

Sexual violence perpetrated against black Brazilian women: an integrative review

Violência sexual perpetrada contra mulheres negras brasileiras: uma revisão integrativa
Violencia sexual perpetrada contra mujeres negras brasileñas: una revisión integradora

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Abstract

Objective: To analyze the scientific evidence in health about sexual violence perpetrated against black women in Brazil. **Methods:** This is an integrative review carried out in six stages, in which the search took place in May 2023, in the MEDLINE/PubMed, Scopus, Embase databases and in the Virtual Health Library portal. The selection took place in two stages and to extract the information, a form prepared by the authors was used, whose analysis of the results was done through content analysis. **Results:** From the analysis of the eight studies, the categories emerged: the profile of sexual violence perpetrated against black women and intersectionality and its impacts on sexual violence perpetrated against black women. The most perpetrated sexual violence practices were touching, manipulation, forced kissing and sexual relations, with a higher prevalence in young black women, who are more blamed and held accountable by society than the others. **Conclusion:** There is a prevalence of sexual violence against black women that, in most cases, is inserted in conditions of social vulnerability. In view of the structural racism present today, it is necessary to know this theme in order to promote better care for these women.

Descriptors: Sexual Offenses; Intersectional Framework; Black Population; Women.

Whats is already known on this?

Racism, a historical problem in Brazilian society, produces structures of social, economic and cultural inequality that result in hypersexualization and sexual violence against black women, with negative impacts on health.

What this study adds?

It evidences sexual violence as a public health problem, which suffers historical and cultural influence, with greater notification among young black women and with lower education and income.



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Resumo

Objetivo: Analisar as evidências científicas em saúde sobre a violência sexual perpetrada contra mulheres negras no Brasil. **Métodos:** Trata-se de uma revisão integrativa realizada em seis etapas, na qual a busca ocorreu em maio de 2023, nas bases de dados MEDLINE/PubMed, Scopus, Embase e no portal da Biblioteca Virtual de Saúde. A seleção se deu em duas etapas e, para extração das informações, utilizou-se formulário elaborado pelos autores cuja análise dos resultados se deu por meio da análise de conteúdo. **Resultados:** A partir da análise dos oito estudos emergiram as seguintes categorias: o perfil da violência sexual perpetrada contra mulheres negras; e a interseccionalidade e seus impactos sobre a violência sexual perpetrada contra mulheres negras. As práticas de violência sexual mais perpetradas foram o toque, a manipulação, os beijos forçados e as relações sexuais, com maior prevalência em mulheres jovens negras, que são mais culpabilizadas e responsabilizadas pela sociedade do que as demais. **Conclusão:** Há uma prevalência da violência sexual contra a mulher negra que, na maioria das vezes, está inserida em condições de vulnerabilidade social. Tendo em vista o racismo estrutural presente na atualidade, faz-se necessário o conhecimento desse tema a fim de promover um melhor atendimento para essas mulheres.

Descritores: Delitos Sexuais; Enquadramento Interseccional; População Negra; Mulheres.

Resumen

Objetivo: Analizar las evidencias científicas en salud sobre la violencia sexual perpetrada contra mujeres negras en Brasil. **Métodos:** Se trata de una revisión integradora realizada en seis etapas, en las que la búsqueda se realizó en mayo de 2023, en las bases de datos MEDLINE/PubMed, Scopus, Embase y en el portal Biblioteca Virtual en Salud. La selección se realizó en dos etapas y para la extracción de la información se utilizó un formulario elaborado por los autores, cuyo análisis de los resultados se realizó a través del análisis de contenido. **Resultados:** Del análisis de los ocho estudios surgieron las categorías: el perfil de la violencia sexual perpetrada contra las mujeres negras y la interseccionalidad y sus impactos en la violencia sexual perpetrada contra las mujeres negras. Las prácticas de violencia sexual más perpetradas fueron toques íntimos, manipulaciones, besuques forçados y relaciones sexuales, con mayor prevalencia en las jóvenes negras, que son más culpabilizadas y responsabilizadas que las demás por la sociedad. **Conclusión:** Existe un predominio de la violencia sexual contra la mujer negra, que, en la mayoría de los casos, se inserta en condiciones de vulnerabilidad social. Ante el racismo estructural presente en la actualidad, es necesario conocer este tema para promover una mejor atención a estas mujeres.

