



SOCIODEMOGRAPHIC PROFILE OF VICTIMS OF SEXUAL VIOLENCE TREATED IN FOZ DO IGUAÇU, BRAZIL, 2019-2023

PERFIL SOCIODEMOGRÁFICO DE VÍTIMAS DE VIOLÊNCIA SEXUAL ATENDIDAS EM FOZ DO IGUAÇU, BRASIL, 2019-2023

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ABSTRACT: The objective was to analyze the sociodemographic profile of victims of sexual violence in the municipality of Foz do Iguaçu and to correlate it with the characteristics of the cases. This is an observational, retrospective, quantitative study based on data from the Technical-Scientific Execution Unit of the Paraná Scientific Police, including cases of sexual violence recorded between January 2019 and December 2023. A total of 456 cases of rape, 289 suspected cases, one case of sexual harassment, and one case of sexual exploitation were registered. Rape of vulnerable individuals (aged 0 to 14 years) was predominant, mainly affecting girls (91.3%), individuals of white skin color (36.1%), without disabilities (29.2%), occurring in the victims' own homes (38%), perpetrated by known male offenders (36.7%), and mostly without vaginal penetration (46.7%). Drug use was identified in 21.5% of the cases, whose victims were aged between 18 and 59 years. It is concluded that the high occurrence of sexual violence reveals the complexity of this crime and reinforces the importance of more comprehensive public policies, especially in border regions.

KEYWORDS: Sex Crime. Health Profile. Frontier Health. Violence.

RESUMO: O objetivo foi analisar o perfil sociodemográfico das vítimas de violência sexual no município de Foz do Iguaçu e correlacionar com as características dos casos de violência. Trata-se de um estudo observacional, retrospectivo, quantitativo, com base no banco de dados da Unidade de Execução Técnico-Científica da Polícia Científica do Paraná, sobre os casos de violência sexual entre janeiro/2019 e dezembro/2023. Foram registrados 456 casos de estupro, 289 suspeitos, um de assédio sexual e um de exploração sexual. Foi predominante o estupro de vulnerável (0 a 14 anos), entre meninas (91,3%), brancas (36,1%), sem deficiência (29,2%), na própria residência (38%), cometidos por conhecidos do sexo masculino (36,7%) e sem penetração vaginal (46,7%). Uso de drogas foi constatado em 21,5% dos casos, cujas vítimas tinham entre 18 e 59 anos. Conclui-se que a alta ocorrência de violência sexual expõe a complexidade do crime e reforça a relevância de políticas públicas mais abrangentes, sobretudo em regiões de fronteira.

PALAVRAS-CHAVE: Delitos Sexuais. Perfil de Saúde. Saúde na Fronteira. Violência.

INTRODUCTION

Violence has been present in society's daily life for many years, more precisely, since the first interpersonal interactions, where many justify it because of ideals, positions, imposition, or demonstration of hostility.¹ Violence is not a phenomenon restricted to the health sector. Still, considering the damage caused to the quality of life of victims and the need for attention by medical and hospital services, violence ends up impacting health directly.²

When classifying violence, it is possible to divide it into four main types: physical, sexual, psychological, and/or negligence.² Sexual violence, in particular, manifests itself in different ways and is characterized as: sexual harassment, rape, rape of a vulnerable person, and sexual exploitation. According to Law No. 12.015/2009 of the Brazilian Penal Code, rape is characterized as the act of forcing someone, by means of violence or threat, to participate in sexual acts against their will or to allow another libidinous act to be performed on them.³ The implementation of this law represented an important advance by including anal sex, oral sex, palpation, and penetration with fingers or objects as rape, previously considered only as libidinous acts.³

Rape of a vulnerable person, on the other hand, was a crime created by Law No. 12.015/2009, a criminal offense defined as carnal conjunction or the practice of a libidinous act with a minor under the age of 14 or someone who, due to mental deficiency or infirmity, does not have discernment of the acts being practiced against them.³

As for sexual exploitation, this is a crime provided for in both the Brazilian Penal Code and the Statute of the Child and Adolescent (SCA), characterized by the exchange of sexual favors for money, food, gifts, and toys, among other objects.⁴ Sexual harassment occurs when there is embarrassment or insistence from a hierarchically superior individual.³

It should be noted that sexual violence does not have a specific pattern, as it affects more than one audience. Some criteria, such as social class, gender, race/color, age, marital status, and class, can be considered factors that explain this phenomenon.¹

Data provided by the United Nations Children's Fund (UNICEF) showed that more than 370 million girls and women suffered rape or sexual abuse in the world before the age of 18, with the highest incidence occurring during adolescence, between the ages of 14 and 17. The data also shows that boys and men have also suffered sexual violence, with an estimated 240 million and 310 million cases.⁵ In Brazil, the figure in 2023 was 83,988 cases, of which 88.2% were female victims and 11.8% male.⁶

