

Epidemiological Profile of Sexual Violence Against Women in Maranhão, 2014–2023

Perfil Epidemiológico da Violência Sexual Contra Mulheres no Maranhão, 2014–2023

Perfil Epidemiológico de la Violencia Sexual Contra Mujeres en Maranhão, 2014–2023

RESUMO

Objetivo: Descrever o perfil epidemiológico da violência sexual contra mulheres no Maranhão, no período de 2014 a 2023. **Método:** Estudo epidemiológico, descritivo e quantitativo, com dados extraídos do Departamento de Informática do SUS (DATASUS). Incluíram-se mulheres de todas as faixas etárias, vítimas de violência sexual, notificadas no referente período. **Resultados:** Foram registrados 5.691 casos de violência sexual na população feminina. Predominaram adolescentes de 10–14 anos (41,63%) e pardas (74,77%); o estupro foi a tipologia mais frequente (70,68%) e o domicílio o principal cenário (69,57%). Entre os autores, sobressaíram adultos (37,83%), com destaque para amigos/conhecidos (24,36%). **Conclusão:** Recomenda-se a capacitação contínua das equipes de saúde, o estímulo à notificação e à completude dos registros, além da implementação de políticas públicas intersetoriais voltadas à prevenção, proteção e interrupção do ciclo de violência.

DESCRIPTORES: Violência sexual; Violência contra a mulher; Epidemiologia.

ABSTRACT

Objective: To describe the epidemiological profile of sexual violence against women in Maranhão from 2014 to 2023. **Method:** Descriptive, quantitative epidemiological study using data extracted from the Department of Informatics of Brazil's Unified Health System (DATASUS). Women of all age groups with notifications of sexual violence in the period were included. **Results:** 5,691 cases of sexual violence were recorded among women. Victims were predominantly adolescents aged 10–14 years (41.63%) and mixed-race (parda) (74.77%); rape was the most frequent type (70.68%) and the home was the main setting (69.57%). Perpetrators were mainly adults (37.83%), with friends/acquaintances standing out (24.36%). **Conclusion:** Continuous training of health teams is recommended, along with encouragement of case notification and completeness of records, and the implementation of intersectoral public policies aimed at prevention, protection, and interruption of the cycle of violence.

DESCRIPTORS: Sexual violence; Violence against women; Epidemiology

RESUMEN

Objetivo: Describir el perfil epidemiológico de la violencia sexual contra mujeres en Maranhão, en el período de 2014 a 2023. **Método:** Estudio epidemiológico, descriptivo y cuantitativo, con datos extraídos del Departamento de Informática del SUS (DATASUS). Se incluyeron mujeres de todas las franjas etarias, víctimas de violencia sexual, notificadas en el período de referencia. **Resultados:** Se registraron 5.691 casos de violencia sexual en la población femenina. Predominaron adolescentes de 10–14 años (41,63%) y pardas (74,77%); la violación fue la tipología más frecuente (70,68%) y el ámbito domiciliario el principal escenario (69,57%). Entre los autores, destacaron adultos (37,83%), con énfasis en amigos/conocidos (24,36%). **Conclusión:** Se recomienda la capacitación continua de los equipos, el estímulo a la notificación y a la completitud de los registros, además de la implementación de políticas públicas intersectoriales orientadas a la prevención, protección e interrupción del ciclo de la violencia.

DESCRIPTORES: Violencia sexual; Violencia contra la mujer; Epidemiología.

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INTRODUCTION

Violence against women is one of the most serious violations of human rights. Among its manifestations, sexual violence stands out for its cruelty and its ability to articulate different forms of aggression, subjugating female autonomy and producing deep and lasting marks throughout life⁽¹⁾.

It is a multidimensional phenomenon, recognized as a social and public health problem, present in all countries, cultures, races, and social classes⁽²⁾. Conceptually, sexual violence encompasses any act of a sexual nature committed without consent, attempted or consummated, in which the aggressor, taking advantage of their position of power and the use of physical force, coercion, intimidation, or psychological influence, forces the victim to witness, perform, or submit to sexual interactions⁽³⁾. This also includes practices that commodify the victim's sexuality, as well as situations that prevent the use of contraceptives or coerce pregnancy, abortion, or prostitution⁽⁴⁾.

