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SEXUAL VIOLENCE IN BRAZIL: VOICES OF RAPED WOMEN

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Abstract: This study aimed to understand the perception of women regarding sexual violence. For that, a descriptive, exploratory and qualitative research was carried out, in which 521 women, from different Brazilian states, aged between 16 and 62 years old, participated. The results showed that: a) 87.5% of the respondents did not formally report the sexual violence suffered to the competent bodies; b) in addition to sexual violence, 88.00% of respondents reported having been victims of other forms of violence (physical, psychological, moral and/or property); c) the negative impacts on women's lives were multidimensional, manifested soon after the aggressions, and/or in the medium and long term, such as genital and extragenital injuries (86.00%), post-traumatic stress disorder (98.00%), and dysfunctional beliefs involving feelings of guilt (80.00%), difficulties in trusting people (80.00%) and difficulties in relating emotionally and sexually (80.00%). In view of these data, it is considered that, often, women are faced with acts of aggression against life, equality, dignity and freedom and this changes their being and being in society, restricting their opportunities to actively participate in issues public and political, as well as work, education, community, among others.

Keywords: Sexual violence; Gender violence; Violence against women; Prevention.

INTRODUCTION

Women are victims of sexual violence because they are women. This means that their bodies are violated as a result of their gender. Gender is a historical social construction based on perceived differences between the sexes. The sexes are expected to have a social representation, a role, a function and/or a behavior in order to define places from positions of power (BEAUVOIR, 2009). When one observes, over the years, the high rates

of sexual violence against women advancing in Brazil and in the world, what is being evidenced is the power of the male gender over the female, since it is men, for the most part, the perpetrators of this type of violence (WORLD HEALTH ORGANIZATION [WHO], 2012; LABIAK; SALES; ARAÚJO; CRUZ; LUZ, 2021).

An estimated 736 million women worldwide have experienced intimate partner violence, non-partner sexual violence, or both, at least once in their lifetime. On average, one in four young women have experienced physical and sexual violence from a partner or husband before the age of 19. Women who live in countries where there are no public policies to prevent gender-based violence suffer disproportionately from such human rights violations, a fact that destroys the fabric of families, communities, economies and nations (NAÇÕES UNIDAS BRASIL, 2021).

In Brazil, where public policies in the field of gender violence are fragile and scarce in the sphere of prevention of sexual violence, high rates of this type of violence have been consolidated. Rape and rape of vulnerable people were recorded, in 2019, with 61,347 notifications ("ANUÁRIO BRASILEIRO DE SEGURANÇA PÚBLICA", 2020). In the state of Santa Catarina, sexual violence increased by 153.81% in the period from 2014 to 2019, according to research by Labiak, Moura and Biage (2022), carried out with data from notifications in Police Reports.

Sexual violence still has a character of invisibility in Brazilian society, it is suppressed by the conservatism of power relations between genders. A fact that favors the perpetuation of this type of violence, because the less the social constructions related to gender are discussed, the less the subjects are made aware in order to prevent such violence/crimes (LABIAK et al., 2022). And, therefore, society distances itself from the much-desired

collective conscience for equal rights.

Understood as any non-consensual sexual practice, sexual violence is a demonstration of power over the fate of women's lives, their bodies and their minds (INSTITUO PATRÍCIA GALVÃO, 2022). In order to give voice to victims and corroborate discussions about gender violence, this study aimed to understand the perception of women victims of sexual violence.

METHOS

In order to meet and achieve the objective of this study, a descriptive, exploratory and qualitative research was carried out. For data collection, a questionnaire with open and closed questions was prepared in Google forms, which was made available on social communication and interaction networks (WhatsApp, Facebook, Instagram and e-mail), from October 1st to November 30th. of 2021, so that it could be answered by women in the

national territory. By means of descriptive statistics, in which the Excel tool was used, the data were analyzed and interpreted. The answers to the open questions were analyzed using Bardin's Content Analysis technique (2016). As for the ethical aspects of the research, all procedures were adopted in accordance with Resolution of the National Health Council No. 510/2016.