Sexual violence in border regions has peculiar characteristics due to the specific dynamics of these areas. Borders are not just geographical boundaries, they represent spaces where different cultures, ideologies, and economies meet, and are marked by ethnic, racial, and cultural diversity. Because of their particularities, borders become places where contradictions and violence intensify.⁷

It is in this context of vulnerability and lack of effective policies that relevant questions arise about the impact of sexual violence in these territories. There is also an underreporting of cases of sexual exploitation in border areas, either due to the daily crossing of borders or the lack of reporting.⁸

Based on the above, the research question is: Who are the main victims, and what types of sexual violence are treated in a border municipality? This study aimed to analyze the sociodemographic profile of victims of sexual violence in the municipality of Foz do Iguaçu (PR) and correlate it with the characteristics of cases of violence.

METHODOLOGY

This is an observational, retrospective, quantitative study carried out in Foz do Iguaçu, in the state of Paraná, Brazil. This is a municipality on the triple border (Brazil, Paraguay, and Argentina).

The data included in the study were records from the database of the Technical-Scientific Execution Unit (TSEU) and the Document and Report Management System (DRMS) of the Paraná Scientific Police, relating to cases of sexual violence.

The inclusion criteria were the records of all victims treated by the TSEU between January 2019 and December 2023 who had suffered sexual violence. Records of victims without residence information were excluded, totaling 88 cases.

Data was collected between September and November 2024 by the first author, a nursing student trained by the researcher in charge. A structured instrument was used, prepared by the researchers, containing variables on: a) the victims' sociodemographic profile (sex, race/color, schooling, income, disability, pregnancy, marital status and residence); b) the profile of the violence (type, location, sexual practices, occurrence within or outside the family and other aggressions); c) the aggressor's characteristics (sex, relationship with the victim, drug use, number of aggressors, and outcome).

The data collected was entered into a Microsoft Office Excel® spreadsheet and the researchers checked for inconsistencies. Based on the analysis and interpretation of the data, tables were organized to understand the information gathered, i.e. to check for differences between the categories of variables studied. The results were analyzed using the Chi-square test and the G-test, with a significance level of $\alpha = 0.05$, using the BioEstat 5.0 software.

When structuring the tables, the authors considered the 14-year-old age group as rape of a vulnerable person (victims of exactly 14 years of age on the date of the incident), justified by the existence of a plausible correction gap in Article 213 of the Penal Code.

The project was approved by the Research Ethics Committee (opinion no. 7.107.101) and by the TSEU, in accordance with Resolution no. 466/2012 of the National Health Council.

RESULTS

In the period under study, 456 cases of rape were recorded, of which 332 (72.8%) referred to rape of a vulnerable person, including victims aged between zero and 14 or who had some kind of disability or illness, 57 (12.5%) in the 15-17 age group, 65 (14.3%) aged between 18 and 59 and two (0.4%) over 60.

Concerning sociodemographic factors by age group, Table 1 shows that the majority of victims were female in all age groups, 303 (91.3%) between the ages of zero and 14, 51 (89.5%) between the ages of 15 and 17, 58 (89.2%) between the ages of 18 and 59 and two (100%) over the age of 60.

Regarding whether or not the victim had a disability or was pregnant, for the majority of records this information was not included in the database. However, for the cases in which this variable was recorded, there was a statistically significant difference between the age groups, with a higher incidence between 18 and 59 years ($p=0.0034$). This suggests that disability was frequently recorded among adult victims, which may indicate a relevant characteristic in the profile of victims, differentiating them from children and adolescents.

Regarding pregnancy, there was one (0.3%) case of pregnancy in the zero to 14 age group and one (1.5%) in the 18 to 59 age group.

Regarding the race/color of the victims, the white population was the most affected, of which 120 (36.1%) cases were between the ages of zero and 14, followed by 20 (35.1%) between the ages of 15 and 17 and 22 (33.8%) between the ages of 18 and 59.

As for marital status, this information was found to be incomplete in the database records. However, among the records with this information, the majority of the victims were single, 30 (9%) in the age group between zero and 14 years old.

Table 1. Distribution of sociodemographic characteristics of rape victims treated at the TSEU, by age group, from 2019 to 2023. Foz do Iguaçu, Paraná, Brazil. 2024.

