LUMEN ET VIRTUS

Psychosocial impacts of the revictimization of women in situations of sexual violence

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ABSTRACT

The revictimization of women in situations of sexual violence circumscribes a process of secondary victimization and institutional gender violence, which occurs in the various stages in which women seek protection from institutions and suffer new violence by public agents, who do not welcome them properly, but reproduce gender inequalities in narratives crossed by discriminatory stereotypes, sexist and sexist. The study aimed to describe the psychosocial impacts of the revictimization of women in situations of sexual violence. It is a documentary, bibliographic and narrative research, with a descriptive character and a qualitative approach. To this end, data collection was carried out in the *google scholar* database, in June 2024, in which the following Health Sciences Descriptors (DeCS) were adopted in the selection of articles: 'violence against women' AND 'sexual violence' AND 'care services' AND 'psychosocial impact', added to the term 'revictimization'. Articles published in indexed scientific journals, in the last 5 years (2019-2024), with open access, available in Portuguese or English, were included. A total of twenty articles were chosen. After a thorough reading of the materials, two analytical categories were listed: (1) weaknesses in the intersectoral network of care for women in situations of sexual violence; (2) psychosocial impacts of revictimization and the importance of psychology. In view of the psychosocial impacts of the revictimization of women in situations of sexual violence, it is crucial and peremptory: humanized, holistic, comprehensive care; continuous qualification of the network's social actors; combating the subordination and oppression to which women are subjected; valuing subjectivities, understanding idiosyncrasies and dealing with mental health and psychological suffering; appropriate referrals to the network's specialized services.

Keywords: Violence against women, Sexual violence, Care services, Psychosocial impact, Revictimization.

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INTRODUCTION

Violence against women is defined as any act of gender-based violence that results or is capable of causing suffering, physical, sexual or mental harm to the victims; including threats, coercion or deprivation of liberty, in public or in private life (United Nations, 1993). Specifically, sexual violence is all behavior that disrespects a woman's sexuality or tries to control it, encompassing sexual and reproductive rights (Ferreira, 2007).

Undoubtedly, sexual violence circumscribes one of the most heinous violations of human dignity and rights, which exposes victims to unrestricted physical and psychological damage (Barboza; Juzo, 2023), in the short, medium and long term. Among the short-term physical consequences, pregnancy, sexually transmitted infections (STIs), mild, moderate, severe and very serious traumatic injuries stand out; including death subsequent to injuries (Vanrell, 2022). In the medium and long term, physical damage associated with complications or sequelae resulting from injuries and infections is evident, in addition to unsafe abortion. In turn, recurrent psychic damage encompasses psychiatric disorders in the context of human sexuality, depressive disorder, anxiety disorder, panic syndrome, post-traumatic stress disorder; self-injury, suicide, harmful use of alcohol and other drugs, somatization, among others (Facuri et al., 2013).

In fact, sexual violence requires a careful look from public and private administrations, from civil society, since it is a problem that concerns the security, public health, justice and protection sectors, which are part of the service network responsible for guaranteeing the rights of victims, in order to reduce cases of revictimization and institutional violence (Cruz et al., 2021).

In Brazil, several legal-normative advances have been achieved, with an emphasis on sexual violence against women. For example, we have: (1) *Law No. 11,340, of August 7, 2006, the Maria da Penha Law*, which creates mechanisms to curb domestic and family violence against women, under the terms of paragraph 8 of article 226 of the Federal Constitution, the Convention on the Elimination of All Forms of Discrimination against Women and the Inter-American Convention to Prevent, Punish and Eradicate Violence against Women; (2) *Law No. 12,015, of August 7, 2009*, which amends Title VI of the Special Part of the Penal Code, and Article 1 of Law No. 8,072, of July 25, 1990, which provides for heinous crimes, pursuant to item XLIII of Article 5 of the Federal Constitution and repeals Law No. 2,252, of July 1, 1954, which deals with corruption of minors; (3) *Decree No. 7,958 of March 13, 2013*, which establishes guidelines for the care of victims of sexual violence by public security professionals and the service network of the Unified Health System (SUS); (4) *Law No. 12,845, of August 1, 2013*, *the Next Minute Law*, which ensures victims of sexual violence free emergency, comprehensive and multidisciplinary care in the SUS, without the need to file a police report, the victim's word being enough; (5) *Law No. 13,104, of March 9, 2015*, *the Femicide Law*, which amends article 121 of the Penal Code, to provide for femicide as a qualifying

circumstance for the crime of homicide, and article 1 of Law No. 8,072, of July 25, 1990, to include femicide in the list of heinous crimes; (6) *Law No. 13,931, of December 10, 2019*, which provides for the compulsory notification of cases of suspected or confirmed violence against women, attended in public and private health services, determining the communication to the police authority, within 24 hours, for appropriate measures and statistical purposes.