Descriptorios: Delitos Sexuales. Encuadre interseccional. Población negra. Mujer.

INTRODUCTION

Racial prejudice consists as an instrument of domination, which added to class prejudice, produces intolerance, inequalities of access to social, political, legal and cultural rights, in addition to violence in its various forms of manifestations.⁽¹⁾

When dealing with black women, the historical slavery past has contributed to the support, until the present day, of racism and hypersexualization in social, economic and cultural structures⁽²⁻³⁾, where they go from a human condition to a condition of "objectified body" and forced to carry out labor and sexual activities at the command of different white masters.⁽³⁾ This historical hypersexualization of the body of black women, combined with stereotypes that demean them, such as the mulatto woman in carnival, makes them vulnerable to sexual violence, or gender-based violence, practiced by someone who does not consider himself equal or in the conditions of existence and value of the victims.⁽⁴⁾

Under the gaze of Lélia Gonzalez, black women experience these violence from the intersection of racism and sexism.⁽⁵⁾ Such phenomena, historically, culturally and socially constructed, are related to the contradictions existing in unequal social, gender, class and race relations, often asymmetrical, dominant and exploitative.⁽⁶⁾ By understanding the mediations that are articulated to racism culturally manifested in Brazilian society, in cohesion to sexism, which produces violent effects on black women, predominantly, it becomes possible to identify the dominated and the dominator within this intersection.⁽⁵⁾

In this sense, sexual violence stands out, which can be perpetrated through the attempt or execution of a sexual act; undesirable attacks or comments against a person's sexuality; the use of coercion to obtain sexual advantages⁽⁷⁾ and sexual harassment.⁽⁸⁾ This type of violence expresses, in a decisive way, the objectification that one person inflicts on another, thus depriving him of his desires, feelings, beliefs, values and interests.⁽⁹⁾ In Brazil, the Brazilian Forum on Public Security⁽¹⁰⁾ highlights that among the 26.5 million Brazilians were victims of sexual harassment, and the 56,098 reports of rape occurrences among women registered in 2021, there was a prevalence of black women. The data on violence and health of black women bring to light a global health problem^(6,10-12) and, in view of this, it is essential to highlight that Nursing can take care of black women victims of sexual violence. However, in order to carry out adequate reception and assistance, professionals need to understand the structures that form and legitimize social inequalities that crystallize this violence.

Therefore, it is important to consider the limitations of the training of nurses, which can also be impacted by these socio-historical factors⁽¹³⁾, and it is urgent to invest more in themes that raise their

awareness to combat racial inequality in health in Brazil. And from this scientific basis to understand that dissociating professional practice from the understanding of this problematic entails the promotion of a non-empathic and unresolved care plan, unable to become improvements in the quality of life of women who are in this condition. This article aims to analyze the scientific evidence in health about sexual violence perpetrated against black women in Brazil.