Characteristics	Vulnerable 0 to 14 years	15 to 17 years old	18 to 59 years old	60 years or older	p-value*
	n(%)	n(%)	n(%)	n(%)	
Sex					
Female	303(91.3)	51(89.5)	58(89.2)	2(100.0)	0.8960
Male	29(8.7)	6(10.5)	7(10.8)	0(0)	
Disability					
Yes	2 (0.6)	4(7.0)	6(9.2)	0(0)	0.0034
No	97(29.2)	16(28.1)	20(30.8)	0(0)	
Not informed	233(70.2)	37(64.9)	39(60.0)	2(100.0)	
Pregnant					
Yes	1(0.3)	0(0)	1(1.5)	0(0)	0.3025
No	88(26.5)	10(17.5)	11(16.9)	0(0)	
Not informed	243(73.2)	47(82.5)	53(81.5)	2(100.0)	
Race/color					
White	120(36.1)	20(35.1)	22(33.8)	2(100.0)	0.3233
Brown	15(4.5)	6(10.5)	5(7.7)	0(0)	
Black	2(0.6)	1(1.8)	2(3.1)	0(0)	
Not informed	195(58.7)	30(52.6)	36(55.4)	0(0)	
Marital status					
Single	30(9.0)	3(5.3)	6(9.2)	0(0)	**
Married	0(0)	0(0)	2(3.1)	1(50.0)	
Divorced	0(0)	0(0)	1(1.5)	0(0)	
Widow(er)	0(0)	0(0)	1(1.5)	0(0)	
Not informed	302(91.0)	54(94.7)	55(84.6)	1(50.0)	

* Chi-square test or G-test. **Tests could not be carried out due to the nature of the data. Source: TSEU database.

Concerning the description of the violence suffered by age group, table 2 shows that the most prevalent sexual practices in the zero to 14 age group were cases where there was no vaginal penetration (n=155, 46.7%). It is important to note that the sum of the cases does not represent the total number of victims, as the same person suffered more than one form of abuse. In the 15-17 age group, it was vaginal penetration, 26 (45.6%), followed by not using a condom, with 16 (28.1%) cases. In the 18-59 age group, the sexual practice with the highest number of cases was vaginal penetration, 41 (63.1%). As for victims aged 60 or over, there was one (50%) case involving vaginal penetration and one (50%) where no sexual practices were involved.

The use of bodily force was observed equally between the age groups, while threats were more significant in the 15-17 age group (12.3%). The number of incidents in which no other aggression was reported was significant in the vulnerable age group (p=0.0001).

Regarding the place where the violence occurred, 38% of cases in the vulnerable age group occurred in the home. The occurrence of violence outside the home prevailed among victims aged between 18 and 59 (32.3%). These differences were statistically significant ($p=0.0001$).

Table 2. Distribution of the characteristics of violence suffered by the population treated at the TSEU, by age group, from 2019 to 2023. Foz do Iguaçu, Paraná, Brazil. 2024.

Characteristics	Vulnerable 0 to 14 years	15 to 17 years old	18 to 59 years old	60 years or older	p-value*
	n(%)	n(%)	n(%)	n(%)	
Sexual practices					
Oral sex	29(8.7)	7(12.3)	4(6.2)	0(0)	**
Vaginal penetration	96(28.9)	26(45.6)	41(63.1)	1(50.0)	
Anal penetration	27(8.1)	6(10.5)	13(20.0)	0(0)	
Did not use a condom	30(9.0)	16(28.)	16(24.6)	0(0)	
Not used	155(46.7)	10(17.5)	5(7.7)	1(50.0)	
Not informed	17(5.1)	1(1.8)	10(15.4)	0(0)	
Other aggressions					
Bodily force	30(9.0)	6(10.5)	6(9.2)	2(100.0)	0.0010
Hanging	2(0.6)	0(0)	2(3.1)	0(0)	
Threats	20(6.0)	7(12.3)	2(3.1)	0(0)	
Other	0(0)	0(0)	1(1.5)	0(0)	
None	280(84.3)	39(68.4)	34(52.3)	0(0)	
Not informed	0(0)	5(8.8)	20(30.8)	0(0)	
Place of occurrence					
Residence	126(38.0)	19(33.3)	22(33.8)	2(100.0)	0.0001
Other	27(8.1)	10(17.5)	21(32.3)	0(0)	
Not informed	179(53.9)	28(49.1)	22(33.8)	0(0)	

* Chi-square test or G-test. ** Tests could not be carried out due to the nature of the data. Source: TSEU database.

As for the number of aggressors, table 3 shows that the presence of one aggressor was more frequent, with 295 (88.9%) in the zero to 14 age group, followed by 53 (81.5%) aged between 18 and 59. As for sex, the male aggressor was prevalent for all age groups of victims, with a statistically significant difference ($p=0.0023$).

A friend/acquaintance relationship with the victim in the age group between zero and 14 years old was identified for 122 (36.7%) victims and 21 (36.8%) between 15 and 17 years old. However, for the 18-59 age group, the link with the victim was unknown, 21 (32.3%). In the 60 and over age group, there was one (50%) case in which the link to the victim was the partner and one (50%) unknown.

There was a higher frequency of records of non-use of drugs for all age groups, with a statistical difference ($p=0.0001$). This difference was because 21.5% of cases of violence in the 18-59 age group had a record of drug use and 96.7% of vulnerable victims did not use drugs.

Table 4 shows 289 cases of suspected rape, of which 244 (84.5%) were between the ages of zero and 14. Most of the victims were female in all age groups.

