighted were misogyny, women's lack of information on their rights and social issues. It was observed that professionals had difficulties addressing the issue.

Descriptors: Sexual Violence; Women´s Health Services; Comprehensive Health Care.

RESUMO

Objetivo*: Analisar os sentidos atribuídos por profissionais de saúde aos conceitos, causas e repercussões da violência sexual contra a mulher.* **Métodos***: Estudo qualitativo realizado com 68 profissionais de saúde de nível superior integrantes de equipe multiprofissional de nove hospitais públicos do município de Fortaleza/CE, entre agosto e dezembro de 2013, por meio de entrevista semiestruturada, a qual norteou a coleta de dados, sendo estes submetidos à análise temática dos núcleos de sentido que emergiram.* **Resultados***: Entre os sentidos atribuídos ao conceito de violência sexual, destacam-se a violação dos direitos humanos e ênfase na perpetuação das questões de gênero; quanto às causas, sobressaiu o machismo, a existência de patologias do agressor e a reprodução da violência familiar – as repercussões atingem aspectos psicológicos, além da exposição a doenças e agressões físicas.* **Conclusão***: O estudo possibilitou a análise dos sentidos atribuídos à violência sexual pela ótica dos profissionais de saúde investigados, que divergiram sobre a desigualdade de gênero e contexto social, cujas causas foram apontadas como sendo a cultura machista, a falta de informação das mulheres sobre os seus direitos e as questões sociais. Observou-se a dificuldade dos profissionais em trabalhar com o tema.*

Descritores: *Violência Sexual; Serviços de Saúde da Mulher; Assistência Integral à Saúde.*

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RESUMEN

Objetivo*: Analizar los sentidos atribuidos por los profesionales sanitarios a los conceptos, causas y repercusiones de la violencia sexual contra la mujer.* **Métodos***: Estudio cualitativo realizado con 68 profesionales sanitarios con educación superior participantes del equipo multiprofesional de nueve hospitales públicos del municipio de Fortaleza/CE entre agosto y diciembre de 2013 a través de entrevista semiestructurada la cual orientó la recogida de datos los cuales fueron sometidos al análisis temático de los núcleos de sentido.* **Resultados***: Entre los sentidos atribuidos al concepto de violencia sexual, se destacan la violación de los derechos humanos y el énfasis de la perpetuación de las cuestiones de género; entre las causas se destacó el machismo, las patologías del agresor y la reproducción de la violencia familiar – las repercusiones alcanzan los aspectos psicológicos además de la exposición para enfermedades y agresiones físicas.* **Conclusión***: El estudio ha permitido el análisis de los sentidos atribuidos a la violencia sexual a partir de la opinión de profesionales sanitarios investigados que divergieron sobre la desigualdad de género y el contexto social cuyas causas fueron apuntadas como la cultura machista, la falta de información de las mujeres sobre sus derechos y las cuestiones sociales. Se observó la dificultad de los profesionales para trabajar con el tema.*

Descriptores: *Violencia Sexual; Servicios de Salud para Mujeres; Atención Integral de Salud.*

INTRODUCTION

Sexual Violence (SV) transcends territorial, educational, socio-cultural and generational boundaries and is configured as a global problem, even with specific contours for different contexts. It appears as one of the expressions of gender violence and constitutes a violation of human rights; in addition, it is a worldwide concern given the harms caused to individual and collective health, the high impact on morbidity and mortality of women and the impact on the economy of countries[1].

The literature confirms that gender inequality is one of the factors that perpetuate social diversities based on the difference between the sexes. This crystallization surrounding common sense subjugates women and favors stigmatizing impositions that prevail in social, economic, cultural and political contexts, gaining visibility in constant wage, positions, functions and roles differences[1-5].

The reification underlying gender issues strengthens social apprehensions about female submission in addition to the overlap of the different forms of violence, including sexual, whose main aggressors are represented by fathers, stepfathers, friends and partners of women[1-5].

Reports indicate that one in three women have suffered physical and/or sexual violence at some point in their lives[1]. In Brazil, 50,320 rapes were registered in 2013, corresponding to one case per minute. The statistics do not reveal the real quantity – it is estimated that only 10% of cases are reported to health and public security services[6].