According to the World Health Organization (WHO), it is estimated that, over their lifetime, one in three

women worldwide (30%) will suffer physical and/or sexual violence from intimate partners or sexual violence from other people⁽⁵⁾. In Brazil, the estimated number of rapes is 822,000 per year, which corresponds to approximately two cases per minute⁽⁶⁾. However, these estimates underestimate the magnitude of the problem, given the persistence of underreporting fueled by ignorance of rights and barriers to accessing support and reporting services, as well as fear, shame, and blame—elements sustained by conservative and stigmatizing morals^(7,8).

The repercussions are wide-ranging and span physical, sexual, reproductive, emotional, mental, and social dimensions. Among the clinical outcomes, sexually transmitted infections and the risk of unwanted pregnancies stand out⁽⁹⁾. Mentally, sexual violence increases the likelihood of anxiety, depression, panic syndrome, and post-traumatic stress disorder, which can culminate in suicidal ideation and attempts. This violence also has repercussions on daily life, with difficulties in emotional bonds, marital separations, job loss, school dropout, and psychoactive substance use⁽¹⁰⁾. Sexually, it predisposes women

to vaginismus, dyspareunia, reduced vaginal lubrication, and anorgasmia, conditions that can develop into aversion to intimate contact⁽¹¹⁾. In contexts of social vulnerability, violence and sexual exploitation also act as vectors for girls and young women to enter and remain in prostitution, which requires intersectoral coordination of policies and services⁽¹²⁾.

Given this scenario, recognizing violence as a public health problem requires the adoption of epidemiological surveillance as a coping strategy. In Brazil, Law No. 10,778/2003 made it mandatory to continuously and compulsorily report suspected and confirmed cases of violence against women in health services, covering incidents involving children, adolescents, women, and the elderly⁽¹³⁾. Integrated into this framework, health information systems allow for the profiling of reported women, estimating the magnitude of the phenomenon, mapping consequences and contexts of occurrence, and guiding surveillance, promotion, and prevention actions, in addition to supporting intersectoral policies and interventions at different levels of management⁽¹⁴⁾.

In this context, this study is based

on the understanding that sexual violence is a complex and intersectoral issue that requires a solid empirical basis to qualify care and prevention. Thus, we seek to describe the epidemiological profile of sexual violence against women in Maranhão from 2014 to 2023, with a view to producing evidence for planning and strengthening networks to combat this problem.

METHOD

This is an epidemiological, descriptive study with a quantitative approach. The data were extracted from the SUS Department of Informatics (DATASUS), which provides records from the Notifiable Diseases Information System (SINAN), with a consultation carried out in September 2025.

The study population comprised women of all age groups who reported sexual violence to health services

in Maranhão, a state located in north-eastern Brazil, between 2015 and 2024. First, an analysis of the historical series of cases of sexual violence against women was performed. Next, three sets of variables were considered: the victim's sociodemographic profile (age, race/color, and education level); characteristics of the assault (type of sexual violence, location of occurrence, and repetition of the event); and profile of the probable perpetrators (life cycle, relationship with the victim, and suspected alcohol use).

The data collected were quantified and analyzed descriptively, using absolute (n) and relative (%) frequencies. The results were presented in graphs and tables produced in Microsoft Excel 2021.

As this is a study using secondary data in the public domain, it is not required to be submitted to the Research Ethics Committee (CEP), in accordance with the guidelines