In addition, one case of sexual harassment was recorded, with the victim being a female aged between 15 and 17 and the perpetrator being a male underage. Two cases of sexual exploitation were also recorded, with female victims who were minors and suffered sexual abuse. In these cases, the aggressors were male, for one victim the stepfather, and for the other a minor. There were no reports of drug use in either case.

Table 3. Distribution of aggressor characteristics and drug use in cases seen at the TSEU by age group, from 2019 to 2023. Foz do Iguaçu, Paraná, Brazil. 2024.

Characteristics	Vulnerable 0 to 14 years	15 to 17 years old	18 to 59 years old	60 years or older	p-value*
	n(%)	n(%)	n(%)	n(%)	
Number of aggressors					
One	295(88.9)	46(80.7)	53(81.5)	2(100.0)	0.1137
Two	19(5.7)	5(8.8)	8(12.3)	0(0)	
Three or more	0(0)	1(1.8)	2(3.1)	0(0)	
Not informed	18(5.4)	5(8.8)	2(3.1)	0(0)	
Sex of aggressor					
Male	322(97.0)	51(89.5)	62(95.4)	2(100.0)	0.0023
Female	7(2.1)	0(0)	1(1.5)	0(0)	
Not informed	3(0.9)	6(10.5)	2(3.1)	0(0)	
Relationship with victim					
Partner	2(0.6)	2(3.5)	2(3.1)	1(50.0)	**
Father/mother	32(9.6)	4(7.0)	1(1.5)	0(0)	
Brother	7(2.1)	1(1.8)	0(0)	0(0)	
Stepfather/stepmother	60(18.1)	11(19.3)	0(0)	0(0)	
Friend/acquaintance	122(36.7)	21(36.8)	12(18.5)	0(0)	
Former partner	0(0)	1(1.8)	4(6.2)	0(0)	
Unknown	18(5.4)	3(5.3)	21(32.3)	1(50.0)	
Minor	40(12)	4(7.0)	0(0)	0(0)	
Neighbor	13(3.9)	2(3.5)	3(4.6)	0(0)	
Not informed	38(11.4)	8(14.0)	22(33.8)	0(0)	
Use of drugs					
Yes	9(2.7)	4(7.0)	14(21.5)	1(50.0)	0.0001
No	321(96.7)	53(93.0)	50(76.9)	1(50.0)	
Not informed	2(0.6)	0(0)	1(1.5)	0(0)	

* Chi-square test. Source: TSEU database.

Table 4. Distribution by age group and sex of cases of suspected rape suffered by the population assisted at the TSEU, from 2019 to 2023. Foz do Iguaçu, Paraná, Brazil. 2024.

Sex	0 to 14 years old	15 to 17 years old	18 to 59 years old	60 years or older	p-value*
	n(%)	n(%)	n(%)	n(%)	
Female	203(83.2)	11(84.6)	28(90.3)	1(100.0)	0.6791
Male	41(16.8)	2(15.4)	3(9.7)	0(0)	
Total	244(0)	13(0)	31(100.0)	1(100)	

*Chi-square test. Source: TSEU database.

DISCUSSION

The data from this investigation indicated that in most rape incidents, cases involving the age group considered vulnerable stood out. This data was similar to research carried out by the Institute for Applied Economic Research ("*Instituto de Pesquisa Econômica Aplicada*" - IPEA), which showed that the incidence of rape of the vulnerable represents the majority of cases in Brazil. As this research showed, although sexual violence affects both sexes, female victims have the highest incidence. These figures become even higher when it comes to minor victims, indicating that younger women are more exposed to the risk of being assaulted.⁹

In the state of Pará, in 2023, when counting the number of registered cases of sexual crimes against children and adolescents, there was a predominance of females, with 88.39%.¹⁰ Similarly, in the research in a municipality in Goiás, between 2017 and 2020, it was shown that the age group between two and 10 years old was more prevalent, whose victims were also female.¹¹

The notifications made through the Notifiable Diseases Information System (SINAN) from 2019 to 2023 further reinforced the fact that girls and women suffer more from sexual violence, since 200,084 cases of violence against children and adolescents were recorded and of these, 87.17% were of the sex, i.e. girls suffered around seven times more abuse than boys.¹²

In border regions, women are more at risk due to the differences in legislation and government structures between neighboring countries. These factors, coupled with their distance from decision-making centers, economic precariousness, and lack of information about their rights, have made their situation even worse⁷.

Analysis of the profile of the victims in this study indicated that in the place and period studied, for the majority it was not recorded whether the victims had any kind of disability or not. A study of cases of violence reported in Brazilian health services between 2011 and 2017 showed that out of 1,429,931 cases of interpersonal or self-inflicted violence in the country, 8.1% of the victims had a disability.¹³

This low number of records in the database, both of victims with some kind of disability and those without, demonstrates a low rate of notification, which can be explained by a failure in communication, the dependence of victims on their relatives/carers, difficulty in accessing health services, among other impediments. These factors may justify possible underreporting¹³.

