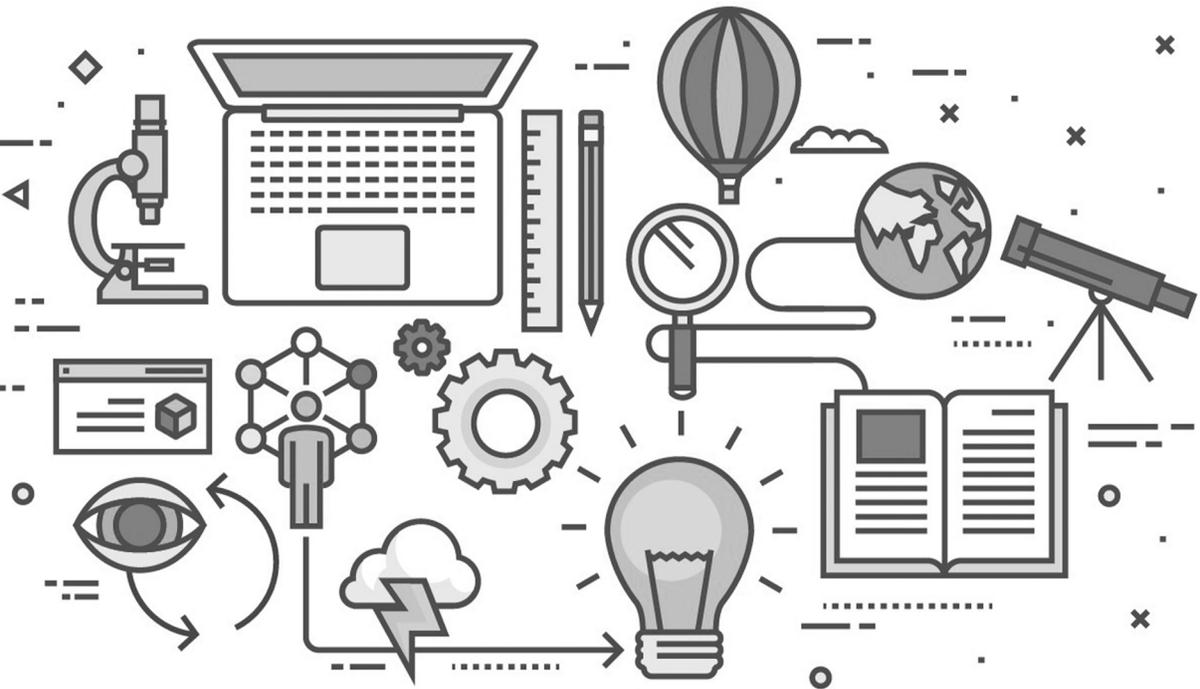


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Políticas Públicas na Educação e a Construção do Pacto Social e da Sociabilidade Humana

6

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(Organizador)

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APRESENTAÇÃO

O presente livro, “Políticas Públicas na Educação e a Construção do Pacto Social e da Sociabilidade Humana: Discussões em Ciências e Matemática”, apresenta uma diversidade de leituras que valorizam a realidade empírica a partir de instigantes abordagens alicerçadas em distintos recortes teóricos e metodológicos.

Estruturado em dezenove capítulos que mapeiam temáticas que exploram as fronteiras do conhecimento educacional nas áreas das Ciências e da Matemática, esta obra é fruto de um trabalho coletivo constituído pela reflexão de 74 pesquisadores oriundos nacionalmente das regiões Sul, Sudeste, Norte e Nordeste, bem como internacionalmente do Peru.

As análises destes capítulos escritos por um eclético grupo de pesquisadoras e pesquisadores foram organizadas neste livro tomando como elemento de aglutinação dois eixos temáticos – Ciências e Matemática – a partir de enfoques, tanto, disciplinares, quanto multidisciplinares sobre realidades específicas.