METHODS

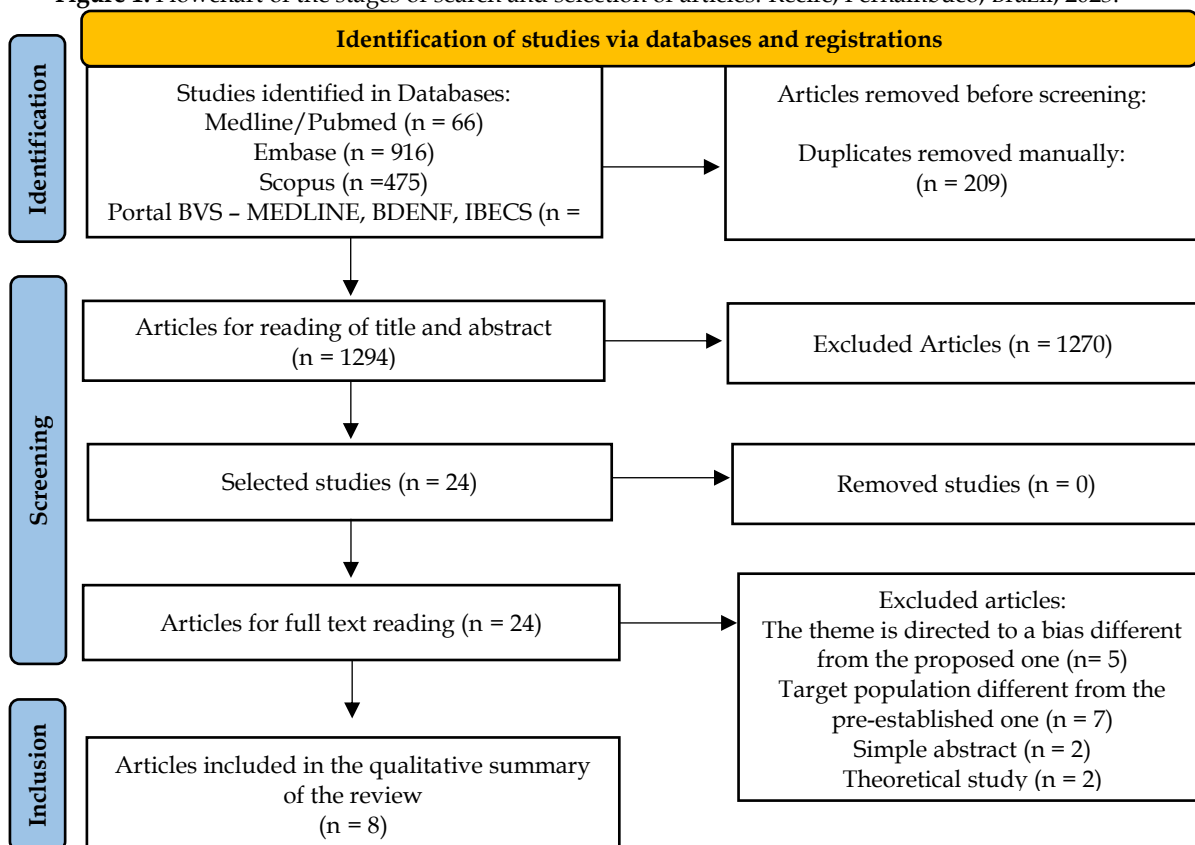
This is an integrative literature review study⁽¹⁴⁾, developed in six stages, namely: identification of the theme and selection of the research question; establishment of criteria for inclusion and exclusion; definition of the information to be extracted from the selected studies/categorization of the studies; evaluation of the studies included in the integrative review; interpretation of the results; and presentation of the review/synthesis of knowledge.⁽¹⁴⁾ To carry out this study, the recommendations of the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) were followed, as shown in the flowchart of figure 1.⁽¹⁵⁾

The search and data collection were guided by the following guiding question: “What does the scientific evidence in health say about sexual violence perpetrated against black women in Brazil?” This questioning was formulated through the PVO strategy in which the population (P) refers to black women; the variable of interest (V), to the issue of racism in health publications; and the outcome (O), to sexual violence.

The search took place in May 2023, through registration on the website of the Federated Academic Community (CAPES CAFe) in the following databases and electronic library: MEDLINE/PubMed, Scopus, Embase and Virtual Health Library (VHL). In the latter, there was no restriction on the database, thus, all were included.

The search strategy used containing the Health Sciences Descriptors (DeCS), Medical Subject Headings (MeSH) and Boolean operators (and AND and OR) was: (“Sex Offenses” OR “Sexual Assault” OR “Sexual Assaults” OR “Sexual Violence” OR “Sexual Violences” OR “Sexual Abuse” OR “Sexual Abuses”) AND (“Blacks” OR “Racism” OR “Intersectional Framework” OR “Race Factors”) AND (“Woman” OR “Women” OR “Girl” OR “Girls” OR “Women Groups” OR “Women’s Group” OR “Women’s Groups”).