Concerning race, there was a prevalence of white victims, with a higher incidence in the zero to 14 age group. This may be explained by the fact that the research municipality has a predominantly white population¹⁴. A study that included all regions of Brazil indicated that in 2020, the period of the COVID-19 pandemic, the racial profile of the most affected victims was black, with 50.7%.¹⁵

If we consider that the public most affected in this research were children and adolescents, a comparison with the report recently released by UNICEF and the Brazilian Public Safety Forum showed an overview of lethal and sexual violence against children and adolescents in Brazil between 2021 and 2023, whose racial-ethnic profile of the victims showed a proportional distribution between white and black victims. In the age group between zero and four years old, white victims amounted to 53.9%, while black victims were mostly between 10 and 14 years old (55.4%).¹⁶

Concerning marital status, although this information was incomplete in this study, the majority of cases recorded were single. Data from a study also carried out in Foz do Iguaçu (PR) showed that 59.2% of the victims' marital status was not informed, followed by single victims with 36.6% of the cases.¹⁷ It can be inferred that this information is not relevant to investigative bodies. A study carried out in Belgium associated the presence of a partner with a reduced risk of being a victim of sexual violence, compared to those who did not have a steady partner.¹⁸ Furthermore, this association may indicate that the lack of an affective bond is a factor that can encourage reporting.¹⁹

A survey carried out in João Pessoa (PB) in 2020 described similar results to this study regarding the perpetrator of abuse, who tends to be male and known to the victim and may be a family member, friend, neighbor, or acquaintance. This can be explained by the unequal power structure and authority imposed on victims, as well as their actions being minimized by social norms.²⁰

Another study carried out in Terezina (PI) found that the perpetrators of sexual violence who were or are from the victim's household accounted for 59.2% of the records,²¹ unlike a 2018 study in Araraquara (SP), which found that the perpetrator was unknown to the victim (31.39%).²²

Another noteworthy characteristic of the aggressor is their age since cases of sexual violence committed by minors have been increasing in the statistics. One study found that among the cases of sexual violence studied, 8.7% of the perpetrators were between 11 and 20 years old,²¹ data that corroborates this study, since 12% of perpetrators were under 18 years old. It's important to point out that children don't have the development to understand sexuality and their bodies, which are still growing, are not prepared to receive any sexual act.²² The same author also mentioned that many aggressors committed their first violent act before the age of 16, and this shows that older children can sexually assault other children.²²

Adolescent abusers may have also been victims of sexual violence and in certain cases, the child or adolescent tends to repeat the act with other children, showing sexual attitudes inconsistent with their age.²³ In violence committed by both minors and adults, the main characteristic of the victim involves a lower chronological age and maturity, so these victims are unable to prevent or report the abuse.²³

The predominant place of occurrence in this study was the victim's own home. This may be associated with the bond that the victims have with their aggressors, most of whom are relatives or acquaintances. This is corroborated by a study carried out between 2010 and 2018, which found that 56.4% of victims, regardless of age group, reported that their own home was the place of abuse.²⁴ This can be seen in the data published in the Brazilian Yearbook of Public Safety,²⁵ where the place where most rape or rape of a vulnerable person occurred in Brazil in 2023 was the family home, accounting for 61.7%, followed by the public highway, accounting for 12.9% of cases.

Vaginal penetration was the form of sexual violence considered to be high in all age groups, associated with physical violence at the same time. These data are in line with the study which found that 63.8% of male perpetrators of sexual violence reported penetration as the most common form of violence, without specifying whether it was vaginal, anal, or oral. When mentioning women perpetrators of sexual aggression (51%), they described their acts as penetration with objects, unspecified penetration, oral sex, caresses, and kisses. Both described sexual violence as being accompanied by physical violence or the use of bodily force against the victim.²⁶

Regarding the number of aggressors, this study found one aggressor for victims of all age groups, data corroborated by another study, which described that many cases of sexual violence are perpetrated by a single aggressor.²⁷

For the reality studied, there was no drug use related to sexual violence, however, it was evidenced from data collection between 2018 and 2019 in Primary Health Care, that the use of alcohol and drugs is often associated with violent acts and ends up contributing to them happening.²⁸ This data contrasts with the scenario of the municipality researched, located in a triple border region, where the high rate of drug consumption and dependence, combined with drug trafficking, is one of the determining factors for high urban violence.²⁹

Not many cases of sexual harassment and exploitation were observed, but this information highlights a serious social problem that is still present and may even be underreported. Data from the Brazilian Yearbook of Public Safety²⁵ indicated a total of 1,040 cases of sexual harassment and harassment during the year 2023 in the state of Paraná, Brazil. The analysis of just two cases of sexual exploitation and one of harassment casts doubt on the scope and effectiveness of the systems for identifying and registering cases. Concerning the vulnerable population, two cases of sexual exploitation were identified in the zero to four age group, four in the five to nine age group, 30 in the 10 to 13 age group, and 81 in the 14 to 17 age group.

