

Helena Hornung\* Tatiane Herreira Trigueiro\*\* Glauciane Marques de Assis Berteloni\*\*\* Elizama Kluk\*\*\*\* Rafaela Gessner Lourenço\*\*\*\*\*

#### **ABSTRACT**

Objective: to analyze cases of sexual violence against women with use suggestive of crime-facilitating drugs treated in a hospital in Paraná during the COVID-19 pandemic. Method: this is a descriptive research of quantitative and qualitative approach, cross-sectional and retrospective data collection. The data were collected in February and analyzed from July to November 2021. The quantitative analysis was supported by Excel® software. The qualitative data were submitted to thematic analysis with the support of the software Webqda®. This research was approved by the Research Ethics Committee. Results: 58 reports were analyzed, women were aged between 18 and 61 years with a mean age of 30 years, had completed high school (36.20%), paid work (31.03%) and were single (81.03%). Episodes of sexual violence prevailed in Curitiba (62.06%), during the night (46.55%) and in homes (70.68%). Most of the aggressors were known (46.55%) and the main drug involved was alcohol (50%), consumed voluntarily (68.96%) by the woman. Conclusion: the approach of the aggressors and the practice of violence occurred in private environments, which coincides with the period of social isolation and the prohibition of agglomerations as a way of coping with the COVID-19 pandemic.

Keywords: Sex Offenses. Violence Against Women. Poisoning. Illicit Drugs. Nursing.

#### INTRODUCTION

Sexual Violence (SV) is defined by the World Health Organization (WHO) as "any sexual act, attempt to consummate a sexual act or unwanted sexual innuendo; or actions to commercialize or otherwise use a person's sexuality through coercion by another person, regardless of the person's relationship with the victim, in any context, including home and workplace"(1). In the Brazilian Penal Code, rape is defined as "forcing someone, through violence or serious threat, to have carnal conjunction or to practice or allow another libidinous act to be practiced with him". It has greater penalty for the case of victims who cannot offer resistance, the rape of vulnerable<sup>(2)</sup>.

In order to make people even more vulnerable, criminals use chemicals called Crime Facilitating Drugs (CFD). There are more than 100 of these, the most used being ethanol, benzodiazepines, gamma-hydroxybutyrate and ketamine, separately or in association<sup>(3)</sup>. They are depressant drugs of the central nervous system, cause relaxation, impaired motor function, temporary memory loss, alter cognition and rationality, induce impaired perception, unconsciousness and even death. They are easily dissolved in drinks, odorless and tasteless and require small doses and little time to produce effects<sup>(3)</sup>.

In Brazil, the addition of drugs in drinks without consent is known as "Good Night, Cinderella" and are studied as Drug Facilitated Sexual Assault (DFSA), in Portuguese, Drug Facilitated Sexual Violence (3). Between 2010 and 2019, there were 254,461 Brazilian cases of SV against women and, in 2,210 of these, there was intoxication<sup>(4)</sup>. Research in São Paulo between 2016 and 2017 showed that of 102

Original articletitled COVID-19 PANDEMIC AND THE NOTIFICATION OF SEXUAL VIOLENCE OF WOMEN BY FACILITATING DRUGS, 2022

<sup>\*\*</sup>Nurse. Master. Clinic Hospital Complex – UFPR. Curitiba, Paraná, Brazil. Email: glauciane.berteloni@hc.ufpr.br. ORCID iD: 0000-0002-0625-8411

<sup>&</sup>quot;Nurse. Women's Health Residency. Clinic Hospital Complex – UFPR. Curitiba, Paraná, Brazil. Email: elizama.kluk@gmail.com. ORCID iD:0000-0001-7725-9262.

\*\*Nurse. Doctor. College teacher. UFPR. Curitiba, Paraná, Brazil. Participant of the Center for Studies in Collective Health (NESC). Email: rafaelagessner@ufpr.br. ORCID iD: 0000-0002-3855-0003.

registered sex crimes, 48% were positive for the presence of drugs in body fluids, 98% being female, 47% between 12 and 20 years and 39% between 21 and 30 years<sup>(5)</sup>.

It is known that the environment that the woman is exposed to CFD, commonly, are spaces for relaxation and fun. And they are offered in bars, nightclubs, concert halls, among others, due to low light and loud music, thus becoming opportune for poisoning<sup>(6)</sup>.

The COVID-19 pandemic made social isolation and confinement necessary and thus distanced women from support and protection networks. Thus, there was an increase in the records of Domestic Violence against Women (VAM) <sup>(7)</sup>. Research from the Brazilian Forum of Public Security (FBSP - *Fórum Brasileiro de Segurança Pública*) pointed out that, in 2021, at least 17 million women suffered physical, psychological or sexual violence, with 5.4% registered as sexual offense or forced attempt to maintain sexual intercourse<sup>(8)</sup>.