Figure 1. Flowchart of the stages of search and selection of articles. Recife, Pernambuco, Brazil, 2023.



Inclusion criteria were: complete original studies from January 2012 to April 2023, with adult women, written in Portuguese, English and Spanish. The time frame is justified because the 2021 Atlas of Violence⁽¹⁶⁾, which is carried out annually with 10-year time frames, evidenced an increase in the number of black women murdered between 2009 and 2019. Articles with the adolescent population, literature reviews, case studies and experience reports; theses, dissertations, monographs and book chapters were excluded.

To select the articles, the *Rayyan* application was used⁽¹⁷⁾, through which the duplicates were excluded and then the studies were screened in two stages, with the first reading of the titles and abstracts of the articles and the second reading of the texts in full. Both stages were performed by two independent researchers in order to avoid selection bias. A third researcher evaluated the disagreements and the final sample consisted of eight articles.

The analysis was initially done by extracting some information from the texts, such as: title, authorship, journal, year and place of publication, level of evidence and main results. Regarding the levels of evidence, the research was classified according to the Agency for Healthcare Research and Quality (AHRQ), which ranks the studies, whether quantitative or qualitative, according to its methodological approach adopted for its development. It considers level I, meta-analysis of multiple controlled studies; level II, research with experimental design; level III, research with quasi-experimental design; level IV, correlational and qualitative descriptive research or case studies; level V, case report or data obtained systematically, of verifiable quality or program evaluation data; level VI, opinion studies.⁽¹⁸⁾

Subsequently, based on the content analysis, the studies were grouped into categories, according to the similarity between them, and analyzed in the light of the relevant literature.⁽¹⁹⁾ The data used in this study derive from articles in the public domain available on the Internet, thus, the present study does not require submission to the Research Ethics Committee.

RESULTS

The eight selected studies were published between 2013 and 2022, five of which came from national journals.^(20-22,25,27) There was a predominance of articles with quantitative methodology^(19-22,24-25) (Box 1).

Box 1. Characterization of the selected studies. Recife, Pernambuco, Brazil, 2023.

Article Title/ Authorship	Year of publication/ Journal	Type of study (TS) / Level of evidence (LE) / Main results (MR)
Sexual violence: evaluation of cases and care for women in specialized and non-specialized health units. Melo, Soares, Bevilacqua ⁽²⁰⁾	2022 Science & Collective Health.	TS: Quantitative, descriptive, cross-section LE: VI MR: Sexual violence occurred mainly among women under 29 years old (77.1%), black (61.1%), single (69.7%) and of low education (42.4%). Rape was more frequent (73.5%), with the majority being reported up to 72 hours after occurrence.
Our daily violence, according to data from the National Health Survey 2019. Minayo, Pinto, Silva ⁽²¹⁾	2022 Science & Collective Health.	TS: Quantitative, descriptive, cross-section LE: VI MR: There was a prevalence of psychological violence (18.52%), physical violence (4.96%) and sexual violence (0.80%) among the black or brown or indigenous population.
Prevalence of exposure to violence among adults - Brazil, 2019 Mascarenhas, Melo, Rodrigues, Bahia, Lima, Corassa, et al. ⁽²²⁾	2021 Brazilian Journal of Epidemiology	TS: Quantitative, descriptive, cross-section LE: VI MR: Prevalence of exposure to violence was 18.3%, with a higher frequency among women (19.4%), in the group of 18-29 years (27.0%), self-declared black people (20.6%) and brown people (19.3%) and the Northeast region (18.7%). 15.6% of the victims sought health care, of which 91.2% received them. The types of violence reported were psychological (17.4%), physical (4.1%) and sexual (0.8%).
Perception intimate partner violence among women seeking care in the primary healthcare network in São Paulo state, Brazil	2013 International Journal of Gynecology and Obstetrics	TS: Quantitative, descriptive, cross-section LE: VI MR: Overall prevalence of intimate partner violence (IPV) of 55.7%. The rate of psychological, physical and sexual violence was 53.8%, 32.2% and 12.4%, respectively. Only 48.7% of women who experienced IPV perceived this violence.