RESULTS AND DISCUSSION

521 women from different Brazilian states, aged between 16 and 62, took part in the survey. All respondents indicated that they had been victims of some type of sexual violence throughout their lives, and pointed out that the aggressors were male. In table 1, it is possible to observe the number of respondents in percentage by Brazilian state, age group, color/race and type of violence that women have suffered throughout their lives.

1. Brazilian Federative Units	Rio Grande do Sul	Santa Catarina	Paraná	Espírito Santo	Minas Gerais	Rio de Janeiro	São Paulo	Goiás	Mato Grosso	Mato Grosso do Sul	
	9,21%	12,48%	8,83%	8,64%	12,48%	12,48%	10,17%	10,94%	7,87%	9,40%	
2. Age group	16 – 20 years		21 – 40 years			41 – 60 years			61 or over		
	16,20%		43,00%			24,70%			16,10%		
3. Color/Races	White		Black			Yellow			Indian		
	48,00%		42,00%			8,00%			2,00%		
4. Types of violence experienced at some point in life	Sexual		Psychological			Physical			Moral		Equity
	100,00%		28,60%			48,00%			6,90%		4,50%
5. The aggressor was known to the victims.	Yes						No				
	69,00%						31,00%				
6. The aggressor of sexual violence practiced another type of violence	Yes						No				
	48,00%						52,00%				

Table 1: Percentage of research participants by state, age group, color/race and type of violence

Source: elaborated by the author.

The data will show that the largest number of respondents were from the states of Santa Catarina (12.48%) and Minas Gerais (12.48%). The age group and the races that stood out the most due to the greater number of respondents were 21 to 40 years old (43.00%) and white (48.00%), respectively. Sexual violence against women occurs regardless of the Brazilian state in which they are found, of their age groups, races, social and economic classes. Isso because he was the driver of this type of violation, via de regra, é o gênero (LABIAK et al., 2022; INSTITUTO MARIA DA PENHA [IMP], 2022).

Lei nº 11,340 of 2006 characterizes the different forms of physical, psychological, patrimonial, moral, sexual violence, among others (BRASIL, 2006). These forms of violence can be practiced concomitantly or individually, as shown in table 1. This is, in addition to suffering sexual violence, most of the respondents (88.00%) are victims of other forms of violence, with 48.00 % will state that the same aggressor of sexual violence also assaulted psychologically, morally, physically and/or patrimonially.

Despite Law No. 11,340 of 2006 being specific to the domestic and family environment, the characterization of the forms of violence is essential to perceive them in other contexts (work, school, religious, political, community, etc.), even in spaces public or private, and can be practiced by people known and/or unknown to the victim. In table 1, it is possible to note that 69.00% of the respondents were victims of sexual violence by a known person, such as: avô, pai, uncle, cousin, husband, ex-husband, girlfriend, ex-girlfriend, vizinho, uncle of A friend, home from work relationships, home from the cycle of personal or family friendships, home from the school, professor at the college, doctor, etc.

Since the advent of Law No. 12,015 of 2009, Brazil has passed to adopt in its legal system

the expression of crimes against sexual dignity. This is to say that human sexuality has become a well protected legal system (BRASIL, 2009). Law no. 12,015 of 2009 together with Law no. 13,718 of 2018 represent important advances in the field of Brazilian legislation and, consequently, for companies at an individual and collective level. Já that, for many years, perpetual and maintenance of sexual violence against women in Brazil were insured, by means of legislation, among other aspects.

An example is that in force since 2005 in the Brazilian legislation – not the Penal Code – the term “*honest woman*”, that limited the protection of women by making a judgment of value, or seja, the violence and crimes practiced against the women were judged based on conduct marked by modesty, modesty and patriarchal morality, which feared in their centrality or machismo and sexist behaviors. The term “*honest woman*” evidenced that structuring principles such as freedom, equality and dignity, were not extended to all equally, Expand and without discrimination, once you were homem, in return, you were not subject to that value judgment. Another point that deserves to be highlighted refers to the marriage being excluded from the guilt of rape, which means that if a man rapes a woman and then marries her, the process did not respond (BRASIL, 2005).