The network for the protection of women in situations of violence is constituted by the articulation of governmental and non-governmental institutions that promote care, adequate referral and effective prevention strategies, including the areas of health, public security, social assistance, legal assistance, among others (Lettiere; Nakano). Although legislative advances have boosted the implementation of strategies to combat violence against women, there are still challenges to be overcome, notably in terms of 2015 **revictimization**.

The term revictimization or secondary violence consists of the understanding that, in the face of a primary violence suffered, the victim suffers institutional violence and, consequently, relives the crime several times, even if the original aggression has ceased. In this context, institutional violence occurs when the body that should ensure the victim's safety causes additional suffering, making what should be the reception painful (Santos; Santos, 2023); also, revictimization is observed when the victim is exposed to inadequate treatment, lack of support, negligence on the part of the responsible authorities (Feitosa; Oak; Piva, 2023); as well as indifferent , intimidating, disrespectful, truculent, embarrassing, vexatious, and discriminatory treatment, which leads to suffering or stigmatization (Brasil, 2022).

This article aims to describe the psychosocial impacts of the revictimization of women in situations of sexual violence, through a narrative review of the literature.

MATERIALS AND METHODS

The present study is a documentary, bibliographic and narrative research, with a descriptive character and a qualitative approach. To this end, electronic bibliographic surveys were carried out, through the retrieval of indexed scientific articles, of open access, available in the *google scholar* database. The searches were carried out in July 2024, with reference to articles published in the period between 2019 and 2024 (June).

In the search for articles, the following terms were adopted chosen from the Health Sciences Descriptors (DeCS): 'violence against women', 'sexual violence', 'care services', 'psychosocial impact'; added to the keywords 'revictimization', a component of the scientific literature related to the theme in focus; and, combined by the Boolean operator "AND".

A total of twenty articles were chosen. After a thorough reading of the materials, two analytical categories were composed: (1) weaknesses in the intersectoral network of assistance to

women in situations of sexual violence; (2) psychosocial impacts of revictimization and the importance of psychology.

RESULTS

Chart 1 presents information on the articles chosen, considering: authorship and year of publication; title of the article; Study objectives.

Table 1. Distribution of the articles chosen considering authorship and year of publication, title of the article and objectives

No.	Authors (Year)	Title	Objective
1	Frugoli *et al.* (2019)	Of conflicts and negotiations: an ethnography in the Specialized Police Station for Women's Care.	Describe and analyze conflicts and the construction of negotiations, presenting the expectations and movements of women victims of violence who seek the Deam, in view of the conditions of care and the interpretations of the police officers who deal with such demands.
2	Aguiar; D'Oliveira; Schraiber (2020)	Historical changes in the intersectoral network of services aimed at violence against women – São Paulo, Brazil.	To identify and analyze changes that have occurred in the services and care vocations (psychosocial, police and legal) that today constitute a significant reference for Primary Care in the Health sector, examining the facilitating or obstacle conditions of possible network functioning.
3	Branco *et al.* (2020)	Weaknesses in the work process in Health Care for Women in situations of sexual violence.	To identify in the discourses of managers and workers who assist women in situations of sexual violence, the conditions that compromise the care of these people and the structuring of the network.
4	Curia *et al.* (2020)	Brazilian scientific productions in psychology on intimate partner violence against women	OBJECTIVE: To analyze the scientific production of empirical studies in Brazilian psychology on the phenomenon of intimate partner violence against women (IPV) published in national journals.
5	Scarpati; Koller (2020)	Assistance to victims of sexual violence: a review of the literature on police training	To explore the existence (or not) of practical guidelines and standardized techniques for interviewing and welcoming victims of sexual violence.
6	Souto; Castelar (2020)	Psychologists in specialized services for women in situations of violence.	Map the presence and performance of psychologists in specialized services in the care of women in situations of violence.
7	Kaus; Barbosa; Paludo (2021)	Flow of care for women in situations of violence: paths and losses	OBJECTIVE: To identify the flow of care and referrals of this group in the protection network in a municipality in the interior of Rio Grande do Sul – RS.
8	Mariano *et al.* (2021)	Health services offered to women victims of 9sexual violence in Brazil: an integrative literature review.	To know the health services offered to women victims of sexual violence in Brazil.
9	Carvalho; Laguardia; Deslandes (2022)	Information Systems on Violence Against Women: An Integrative Review	To analyze how information systems on violence against women are portrayed by national and international academic production.
10	Souza; Silva (2022)	Sexual violence against women in Brazil: a socio-legal analysis.	To analyze sexual violence against women, through the appreciation of documentary and legislative innovations on the subject and that provoke agents in society to ensure the balance and maintenance of this space in favor of the elimination of this violence.