As shown in a literature review, it is possible that the low number of cases may be related to the barriers to reporting, such as the unpreparedness of the professionals who make the reports, the fear

of reporting the case in the face of a known aggressor and the lack of systematization of the information. Furthermore, this underreporting can distort the real dimension of sexual violence, hindering actions to prevent violence, especially among the most vulnerable groups.³⁰

The cases of suspected abuse were classified in this way due to the lack or absence of adequate information in the forensic police database. This information is necessary to identify priority points that deserve attention from public bodies, as well as health policies. This data includes: the race/ethnicity of the victim, perpetrator of the violence, place of occurrence, age, and sex of the victim.

This shows the complexity and seriousness of sexual violence, especially against children and adolescents, which demonstrates their greater vulnerability to aggressors compared to other segments. The high rate of underreporting, together with the incompleteness of the records, makes it difficult to understand the real scale of the problem.

This reinforces the need to improve reporting systems since they help to keep records and implement public policies. There is also a need to train health and public security professionals, as well as to strengthen actions aimed at preventing violence and sheltering victims. Broadening the debate on sexual violence combined with the implementation of effective strategies ensures greater protection for victims and helps to reduce impunity for perpetrators.

Finally, sexual violence represents a violation of human rights, as it affects the physical and mental health of victims and impacts on individual and collective well-being. In this context, health promotion must be considered the central axis of action, to foster prevention strategies and a more comprehensive response, by raising awareness throughout society, strengthening the support network, and health education, and welcoming victims in an integrated and humanized way. To this end, joint and integrated efforts are essential to truly reduce violence across the globe.

CONCLUSION

The results showed a scenario of sexual violence in the municipality of Foz do Iguaçu (PR), where the victims were mainly children and adolescents, especially white girls. The prevalence of cases involving an aggressor, known to the victim, and the predominance of the domestic environment as the place of aggression, demonstrated the vulnerability of victims in family and social contexts. These facts expose the complexity of the crime and reinforce the need and importance of public policies aimed at prevention, identification, and rapid intervention in cases, seeking to break this cycle of violence.

Therefore, it is important that health and security professionals are trained to act at the time of reception, data collection and assistance to victims, since without adequate support, it will be difficult for information to be passed on in a complete manner and, consequently, many actions will become fragmented and unresolvable.

The incompleteness of the information in the TSEU database and the DRMS System of the Paraná Scientific Police may have highlighted a weakness in the systems for registering and assisting victims, limiting understanding of the true magnitude of sexual violence and making it difficult to draw up more comprehensive and effective public policies.

Another important issue is that the research was conducted in Foz do Iguaçu (PR), a municipality on the triple border. The implementation of public policies must take into account the particularities of this territory, which includes many individuals who cross the border on a daily basis. This can influence actions and increase the challenges in combating sexual violence, especially among the most vulnerable segments, such as children and adolescents. It is therefore essential that the different sectors - health,

security, social assistance, education, and management - work together to guarantee more qualified care and a more effective protection structure for victims in border regions.

It is recommended that future research delves deeper into this issue, analyzing the relationship between the incidence of sexual violence and the effectiveness of public policies, with a close eye on the most vulnerable border regions.

A limitation of this study is the lack of data on the victims' schooling, income and the outcome of the injury in the records analyzed. Although this data is provided for in the notification forms and is fundamental for characterizing the sociodemographic profile, it was not possible to analyze it, given the inconsistency in filling in these records.

The absence of this data may have compromised a more detailed analysis of the relationship between sociodemographic factors and the occurrence of sexual violence, limiting the understanding of the victims' context, as well as hindering the development of more effective strategies for prevention and assistance. It is therefore essential to sensitize and train the professionals responsible for collecting and filling in this data, ensuring the most complete and reliable records that can support strategic actions to combat sexual violence.