The laws are important to classify the violence and crimes, being useful the denunciations of the facts, and make it possible to generate a cultural transformation in the long term. Still, they are not enough to prevent and eliminate gender-based violence against women, nor do they resolve their harmful biopsychosocial effects for the victims (LABIAK; MIGUEL; NUNES, 2021). In table 1, it is possible to observe that the different manifestations of sexual violence against girls and women are present in contemporary Brazilian society, and leave scars on the

lives of victims of a biopsychosocial order, immediately and also in medium and long terms. It must be clarified that the selected

stories will receive the designation of: R1 = story 1; R2 = story 2 and assim by diante, in order to facilitate reading.

Sexual violence against women	Formal denouncement to the competent bodies and/or report of the incident to others	Repercussions of violence (signs, symptoms, diseases, disorders, etc.)
- R1: I was 10 years old, I went to play with a cousin at his house, when we got there, his father asked us all to sit on the couch. Then he started running his hand over my body and I ran away. This was the first situation of violence that I went through. There were others throughout my life.	- I didn't tell anyone at the time it happened. I was afraid to tell. As an adult, around 30 years old, I told my mother.	- At the time, I remember getting sick whenever I saw this uncle (high fever, my body reacted as if I had a cold). I am currently an insecure and fearful woman. I don't like to travel alone.
- R2: When I was 7 years old I was at my grandmother's house watching TV in the morning, a cousin of about 25 years old was there and he forced me to kiss my mouth and hug me. I was sitting on the couch. I felt scared and ran to my house. This situation was not the only time I was a victim of sexual violence in the family.	- I told my parents in front of the aggressor, one day when he came to visit us. He pretended he didn't understand, and said I was making it up. My parents believed him. In private, he asked me to close the matter, without listening to me. I never formally denounced it. I feel like I don't have the emotional structure to be discredited again.	- I don't dress up and I don't dress up. I wear loose clothing. People say I'm not vain. I am not a person who manifests himself in social or work gatherings. I prefer to go unnoticed.
- R3: My uncle ran his hand over my intimate parts, and held my head to lick his penis, saying: "suck it like a lollipop".	- I didn't tell anyone. He threatened me. He said he was going to kill my mother. I only had mine.	- Anorexia. Gastritis. Chlamydia.
- R4: My dad took my hand and placed it on his cock. At other times he would take his penis out and put it in my mouth.	- There was no one to tell. I lived alone with my father.	- I can't date men. I am repulsed by men. Bulimia. Depression.
- R5: My grandfather put me on his lap and rubbed his hands on my private parts. There were times he passed his penis in my vagina. This was frequent. He lived next door and was my father's father.	- I didn't quite understand what was going on. I told my mother that I filed a police report. But he was not priceless. I don't remember anything happening to him.	- I can't trust men. I was diagnosed after a long time with borderline disorder. I use alcohol and other drugs.
- R6: When I was 9 years old, I went to play with a friend at her uncle's house. He invented a game, and at each stage of the game, he would rub my butt and touch my genitals.	- I didn't tell anyone. I did not know what to do.	- Mutilation.
- R7: A neighbor arranged with my mother to take me to school with his daughter, who was my age (5 years old). There was a day when he took us to school, his daughter got out of the car and he asked me to stay in the car, saying that my mother needed to talk to me, and that we needed to go home. Only he didn't take me home. He took me to a deserted place, locked the car and raped me.	- He yelled at me and threatened me. He said he would kill me and my parents if I told anyone. I told my mom after she saw my bruised vagina. She filed a police report.	- My genitals were bruised. I got sick with a sore throat. I developed chronic inflammation in my intestines. I had Post Traumatic Stress Disorder and Panic Disorder.
- R8: My mother's boyfriend would always wake up in the middle of the night and come to my room and kiss me. I was 10 years old. One day he tried to put his penis in my vagina and I felt pain and cried. My mom woke up and he told her I had a nightmare.	- I told my mother. She asked if I wanted to go live with my grandmother. She continued with him. An important detail: my mother had already been sexually molested as a child by men in her family.	- Suicidal ideation. Mutilation. Anxiety. Panic. Bipolar disorder.