Despite the existing literature[1-7] on the subject, world reports revealing the magnitude of the phenomenon, policies, legislation, strategies and social movements focused on deconstructing the increasing move of the spirals of violence against women (including sexual violence), society is still permeated with distorted and fragmented theoretical concepts that reiterate gender issues and reinforce the gap of inequality between men and women[3,7].

As attempts to stop violence advance, such as the enactment of the National Women's Policy Plans (*Planos Nacionais de Política para as Mulheres*) and the Technical Standard (*Norma Técnica*)[7], which dialogue with feminist social movements[8], no progress is made – in the same proportions – regarding technical and instrumental training to make them work[1,5]. Given the complexity of making the strategies to fight SV against women work, the various political, administrative, economic and cultural scenarios that shape the Brazilian geopolitical organization should be considered[1-8].

Research on violence against women held at the WHO reaffirms that health-care providers are likely to be the first professional contact for women surviving violence and therefore need proper training[1]. Given that, approaching regional singularities and identifying similarities and differences in theoretical constructs that can guide professional practice are important steps to reorienting services and supply of health care for women exposed to sexual violence.

Given the above, the present study is important as it aimed to analyze *the* meanings given by health professionals to the concepts, causes and repercussions of sexual violence against women.

METHODS

This is a qualitative study conducted in nine health care facilities – eight secondary and one tertiary – of the municipal health system of Fortaleza, Ceará, from August to December 2013. Of the facilities, five hospitals provided gynecology, obstetrics and pediatrics services; three were reference for less severe cases of traumatology and orthopedics; and one performed high complex procedures. The choice of the municipal system is justified both by the greater number of services aimed at the care of this specific

demand and its leading role in the articulation of the local services network.

Interviews were carried out with 68 higher education health professionals of multidisciplinary teams of the aforementioned facilities involved in the care of women who have suffered SV. Sampling saturation was not used because the study focused on the obtainment of a sample based on the diversity of health care in the city of Fortaleza, Ceará.

Inclusion criteria were: professionals working in women's healthcare specialized services of the municipal health system, with longer careers and in different professional categories. Professionals with less than six months of experience in the service and those who refused to participate in the study were excluded.

On average, seven healthcare professionals of each institution participated in the study. They were distributed in the following professional categories: nurses (19), social workers (19), physicians (17), psychologists (12) and pedagogue (01).

Data were collected using semi-structured interviews[9] with questions regarding identification and professional training, institutional placement, qualification for the care of women who experience sexual violence and the meanings given to SV against women.

The identification of professionals for the interviews was made upon indication respecting their length of service and acceptance to participate in the study. Inclusion criteria were used and an interview schedule, with favorable day and time for each participant, was developed. Data were collected in private rooms of the health care facilities analyzed. The interviews were recorded with the consent of respondents. The interviews lasted a total of 28 hours and a half, with an approximate average time of 25 minutes per interview.

After transcription, each interview underwent fluctuating reading followed by the organization of empirical material. After that, the material underwent content and thematic analysis guided by trajectory analysis[9]. A detailed reading of the material was conducted and units of meaning were identified; later, they were regrouped seeking more comprehensive and better defined themes about the meanings given to sexual violence by health professionals, identification of the causes of sexual violence and the repercussions of sexual violence for women.

The interviews are represented by the initial letter of the profession followed by the interview number.

The research was approved by the Research Ethics Committee of the Municipal Health and Civil Defense Secretariat of Rio de Janeiro under Opinion 45A/2013. The present study is part of a multicenter study with the Center for Public Policy, Indicators and Identities (*Núcleo de Políticas Públicas, Indicadores e Identidades – NUPPII*) of the Federal University of Rio de Janeiro (*Universidade Federal do Rio de Janeiro – UFRJ*), titled "Analysis of health services in the care of women experiencing sexual violence: comparative study in two Brazilian cities" ("*Análise dos serviços de saúde na atenção às mulheres em situação de violência sexual: estudo comparativo em duas capitais brasileiras*").

RESULTS AND DISCUSSION

Characterization of participants

Of the 68 participants, 32 were aged 45-54 years. Regarding marital status, 37 respondents considered themselves united. The Catholic religion had a higher representation (n=45), followed by Spiritualism and Protestantism. Religious issues directly affect the meanings given to SV, especially when there is the need for legal abortion[10]. Significant obstacles were found in the activities of religious groups that insist on only recognizing reproductive duties and maintaining their dogmatic views in a hegemonic way for the whole society[10].