Com base nestes eixos temáticos, a presente obra coaduna diferentes prismas do complexo caleidoscópio educacional, caracterizando-se por um olhar que estimula a pluralidade teórica e metodológica, ao apresentar distintos estudos que visam em sentidos contraditórios, tanto, delimitar a fronteira disciplinar, quanto, ampliar a dinâmica fronteira multidisciplinar.

A construção epistemológica apresentada neste trabalho coletivo busca romper consensos, findando demonstrar a riqueza existente no anarquismo teórico e metodológico das Ciências da Educação em resposta à complexa realidade empírica, razão pela qual convidamos você leitor(a) a nos acompanhar à luz do ecletismo registrado nos estimulantes estudos empíricos deste livro.

Excelente leitura!

Prof. Dr. Elói Martins Senhoras

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CAPÍTULO 4

SEXUAL VIOLENCE AND MENTAL HEALTH: A BIBLIOMETRIC STUDY

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ABSTRACT: Sexual violence has been associated with an increased risk of negative mental health outcomes. Given that, we sought to evaluate journals and scientific studies on Sexual Violence and Common Mental Disorders to identify the main current trends. A bibliometric study was carried out by searching the Scopus database using the following MeSH descriptors: Sexual Violence and Mental Health. The searches were carried out between January and April 2017. There were 1,628 studies distributed over 124 months and the annual productivity was 159,5 studies per year, with a standard deviation of 45.72. Most studies were carried out in North America and Europe. Most studies were published in mental health journals. The application of the Bradford's law demonstrated the asymmetry of the theme as observed in the number of studies identified and suggested that the association between sexual violence and mental health is still being studied as a specific research theme. Further research should be carried out to assess the relationship between sexual violence and the onset or worsening of common mental disorders

in adult women to enhance the understanding of such phenomenon and reorient existing public policies.

KEYWORDS: Bibliometrics; Culture; Mental Health; Sexual Violence; Women's Health.

1 | INTRODUCTION

Sexual violence (SV) is a serious violation of human rights and has a serious impact on physical, mental and social health. Tackling SV challenges governments and requires the formulation of intersectoral practices (FACURI et al., 2013). Furthermore, experiencing SV has been associated with an increased risk of negative mental health outcomes, including Common Mental Disorders (CMD) with non-psychotic symptoms – fatigue, irritability, insomnia, headache, forgetfulness, nervousness, lack of concentration and psychosomatic complaints (GOLDBERG; HUXLEY, 1992). It is estimated that one in five women has been sexually abused in childhood (NSVRC, 2012, 2013, 2015).

In addition, one in three women has been sexually abused by an intimate partner (NSVRC, 2016). According to the Brazilian Public Security Yearbook, there were 66.123 cases of rape and rape of vulnerable in Brazil in 2019 (FÓRUM BRASILEIRO DA SEGURANÇA PÚBLICA, 2020)

Rape has a major impact on physical, mental and reproductive health and it usually leads to the abuse of alcohol and other psychoactive substances and smoking (GARCIA-MORENO; WATTS, 2011).

This study sought to discuss the hegemony of a fragmented biomedical model of care that disregards the experience of psychic suffering and the influence of culture and socially constructed gender relations (ZANELLO; BUKOWITZ, 2011). To do so, we analyzed scientific studies on SV and CMD seeking to identify current trends and any untapped potential (BARRETO, 2013).

In this exploratory study, bibliometrics was used as a reference for science evaluation and objective measurement of the impact of the studies. In the health field, particularly in the context of Brazil's Unified Health System (*Sistema Único de Saúde – SUS*), bibliometrics has been used to support the development of evidence-based programs aimed at prevention, diagnosis and cure of diseases and the organization of a macrostructure capable of managing the resources required to meet the population's health needs (BARRETO, 2013).

Bibliometrics allows to assess the state of the science for a variety of purposes (BARRETO, 2013). In our study, it was used to provide an overview of the scientific production on SV and CMD with a critical analysis of the findings.