- R9: I went to the gynecologist, he did the Pap smear and then he inserted his penis into my vagina. I pushed him away and went to the bathroom to put on my clothes, I was really scared. He apologized, said I was beautiful and that he couldn't resist. In his chic office, he had a portrait with his family (wife and children). All smiling, signaling a happy family.	-I didn't report it. Who would believe me, a 16 year old girl? He was a doctor with a lot of influence in the city and always appeared in the media giving interviews. I couldn't tell anyone right away. I was able to talk about it with my family a year later, but I couldn't prove it.	- I was afraid of everything. After a while, I developed Panic Disorder. I still deal with this disorder.
- R10: I was at the club and had been drinking a lot, a guy who called himself a friend took me to his house and had sex with me. I don't really remember what happened. I woke up with pain in my private parts and, like that, I realized what had happened.	- I made a police report.	- I got pregnant. I had an abortion. I suffered a lot.
- R11: My husband had sex with me without my consent.	- I never complained or mentioned it to anyone. People will say that I put myself in this situation because I'm married.	- I had Ulcerative Colitis, which is a chronic bowel disease. The crises of this disease happened as a relief, because the patient had no way to have sex.
- R12: I was riding my bike to work when a car passed by and a man slapped my buttocks.	- I didn't make an incident report. But I told everyone at my job. I was so outraged and scared that I couldn't write down the license plate.	- insecurity and fear.
- R13: A man forced to kiss me and run his hand over my body in the club. I was placed against the wall and with the sound loud, people couldn't understand what was happening to help me. For me, that moment was an eternity.	- I told my friends. I didn't make an incident report.	- My mouth was full of sores.
- R14: My former boss harassed me, making proposals for me to go to the motel with him. I never wanted and never wanted to. Even though I said "no", it was constant. There were times when he surprised me with a peck on the lips. I needed the job, so I put up with it. I went through this for 8 months, until I got another job. He was married and didn't feel shy about harassing me.	- I didn't report. I was afraid of people's judgment. I needed the job.	- Depression. During the time I worked at this location, my throat was constantly sore. I had severe back pain. The orthopedist said there was nothing. I gained weight because I had food compulsion.
- R15: To have lunch together with co-workers was a common practice at the company where he worked. I went to lunch with a coworker, after lunch he held me and forced kisses. Even though I said "no", he didn't respect it. He was married and it never crossed my mind that he could do that.	I didn't report it.	Constant crying spells over a long period of time. I felt depressed.
- R16: I was on the beach at 6 am doing physical activity, a man appeared and walked up to me and tried to grab me. I struggled and managed to break free of him and ran away. He ran after me and only stopped when someone else appeared. I got all hurt.	- I called 190. They told me to go to a safe place, but they didn't make an incident report.	- When I wake up in the morning to do physical exercises, I feel my heart beating fast, it makes me nauseous and I feel like throwing up.

Table 1: Stories of women victims of sexual violence

Source: prepared by the author.

In this research, 87.5% of the respondents reported that they had not formally denounced the sexual violence suffered in the competent bodies. Nearly 66.00% reported having told a situation of violence for someone they trusted many years after the event. It is observed that, among the respondents who did not

count for other people or denounce sexual violence (R1, R3, R4, R6, R9, R14 and R15) the explanations that they did not know what to do after or by fact prevailed; we will be afraid of being judged and of being guilty, exempting the aggressors from guilt; and, there have been cases in which they were

threatened by the aggressors. It is considered, in this sense, that, in order to keep sexual violence anonymous, the aggressors develop, in many cases, a psychological game with the victims, not as they feel fear, shame and/or guilt. Ocorre, therefore, or displacement gives responsibility to two aggressors for violating, assaulting and sexually abusing the victims, nas quais tiveramos os sus corporos taken by the will of two aggressors (LABIAK et al., 2022; SEGATO, 2016).