Beyond the pandemic period, Violence with Women has always been a delicate issue and a topic of great concern. A study published in 2021 that analyzed the mortality trend in the Brazilian Northeast region between 2000 and 2017 showed an increase of more than 100% in femicide rates. This data shows that violence against women continues to be a serious public health problem, requiring policies and interventions in the area<sup>(9)</sup>.

Although confinement as a way of coping with Covid-19 has resulted in an increase in cases of domestic violence, it is necessary to shed light on other forms of violence, as the DFSA, which during the pandemic period may have had its denunciation and access to the protection network in health services difficult due to the sanitary contingencies experienced. The approach to this issue during the Covid-19 pandemic presents itself as a gap in the scientific literature and points to the urgency of recognizing the problem.

It is emphasized the role of the Nurse to attend situations of SV, since its action in the management of the care, reception, active listening, prevention of injuries, request of the multiprofessional team and filling of the form of notification of the violence<sup>(10)</sup>. However, it is still necessary to look closely at the signs

suggestive of intoxication against SV. This research had the following question: What is the profile of women in situations of sexual violence from the notification forms attended at a referral center hospital amid the COVID-19 pandemic? And as an objective, to analyze the cases of SV against women with suggestive use of CFD attended in a reference center hospital in Paraná amid the COVID-19 pandemic.

### **METHOD**

This is a descriptive research with a quantitative and qualitative approach, cross-sectional, with retrospective collection of secondary data conducted in a large reference center hospital in the state of Paraná (BR) reference in the care of VS cases. It should be noted that the research followed the checklists COREQ and STROBE<sup>(11)</sup>.

In the constitution of the research sample, we considered the notification forms of women who suffered SV with use suggestive of CFD, attended at the hospital between January and December 2020, aged 18 years or older. Data collection took place in February 2021 through access to the statistical database of the Epidemiology Service, and the analysis was carried out between July and November 2021.

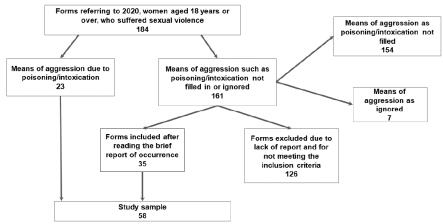
The data provided were organized in an Excel<sub>o</sub> table prepared by the researchers containing: number, date of notification, date of occurrence, identification by initials of name, age, sex, race/color, schooling, mother's name, municipality, neighborhood and zip code of residence, occupation, marital status, existence of disability, municipality, neighborhood, time, place of occurrence, type of violence, means of aggression, nature of violence, type of SV, procedures performed, nature of aggression, part of the body affected, number of aggressors involved, relationship or degree of kinship, sex of the likely aggressor, suspected use of drugs or alcohol by the aggressor, work-related violence, life cycle of the aggressor, referrals and reporting of the occurrence.

All reports of VS due to poisoning/poisoning filed with the epidemiology service of the hospital of 2020 were included in the study. The

SV records that had no episode of intoxication involved were excluded.

Twenty-three reports were identified with the poisoning/intoxication field signaled as the means of aggression. However, after reading the brief report of the other 161 SV records that did not contain this indication, 35 more notifications were included that presented characteristics

suggestive of DFSA described in the report of the occurrence, such as exposure, ingestion or inhalation of alcohol, psychoactive substances, medicines, among others. Thus, the final sample consisted of 58 SV notification forms with concomitant use of CFD. This process can be evidenced in Figure 1.



**Figure 1.** Notification Form Selection Flowchart **Source:** The authors, 2021.

The characterization data went through simple descriptive analysis by the program Excel®. Simple and absolute frequencies and data presented in tables were obtained.

The descriptive reports about the SV suffered present in the notification forms were extracted from the spreadsheet of Excel®, and organized in the software Webqda®, constituting 58 internal sources, which were examined by thematic analysis proposed by Bardin, with three stages: analysis of material, exploration and treatment of results (12).

Two themes emerged from the analysis: Suspicion of Opportunistic Poisoning and Suspicion of Active Poisoning, which in the software Webqda® were included in the item free codes. From these, the following category emerged: Approaches Used by Perpetrators to Commit Sexual Violence by Drug Facilitators of Sexual Abuse in the Midst of the COVID-19 Pandemic. Thus, participants were identified as "OPP" from 1 to 40 for those who suffered Opportunistic Poisoning and with "ATP" from 1 to 18 for those who suffered Active Poisoning.