A bibliometric approach to analyzing the scientific production on SV and CMD is important because it allows to expose issues left unexplored in academic research, thus contributing to guide the delimitation of objects of complex studies (BRILHANTE; MOREIRA; VIEIRA; CATRIB, 2016). Bibliometrics also contributes to the redefinition of the model of

care by providing guidelines to ensure the delivery of quality care and safety to victims of sexual violence. Given that, the present study aimed to evaluate journals and scientific studies on Sexual Violence and Common Mental Disorders to identify the main current trends.

2 | METHODS

A bibliometric study of publications indexed in Scopus was conducted. Scopus was chosen because it includes many different journals and countries that account for 92% of research produced in the international scenario in addition to aggregating different fields of knowledge.

Our study included scientific studies on sexual violence against women (regardless of socioeconomic status, race, ethnicity, language, nationality, gender identity, sexual orientation, religion, geography, ability, and culture) and its effects on mental health published between January 2007 and April 2017 in any language. The selected period was chosen due to the promulgation of Law No. 11.340/2006, known as the Maria da Penha Act, which provides for measures to prevent domestic, family and sexual violence against women. In 2019, the World Health Organization (WHO) published the Universal Health Coverage for Mental Health plan (WHO, 2019).

The search for articles was carried out using the descriptors included in the Medical Subject Headings (MeSH): Sexual violence AND Mental Health. The articles should have these descriptors in the title, abstract and/or keywords. The references were entered into Mendeley, a reference management software, to check for duplicates. After that, the abstracts were read and the studies that did not address the subject of interest were excluded.

The initial search was carried out using the descriptors and without filtering by year of publication. The search yielded 3,132 documents (books, notes, letters to the editor, reports, conferences, and expert opinions). The second search, which was carried out filtering by year of publication, yielded 2,231 documents. After applying the “only articles” filter, a total of 1,628 articles on sexual violence and mental health remained.

The following variables were analyzed: year of publication, country of origin, productivity of the journals in which the articles were published, authorship, field of study, journal field, and age and gender of the research participants. The discussion and interpretation of the results were based on the literature on the subject, particularly with regard to gender and redefinition of mental health practice. The initial assumption was that health is not a natural object of science, but an event that makes it both legitimate and real with regard to care practices and public policies (BERNARDES, 2012).

The data were double entered, validated and stored into 2010 Microsoft Excel. After that, the database was exported to the Statistical Package for the Social Sciences® (SPSS Inc., Chicago, IL, USA). The results are presented in tables and graphs. Raw data and

percentages were organized into tables and the dispersion was estimated by calculating standard deviation and variance.

Journal productivity was calculated according to the Bradford's Law (BL), also known as Bradford's law of scattering. According to BL, productivity is divided into three zones: (1) the nuclear zone, which is highly productive; (2) the moderately productive zone; and (3) the low productive zone (BROOKES, 1965).

To calculate journal productivity, the following steps were followed: articles (A) were identified, alphabetically listed and grouped by journal (J); the journals were listed in descending order of production after estimating the number of articles by journal (AxP); the journals were divided into three zones. The first zones should contain about 1/3 of all publications; however, they should not exceed this value.

The remaining articles make up the third zone. According to the Bradford's Law, the third zone will have approximately the same number of articles as the previous zones. The standard form of division of journals into zones according to the Bradford's Law should be:

$$J_2 = J_1 \times b \text{ or } J_2 / J_1 = b;$$
$$J_3 = J_2 \times b \text{ or } J_3 / J_2 = b \text{ and}$$
$$J_3 / J_2 = b^2,$$

Where J = number of journals in each zone and b = Bradford's multiplier. Thus, the number of journals of the immediately preceding zone is J_{n-1} such that $b = J_n / J_{n-1}$. The Bradford's multiplier (b) is a constant when the number of journals evolves into perfect geometric progression (BROOKES, 1965).

In addition to BL, we also used the Price's Law (PL), which states that half (50%) of the publications come from the square root (\sqrt{n}) of all contributors (PRICE, 1965).