Furthermore, as described in R2, there will be the fact that the victims will report the situation of sexual violence to their parents and will be discredited by their being children, or say, among the versions of the facts, adults tend to credit other adults, and attribute The fantasy game for the children's version, without doing a more in-depth investigation. The reasons are diverse, among them: the refusal of two parents for fear of being held criminally responsible for carelessness with the children; We will be socially judged for collusion with violence or carelessness with children; and/or do not accept that the body of upbringing under its custody and protection can be violated by extremes. In general, it must be stated that people are unaware that it is sexual violence, its dynamics, its dimensions, its consequences, how it can be prevented, how to protect and support the victims, and that the aggressors can belong to any family, profession, socioeconomic class, race, ethnic group or religion, and I never always possess mental illness.

For Segato (2016) sexual offenders are inserted into the existing social structure, sometimes opportunistically, and are favored by the historically built power structure in which men seek to dominate women as objects. Despite the revival of sexual crimes, women are seen socially with distrust, this tends to inhibit denunciations, the identification of the aggressors and the exposure of violence in its

different manifestations. Aspect that motivates gender violence against women, especially sexual violence. In stories 9, 11 and 14, it can be noted that the women will be guilty of the sexual crimes to which they are subjected, and that cause the traumas and consequences that we extrapolate from the moment of the act. Stories 14 and 15 indicate that the victims themselves weakened by sexual crimes and feel the need to prove or reaffirm that they are not the cause of the violation of their bodies.

Sexual violence is a phenomenon that I fear is not scoped by gender inequalities founded on the relationship between systems of domination and production of differences, imposed especially on the female gender, regardless of age (TIBURI, 2018). However, in each phase of life, there are specific vulnerabilities, for example, in childhood, the children are in the process of physical, mental, intellectual, moral and social formation. Logo, the negative consequences of violence against children or the healthy growth of children, prejudicing their functioning in the adult phase (MINISTÉRIO DA SAÚDE, 2006). When sexual violence is committed against children, the support of an adult they trust is essential, from emotional support to bureaucratic questions such as complaints and process procedures. But, when sexual violence is practiced by those people who must protect them and why do they convey a feeling of trust (as recorded in R4)?

Reflecting on this question shows the need for a concise protection network for children and adolescents, who face situations of sexual violence and other forms of violence and negligence, many times, depending on their age and/or the way in which the violation occurs, I do not understand or believe in itself as violence, until someone tells them that this must not be happening, and guides them to get out of the situation of violence, protecting them and leading them through the necessary

procedures, and, above all, protecting-as (CHILDHOOD BRAZIL, 2022). A concise protection network refers to a system of rights guarantees regardless of age or any other social marker (marital status, race, socioeconomic class, etc.), not which involves the articulation of the areas of education, health, public insurance, psychosocial and legal assistance, which through its agents, seeks to effectuate the rights of women of any age.

Sexual violence triggered a series of traumatic consequences of social, psychological, medical and legal nature, it can affect the biopsychosocial development of women in different ways, from effects that are not apparent to serious emotional, social and/or psychiatric problems (SIGURDARDOTTIR; HALLDORSDDOTTIR, 2021). The negative impacts of this type of violence are related to intrinsic factors of the victim, such as vulnerability and resilience (temperament, response to the level of neuropsychological development) and the existence of extrinsic risk and protection factors (social resources, family functioning and financial resources, including access to treatment).