11	Rabello; Silva (2022)	Sexual crimes: the probative value of the victim's word	Conceptualize some institutes used in forensic practice that have a significant impact to remove the principle of the presumption of innocence, in order to understand the importance of the victim's word in sexual crimes.
12	Trentin; Vargas; Zilli (2022)	Mapping services for women in situations of sexual violence: a possibility for intersectorial articulation.	To map the care services for women in situations of sexual violence in a municipality in the northern region of the State of Rio Grande do Sul, southern Brazil.
13	Andrade; Martins (2023)	Violence and its implications in the field of women's mental health: an integrative literature review in the field of Psychology	To analyze the Brazilian scientific productions produced in the last five years about Psychology and its commitment to women's mental health, taking into account the impacts of violence suffered in a patriarchal context.
14	Feitosa; Carvalho; Piva (2023)	Institutional violence against women who are victims of sexual crimes.	Conduct an in-depth analysis of the complex dynamics of institutional violence against women victims of sexual crimes.
15	Santos; Santos (2023)	Revictimization of women who are victims of sexual violence.	Discuss the procedures adopted by the criminal justice system in the treatment of victims of sexual violence, when the victim's revictimization has been characterized.
16	Scarpati *et al.* (2023)	Listening, respecting, protecting: recommendations for interviewing women victims of sexual violence.	Present procedures to be adopted in interviews with women victims of sexual violence.
17	Andrade; Tamboril (2024)	Violence against women: empirical evidence in Porto Velho/RO.	To conduct a review of empirical studies on violence against women in the region of Porto Velho, Rondônia.
18	Grubba; Costa (2024)	Institutional violence against victims of sexual violence in Brazil: a study on secondary victimization.	Objective To synthesize and critically analyze the results of research on institutional violence that falls on victims of sexual violence, configuring a double victimization, called secondary victimization.
19	Portela; Guazina, (2024)	Ângela Diniz and Mariana Ferrer: a psychoanalytic look at the feminine.	To analyze the discourse on women's bodies in situations of violence in Brazil, as well as to reflect on psychoanalytic productions about the feminine today.
20	Sousa; Sousa (2024)	Applicability of Law 11.340/06: the lack of resources and infrastructure.	Deepen the analysis of the challenges faced in the application of legislation, through documentary and bibliographic research, investigating its implications for the realization of women's rights and freedoms.

Source: Barbosa *et al.* (2024).

DISCUSSION

WEAKNESSES IN THE INTERSECTORAL NETWORK OF ASSISTANCE TO WOMEN IN SITUATIONS OF SEXUAL VIOLENCE

Crossing the patriarchal order, in life and professional performance as representatives of the State, can imply institutional violence and revictimization of the women assisted at the points of the intersectoral network - spaces that should serve the effective protection, acceptance and guarantee of women's rights (Andrade; Tamboril, 2024). Therefore, it is crucial to invest in specific training for actors who implement public policies.

In this regard, Bezerra *et al*. (2018), defend the expansion of opportunities for the qualification of health professionals, with regard to legal support in the care of women victims of sexual violence, since service users commonly report dissatisfaction, from the moment they access the network, while they suffer judgments and are unable to enjoy their rights. In the same way,

professional qualification is pertinent because the prejudiced society, the sexist discourse and the inappropriate attitudes of professionals, reinforce the violence suffered by women, contributing to the creation of a cycle between interpersonal violence and institutional violence, which prevents the protection network from providing qualified and humanized care (Vilela *et. al*., 2010).

By the way, the fragmentation of care, the insufficiency of financial resources in the services of the protection network, the inadequacy of the physical infrastructure, the gaps in the training of the professionals of the care team, as well as the scarcity of qualified professionals and the high turnover in the points of care are in accordance with ideologies that seek to control sexuality and female bodies. These factors collaborate with a complex system of weaknesses, impairing the care processes for women who suffer sexual violence. Hence, it is imperative that urgent measures be adopted to restructure the network, in order to strengthen the role of professionals and managers of care teams, through continuous qualification processes and implementing awareness actions for all those involved (Branco *et al*., 2020).