The tool "Frequently Asked Questions-Words" available in the software allowed to

elaborate two word clouds from each free code. For this purpose, the 30 words with the highest recurrence were included, consisting of at least four characters. Words that were not relevant to the analysis, such as prepositions, and those that had no significant meaning for the exploration, such as "reports" and "patient" were excluded. Synonymous words such as "house" and "residence" were standardized and words that needed to be together to form the context, such as "do not remember", "alcoholic drink", "without clothes" were joined.

This research is in accordance with Resolution n. 466/2012, with approval by the Research Ethics Committee of the site of this research on September 24, 2020, under the opinion n. 4.297.848 (CAAE n. 35055020.3.0000.0096).

# **RESULTS**

In the 58 reports of SV using CFD analyzed (Table 1), women were aged between 18 (5.17%) and 61 years (1.72%), with a mean age of 30 years. They had completed high school education (36.20%), followed by incomplete

higher education (22.41%) and complete higher education (15.51%). Regarding occupation, 31.03% women had paid work, 6.89% were students, 5.17% were housewives, 1.72% were unemployed and 55.17% were with the field

ignored. The analysis of marital status showed that single women have higher prevalence (81.03%), followed by marriage/consensual union (8.62%), separated (5.17%), widows (1.72%) and unknown field (3.44%).

Table 1. Characterization of women who suffered sexual violence under the suggestive effect of

DFSA, who made up the study sample. Curitiba, PR, Brazil, 2020.

	N	%		N	%
AGE GROUP			MARITAL STATUS		
18 - 19 years	7	12.06	Single	47	81.03
20 - 29 years	32	55.17	Married/Consensual Union	5	8.62
30 - 39 years	11	18.96	Separated	3	5.17
40 - 49 years	6	10.34	Ignored	2	3.44
50 - 59 years	1	1.72	Widow	1	1.72
60 yearsor more	1	1.72	TOTAL	58	100
TOTAL	58	100			
EDUCATION			OCCUPATION		
Incomplete fundamental	6	10.34	Paidwork	18	31.03
Complete elementary	1	1.72	Students	4	6.89
Incomplete high school	7	12.06	Housewives	3	5.17
Complete high school	21	36.2	Unemployed	1	1.72
Incompletehigher	13	22.41	Ignored	32	55.17
Complete College	9	15.51	TOTAL	58	100
Ignored	1	1.72			
TOTAL	58	100			

Source: The authors, 2021

The highest frequency of reported cases occurred in the city of Curitiba (62.06%), followed by cities in the metropolitan region such as São José dos Pinhais (8.62%), Colombo (5.17%) and Pinhais (5.17%). The observation of the period of occurrence showed that 46.55% of the violence occurred during the morning (00:00

- 5:59), 24.13% at night (18:00 - 23:59), 6.89% in the morning (6:00 - 11:59), 3.44% in the afternoon (12:00 - 17:59) and 18.96% in the unknown field. The main place of occurrence was the residence (70.68%), followed by public roads (10.34%), shops or services (6.89%) and bars or similar (3.44%), according to Table 2.

**Table 2.** Characterization of the occurrence of sexual violence under the suggestive effect of DFSA, suffered by the women who composed the study sample. Curitiba, PR, Brazil, 2020.

	N	%		N	%
MUNICIPALITY OF OCCURRENCE			PERIOD OF OCCURRENCE		
Curitiba	39	67.24	Earlymorning (00h - 5:59am)	27	46.55
MRC	13	22.41	Evening (6pm - 11:59pm)	14	24.13
Othercities Paraná	1	1.72	Morning (6am - 11:59am)	4	6.89
Otherstates	5	8.62	Afternoon (12pm - 5:59pm)	2	3.44
TOTAL	58	100	Ignored	11	18.96
			TOTAL	58	100
PLACE OF OCCURRENCE			TYPE OF VIOLENCE <sup>1</sup>		
Residences	41	70.68	Rape	57	98.2
Publicstreets	7	12.06	Sexual harassment	3	5.17
Trades orservices	4	6.89	Ignored	6	10.34
Barsor similar	2	3.44	TOTAL	66	113.79
Others <sup>1</sup>	5	8.62			
TOTAL	58	100			
AGRESSOR'S SEX					
Male	54	93.1	N. OF INVOLVED		
Both	1	1.72	1 individual	41	70.68
Ignored	3	5.17	2 ormore	8	13.7
TOTAL	58	100	Ignored	9	15.51
			TOTAL	58	100

Cienc Cuid Saude. 2023;22:e65749

RELATIONSHIP WITH THE AGRESSOR		
Unknown	31	53.44
Friends/acquaintances	17	29.31
Affectivebond	6	10.34
Family tie	4	6.89
TOTAL	58	100

**Source:** The authors, 2021.

Note: 1Other locations - collective housing, school, farm, park, beach.