3 | RESULTS

Productivity by year of publication

The articles analyzed (1,628) were published over 124 months, from January 2006 to April 2017. Figure 1 illustrates the scatter plot and the trend line of the volume of published articles. The productivity/year exhibited a high variability (2090.65), with a mean of 159.5 articles/year, standard deviation of ± 45.72363 and gradual increase of publications on sexual violence and mental health until 2014, the year which exhibited the highest number of publications. Additionally, from 2014 on there has been a decrease in the number of publications, with only 33 articles in the first quarter of 2017 (Figure 1).



Figure 1. Distribution of articles published from 2007-2016 by year of publication*

*Data from the first four months of 2017 were excluded from the scatter plot

Productivity by country and specific theme

Publications on sexual violence and mental health predominates in the United States (53.25%), the United Kingdom (10.38%) and Canada (8.41%). Brazil ranks fifth, with 71 publications (4.36%), followed by South Africa (3.99%), India (2.76%), France (2.64%) and Sweden (2.64%) (Table 1).

With regard to the specific theme, there is a lack of mental health journals in the nuclear zone. In the intermediate zone, there is only one journal. However, many of the 1,628 publications are scattered in journals with a focus on mental health (Table 1). This scattering suggests that the debate on the subject in mental health journals is still in being consolidated.

Country	n	%
United States	867	53.25
United Kingdom	169	10.38
Canada	137	8.41
Australia	86	5.28
Brazil	71	4.36
South Africa	65	3.99
Undefined	61	3.74
India	45	2.76
France	43	2.64
Sweden	43	2.64
Other countries	41	2.52
Total	1.628	100

Journal by Specific Theme

Mental Health (54 journals)	393	24.14
Violence (10 journals)	329	20.21
Public/Collective/Community Health (21 journals)	206	12.65
Women's Health (12 journals)	124	7.61
Child's and/or Adolescent's Health (15 journals)	115	7.06
General or specific clinical aspects (8 journals)	80	4.91
Legal Medicine and Law (5 journals)	29	1.78
Sexually Transmitted Infections and AIDS (5 journals)	29	1.78
Social Sciences (2 journals)	29	1.78
Sexuality (3 journals)	20	1.23
Menta Health and Child's Health (3 journals)	6	0.98
Women's and Child's Health (1 journal)	5	0.31
Violence and Mental Health (1 journal)	9	0.55
Men's Health (1 journal)	7	0.43
Violence and Child's Health (1 journal)	4	0.24
Several (20 journals)	233	14.31

*Data from the first four months of 2017.

Table 1. Distribution of articles by country, journal, research area, year of publication and journal's specific theme. 2007-2017* (N = 1,628)

Journal productivity according to the Bradford's Law and the Price's Law

The scattering of journals according to the Bradford's Law considers that if scientific journals are arranged in order of decreasing productivity of articles on a given subject, they may be divided into a nucleus of periodicals more particularly devoted to the subject and several groups or zones containing the same articles as the nucleus⁽¹¹⁾ (BROOKES, 1965).

Only the journals that published at least 1 article per year on the subjects analyzed in this bibliometric study were included, i.e., 25 journals and 485 articles. This means that 70.21% of the journals did not regularly publish studies on the subject, which illustrates the scattering of publications on the subject.

Table 2 summarizes the division of journals into three productivity zones according to the Bradford's Law. The table shows the journal titles and impact factor according to the Journal Citation Reports (JCR).

Zone 1 is composed of only three journals, which are responsible for 1/3 of the productivity. These journals were: Journal of Interpersonal Violence, Child Abuse and Neglect and BMC Public Health (Table 2).