In addition, it is asserted the importance of including the theme of sexual violence against women as a subject and course agenda for health professionals and the care network, in an attempt to train them as active, sensitive and competent agents to deal with victims from the reception, identification of cases, to the end of follow-up; as well as for the development of scientific research, in a holistic, humanized way (Mariano *et al.*, 2021).

In addition, it is warned about the intrinsic fragility of interviews to welcome victims of sexual violence, guided by personal values and common sense, to the detriment of the observance of reception techniques and qualified listening; consequently, favoring the revictimization of the assisted women. This conjuncture makes the production of specialized care protocols, based, in fact, on scientific rigor (Scarpati; Koller, 2020).

Furthermore, it is essential to identify the existing spaces and services in the territory, in order to project possibilities for flows and improve the articulation between the points that make up the network of care for women in situations of sexual violence. Therefore, the facilitation of itineraries cooperates with the implementation of appropriate referrals, in the sense of not re-victimizing the victims (Trentin; Vargas; Zilli, 2022); in addition to valuing comprehensive, intersectoral and dignified care, as proposed in the regulations, in favor of boosting women's possibilities of getting out of the situation of violence (Frugoli *et al.*, 2019).

Therefore, given that confronting violence against women conforms to an intersectoral policy, it requires realistic articulation between the various sectors, to effectively promote humanized reception (Aguiar; D'Oliveira; Schraiber, 2020). Likewise, it requires raising awareness among the population about combating gender violence (Sousa; Sousa, 2024); in addition to the interaction

between the different intersectoral and intrasectoral information systems, to avoid the revictimization of women who have suffered violence (Carvalho; Laguardia; Deslandes, 2022).

PSYCHOSOCIAL IMPACTS OF REVICTIMIZATION AND THE IMPORTANCE OF PSYCHOLOGY

The revictimization of women victims of sexual crimes is a psychological, legal and social problem, which makes it difficult to heal the wound resulting from the sexual violence suffered; making women prisoners of their own suffering (Santos; Santos, 2023). Based on a discriminatory perspective (Souza; Silva, 2022), such secondary victimization, perpetrated in the social, legal, and health contexts, involves hierarchization and discrediting of the victim, excessive use of legal technicality, incompatible with humanized care, absence of institutional support and access to public health services (Grubba; Costa, 2024). Consequently, it is capable of altering the woman's narrative about possible "justifications" for the crime committed, as it promotes an exchange of roles between guilty and innocent (Portela; Guazina, 2024).

The fragile care provided to women in situations of sexual violence, in a care network in which the services act in a disjointed way, competes with the potentiation of stigma and discrimination, while instilling in women feelings of inferiority, insecurity, blaming for the violence suffered (Trentin *et al*, 2019); as well as causing isolation, fear or guilt, sustaining the condition of vulnerability that directly impacts psychosocial aspects and ends up "pushing" the woman out of the net (Klaus *et al*., 2021).

The emotional damage resulting from sexual violence against women demands the implementation of public policies, the guarantee of comprehensiveness in network care services, social awareness and the expansion of strategies to cope with violence. In this sense, it is essential to offer psychological support to the victim, in order to allow him or her to receive eminently humanized care (Andrade; Martins, 2023). In addition, the role of Psychology in promoting mental health care for women in situations of sexual violence requires convergent professional training, oriented towards non-revictimization and prevention of the resulting psychosocial impacts (Souto; Castelar, 2020); that understands violence from a broader perspective, including family, individual aspects and culture (Curia *et al.*, 2020); that praises therapeutic and preventive approaches, considering the biopsychosocial aspect of violence and its impact on interpersonal and individual relationships.

FINAL CONSIDERATIONS

The processes of re-victimization comprise a complex and controversial panorama, resulting from secondary victimization practices perpetrated by professionals working in the intersectoral

network, which lead women in situations of sexual violence to relive the traumatic experience, resulting in unrestricted suffering, multiple emotional damages, and psychosocial impacts of great magnitude.

The psychosocial impacts resulting from the revictimization of women in situations of sexual violence call for feminist, articulated and intersectional public policies; they need the mobilization of collective efforts towards the continued qualification of the social actors who work in the services; they request the organization and improvement of care flows and protocols, realistically articulated in a network; demand investment in thematic scientific research, with emphasis on ensuring humanized, holistic, comprehensive care; they demand the fight against subordination and oppression to which women are subjected, they require valuing subjectivities, understanding idiosyncrasies and psychological care for individualized treatment of mental health demands and psychological suffering; they lack appropriate referrals in the specialized services that are part of the intersectoral network.

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