Mathias, Bedone, Osis, Fernandes ⁽²³⁾		Perception of IPV was higher for sexual violence (76.3%), followed by physical (64.7%) and psychological (49.7%) violence.
Sexual Harassment and Assault in Domestic Work: An Exploration of Domestic Workers and Union Organizers in Brazil Corossacz ⁽²⁴⁾	2018 The Journal of Latin American and Caribbean Anthropology	TS: Qualitative LE: VI MR: Domestic workers, who are mostly black women, suffer a lot from sexual harassment and aggression and, commonly, are silent about what happened. Such a situation occurs due to structural oppression arising from a patriarchal and slaveholding past.
Blaming the Black Victim: The Victim's Skin Color and Belief in a Just World Linhares, Torres, Lucena, Naples ⁽²⁵⁾	2022 Trends in Psychology	TS: Mixed method study LE: VI MR: Study 1 identified that victimized black women were more blamed than white women, especially by men. Study 2 investigated the hypothesis that high adherence to Belief in a Just World acts as a moderator of the relationship between the victim's skin color, sex and guilt, identified men with high adherence attributed more blame to the victims than women, and this guilt was even greater in the condition in which the victim was black.
She deserved it: Analysis of variables that influence the accountability of victims of sexual violence Linhares, Torres ⁽²⁶⁾	2022 Colombian Act of Psychology	TS: Quantitative of experimental type LE: VI MR: The results confirmed that the victim's skin color, the victim's normativity and the observer's gender influence the victim's responsibility for sexual violence; that Belief in a Just World (BJW) predicts the victim's responsibility for sexual violence and that benevolent machismo, together with the BJW, was responsible for anticipating the victim's culpability for sexual violence.
Intersectional experiences of violence in a vulnerable and peripheral territory Corrêa, Moura, Almeida, Zirbel ⁽²⁷⁾	2021 Health and Society.	TS: Qualitative LE: VI MR: Structural violence articulated by race, class and gender were expressed in the inaccessibility to decent housing, food and basic income conditions and intermediated by the State or organized trafficking, suggesting that violence is aggravated by the inefficiency of public policies, regarding the promotion of care to the mostly black and poor population, indicating that intersectionality is an essential tool for the analysis and confrontation of social inequalities.

Source: the authors (2023).

Legend: level I, meta-analysis of multiple controlled studies; level II, research with experimental design; level III, research with quasi-experimental design; level IV, correlational and qualitative descriptive research or case studies; level V, case report or data obtained systematically, of verifiable quality or program evaluation data; level VI, opinion studies.

After analyzing the content of the publications, two categories emerged, highlighted below:

Category 1: The profile of sexual violence perpetrated against black women

It was evidenced that four studies⁽²⁰⁻²³⁾ addressed the profile of violence suffered by women, showing a higher prevalence in younger women, between 18 and 29 years old.⁽²²⁾ Black and single women were the majority among the victims⁽²⁰⁾, as well as those who had education with up to incomplete high school and income of up to 1.5 minimum wage⁽²³⁾, the last two being those with greater polyvictimization. Sexual violence was more widespread in the Northeast and Southeast regions. In addition, there is a considerable increase in the rates of violence when considering the health situation of the victim.⁽²³⁾

Category 2: Intersectionality and its impacts on sexual violence perpetrated against black women