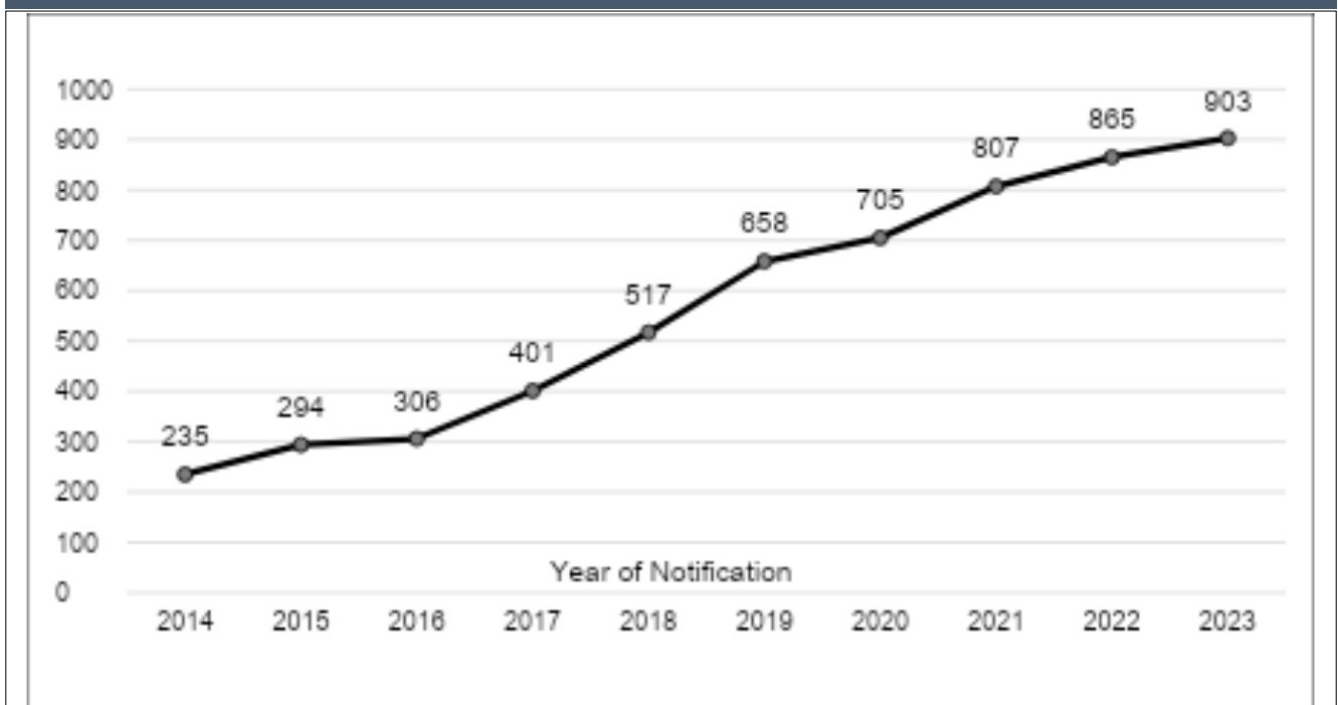
of the National Health Council No. 510/2016.

RESULTS

Based on data from the SUS Department of Informatics (DATASUS), 5,691 cases of sexual violence in the female population were identified in Maranhão between 2014 and 2023 (Figure 1).

An upward trend was observed during the period: from 235 cases in 2014 to 903 in 2023, representing an increase of 284.26% and a compound annual growth rate of 16.13%. The largest relative increases occurred between 2016–2017 (+31.05%), 2017–2018 (+28.93%), and 2018–2019 (+27.27%). From 2020 onwards, growth continued, albeit at a more moderate pace, culminating in the highest annual figure in the series in 2023.

Figura 1 – Casos notificados de violência sexual em mulheres no Estado do Maranhão, 2014–2023.



Source: SINAN/DATASUS, 2025.

The sociodemographic profile of victims of sexual violence was systematized in Table 1, with absolute numbers and percentages stratified by age group, race/color, and education level.

Table 1 – Sociodemographic profile of women victims of sexual violence in Maranhão, 2014–2023.

Variables	n	%
Age group		
< 1 year	88	1,55
1 - 4 years	310	5,45
5-9 years	511	8,98
10 - 14 years	2.369	41,63
15 - 19	1.251	21,98
20 - 29	648	11,39
30 - 39	303	5,32
40 - 49	131	2,30
50–59 years	42	0,74
60 years and older	31	0,54
Ignored/White	7	0,12
Race/Color		
White	678	11,91
Black	601	10,56
Yellow	26	0,46
Brown	4.255	74,77
Indigenous	71	1,25
Ignored/White	60	1,05
Education		
Illiterate	76	1,34
Incomplete 1st to 4th grade of elementary school	494	8,68
4th grade of elementary school completed	234	4,11
Incomplete 5th to 8th grade of elementary school	1.883	33,09
Complete elementary school	375	6,59
Incomplete secondary education	626	11,00
High school graduate	524	9,21
Incomplete higher education	132	2,32
Complete higher education	85	1,49
Not applicable	613	10,77
Ignored/Blank	649	11,40

Source: SINAN/DATASUS, 2025.