In the notification form, there is the possibility of reporting the occurrence of more than one type of SV in the same situation. Thus, the most prevalent topic was rape (98.2%) and sexual harassment (5.17%). In most cases, one aggressor practiced violence (70.68%), some cases involved two or more (13.7%) and in others, the field was ignored (15.51%). As for the sex of the aggressor, the male prevailed (93.10%), followed by the unknown field

(5.17%) and both sexes (1.72%).

In most cases, the perpetrator was unknown to the victim (53.44%). Being also pointed out aggressors linked to the victim (46.55%), of these, stood out friends or acquaintances (29.31%), people of family bond (brother-inlaw, uncle, cousin) and affective bond (boyfriend, ex-boyfriend, spouse) in 6.89% and 10.34% cases, respectively (Table 3).

**Table 3.** Characterization of sexual violence under the suggestive effect of DFSA, suffered by the women who composed the study sample. Curitiba, PR, Brazil, 2020.

	N	%		N	%
TYPE OF VIOLENCE <sup>1</sup>			N. OF INVOLVED		
Rape	57	98,2	1 individual	41	70,68
Sexual harassment	3	5,17	2 or more	8	13,7
Ignored	6	10,34	Ignored	9	15,51
TOTAL	66	113,79	TOTAL	58	100
SEXO AGRESSOR			RELATIONSHIP WITH THE	AGRESSOR	
Male	54	93,1	Unknown	31	53,44
Both	1	1,72	Friends/acquaintances	17	29,31
Ignored	3	5,17	Affectivebond	6	10,34
TOTAL	58	100	Family tie	4	6,89
			TOTAL	58	100

**Source:** The authors, 2021.

**Note:** <sup>1</sup> Type of violence - this field on the notification form allows filling in more than one type of violence, therefore, the results do not add up to 100%.

Regarding the type of drug possibly involved, in 50% records were recorded the use of licit drugs (alcohol), in 18.96% the use of illicit drugs (chloroform, narcotics), in 27.58% the combinations of licit and illicit drugs and in 3.44% the use of drugs (Zolpidem, rivotril).

From the qualitative analysis emerged the empirical category "Approaches Used by Aggressors to Commit Sexual Violence by Drug Facilitators of Sexual Abuse in the Midst of the COVID-19 Pandemic", composed of two themes.

The first theme "Suspicion of Opportunistic Poisoning" concerns the action in which the aggressor takes advantage of the voluntary consumption of licit and/or illicit drugs by the victim. This behavior was identified in 68.96% of the cases analyzed. This can be seen in the sections below:

She reports that she uses zolpidem. The neighbor

took advantage of the open door, pulled her by the arm and threw her on the bed. He was already under the effect of the medication. He says he doesn't remember if there was penetration. Refers pain in the vaginal canal. (OPP16)

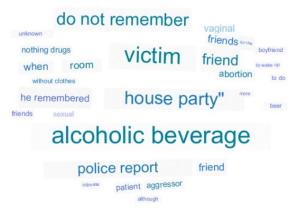
She went to a party with the boy she was staying with. After drinking a lot, she got sick and went to rest in the room, when the father of the party owner, impersonating her boyfriend, kissed her and introduced his finger into her vagina. (OPP35)

She was alone, sitting on the beach with a case of beer, drinking. She didn't notice the time pass and already at dawn she was approached by a stranger who raped her and ejaculated, she tried to get rid of him, but she couldn't. (OPP40)

The "Most Frequent Words" tool of the webQDA software showed the 10 most recurring terms, with their respective number of repetitions: home (26), alcoholic beverage (26),

victim (24), does not remember (21), party (18), woke up (14), occurrence report (11), friend

(10), room (8) and abortion (8). The word cloud can be observed below in Figure 2.



**Figure 2.** Most frequent word cloud, Opportunistic Poisoning. Curitiba, PR, Brazil, 2022. **Source:** The authors, 2022.

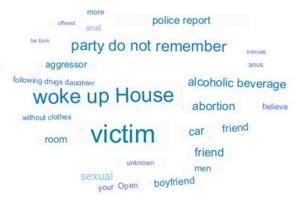
The second theme "Suspicion of Active Poisoning" refers to the action in which the aggressor forces the victim to ingest licit and/or illicit drugs. This movement of the aggressor was evidenced in 31.03% of the cases analyzed, according to the following excerpts:

The victim reports that she slept and when she woke up she felt a strong smell in the room and a lot of pain in her hip and private parts. She thinks that she was drugged by the couple (uncle and cousin) and that they raped her while she was sleeping. (ATP7)

She was at a bus stop leaving work when she was approached by 3 men in a car, one of them armed. One asked to get into the car and saw nothing else after having his mouth and nose covered. (ATP8)

On the aforementioned date, the boyfriend went to the victim's house, he was drunk and with physical force he took her to the room where he committed the rape and, with aggression, forced the victim to use rivotril that belonged to the same. (ATP12)

The "Most Frequent Words" tool of the webQDA software showed the 10 most recurrent terms, with their respective number of repetitions, in the brief reports of the theme Active Poisoning were: home (12), victim (11), does not remember (7), woke up (5), abortion (5), alcoholic beverage (4), report (4), aggressor (4), friend (4) and car (4). The reference word cloud can be observed below, in Figure 3.