Most (20 respondents) professionals had 10 to 20 years of undergraduate education, 19 had specialized, and 10 had a master's and doctorate degree. Regardless of the field of knowledge, graduation is important for health professionals as it allows and qualify them to perform a particular function and raise their awareness regarding the importance of research[11,12]. It is known that functions are performed safer and more consciously by professionals when they constantly seek training in courses and graduation[11,12].

With regard to the length of service, 22 professionals had worked in the facilities from 11 to 20 years, which represents a consolidated experience regarding the health actions developed in the services. A study[13] conducted in the Southern region with family health residents and supervisors receiving a multidisciplinary training found that with advancing age professionals are more experienced and empowered with knowledge to provide care for women in the health services[13].

Meanings given to sexual violence by health professionals

In the context of the present article, the meanings given can be understood as the definition of SV according to health professionals. The meanings are associated with the violation of rights, public security and gender violence.

The violation of human rights of women is identified through physical, psychological and mental acts. The professional P29 defined it:

"Sexual violence is defined as an act where you have a physical assault as well as a psychological aggression and sometimes a moral damage that is often irreversible."

SV is not restricted to cases perpetrated by unknown individuals – the most representative fraction of cases is related to chronic SV, which occurs within the household and goes unnoticed by society, with a constant violation of women's rights[5-7].

The theme has been discussed since 1979 in the Committee on the Elimination of Discrimination against Women (Cedaw)[14-16], which defines discrimination as "any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."[15]

The findings of the present research corroborate those of another study[17] that identifies sexual violence as a violation of rights associated with marital relations, where the aggressor and the woman have an established common-law marriage and the woman – for feeling obligated because of marriage – has sex with her partner even if she does not want to.

"She started to be forced to do what she did not want. Her husband came home from work drunk, arrived early in the morning, at any time, and he wanted to force her to have sex. It got to the point where she was beaten and forced to have sex with him, and it was the day she decided to come here."(N42)

The professionals interviewed in the present study identified the SV as a police case and blamed the public security service for the conduct of the offender. Thus, they remove the responsibility of health services for the care of women. According to P53:

"I think it is a police case, right? A serious thing. And there should be greater concern of all people working with it, not only in this field of health, but also in the legal field. "

The Ministry of Health (MOH) provides instruments and tools to guide professionals on their practices regarding SV. Health services should constitute a structured and effective network of intra and intersectoral services to provide women with a health care that respects sexual and reproductive rights in addition to guidelines on how to get out of situations of violence without any discrimination and with trained professionals to ensure the effectiveness of each stage of care[18,19].

Public security is contemplated in the intersectoral health care network; however, it is not the only one responsible for the situation of violence. Reports from the professionals interviewed in the present research reveal that women use this service as a tool for comprehensive care, to denounce the aggressor, and to use protection services. Some of the respondents understand SV as a way to slur the aggressor and hence perform a simulation of SV. The judgment made by professionals regarding women experiencing SV is also identified in another study[20]; thus, the care provided becomes discriminatory, especially when there is the need for legal abortion[20].

"In the place where I work I see women simulate an attack, they simulate a rape, they go to the police station and press charges against their partners, companions, lovers, whoever, in order to slur them, because they know that nowadays they are supported by Maria da Penha law, which is a very strict law."(P39)

It is understood that the professionals question women's complaint and interpret that women are using their rights under the law to slur the alleged aggressor given that gender violence deserves special treatment in view of the need to overcome the conflict; after all, it constitutes unequal power relationships. For the professionals interviewed in the present study, violence is defined as a gender issue, as reported by SW10:

"This violence is often caused by the fact that this woman is submissive, [...] vulnerable; so, there are several factors that can cause such violence, [like] the real disrespect as a woman."

Gender violence is defined as "any act that results in physical or emotional harm in a relationship based on inequality and asymmetry between genders"[18]. The gender issue involves the cultural issues of both individuals involved and the ability to cope with such gender violence[18].