In terms of age group, the study showed that, among the female population, most victims are adolescents aged 10 to 14 (41.63%), followed by the 15 to 19 age group (21.98%). When adding the age groups from 0 to 9 years old, there are 909 cases (15.98%) of female children who are victims of sexual violence. These findings show high vulnerability in the early stages of life. In the adult population, victims aged 20 to 29 years predominated (11.39%). Among

elderly women (≥ 60 years), there were 31 reported cases (0.54%) of sexual violence.

In terms of race/color, brown victims predominate (74.77%), followed by white (11.91%) and black (10.56%), with smaller proportions of indigenous (1.25%) and Asian (0.46%) victims.

In the education category, incomplete 5th to 8th grade elementary school stands out (33.09%), in addition to significant percentages of incomplete high school (11.00%) and “not

applicable” (10.77%), consistent with the high participation of children in the notifications. It is also worth noting the magnitude of the unknown/blank (11.40%), indicating limitations of completeness that should be considered in the interpretation of the findings.

Table 2 describes the profile of the assaults, including the type of sexual violence, the condition of repetition, and the location of occurrence. Regarding the type of sexual violence, cases of rape predominated (70.68%), followed

by sexual harassment (21.30%). Lower frequencies were observed for sexual exploitation (2.92%), child pornography

(1.16%), other types (3.79%), and indecent exposure (0.16%). It is important to note that, in SINAN, the subtypes

of sexual violence can be multiple per event, which is why the sum in this category exceeds the total number of cases.

Table 2 - Characteristics of assaults on women victims of sexual violence in Maranhão, 2014–2023.

Variables	n	%
Type of sexual violence		
Sexual harassment	1.322	21,30
Rape	4.387	70,68
Indecent exposure	10	0,16
Child pornography	72	1,16
Sexual exploitation	181	2,92
Other	235	3,79
Repeated violence		
Yes	2.523	44,33
No	2.447	43,00
Ignored/Blank	721	12,67
Location of Occurrence		
Residence	3.959	69,57
Collective housing	37	0,65
School	46	0,81
Sports venue	25	0,44
Bar or similar	69	1,21
Public road	503	8,84
Commerce/services	57	1,00
Industry/construction	17	0,30
Other	559	9,82
Ignored/Blank	419	7,36

Source: SINAN/DATASUS, 2025.

Regarding repeated violence, 44.33% of reports refer to recurring events, indicating persistence of the offense in a significant portion of the records. As for the location of the incident, the home accounted for most

of the episodes (69.57%), followed by public roads (8.84%); the other scenarios had low frequencies, while “others” (9.82%) and unknown/blank (7.36%) deserve attention both for their heterogeneity and for the loss of information.

Table 3 presents the profile of the probable perpetrators of sexual violence against women in Maranhão (2014–2023), with data on life cycle, relationship with the victim, and suspected alcohol use.

Table 3 - Profile of probable perpetrators of sexual violence against women in Maranhão, 2014–2023.

Variáveis	n	%
Ciclo de vida do autor		
Criança	101	1,77
Adolescente	1.217	21,38
Jovem	1.213	21,31
Adulto	2.153	37,83
Idoso	128	2,25
Ignorado/Branco	879	15,45

Vínculo com a vítima		
Pai	243	4,38
Mãe	40	0,72
Padrasto	383	6,90
Madrasta	5	0,09
Cônjuge	461	8,30
Ex-cônjuge	84	1,51
Namorado	952	17,14
Ex-namorado	171	3,08
Filho	3	0,05
Irmão	68	1,22
Amigos / conhecidos	1.353	24,36
Desconhecido	1.067	19,21
Cuidador	13	0,23
Patrão / chefe	18	0,32
Pessoa com relação institucional	39	0,70
Policial/ agente da lei	18	0,32
Própria pessoa	26	0,47
Outros vínculos	610	10,98
Suspeita de uso de álcool		
Sim	1.184	20,81
Não	3.264	57,35
Ignorado/Branco	1.243	21,84

Source: SINAN/DATASUS, 2025.

In terms of the perpetrator's life cycle, adults predominated (37.83%), followed by adolescents (21.38%) and young adults (21.31%). In relation to the relationship with the victim, the main perpetrators of the aggression were friends/acquaintances (24.36%), strangers (19.21%), and boyfriends (17.14%).