Despite the complexity and the number of variables involved in the negative impacts of sexual violence for women, this experience is considered an important risk factor for the development of psychopathologies such as depression, suicidal ideation, anxiety disorders, psychosomatic disorders, disorders eating disorders, dissociative disorders, attention deficit hyperactivity disorder, borderline personality disorder, bipolar disorder, obsessive-compulsive disorder, among other mental and behavioral disorders that may arise due to the use of multiple drugs and the use of other psychoactive substances (SIGURDARDOTTIR; HALLDORSDDOTTIR, 2021). Also, the use of alcohol and/or other drugs, constantly and/or excessively, is also a harmful consequence of

the violence practiced against women.

In this study, the most cited psychopathologies after sexual violence were: post-traumatic stress disorder (98.00%), eating disorders (67.00%), depression (66.00%), panic syndrome (65.50 %), anxiety disorder (65.50%), psychosomatic disorders (53.40%) and suicidal ideation (40.10%). The most listed symptoms are: constant choking at different times and apparently without a specific cause (84.00%), sadness (84.00%), fear (84.00%), self-mutilation (56.00%), excessive sweating (55.00%), nausea and vomiting (45.00%), headaches (45.00%), solidity (45.00%) and feeling of constantly racing heart (45.00%). In addition, the victims presented dysfunctional beliefs involving feelings of guilt (80.00%), difficulties in trusting people (80.00%) and difficulties in relating emotionally and sexually (80.00%).

Sexual violence negatively shocks its victims, and the impact of such a shock is immense and multidimensional. Studies in the area of psychoneuroimmunology indicate a strong link between trauma, stress and inflammatory processes. The central nervous system, the endocrine system and the immune system are important systems in the body that communicate abundantly with each other and are key elements for health and well-being (SEGERSTROM, 2012). The stories 1, 3, 7, 11, 13 and 14 will show different inflammatory processes, and may demonstrate a possible link between sexual violence and inflammatory diseases.

In other words, according to studies in the area of psychoneuroimmunology, the reaction of victims of sexual violence is to flee or fight, but it is not possible, the body responds by paralyzing, since the overwhelming emotions that they experience lead to paralysis or even Freezing inside your nervous system. Failing to deal with these traumatic emotions can result in serious physical and psychological

consequences. After suffering severe trauma, victims tend to use various ways to disconnect from their frozen emotions. This dissociation can have physical and psychological consequences, being able, for example, to lead them to develop a vice and a self-destructive behavior, as observed in the reports of table 1 (KUHLMAN; CHIANG; HORN; BOWER, 2017; SEGERSTROM, 2012; SIGURDARDOTTIR; HALLDORSDDOTTIR, 2021). Consider, in this sense, that not at all from sexual violation, the biopsychosocial limits of women are inconsiderate and broken, making them vulnerable to repeated violence and trauma, as well as the vice (R5), self-mutilation (R6 and R8), and At the same time, allowing yourself to be with peers who are violent (R11).

In addition to the psychosocial and variable dysfunctions such as the age and development stage of the victims, it was verified that the negative consequences of different forms of sexual violence were: genital and extragenital injuries (86.00%), occurrence of unwanted pregnancy (43.00%), sexually transmitted diseases (STD) (47.00%) and the Human Immunodeficiency Virus (HIV) (1.50%). In the dimension of unwanted pregnancy, the implications such as abortion (45.00%) and continuing with the pregnancy without desire and social, affective and economic structure (55.00%) were verified, which had repercuted in directing the parenting for adoption or *cria-la*.

The negative impacts of sexual violence are of a biopsychosocial order and, many times, are socially ignored in existing public policies. In cases of rape in which a pregnancy occurs, it is challenging for the women to make a decision that causes less damage. For this reason, discussing sexuality, feminism, gender performance, violence, among other issues that promote equality between genders, in an instructive, critical, reflective manner,

and devoid of conservative macho and sexist ideologies, is an important instrument in the prevention of sexual violence., and offers subsidies for victims to understand their situation through violence.