It can be inferred that SV, according to the professionals interviewed, is associated with the expression of social and cultural factors of man; however, it was found that these professionals do not always take responsibility for the conduct of health care and know the intra and intersectoral networks for the referral of women. One of the respondents (P39) doubted the veracity of sexual violence because, in some cases, the complaint has been used by women as a tool to slur the man. When this professional does not believe the woman, the care evolves into a depleted service and the continuity of care is hampered as women suffer a second

violence in such services, where they should be embraced and find the way to protection with the use of their rights.

The professionals in the present study also analyzed that the meanings given to SV are limited to the deprivation of human rights; however, gender violence is underlied by aggressions that transcend the physical and sexual sphere, affecting the psychological well-being of women and their social behavior. Additionally, such violence imprisons women sexually and has effects that persist throughout life[12,15-18].

Identification of causes of sexual violence

SV is constructed in society and social relationships[5,8,10,11,20], and it is potentiated when there is some degree of kinship in the social sense of the sexual act, which arises from a relationship of domination insofar as the practices and representations of the both sexes are asymmetrical[20]. The love relationship is thought by men with the logic of conquest, and the sexual act is designed as a form of ownership and possession[20].

Given this understanding, the sub-themes emerged from the reports of the respondents identify that the causes of sexual violence correspond to the macho culture, social issues, lack of compliance with and disclosure of the legal apparatus, reproduction of the violence experienced in the family, the offender's pathology, and the trivialization and promotion in the media.

The macho culture is present in Brazil, regardless of the region, due to the unequal performance of gender roles in the society[20,21]. In the health context, women who have become submissive to men have problems reporting the aggressions to health professionals[20,21]. The silence causes pain and suffering and facilitates the permanence of the cycle of violence. With the lack of punishment and the normalization of aggression when those involved have a socially established relationship, the offender feels safe and protected by the relationship status to abuse again[21-23].

In the Northeast region, some professionals of this study identified the machismo as an issue associated with culture, as reported by P14:

> *"The cultural issue of machismo is very strong in our... For Northeastern men particularly, the woman has to obey. Often, it is the economic condition that creates such dependence."*

Culture is seen as an instrument of domination of men over women in relationships and has become a tie that binds them as they do not see the social legitimacy to get them free from vulnerabilities – that is how the reproduction of violence occurs[20,21].

The aggressor can keep women in vulnerable situations through the limitations imposed by the power they have over them. It is understood that the limitations imposed on women occur through the discursive devices of power of the aggressors, which exist only in the aspect of discourse; however, this power can be put into practice in the form of aggressions[18,24,25].

This power is culturally embedded in all social classes; however, the complaint of SV is higher in poorer populations[20,24]. It is speculated that the possible relationship between SV and the public security service leads to the exposure and the negative social impact of women. Regardless of the social level, the association of SV with the image of women is disquieting; this context makes it difficult to report the aggression to health and security services.

> *"I believe this still happens a lot, not only in poorer classes, no. I think that all social classes: the middle class, the upper middle class, the elite. I think it happens in all of them, but what is the difference? The elite hides it very well, the middle class hides it a little less, and the poorer classes speak but do not report it; and if they report it, they will withdraw complaints later. "(N6)*

In order to understand the impact of social structures and interactions in micro and macro spaces of human dimensions, it is necessary to know the impact of modernity on social dimensions and the human condition[26]. The professionals interviewed in the present study elucidated that women are often dependent financially and psychologically on the aggressor. Therefore, they suffer to get free from the aggressor, but SV is not restricted to only one social class, race or ethnicity.

> *"We realize, in the service, that when people have less education [...], less access to education, they end up being more likely to suffer sexual violence." (SW33)*

The risk of suffering SV exists for all women, but those with the most disadvantaged socioeconomic conditions are likely to remain in situations of chronic violence[20,27-29]. This view is in contrast with that of another study[30], as it understands SV as a social and economic problem caused by the poor access to education and generalized unemployment.

> *"It has many causes: illiteracy, poverty, lack of education, financial and family problems. You see that most rapes are [committed by] someone known to the victim and the victim has some vulnerability, some facilitating factor. Then you can tell a thousand things: migration of people to the big cities, poverty and marginalization. There are a*

thousand, a thousand things, right? It is even difficult to answer." (P39)

The professionals relate the SV to economic problems, access to education, the labor market and, especially, the use of alcohol and drugs; they also associate it with places with lower industrial growth and lower women's empowerment[31].