**Figure 3.** Most frequent word cloud, Active Poisoning. Curitiba, PR, Brazil, 2022. **Source:** The authors, 2022.

From the analysis of the brief reports and the word clouds of the themes found, it was possible to identify that the approach of the aggressors to women occurred in spaces with little movement of people or private, being the same space where the VS was committed, through voluntary or induced drug use.

#### **DISCUSSION**

Women had an average age of 30 years, the majority between 18 and 29 years. A survey conducted in the state of São Paulo between 2016 and 2017 with toxicological reports characteristic of DFSA, most women were between 12 and 30 years old, showing that younger individuals are more vulnerable to victimization by DFSA (5). Another study from Campinas (SP) identified that women attended by a toxicology department due to DFSA were aged between 18 and 30 years, had completed high school and were single (13).

Bars and nightclubs are identified as DFSA occurrence environments. It is important to highlight that they are sought after places for leisure and recreation and that they can be used for licit and illicit drug use. Women attending these environments can be considered by the aggressors as more vulnerable and with greater sexual availability. This scenario, linked to gender issues that subjugate women to male power, results in women with greater vulnerability and indefensibility, providing episodes of SV (14,15).

In 2019 the Mariana Ferrer case gained visibility, in which she sought justice due to the crime of vulnerable rape she suffered in 2018 during a party, in which she was doped. However, in the offender's sentence in 2020, he was acquitted for lack of evidence and, according to the sentence, did not know that Mariana was unconscious at the time of the relationship (16).

A Portuguese study, with 12 women who had witnessed, known or experienced SV situations in bars or nightclubs, reported these situations as common and considered sexual harassment situations inherent in these contexts. This data corroborates another study that included the presence of 546 young men and women, in which most of them have already witnessed sexual abuse situations in the same areas (14,15).

For the WHO, the consumption of alcohol and other drugs by women is a risk factor for victimization by SV, because aggressors tend to persecute victims who are easier to be attacked and therefore, women who attend nocturnal environments and/or use alcohol and drugs constitute the population of interest of these

individuals (1,15).

The use of psychoactive substances is a factor that revitalizes women in VS situation because the guilt is distributed between aggressor and victim. In the social imaginary, women would only have been raped for having voluntarily contributed to such action, thus constitutes the concept of precipitating victim, who blames women whose lifestyle is mistakenly meant to lead to crime, causing such behavior in their offenders (17).

The reflection of this condition translates into a society that cultivates a culture of SV, in which such conduct is naturalized and that accepts that men consume alcohol and other drugs in a deliberate way, to the detriment of women who are seen as sexually available and inviting abuse (14). The culture of rape needs to be deconstructed, as it refers to the responsibility of VS to women. A sexist posture, based on the morality of a patriarchal model in which society trivializes sexual crime and protects the aggressor (8,18,19).

It should be noted that, during the COVID-19 pandemic, isolation and social distancing, prohibition of events and encouragement for people to stay at home were established <sup>(20)</sup>. As a way to circumvent this prohibition, many parties and meetings began to be held in residences, which may justify the finding of this study that points out that, in the period analyzed, the place of highest incidence of DFSA were residences. Regarding the time of occurrence, prevailed the night and dawn. Other studies show similar data, since the aggressors give preference to dark places, avoiding the eyes of the general population <sup>(13,21)</sup>.

The results of this study with regard to the most used CFD meet systematic reviews that showed that in the United States, European countries, Oceania and Africa, the most used CFD was ethanol. In Brazil, ethanol was also the substance most frequently found in cases of DFSA investigated in the state of São Paulo in 2016 (5,22,23). Research conducted with cases of women who suffered DFSA between 2010 and 2019 showed that 66.06% of the occurrences were due to their voluntary drug use. Given that it corroborates with what was found in this study (24).

When analyzing the word clouds, you can see

that in both the word "abortion" emerges. The Brazilian Penal Code legalizes such an act through rape or when there is a risk of maternal death. In these cases, nursing care is essential for the physical, psychological and social recovery of these women. It is important to provide the patient with information about the legality, the stages of such a procedure and provide comfort and safety (25).