Regarding close relationships between victims and perpetrators, there was a significant participation of partners and ex-partners, accounting for 30.03% of cases — boyfriend (17.14%), spouse (8.30%), ex-boyfriend (3.08%), and ex-spouse (1.51%). Among family members (excluding intimate partners), they accounted for 13.27% of the reports, including stepfathers (6.90%), fathers (4.38%), brothers (1.22%), mothers (0.72%), stepmothers (0.09%), and sons (0.05%).

Regarding suspected alcohol use at the time of the event, 57.35% were classified as no suspicion of use,

20.81% as suspected, and 21.84% remained unknown/blank.

In summary, the data indicate that the perpetrators of sexual violence are mainly adults, with a predominance of known relationships, and point to a significant presence of alcohol use, although the exact magnitude of this factor is limited by the proportion of unknown fields.

DISCUSSION

The time series of reports of sexual violence against women in Maranhão indicates an upward trend between 2014 and 2023, with a more moderate pace in 2020, a period coinciding with the emergence of COVID-19, suggesting possible underreporting in that year. Evidence points to an association between the pandemic and an increase in episodes of violence, especially among girls and adolescents⁽¹⁵⁾. Isolation and stay-at-home measures during this period increased the proximity between victims and aggressors,

favoring the occurrence of domestic and sexual violence⁽¹⁶⁾. Simultaneously, the redirection of service priorities to combat COVID-19 restricted access to public services and made it difficult to seek help from support and protection networks. Together, these factors sustained the persistence and aggravated existing situations, in addition to contributing to underreporting in the period analyzed⁽¹⁷⁾.

The present study revealed that the majority of victims of sexual violence in Maranhão are mainly adolescents, followed by children and young people, brown-skinned, and with incomplete elementary school education.

In terms of age, the findings corroborate results described in Anápolis, Goiás, which showed a predominance of sexual violence in the child and adolescent population⁽⁴⁾. Children and adolescents are at high risk due to their greater vulnerability and the more intense repercussions during their growth phase, with a higher probability of negative social and

emotional outcomes⁽¹⁵⁾. Physical and psychological immaturity, combined with limited understanding of the facts and feelings of shame and fear, make it difficult to resist and seek help, favoring the continuation of abuse. In the dynamics of the event, the aggressor typically has physical, age, and sexual maturity advantages and has easier access to the victim. Furthermore, older age groups may face barriers to reporting/denouncing due to family and social constraints and repercussions, contributing to underreporting.

With regard to race/ethnicity characteristics, the inclusion and qualification of this variable are central to understanding social inequalities and guiding the planning of targeted public policies. Studies indicate that sexual violence has an ethnic-racial gradient, with a higher concentration among brown and black women, indicating the need for specific prevention, protection, and comprehensive care strategies aimed at these groups⁽⁴⁾. This evidence is consistent with national and international literature, which demonstrates greater vulnerability to sexual violence among younger women, black and brown women, and those with lower levels of education^(7,19).

Even considering the intersection with other social markers—such as low socioeconomic status and unemployment—lower educational attainment is a factor associated with a higher incidence of violence, a finding that was reiterated in this study. Furthermore, among women with lower levels of education, there is a higher prevalence of sexual relations imposed by fear or through the use of physical force. Thus, as education and financial independence increase, women tend to show less tolerance for intimate partner violence⁽²⁰⁾.

Regarding the types of sexual violence, the findings of this study are consistent with regional evidence: in

a study conducted in Minas Gerais, rape was the most frequent form of sexual violence (73.5%), followed by harassment (32.1%), sexual exploitation (3.7%), and child pornography (1.7%), reinforcing the pattern observed in this analysis. At the national level, estimates from the Institute of Applied Economic Research indicate approximately 822,000 cases of rape per year in Brazil, concentrated in the younger age groups and peaking at age 13, which highlights the vulnerability of children and adolescents. Added to this is the expansion of forms of sexual violence mediated by digital technologies, such as the non-consensual dissemination of intimate images and videos, which increases the scope and duration of the damage^(20,22).

Regarding the location of the incident, the findings corroborate the literature by identifying the home as the main setting for both rape and other forms of sexual violence, without excluding the relevance of public roads, bars, and commercial establishments, which also account for a significant portion of the reports. Paradoxically, the home, idealized as a space of protection, becomes a risky environment when the aggressors are part of the victim's social circle, which accentuates vulnerability, especially among children and adolescents. In addition, the privacy of the domestic space hinders early detection, encourages silence and revictimization, fuels underreporting, and complicates the implementation of intervention measures.