"Offenders often have this profile; they are alcoholics and drug users, and the women raped are submissive women, women who have no perspective, no project of life, and who sometimes say they are and hang on because they do not have anywhere else to go and do not know how to break these bonds."(SW10)

The professionals in the present study report the use of alcohol and drugs by the partner who perpetrates SV. Alcohol and drugs are believed to be used in situations of celebration and unhappiness, being interpreted as a compensation mechanism for loss and suffering[31]. The cause of violence from the perspective of professionals is related to the fact that the use of these substances provides a dialogue between social and cultural factors, values and attitudes of the community. To study the relationship of psychoactive substances with violence involves a macro context of the human being as it may increase irritability, reduce self-control and cognitive ability[31].

Sexual violence cannot be reduced to the use of chemical substances; it is related to the socially imposed male superiority that has been accepted for centuries due to the need to control and keep the woman in a submission situation, regardless of whether or not there is the use of licit or illicit drugs[18,20,31].

The aggressor's pathology is another common explanation among the professionals investigated in the present study; they use it to justify SV:

"For the simple fact that it is a crime, [there is] a conduct disorder of the offender. I see no other reason for that." (P59)

Violence as a means to exercise power may stem from the need for domination of the human being (man or woman), which constitutes the pathological aspect and is hence considered a conduct disorder[4].

The perpetuation of violence is one of the biggest problems of SV[18], as it can be understood as something natural and present in women's daily lives, in the history of violence in the family, and in relationships. SW17 talks about how machismo is passed on to children:

"The woman herself passes it on. Unconsciously, she passes on this machismo to their children and we perpetuate it. [...] Thus, the breaking of this cycle is more complex during health care."

The professionals interviewed in the present study feel unable to break this cycle because they believe that the work done during consultations is insufficient to compete with the promotion of SV in the culture and media, which treat women as objects; additionally, this is naturally accepted and reproduced in society, consciously or unconsciously.

This finding corroborates another study[23] on the important role of the media (television and internet) and its expressive dissemination of messages that encourage aggressive attitudes in games, movies and other activities.

Gender issues favor domination by the aggressor because there are social and economic inequalities between the sexes and the historical discrimination against women[4]. This fact facilitates new violence as partners expect women to remain in a condition of subordination[4].

The present study found that the causes of SV presented by the professionals are related to cultural issues that are closely linked to machismo, lack of access to education, pathologies, the reproduction of SV, the use of alcohol and drugs and its dissemination in the media. It has been identified the need for training to enable professionals to reflect on the deconstruction of gender naturalization represented in the reports, which somehow turn to other elements, such as the use of alcohol and drugs, to justify SV.

The factors highlighted by the professionals interviewed in the present study are, according to them, the causes of SV, which raise questions to be evaluated and discussed in order to find strategies for the reformulation of actions and public policies, given the identification of the problem on the spot, in order to achieve the demand identified by professionals.

Repercussions of sexual violence for women

With regard to this theme, the factors highlighted by the professionals interviewed in the present research were: the aggression, which is reflected in the psychological and physical spheres; the search for sexual and reproductive rights; and the continuation of the cycle of violence.

For the health professionals interviewed, SV is closely related to physical injuries in women – from a superficial injury to death. Physical injuries are reported by P23:

"For instance, there is the sexual violence, which can lead to lesions in the vagina, rectum and bladder, with physical repercussions for the patient."

Women's healthcare specialized services should offer resources for comprehensive care and rehabilitation of the physical integrity of patients because the consequences for the reproductive system are broad, ranging from the

exposure to sexually transmitted disease (STD) to unwanted pregnancy[17] and even the inability to get pregnant. The professionals interviewed report the risk to which these women are exposed as follows:

> *"Sometimes there are reproductive consequences, [such as] the need to undergo surgery for removal of reproductive organs, which will prevent pregnancy. There is also the transmission of sexually transmitted diseases, which can happen in the moment of sexual violence. Pregnancy, which can result from it too, is another consequence." (P23)*

Patients seek health care facilities for emergency episodes in order to examine and medicalize the body as a one-time event, but when it comes to SV, this behavior can be a causative agent for recurrence because the mental health-related damage is deeper in women[12,13,18,24]. When professionals know the procedures and referrals provided in the *Norma Técnica* (Technical Standard)[7], these risks are minimized; however, the care needs to transcend the health service and address the cause of sexual violence.