Women in situations of violence become vulnerable and may experience social isolation, fear or shame to report, loss of freedom, fragile self-esteem, lack of support and difficulty accessing information. Thus, one must go beyond punitive actions and find ways to mobilize society, strengthen the network of services in the perspective of comprehensive care for women in situations of violence and education of the population (26).

The limitations of this study are due to secondary data collection and probable loss of information.

#### **CONCLUSION**

In this sample, it was noticed that the main places of occurrence of DFSA in the midst of the Covid-19 pandemic, were in private/domestic environments or with little movement of people. Because of this, most of the aggressors were people known as friends, family and/ or affective

bonds, and when unknown, were cited as acquaintances of friends. The realization of meetings in private environments as a way to break the social isolation may have led to situations of vulnerability for the DFSA camouflaged protection due to a restricted environment and frequented by known people. However, aggression tended to occur at night. This may reflect an attempt to mask the event and ensure the privacy and impunity desired by the perpetrator.

Regarding the use of psychoactive substances, there was a prevalence of aggressors who took advantage of voluntary consumption by the victims to commit violence. This fact presents a tendency to mitigate the guilt of the perpetrators of the crime and blame the victims who become responsible for being in a vulnerable situation.

This study has implications for the professional practice of nurses, since it is one of the professionals responsible for care, should promote the reception, take a stance of non-judgment and also promote actions that ensure the safety and confidentiality of the case. And attention should be paid to completing the notification form in relation to DFSA. It is also suggested to health education actions to the population, raising awareness to the young population about active or opportunistic poisoning, in order to avoid this form of SV.

# NOTIFICAÇÃO DE VIOLÊNCIA SEXUAL DE MULHERES POR DROGAS FACILITADORAS DURANTE A PANDEMIA DE COVID-19 RESUMO

**Objetivo:** analisar os casos de violência sexual contra mulheres com uso sugestivo das drogas facilitadoras de crime atendidas em um hospital do Paraná durante a pandemia de COVID-19. **Método:** trata-se de uma pesquisa descritiva de abordagem quantitativa e qualitativa, de corte transversal e coleta retrospectiva de dados. Os dados foram coletados em fevereiro e analisado de julho a novembro de 2021. A análise quantitativa foi apoiada pelos softwares Excel®. Os dados qualitativos foram submetidos à análise temática com apoio do softwareWebqda®. Esta pesquisa foi aprovada pelo Comitê de Ética em Pesquisa. **Resultados:** foram analisadas 58 fichas de notificação, as mulheres possuíam idade entre 18 e 61 anos com média de 30 anos, possuíam ensino médio completo (36,20%), trabalho remunerado (31,03%) e estavam solteiras (81,03%). Os episódios de violência sexual prevaleceram em Curitiba (62,06%), durante a madrugada (46,55%) e em residências (70,68%). Grande parte dos agressores eram conhecidos (46,55%) e a principal droga envolvida foi o álcool (50%), consumido voluntariamente (68,96%) pela mulher.**Conclusão:** a abordagem dos agressores e a prática da violência ocorreram em ambientes privados, o que coincide com o período de isolamento social e a proibição de aglomerações como forma de enfrentamento da pandemia de Covid-19.

Palavras-chave: Delitos Sexuais. Violência contra a Mulher. Intoxicação. Drogas Ilícitas. Enfermagem.

# NOTIFICACIÓN DE VIOLENCIA SEXUAL DE MUJERES BAJO USO DE DROGAS FACILITADORAS DURANTE LA PANDEMIA DE COVID-19

#### **RESUMEN**

Objetivo: analizar los casos de violencia sexual contra mujeres con uso sugestivo de drogas facilitadoras del crimen atendidas en un hospital de Paraná-Brasil durante la pandemia de covid-19. Método: se trata de una investigación descriptiva de abordaje cuantitativo y cualitativo, de corte transversal y recolección retrospectiva de datos. Los datos fueron recogidos en febrero y analizados de julio a noviembre de 2021. El análisis cuantitativo fue apoyado por el software Excel®. Los datos cualitativos fueron sometidos al análisis temático con apoyo del software Webqda®. Esta investigación fue aprobada por el Comité de Ética en Investigación. Resultados: se analizaron 58 registros de notificación, las mujeres poseían edad entre 18 y 61 años con promedio de 30 años, poseían enseñanza secundaria completa (36,20%), trabajo remunerado (31,03%) y estaban solteras (81,03%). Los episodios de violencia sexual prevalecieron en Curitiba (62,06%), durante la madrugada (46,55%) y en residencias (70,68%). Gran parte de los agresores era conocido (46,55%) y la principal droga involucrada fue el alcohol (50%), consumido voluntariamente (68,96%) por la mujer. Conclusión: el abordaje de los agresores y la práctica de la violencia ocurrieron en ambientes privados, lo que coincide con el período de aislamiento social y la prohibición de aglomeraciones como forma de enfrentamiento de la pandemia de covid-19.