REFERENCES

1. Rocha JS, Mesquita ER, Pinto VB. Violência sexual em mulheres a partir de 10 anos e perfil da autoria no Pará entre 2017- 2021. Rev. Cereus [Internet]. 2024 [citado 2025 fev 7];16(1):231-43. <https://doi.org/10.18605/2175-7275/cereus.v16n1p231-243>
2. Minayo MC. Violência: um velho-novo desafio para a atenção à saúde. Rev Bras Educ Med [Internet]. 2005 [citado 2025 fev 8];29(1):55-63. <https://doi.org/10.1590/1981-5271v29.1-009>
3. Brasil. Lei nº 12.015, de 7 de agosto de 2009. Altera o Título VI da Parte Especial do Decreto-Lei nº 2.848, de 7 de dezembro de 1940 - Código Penal, e o art. 1º da Lei nº 8.072, de 25 de julho de 1990, que dispõe sobre os crimes hediondos, nos termos do inciso XLIII do art. 5º da Constituição Federal, e revoga a Lei nº 2.252, de 1º de julho de 1954. Diário Oficial da União: Seção 1, Brasília (DF); 10 ago 2009. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2007-2010/2009/lei/l12015.htm. Acesso em: 5 fev 2025.
4. Brasil. Lei nº 8.069, de 13 de julho de 1990. Estatuto da Criança e do Adolescente. Diário Oficial da União: seção 1, Brasília, DF, 16 jul. 1990. Disponível em: https://www.planalto.gov.br/ccivil_03/leis/l8069.htm Acesso em: 5 jan 2025,
5. UNICEF Brasil. Mais de 370 milhões de meninas e mulheres globalmente foram vítimas de estupro ou abuso sexual. UNICEF. 2024. Disponível em: <https://www.unicef.org/brazil/comunicados-de-imprensa/mais-de-370-milhoes-de-meninas-e-mulheres-globalmente-foram-vitimas-de-estupro-ou-abuso-sexual>. Acesso em: 18 jan 2025.
6. Fórum Brasileiro de Segurança Pública. 18º Anuário brasileiro de segurança pública. São Paulo: Fórum brasileiro de segurança pública, 2024. Disponível em: <https://publicacoes.forumseguranca.org.br/handle/123456789/253>. Acesso em: 28 out 2024.
7. Meneghel SN, Danilevicz IM, Polidoro M, Plentz LM, Meneghetti BP. Feminicídios em municípios de fronteira no Brasil. Ciênc Saude Colet [Internet]. 2022 [citado 2025 jan 28];27(2):493-502. <https://doi.org/10.1590/1413-81232022272.37412020>
8. Brasil. Ministério dos Direitos Humanos. Violência contra Crianças e Adolescentes: Análise de Cenários e Propostas de Políticas Públicas. Brasília, DF: Ministério dos Direitos Humanos; 2024. Disponível em: <https://www.gov.br/mdh/pt-br/centrais-de-conteudo/consultorias/conada/violencia-contras-criancas-e-adolescentes-analise-de-cenarios-e-propostas-de-politicas-publicas.pdf>. Acesso em: 28 jan 2025.
9. Cerqueira D, Bueno S, coordenadores. Atlas da violência 2024. Brasília: Ipea; FBSP; 2024. Disponível em: <https://repositorio.ipea.gov.br/handle/11058/14031> Acesso em: 10 fev 2025.