The "cumulative effect" that SV has on the lives of women is incorporated and reproduced intersubjectively, making women become emotional, fragile and vulnerable, because the constant memory of the aggression produces a cascade of feelings and fears that become exacerbated with the recurrence of violence[28,32].

> *"It causes distress on the psychological functioning of the victim. Because it has an impact on self-esteem, self-image, and there is the posttraumatic stress disorder. Because depending on how the situation happens, and it is generally [...] very violent, the person gets traumatized." (PS15)*

Given the effects on the psychological, physical, social behavior and sexual spheres, such as phobias, pain without apparent cause, genital lesions, edema, unwanted pregnancy, abortion, behavioral and eating disorders, anorgasmia, nymphomania, depression, anxiety, fear, infection with STDs and the Human Immunodeficiency Virus (HIV), women can develop antisocial behaviors such as the perpetuation of the cycle of violence[4,20,29,33].

> *"I think it generates even more violence. One of the consequences of this violence is the generation of more violence, particularly intrafamily violence. [The] family [gets] really disrupted. "(SW10)*

The reproduction of violence by women has been identified in the reports of health professionals in the present study. It is known that violence happens in public and private spaces, but the invisibility of SV occurs in the household because this environment allows its chronic replication in the lives of women; thus, their perception gets blurred because of the naturalization of violence[10, 14].

The analyzed women become partially unable to recognize the act as a form of violence, and the perpetrator often does not know that the act is legally abusive. The hope that the marital relationship can improve make women remain in the relationship[19].

It is understood that they are unable to do so because of the naturalization of gender relations; however, with proper care and skilled professionals, they can begin to realize that they are being violated and they can empower themselves in order to decide about the permanence of marriage, the fear of speaking and other elements.

> *"Women who experience violence from their partners, husbands, are often forced, but such violence ends up [...] it is barely or never reported to the health center. This violence is more often reported when it happens on the street."(SW9)*

The reports from the professionals interviewed regarding the absence – in the health center – of women experiencing SV from a partner leads to a reflection on the effective absence of cases or the inability of these professionals to identify them. The mechanization of health services and the dynamics of the emergency services may have caught up professionals in the protocols and routines of health care facilities, making it impossible to reflect and identify patients' non-verbal messages about chronic SV.

The repercussion of SV for women is directly influenced by the structure for care in health services. It was found that seven of the health services in the present study are not prepared to offer the necessary care to these women and have no physical structure to assist them – appropriate environment for the care, training to assist women, medicines and educational materials[13,34]. This limitation of the service affects women's inability to be identified and oriented about their rights in order to get free from situations of sexual violence[34].

> *"Another thing is the violence of everyday life, which often goes unnoticed, and the health professional sometimes meets one patient and is not alert to it and does not notice it." (P23)*

Health professionals have the responsibility to inform women about their sexual and reproductive rights and what behaviors are legally permitted in all situations involving sexual violence[7].

The reports from the respondents revealed a reality that is distant from what it is expected. They believe they understand the repercussions of SV; however, they show

a lack of knowledge about what should be done when the service transcends physical violence and also point out the need for adequate structures for the care.

FINAL CONSIDERATIONS

The study allowed the analysis of the meanings given to sexual violence from the perspective of the health professionals interviewed. The reports disagreed on gender inequality and social context; however, they reproduce prejudices that have not been overcome in contemporary culture, especially with regard to sexual violence being considered a police case, which distances the care from the health service and transfers the responsibility for the care.

The causes of sexual violence were identified as the macho culture, which is commonly present in the Northeastern region, women's lack of information about their rights and social issues. The repercussions highlighted were the exposure to sexually transmitted diseases, psychological and physical problems, causes and reproduction of the cycle of sexual violence.

Professionals' difficulty in addressing the issue was also evident and signalized a a lack of reflection or even knowledge about what violence is; additionally, the lack of questioning, combined with a lack of training to help them think, is a critical situation for the patients and the reproduction of violence.

It was found that the professional training and the integration into women's healthcare specialized services provided the respondents – through their experience with the care – with an understanding that was not always free from judgments and prejudices.

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