Remaining in the home also acts as an additional factor in women's vulnerability to violence by intimate partners. Living with partners who exhibit aggressive patterns and control over women's autonomy favors sexual coercion in the marital context and the imposition of non-consensual sexual relations, sustained by power asymmetries, characterizing marital rape.

With regard to repeated violence, a national analysis indicated that 40.8% of reports did not constitute repeated violence, 38.32% were classified as repeated events, and 20.87% were ignored/left blank, in contrast to the higher proportion of revictimization observed in the present study. When the aggressor and victim share close ties, identification and reporting become less likely; low accountability and family protection sometimes afforded to the aggressor sustain the recurrence and chronicity of violence^(8,24).

Regarding the profile of perpetrators, the results of this study converge with research conducted in the North Region, which identified 81.04% of perpetrators known to the victims, predominantly friends and boyfriends, indicating the frequency of episodes perpetrated by individuals from the social and family circle⁽²⁵⁾. When focusing on children and adolescents, results from Rio Grande do Sul reinforce this interrelational pattern: perpetrators are mostly adults and belong to the circle of social interaction, including blood relatives (18.2%), father/mother (16.8%), and stepfather/stepmother (14.5%)⁽²⁶⁾. In line with this scenario, another investigation pointed to the father himself as the main perpetrator of sexual violence in the domestic context⁽²⁷⁾.

The study revealed a significant proportion of sexual violence perpetrated by intimate partners, in line with the literature. This is a global public health and human rights problem with a direct impact on women's lives and health⁽²⁰⁾. Although partners and ex-partners are more likely to commit this type of violence, the aggression tends to be less recognized by victims, partly due to the mistaken belief that rape does not occur in intimate relationships.

A relevant finding of this study, although less frequent, was the occurrence of sexual violence perpetrated

by women, especially mothers and stepmothers. This is an under-explored topic in the literature, with low visibility and likely underreporting. In the case of maternal perpetration, identification is particularly difficult due to the social idealization of motherhood and gender stereotypes, making it difficult to recognize women as perpetrators. These elements reinforce the need for specific research, diagnostic criteria sensitive to the intrafamilial context, and surveillance protocols that consider female perpetrators.

The literature identifies macho culture, controlling behavior by the partner, emotional abuse, and alcohol consumption as risk factors for sexual violence, the latter related to a loss of self-control and cognitive deficits, with an impact on marital dynamics and the potential to trigger violent behavior^(28, 29). In the present study, however, a higher proportion of reports without suspicion of alcohol use by the aggressor was observed, a finding also described in a study conducted in northeastern Brazil⁽²⁰⁾.

When addressing sexual violence, it is recognized that the main victims

are women, which highlights its gender-based nature⁽⁸⁾. The repercussions are wide-ranging and interconnected, involving mental and physical health problems, with an increased risk of depression, anxiety, eating and sexual disorders, sleep disturbances, suicidal behavior, among other outcomes. Given this situation, it is necessary to improve professional training, strengthen the care network, standardize workflows, and adopt consistent strategies for preventing and responding to violence.

CONCLUSION

The study identified 5,691 cases of sexual violence against women in Maranhão between 2014 and 2023, with an upward trend in the period analyzed. The epidemiological profile of the victims was marked by adolescents aged 10-14, brown-skinned, and with incomplete elementary school education. Rape and sexual harassment predominated, with revictimization in a significant portion of the reports, and the home was the main setting for the occurrence. As for the perpetrators, adults from the circle of acquaintanc-

es (especially friends/acquaintances) prevailed, and most cases were reported without suspicion of alcohol use by the aggressor.

These findings reinforce the urgency of implementing intersectoral public policies, coordinating health, education, social assistance, justice, and civil society, oriented toward comprehensive care for women, with victim-centered support and clearly defined lines of care. Together, these measures increase accessibility to services and the protection network and strengthen prevention and interruption of the cycle of violence.

Continuous training of teams is recommended for identification, clinical and psychosocial management, encouragement of reporting, qualification, and completeness of records in SINAN, given its relevance for planning and monitoring actions. Considering that the findings derive from reported cases, it is crucial to address underreporting and reduce blank/ignored fields in order to improve surveillance and guide strategies for prevention and interruption of revictimization in the territory.

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