Zone	No. of studies per journal	Journal titles	JCR	No. of articles (A)	P xA	JAZ*	Journals by zone (J)	b**
1	1	<i>Journal of Interpersonal Violence</i>	1.579	70	70			
	1	<i>Child Abuse And Neglect</i>	2.397	43	43	141	3	-
	1	<i>BMC Public Health</i>	2.209	28	28			
2	1	<i>Violence And Victims</i>	0.788	26	26			
	1	<i>Violence Against Women</i>	1.02	24	24			
	1	<i>Plos One</i>	3.057	23	23			2.3
	1	<i>Social science and Medicine</i>	2.814	21	21	152	7	
	1	<i>Women's Health Issue</i>	1.811	20	20			
	2	<i>BMC Psychiatry Journal of aggression maltreatment & trauma</i>	2.576 0.598	19	38			
3	1	<i>Psychiatry Services</i>	2.335	18	18		13	
	1	<i>American journal of orthopsychiatry</i>	1.276	17	17			
	1	<i>American Journal of Public Health</i>	4.138	16	16			
	2	<i>Journal of adolescent Health Pediatrics</i>	3.838 5.196	14	28			2.14
	3	<i>American journal of preventive medicine</i>	4.465	13	39			
	3	<i>Journal of Women's Health Revista de Saúde Pública</i>	2.032 1.283			192		
	1	<i>Journal of Family Violence</i>	0.767	12	12			
	2	<i>Journal of forensic psychiatry and psychology</i>	0.598	11	22			
	2	<i>Social psychiatry and psychiatric epidemiology</i>	2.513					
	4	<i>Healthcare for women international</i>	0.958					
	4	<i>Journal of affective disorders</i>	3.57 0.87	10	40			
			<i>Journal of forensic and legal medicine Salud Mental</i>	0.269				
						XmB	2.2	

*Number of articles in each zone. ** Bradford's multiplier.

XmB=Bradford's multiplier mean value.

Table 2. Division of journals into productivity zones according to the Bradford's Law and identification of journal title and impact factor (n=485).

Author productivity is presented in Table 3. The results show a great dispersion of the direct production of authors, considering that 417 (25.6%) of the 782 first authors wrote

only one article.

The application of PL allowed to identify the 22 first authors who were part of the elite. However, these authors contributed only to 12.5% of the articles, which is far below the 50% suggested by PL. The non-determination of the elite of authors in the empirical data of the study is due to the high number of occasional authors with one or two studies (51.17%), thus suggesting weak consolidation of the association between sexual violence and mental health as a specific area of research (Table 3).

No. of articles by author (n)	No. of authors (a)	Cumulative frequency	Absolute number of articles (nxa)	% nxa	Cumulative frequency %nna
14	1	1	14	0.86	0.86
13	1	2	13	0.80	1.66
12	1	3	12	0.74	2.40
11	3	6	33	2.03	4.42
10	4	10	40	2.46	6.88
9	2	12	18	1.11	7.99
8	4	16	32	1.97	9.95
7	6	22	42	2.58	12.53
6	20	42	120	7.37	19.90
5	37	79	185	11.36	31.27
4	52	131	208	12.78	44.04
3	26	157	78	4.79	48.83
2	208	365	416	25.55	74.39
1	417	782	417	25.55	100
			1,628		

*The highlighted area in the table corresponds to the elite group of authors according to Price's Law.

Table 3. Number of authors by article and application of the Price's Law.

Distribution of articles by subject field, field of knowledge, and age and gender of study participants

Most of the selected publications were in the field of medicine (80.53%), followed by psychology (31.51%), social sciences (21.80%), and nursing (7.98%) (Table 4). The diversity of subject fields is determined by the fact that violence is a subject of interest in the different fields of knowledge, thus constituting an object of interdisciplinary study.

Of the 1,628 selected articles, 719 (44.16%) primarily addressed mental health and mentioned sexual violence as one of the various diseases related to CMD. In the opposite

direction, 601 articles (36.92%) addressed the various forms of violence, including SV and its relationship to mental health.

These articles, therefore, did not deepen the discussion about this correlation. Similarly, sexual violence was the main subject in 146 articles (8.97%) that reported mental health disorders as consequences of this type of violence. The correlation between SV and mental disorders was addressed in 97 (5.96%) articles (Table 4). The articles addressed the following themes:

- The progress of adult women with previous mental disorders after SV;
- The progress of adult men and women with previous mental disorders after SV;
- The occurrence of CMD in women survivals of SV at any stage of life, with emphasis on violence experienced in childhood;
- The occurrence of CMD in women survivals of SV in adulthood; and
- Study of counter-referral of women survivals of SV undergoing therapy.