Six studies^(20,22,24-27) bring the impacts caused to the victims, society and health system when they relate intersectionality with sexual violence. Among the most common forms of sexual violence are touching, manipulation, forced kissing and sexual relations.⁽²²⁻²⁴⁾ With regard to social relations, black

domestic servants suffer more violence and sexual assault in their workplaces, however they are silent.⁽²⁴⁾ In addition, black women who violate traditional gender roles are more blamed and held accountable by society than other women, a fact that contributes to the silencing and feeling of helplessness among the victims.⁽²⁵⁻²⁶⁾ When addressing sexual violence and health systems, the research highlights that silence contributes to underreporting and points out that specialized units in the care of victims of sexual violence were more likely to perform procedures after sexual assault compared to women treated in non-specialized units. These units, based on their actions, guarantee access to other public policies.⁽²⁰⁾ In addition, especially in the pandemic, it was evidenced that the State did not promote adequate care for the population, predominantly over black and poor women.⁽²⁷⁾

DISCUSSION

Characterized by hierarchical relationships and abusive manifestations of masculinity in power, sexual violence has in its beginnings the gender inequalities that linked to it arise from vulnerabilities predisposed to sexual violence and that tends to reach with strong impact, younger women, of black or brown color and with low educational and economic levels.⁽²⁰⁾

In this sense, the prevalence of young black women victims of sexual assault and treated in emergency and emergency units in 2011, 2014 and 2017⁽²²⁾, in association with education and income variables, reiterate this premise. Based on this fact, the literature highlights that black women victims of violence who access health services are inserted in contexts of high family and social conflict and that result in real damage to physical and mental health.⁽²⁰⁾ In addition to causing impacts in the relations of production and income.

It is proven that in Brazil domestic activity is largely performed by black women with low education and income.⁽²⁴⁾ This reality is linked to the consequences of the slave period that attributed to black women domestic functions or that needed the use of physical force and that are strengthened by the framework of patriarchy. Such factors contribute both to the maintenance of the exploitation of the work of black women and to the objectification of their bodies and exposure to sexual violence.⁽³²⁾

Violence suffered by women is exposed by victims with difficulty, considering that they are constantly blamed and/or held accountable for what happened. This is aggravated when one considers the color, social class and attitudes adopted by the victims in their daily lives.⁽²⁵⁻²⁶⁾ This fact is structured in the macho-patriarchal-racist system that exerts a strong influence on society to the point of transforming the raped woman from a victim into a culprit, justifying the act in the fact that the woman has some characteristic and/or has an attitude that goes beyond the standard advocated by society. This attitude ends up oppressing the violated woman and naturalizing the practice, causing her not to denounce or expose the situation to the justice and health systems for insecurity.⁽³²⁾

The understanding of this reality from the perspective of intersectionality, which here translates into the structural inseparability of racism, capitalism and cishetorpatriarchy as producers of identity avenues in which black women are repeatedly affected.⁽²⁸⁾

That said, it is also necessary to highlight that the struggle for women's rights was deliberated ideologically as a struggle for the rights of white middle-class women, thus understanding the exclusion of black women, ethnic minorities, the poor and the working class.⁽²⁹⁾ Thus, objections that strengthened the construction of "radical feminist theory and practices of women of ethnic minorities" were concretized.⁽²⁹⁾ The social markers that understand the reality of black women to the detriment of white women when it comes to sexual violence shows that this topic intervenes in the slavery that was also sustained in the sexual abuses linked to them.⁽³⁰⁾ This pattern surpassed the times by institutionalizing and surviving abolition, thus making sexual coercion an essential dimension of social relations.⁽²⁷⁾

Acquired consequences of a historical slaveholding past are reflected in the present day when the repercussion on black women has its real possibilities of choice reduced on the course of their lives, thus disposed to a guarantee that does not allow them a satisfactory social security leading to a process of greater marginalization.⁽²⁷⁾ Knowing that invisibility and the absence of black women are more evident in the protective and mild scenario when compared to the data brought in discrepancy to white women, evidences the example where most black women are more prevalent in the position of subordination and marginalization and not in the legal labor market.⁽³¹⁾

Since the lack of knowledge prevails over the vulnerability of violence, within marital relations this data is an important variable to be considered.⁽³¹⁾ The portrayal of low education is a crucial factor and susceptible to the perpetuation of violence by male partners.⁽²³⁾