Faced with sexual violence, the *holofotes morais* (present in the macho and sexist culture) are addressed to the victimized women, not intended to judge them and to seek to decide on their bodies and their destinies, insofar as the choices, actions and attitudes of the aggressors / *passam* violators socially unnoticed or ignored. In other words, when a man violates the body of a woman, he engraves and disregards the consequences (of health, social, legal, etc.), he is evidencing the domination of the masculine gender over the feminine, and reinforcing that it has been historically trivialized *pela sociedade* Isso can be perceived in the situation of birth from a parenting resulting from rape, or it seems, it is important to reflect: how do you deal with the legal quests of paternity (duties, obligations...)? Not Brazil, this matter is little discussed, and currently lacks specific legislation, being in charge of *doutrinário* and jurisprudential understandings. What is expected of the State is that sexual offenders be held responsible for their acts both in the civil sphere and in the criminal sphere, and are not exempted from carrying out educational training for the prevention of gender violence, specifically against women.

Based on two reports, it was possible to observe that women, regardless of social markers (color/race, social and economic class, etc.), are subject to sexual violence. Many times, women are faced with acts of aggression against life, equality, dignity and freedom, we are seized by force or power to affect being and being a woman in society, causing damage to physical, psychological, moral and emotional. These damages affect all of society, because when a woman is

attacked, violated and/or dies, there are also two immeasurable negative impacts for the people around her (children, country, etc.), fearing the public costs that all of society pays, that são os apostamentos do trabalho, early settlement, medical and psychosocial care, among others (GUILLAND; LABIAK; ARAÚJO, 2021).

The State deviates from the broken guarantee of two rights to freedom, equality and dignity through public policies gestated taking into account the wills and conservative-patriarchal ideologies of political rulers, and that are not effective to meet real needs of the female population. Existing public policies fail to consider that sexual offenders are opportunistic and age in such a way that the victim does not have time to react or gather evidence, and that a large part of the victims of sexual violence do not report to the competent bodies because they do not. They feel safe in terms of legislation, insurance, medical, legal and psychosocial support and assistance.

In the absence of public policies that allow the free circulation of women in different public and private spaces, their being and being in the world will not be modified. "In the way they express themselves, the process of coexistence in professional and social life is affected", in which case, "the other can always be a threat, the one who at any moment may approach with the intention of committing some kind of aggression." (LABRONICI; FEGADOLI; CORREA, 2010, p. 404). When the State and society advocate that women can avoid sexual violence based on clothing, hours, behaviors and attitudes, or that it is being done in addition to exempting them from the responsibility of providing insurance, blaming them for being violated, it is limiting their opportunities to actively participate in public life such as work, education, community, politics, among others.

FINAL CONSIDERATIONS

With this study, it was possible to establish new understandings, through the perception of women victims of sexual violence, about acts and actions that make us a man, a power relationship, through physical force, coercion, seduction, revenge, perversion or intimidation, temptation or forces a woman to engage in or submit to a sexual act, or sells or uses her sexuality in any other way, regardless of the context, space or relationship between them (World Health Organization, 2018). These understandings are important to achieve lasting changes in culture, as well as the social attitudes and values, including the elimination of structurally rooted gender discrimination, so that any form of gender-based violence against women, such as the sexual violence discussed here.

Given that the perpetrator of sexual violence against women is the female gender, and that studying this type of violation has social and humanitarian relevance, it corroborates the importance of addressing the issue more frequently, producing and disseminating content that generates congratulations. Presenting the materialization of the different forms and manifestations of sexual violence before hearing the victims helps other women to identify them and tends to encourage them to (re)agitate in favor of non-violence with themselves and with other women.

It is reiterated, therefore, the relevance of new studies tracing the characteristics and idiosyncrasies of sexual violence in different cultures, contexts and historical times, which can generate reflections and awareness of the population to help not confront this type of violence that is so harmful to society. Isso favors, among other aspects, the social collection by legislation and public policies that meet the real demand of the female population and, consequently, of society.

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