It should be noted that only two of the 97 articles that investigated the relationship between SV and mental disorders considered sexual violence in adulthood as a reference to investigate the development of CMD. Although most of the publications involved adult participants (69.25%), followed by children and adolescents (24.1%) and individuals of unspecified age (6.65%), the main subject addressed in the publications was violence in any moment of life, particularly in childhood and adolescence.

As for the gender of the participants (Table 4), most publications exclusively investigated women (1,384). There are four potential reasons for that: the higher rate of SV among women, the gendering of mental health (BARRETO, 2013), the invisibility of SV against men, (BRASIL, 2012; TRUMAN; PLANTY, 2015) (and the invisibility of violence against people with peripheral sexualities (CANADIAN WOMEN’S FOUNDATION, 2016). (Table 4).

Variables	N	%
Field of knowledge (n=1,628)		
Medicine	1311	80.53
Psychology	513	31.51
Social Sciences	355	21.80
Nursing	130	7.98
Arts and Humanities	81	4.97
Neuroscience	49	3.00
Health Professions	43	2.64
Biochemistry, Genetics and Molecular Science	39	2.39

Study object (n=1,628)		
Sexual Violence and Mental Disorders	97	5.96
Sexual Violence (within Mental Health)	146	8.97
Sexual Behavior, Mental Health and Sexual Violence	51	3.13
Mental Health (Sexual Violence)	719	44.16
Other Violences (Mental Health and Sexual Violence)	601	36.92
Methodological Articles (addressing Sexual Violence and Mental Health)	14	0.86
Gender (n=1.628)		
Exclusively women	1384	85.01
Exclusively men	-	-
Unspecified	244	14.99

*Each article could be included in more than one field of knowledge. **data from the first four months of 2017

Table 4. Distribution of articles by field of knowledge, study object and gender *. 2007-2017**. (N =1,628)

4 | DISCUSSION

The growing debate on gender violence has accompanied the growth of research on different aspects of SV. This type of violence is one of the cruelest and most persistent manifestations of gender violence (BRASIL, 2012).

A bibliometric analysis of worldwide scientific publications on Gender Violence between 1982 and 2012 found that scientific production on the subject was incipient in the 1980s, with a discrete but continuous increase until 2005 when there was a significant increase in the number of publications. The same research showed that the number of publications differed in the period from 2005 to 2009, with a slight decline in the number of publications in subsequent years (BRILHANTE; MOREIRA; VIEIRA; CATRIB, 2016).

The gradual growth of scientific publication on the association between SV and CMD as of 2007 may have been influenced by two WHO publications dating from the same year: the recommendations for expanding access to and improving the quality of mental health services and the WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.

There were 284,350 self-reported cases of sexual violence against people aged 12 years and older in the United States in 2014 (TRUMAN; PLANTY, 2015). In Canada, there were 553,000 self-reported cases of sexual violence in women aged 15 years and older in 2014. In the United Kingdom and Wales, there were 53,700 cases of sexual violence in the years 2011/2012 (MINISTRY OF JUSTICE, 2013).

It should be noted that the numerical difference between self-reported and case record reports may be associated with recurrence of violence in self-reported cases.

However, it should also be noted that reported cases of sexual violence may not reliably portray the magnitude of the problem due to underreporting of cases (FÓRUM BRASILEIRO DA SEGURANÇA PÚBLICA, 2016).

In the United Kingdom and Wales, only 15% of victims of sexual violence report the incident to the police (MINISTRY OF JUSTICE, 2013). Women may not report sexual violence for fear of being stigmatized, humiliated, tortured or violated again (CEDAW, 1974).