Palabras clave: Delitos Sexuales. Violencia contra la Mujer. Intoxicación. Drogas Ilícitas. Enfermería.

## REFERENCES

1. World Health Organization. Global Consultation on Violence and Health Violence: a public health priority. Geneva: WHO; 1996 (document WHO/EHA/ SPI.POA.2). [citado em 16Jun2021].Disponível em: URL: https://www.researchgate.net/publication/282096365 World Report on Violence Health

2.Brasil. Lei 12.015, de 7 de agosto de 2009. Dos Crimes Contra a Dignidade Sexual. [citado em 16Jun2021].Disponível em: URL: http://www.planalto.gov.br/ccivil 03/ ato2007-

2010/2009/lei/l12015.htm

3.Costa YR de S, Lavorato, SN, Baldin JJCM de C. Violence Against Women and Drug-Facilitated Sexual Assault (DFSA): A Review of the Main Drugs. J ForensicLeg Med. 2020 Ago;74(10). DOI: 10.1016/j.jflm.2020.102020

4.Brasil. Violência Interpessoal/Autoprovocada. DATASUS, 2021. [citado em 28Ago 2021].Disponível em: URL: http://tabnet.datasus.gov.br/cgi/tabcgi.exe?Sinannet/cnv/violebr.def

5. Marton R., Oliveira CA, et al. Perfil epidemiológico das vítimas de violência sexual envolvendo. Rev. Bras. Criminal. 2019; 8(2): 63em16Jun2021].DOI: [citado http://dx.doi.org/10.15260/rbc.v8i2.391

6.Anderson LJ, Flynn A, Drummer O, Gerostamoulos D, Schumann JL. The role of voluntary and involuntary drug and alcohol consumption and premorbid mental health factors in drugfacilitated sexual assault. ForensicSci, Med Pathol, 2019; 15 (3): 382-391. [citado em 28Ago 2021].DOI:https://doi.org/10.1007/s12024-019-00124-3

7.Onu Mulheres. Violência contra as Mulheres e Meninas é Pandemia Invisível, afirma diretora executiva da ONU Mulheres. [citado 23Nov 2021].Disponível em URL:https://www.onumulheres.org.br/noticias/violencia-contra-asmulheres-e-meninas-e-pandemia-invisivel-afirma-diretora-executiva-

8. Bueno S, Neme C, Sobral I, Scarance V, Zapater M, Santiago D, et al. Visível e Invisível: a Vitimização de Mulheres no Brasil 2° edição. FBSP, 2019. [citado em 28Aug 2021].Disponível em: URL: https://forumseguranca.org.br/wp-content/uploads/2019/02/relatoriopesquisa-2019-v6.pdf

9. Conceição HN da, Coelho SF, Nascimento FF do, Andrade JX, Madeiro AP. Tendência da mortalidade feminina por agressão no nordeste brasileiro. CiencCuid Saúde [Internet]. 2021; 20: publicação [citado em 15 Mar https://doi.org/10.4025/ciencuidsaude.v20i0.57532

10. Souza MG de, Aguiar CK, Freitas RS, Lima JO de, Svierdsovski SM, Tanabe LS, et al. Protocolo de Atenção Integral à Saúde das Pessoas em Situação de Violência Sexual: abordagem multidisciplinar - 3ª Ed. Governo do Estado do Paraná. Secretaria de Saúde. Curitiba, 2021. [citado em 28Fev 2023]. Disponível em: URL:

https://www.documentador.p/r.gov.br/documentador/pub.do?action= d&uuid=@gtf-escriba-sesa@01304010-0952-4226-b140b4680b1190b0&emPg=true

11. Equator Network. Enhancing the QUAlity and Transparency Of health Research. [citado em 28 Fev 2023]. Disponível em: URL: https://www.equator-network.org/

12. Bardin, L. Análise de Conteúdo. Tradução: Luís Antero reto. São Paulo, Edições 70, 2016. [citado em 28Aug 2021].Disponível

URL:https://madmunifacs.files.wordpress.com/2016/08/anc3a1lisede-contec3bado-laurence-bardin.pdf

13.Passos AIM, Gomes DAY, Gonçalves CLD. Perfil do Atendimento de Vítimas de Violência Sexual em Campinas. RevBioéta. 2018jan/abr; 26(1): 67-76. DOI: https://doi.org/10.1590/1983-80422018261227