10. Pantoja EL, Carmo FW, Souza LC. Violência sexual contra criança e adolescente: perfil das vítimas no estado do Pará. *Rev Acad Online* [Internet]. 2023 [citado 2025 jan 29];IX(46). <https://doi.org/10.36238/2359-5787.2023.030>
11. Sousa PL, Rocha AL, Gomes GM, Moreira KD, Silva RR, Silvestre MD, et al. Perfil epidemiológico dos casos de violência sexual em Anápolis - Goiás - Brasil, nos anos 2017 a 2020. *Cogitare Enferm* [Internet]. 2023 [citado 2025 jan 28];28. <https://doi.org/10.1590/ce.v28i0.90831>
12. Santos PR, Santos PR, Brandão AP, Andrade MI. Análise do perfil de violência sexual contra crianças e adolescentes no Brasil no período de 2019-2023. *Rev Ft* [Internet]. 2024 [citado 2025 jan 30];28(139):15-6. <https://doi.org/10.69849/revistaft/th102410300928>
13. Mello NFD, Pereira EL, Pereira VODM, Santos LMP. Cases of violence against people with disabilities notified by Brazilian health services, 2011-2017. *Epidemiol Serv Saude* [Internet]. 2021 [citado 2025 jan 20];30:e2020747. <https://doi.org/10.1590/s1679-49742021000300007>
14. IBGE - Instituto Brasileiro de Geografia e Estatística. Censo 2022: Resultados Preliminares da População. Rio de Janeiro: IBGE; 2022.
15. Bohnenberger M, Bueno S. Os registros de violência sexual durante a pandemia de COVID-19. *Anuário Brasileiro de Segurança Pública*. 2021 [citado 2025 fev 5];13:110-1. <https://forumseguranca.org.br/wp-content/uploads/2021/07/7-os-registros-de-violencia-sexual-durante-a-pandemia-de-covid-19.pdf>.
16. Fundo das Nações Unidas para a Infância (UNICEF), Fórum Brasileiro de Segurança Pública. Panorama da violência letal e sexual contra crianças e adolescentes no Brasil: (2021-2023) [Internet]. São Paulo: UNICEF Brasil; 2024. [https://www.unicef.org/brazil/media/30071/file/panorama-violencia-letal-sexual-contra-criancas-adolescentes-no-brasil-v04%20\(003\).pdf.pdf](https://www.unicef.org/brazil/media/30071/file/panorama-violencia-letal-sexual-contra-criancas-adolescentes-no-brasil-v04%20(003).pdf.pdf). Acesso em: 5 fev 2025.
17. Santos CC, Mercedes PC, Martins W, Strada CD. Análise epidemiológica das fichas de notificação de mulheres vítimas de violência no município de Foz do Iguaçu. *Rev Eletronica Acervo Enferm* [Internet]. 2021 [citado 2025 fev 1];15:e9252. <https://doi.org/10.25248/reaenf.e9252.2021>
18. Schapansky E, Depraetere J, Keygnaert I, Vandeviver C. Prevalence and associated factors of sexual victimization: findings from a national representative sample of Belgian adults aged 16-69. *Int J Environ Res Public Health* [Internet]. 2021 [citado 2025 mar 25];18(14):7360. <https://doi.org/10.3390/ijerph18147360>
19. Fiorotti KF, Pedroso MR, Leite FM. Análise dos casos notificados de violência sexual contra a população adulta. *Acta Paul Enferm* [Internet]. 2022 [citado 2025 mar 20];35. <https://doi.org/10.37689/acta-ape/2022ao018466>
20. Lucena MBN. Morte violenta de mulheres no Brasil e novas vulnerabilidades: da violência do patriarcado privado à violência do patriarcado público. Brasil; 2020. Disponível em: <https://repositorio.pucrs.br/dspace/handle/10923/17171> Acesso em: 5 fev 2025.
21. Rosal IP, Albuquerque LD, Silva WC. Efeitos da pandemia de Covid-19 na incidência de atendimentos prestados a pacientes vítimas de violência sexual em um hospital de referência de Teresina- PI. *Res Soc Dev* [Internet]. 2023 [citado 2025 fev 1];12(5):e0612541426. <https://doi.org/10.33448/rsd-v12i5.41426>
22. Sottomayor MC. Abuso sexual de crianças por adolescentes inimputáveis em razão da idade: um desafio ao processo tutelar educativo. In: Oliveira G (Coord.) - *Textos de Direito da Família para Francisco Pereira Coelho*. Coimbra: Imprensa da Universidade de Coimbra, 2016, p. 501-21. Disponível em: <http://hdl.handle.net/10400.14/20184>
23. Silva ACA, Lins MRSW. Quando crianças abusam de outras crianças. *Rev Psicol Foco* [Internet]. 2013 [citado 2025 fev 2];5(6):48-65. Disponível em: <https://revistas.fw.uri.br/index.php/psicologiaemfoco/article/view/1117>
24. Casini ID, Andrade BD, Fonseca GG, Passos TS, Torres RC, Bernardo LP, et al. Violência sexual: análise epidemiológica entre os anos de 2010 a 2018. *Braz J Health Rev* [Internet]. 2021 [citado 2025 fev 8];4(5):22136-51. <https://doi.org/10.34119/bjhrv4n5-312>
25. Fórum Brasileiro de Segurança Pública. *Anuário Brasileiro de Segurança Pública* 2024. 18ª ed. São Paulo: Fórum Brasileiro de Segurança Pública; 2024.

26. Locatelli TZ, Vieira GG, Lindner SR, Warmling D, Bolsoni C, Coelho EB. Características de homens e mulheres autores de violência sexual: uma revisão de escopo. *Res Soc Dev* [Internet]. 2023 [citado 2025 fev 8];12(4):e10812440375. <https://doi.org/10.33448/rsd-v12i4.40375>
27. Santos CA, Moura MA, Orfão NH, Queiroz AB, Parmejiani EP, Paredes HD. Violência sexual perpetrada na adolescência e fase adulta: análise dos casos notificados na capital de Rondônia. *Esc Anna Nery* [Internet]. 2022 [citado 2025 fev 3];26. <https://doi.org/10.1590/2177-9465-EAN-2021-0405pt>
28. Silva VG, Ribeiro PM. Violência contra as mulheres na prática de enfermeiras da atenção primária à saúde. *Esc Anna Nery* [Internet]. 2020 [citado 2025 fev 3];24(4). <https://doi.org/10.1590/2177-9465-EAN-2019-0371>
29. Oliveira SP, Oliveira GB. Vulnerabilidades às drogas na tríplice fronteira Brasil-Paraguai-Argentina. *Rev Carib Cienc Soc* [Internet]. 2020 [citado 2025 mar 25]. Disponível em: <https://www.eumed.net/rev/caribe/2020/12/vulnerabilidades-drogas.html>
30. Aleluia ED, Carvalho ML, Bomfim VV, Dias MA, Leal VD, Almeida AO, et al. Repercussões do abuso e exploração sexual na criança e adolescente e a importância da qualificação da enfermagem frente aos casos: revisão narrativa. *Rev Eletronica Acervo Saude* [Internet]. 2020 [citado 2025 fev 5];(52):e3617. <https://doi.org/10.25248/reas.e3617.2020>