However, although the publications show the distribution of sexual violence by country, the 2014 United Nations World Report on Violence Prevention states that the development of national research on sexual violence has been reported by about half of the countries (52%), including many in Africa (67%) and in other United Nations regions (25%-62%). In addition, an increased number of low-income countries reported carrying out population-based surveys that included questions on sexual violence (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2015). It should be noted that the expressive number of publications in the US may be related to the investment in dissemination of research carried out in widely recognized universities and the great impact of publications in English-language journals on the academic environment.

Attention is drawn to the little interest in studies that analyze the impact of sexual violence on mental health. Sexual violence has serious consequences for mental health and may generate depressive symptoms, posttraumatic stress, suicidal thoughts and/or attempts, and other mental health problems that directly affect women's health care (ZUNNER et al., 2015).

Despite the strong association between sexual violence and the development of mental health problems, only 49.0% of the 133 countries that made up the WHO World Report on Violence Prevention reported offering mental health services to victims of violence. Of the countries that reported offering mental health services, 71.0% are in the Region of the Americas, 66.0% are in the European Region, 56.0% are in the Eastern Mediterranean Region, 50.0% are in the South-East Asian Region, 26.0% are in the Western Pacific Region and 15.0% in the African Region (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2015).

It is emphasized that a child-oriented approach is not present only in scientific productions. The comparison between the number of adult-oriented and child-care services illustrates an unequivocal disparity. Of the two thirds of countries offering child and adult protection services, the African Region has 41% child protection services and 15% adult protection services; in the Region of the Americas, 81% are services for children and 48% are services for adults; in the Eastern Mediterranean, 81% are services for children and 38% are services for adults; in the European Union, 88% are services for children and 42% are services for adults; and in the Western Pacific Region, 45% are services for children and 30% are services for adults (ORGANIZAÇÃO MUNDIAL DA SAÚDE, 2015).

These data reflect a social construction that naturalizes sexual violence against adult women insofar as they relativize their potential consequences and neglect the

psychological suffering experienced by the victims (FACURI et al., 2013). Given the evident correlation between SV and gender violence, it should be noted that gender violence is also a construction that emerged as a reaction to social norms that considered the androcentric order as something neutral in order to conceive it as natural thing while the specifications of what is considered feminine were objectified as being opposed to the characteristics attributed to the masculine.

As the organization of society and the vision around it are constructed based on the idea of the masculine as something natural, the feminine is being rendered marginal and/or subordinate (BOURDIEU, 2002). This idea, which is strongly based on patriarchy, establishes the power of men over women and leads to machismo (ANWARY, 2015; CERQUEIRA; COELHO, 2014).

It should be noted that violence against women is generally trivialized due to cultural aspects of a sexist and patriarchal society (MASCARENHAS et al., 2016). Although sexual violence is a criminal offense, it is frequently trivialized in society and legal practice (COULOURIS, 2010; MARCÃO; GENTIL, 2011). The victim is often blamed because of their behavior/way of dressing and revictimized. In addition, women's stories are often devalued, which is a result of the constructions of gender (CARDOSO; RAMALHO, 2015).

It should be noted that the present study has some limitations. Although the use of bibliometric indicators can enhance the search for scientific journals, these indicators cannot exhaust the subject and there may be associations that have not been addressed in this study. Another point that should be considered is that bibliometrics should not be used as the only means of evaluation as it does not evaluate the quality of the studies. Furthermore, the disparity in the number of publications in different countries – ranging 2.64%-53.25% – makes it difficult to know the real picture of violence in them, which prevents a more rigorous discussion. However, the relevance of the subject brings out the need for studies of this nature to deepen knowledge that can assist in the development of public policies aimed at tackling all forms of violence.

5 | CONCLUSION

The results of this bibliometric study demonstrate a gap in scientific research on the relationship between sexual violence and mental health, that is, the findings revealed little dissemination of the impact of sexual violence on the mental health of adult women. These findings reflect a social construction that neglects the subjective aspects of sexual violence against women in a social and political context in which sexual and reproductive rights are being put at stake.

Thus, further studies should assess the relationship between sexual violence and the onset and/or worsening of common mental disorders in adult women to assist in the reorientation of current public policies.

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