14.Pires C, Pereira R, Valente H, Moura H. Violência Sexual e Consumo de Substâncias Psicoativas: Podem os Contextos Festivos Ser Educativos? EX ÆQUO. 2018; 37: 143-158. DOI: https://doi.org/10.22355/exaequo.2018.37.10

15.Ferreira MLPF. SexismFree Night - Contributo para a Caracterização do Assédio e Violência Sexual em Ambientes Recreativos Noturnos. Mestrado em Psicologia. Universidade Católica Portuguesa. Porto, 2020. [citado em11 Jul 2022]; Disponível em: URL:http://hdl.handle.net/10400.14/33627

16.Brasil. Tribunal de Justiça de Santa Catarina. Sentença nos autos nº 0004733- 33.2019.8.24.0023. Acusado: André Camargo Aranha. Vítima: Mariana Borges Ferreira. Juiz Rudson Marcos. Santa Catarina: Tribunal de Justiça de Santa Catarina, 2020.[citado 2021]. Disponível Ago https://www.conjur.com.br/dl/palavra-mariana-ferrer-nao-basta.pdf

17.VENTURA, I. Um Corpo que Seja Seu - Podem as Mulheres [Não] Consentir? EX ÆQUO. 2015; 31: 75-89.DOI: https://doi.org/10.22355/exaequo.2015.31.06

18.Caputi TL, Nobles AL, Ayers JW. Internet Searches for Sexual Harassment and Assault, Reporting, and Training Since the #MeToo Movement. JAMA InternMed. 2019fev; 179(2): 258-259. DOI: 10.1001/jamainternmed.2018.5094

19. Silva VR da. A cultura do estupro e a culpabilização da vítima de violência sexual: Comentários ao Acórdão nº70080574668 do Tribunal de Justica do Rio Grande do Sul. RevFac. Dir. da UFU. 2019 47(3). DOI: https://doi.org/10.14393/RFADIR-v47n2a2019-

20. Aquino EML, Silveira IH, Pescarini J, Aquino R, Filho JAS. Medidas de Distanciamento Social no Controle da Pandemia de COVID-19: Potenciais Impactos e Desafios no Brasil. Cien. Saude Colet. 2020 abr; 25 (6): 2423-2446. [citado em 28Aug 2021].Disponível

URL:https://cienciaesaudecoletiva.com.br/artigos/medidas-dedistanciamento-social-no-controle-da-pandemia-de-covid19potenciais-impactos-e-desafios-nobrasil/17550?id=17550&id=17550&id=17550

21.Albuquerque AL de,Silva WC da. Profile of Sexual Violence Against Women served in the Service of Women. J Nurs UFPE online. Recife. 2017; 11: 2106-2115. DOI: 10.5205/reuol.9302-81402-1-RV.1105sup201716

22.Busardò FP, Varì MR, Trana A di, Malaca S, Carlier J, Luca NM di. Drug-facilitated sexual assaults (DFSA): a serious underestimated issue. Eur. Rev. Med.Pharmacol. Sci. 2019; 23(24): 10577-10587. DOI: 10.26355/eurrev 201912 19753

23.Skov K, Johansen SS, Linnet K, Nielsen MKK. A Review on the Forensic Toxicology of Global Drug-Facilitated Sexual Assaults. Eur. Rev. Med.Pharmacol.Sci. 2022 jan; 26(1): 183-197, 2022. DOI: 10.26355/eurrev 202201 27767.

24.Kluk E, Trigueiro TH, Berteloni GM de A, Lourenço RG.

Mulheres em Situação de Violência Sexual Sob Efeito de Drogas Facilitadoras de Abuso Sexual. RSD [Internet]. 2022 jun; 11(8): e0911830538, 2022. DOI: http://dx.doi.org/10.33448/rsd-v11i8.30538.

25. Higa R, Reis MJ dos, Lopes MHB de M. Interrupção legal da gestação decorrente de estupro: assistência de enfermagem às mulheres atendidas num serviço público da cidade de Campinas - SP. CiencCuid Saúde [Internet]. 2008mai;6(3):372-376. DOI:https://doi.org/10.4025/ciencuidsaude.v6i3.1747

26.Paz PO, Pires NS, Vieira LB, Witt RR. Vulnerability of Women in Situation of Violence in Specialized Service. Aquichan [Internet]. 2019mai; 19(2): e1922. DOI: https://doi.org/10.5294/aqui.2019.19.2.2.

**Corresponding author:** Tatiane Herreira Trigueiro. Rua Av. Prefeito Lothário Meissner, 623, Bloco Didático II. Curitiba, Paraná, Brasil. 41 999486957 e tatiherreira@gmail.com

**Submitted:** 08/11/2022 **Accepted:** 15/03/2023