The results of the various practices of manifestations of violence influence harmful effects on the physical and mental health and well-being of women. Among them, there is a greater probability of developing mental disorders such as anxiety and/or depression. Impairments in sexual relations and reproductive function are also likely to occur.⁽²²⁾ Given these consequences, in 1980, violence against women in Brazil began to occupy the human rights agenda, considering that the results of such practice represent a form of disrespect for human dignity and the equality of human beings, thus making the State recognize violence as a public health problem.⁽³³⁾

Considering all the impacts, violence began to be treated as a problem that required the creation of strategies for coping in an expanded way.⁽²⁰⁾ Based on the State's knowledge of the problem, public policies and technical standards were created in order to combat sexual violence.⁽³⁴⁾ Some examples are: National Policy to Combat Violence against Women⁽³⁵⁾, notification of violence⁽³⁶⁾ and the National Policy for Integral Health of the Black Population.⁽³⁷⁾ This penultimate is of great value, considering that the notification made in the health services makes it possible to understand the situation of violence, thus contributing to the creation of public policies aimed at attention, violence prevention and health promotion.⁽³⁴⁾

In relation to the care of victims of sexual violence, nurses are, for the most part, the first professionals with whom the victims have contact, should perform care based not only on technical standards, but also on qualified listening, considering the uniqueness of the person assisted.⁽³⁸⁾ Moreover, when noting the repertoire that the period of slavery left in its institutional and structural remnants, this oppression prevails today in several areas still in a segregationist way and of extremely apparent social repercussion in daily life, including in the field of health.⁽³⁹⁾

Regarding the limitations of the study, we highlight the use of the ten-year time frame, the restriction regarding the location (Brazil) and the three languages (English, Portuguese and Spanish).

By synthesizing the articles found, this study will contribute to the discussion and reflection about the need for nursing to be sensitive to black women who have suffered and/or suffer sexual violence. In addition, discussing the need to carry out more studies on the subject becomes a crucial factor to generate more in-depth scientific conferences. Thus, both impacts mentioned above, end up increasing the knowledge of violence against women with the inclusion of the color variable, generating consequently greater evidence for coping with the problem.

CONCLUSION

The present study concludes that the perpetration of sexual violence against black women in Brazil is affected by structural racism and is characterized as a public health problem with a prominent prevalence in conditions of greater vulnerability, such as being a young black woman with lower education and income. There is also a need to expand research that relates the triad sexual violence, women and race in the Brazilian context.

Brazil, which has historical and cultural issues such as slavery, racism, patriarchy and machismo that remain intrinsic as social values today, creates public policies in order to combat and/or mitigate the exposed situation. However, in the experience of violence, the woman prevails the main role of victim, culprit and/or responsible for what happened, making the intervention method more common, silencing, leading as a prerogative the non-exposure of the woman, and in this way renders incapacitating the protection to the target audience.

Knowing that racism exists and is structurally rooted in the country, it is essential that this knowledge dialogue with the main pillars of society, these are: security, health and education. When mentioning health, and nursing in particular, it is important to insert theoretical approaches about this problem and understandings also applicable in practices to make care more effective for the black population. This goes beyond adherence to the protocol, that is, it includes welcoming and a singular view of the vulnerabilities of these individuals and, thus, corroborates the meeting of the rules and principles of the Unified Health System, namely: Universality, Integrality and Equity.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Silva AVO, Mota GG, Rocha AO, Lages I, Veríssimo AVR. Contributed to data collection: Silva AVO, Mota GG, Rocha AO. Contributed to the analysis and/or interpretation of data: Silva AVO, Mota GG, Rocha AO, Santos IN, Veríssimo AVR. Contributed to article writing or critical review: Silva AVO, Mota GG, Rocha AO, Santos IN, Veríssimo

AVR, Barbosa EMS, Lages I. Final approval of the version to be published: Silva AVO, Mota GG, Rocha AO, Santos IN, Lages I, Barbosa EMS, Veríssimo AVR.

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