

ORIGINAL ARTICLE

Pregnancy resulting from sexual violence committed by the intimate partner: characterization of the crime and abortion provided for by law

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Abstract

Introduction: intimate partner violence is highly prevalent in Brazil. Among the serious consequences for women's health, pregnancy resulting from this circumstance stands out.

Objective: To compare pregnancy and abortion characteristics among women with sexual violence committed by an intimate partner and an unknown aggressor.

Methods: cross-sectional study with women aged ≥ 14 years with pregnancies resulting from sexual violence and legal abortion request attended at the Pérola Byington Hospital, São Paulo, Brazil, between 1994 and 2018. They compared 1,881 cases in which the sexual offender was a stranger with 192 cases committed by the intimate partner. The variables considered sociodemographic data of the pregnant woman, sexual violence, legal procedures and abortion, analyzed in SPSS 20.0 software. Study approved by the Research Ethics Committee of the São Francisco de Barreiras University Center, No. 3,668,297.

Results: pregnant women who were assaulted by an intimate partner had a higher mean age (27.4 ± 6.8 years), reported less work ($p=0.032$) and were not in a union ($p=0.010$). Cases involving an intimate partner had a higher frequency of physical violence ($p<0.001$) in the private space ($p<0.001$), with less search for the pregnant woman by the police ($p=0.013$) and medico-legal examination ($p=0.034$). Abortion was similar in both groups, but dropout from the procedure was higher in cases with an intimate partner ($p=0.001$).

Conclusion: when pregnant with sexual violence perpetrated by an intimate partner, women have different trajectories from those raped by strangers to resort to legal abortion. The lesser disclosure to the police of the crime and the greater withdrawal of legal abortion may suggest an intimidating role of the aggressor intimate partner.

Keywords: legal abortion, sex offenses, domestic violence, intimate partner violence, violence against women.

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Authors summary

Why was this study done?

Physical and sexual intimate partner violence is known to be high worldwide. Among the serious consequences for women's health, pregnancy resulting from this circumstance stands out. This study was conducted to contribute to possible knowledge gaps about how these pregnancies occur and the outcome of abortion.

What did the researchers do and find?

The authors conducted a cross-sectional study with a convenience sample comparing pregnant women who were victims of a sexual crime committed by an unknown aggressor with pregnant women in which the aggressor was the intimate partner. Cases involving the intimate partner showed more frequent sexual crime in the private and domestic space, with less use of threats and greater use of physical force, and with less search by women for legal proceedings. Abortion was similar in both groups, but withdrawal from the approved procedure was more frequent among victims of intimate partners.

What do these findings mean?

Women who suffer sexual violence by their intimate partner seem to have different trajectories from those raped by unknown aggressors when they become pregnant and request a legal abortion. The fact that the aggressor was the intimate partner may have intimidated the disclosure of the situation to the police, as well as influenced the abandonment of the abortion.

Highlights

Brazilian women who are pregnant as a result of sexual violence committed by their intimate partners are more vulnerable to suffering aggression in the domestic space with the use of physical violence, when compared to women assaulted by strangers. Factors such as education, religion, race/color, and occupation were not different in the two groups. The greater abandonment of legal abortion is more frequent when the aggressor is the intimate partner.

INTRODUCTION

Violence against women can happen either inside or outside the family and domestic context. However, it is within the private space where the highest prevalence and incidences are found. According to the World Health Organization (WHO), 30% of women have suffered violence from their intimate partner at some point in their lives¹. In Brazil, the prevalence of physical intimate partner violence throughout life reaches almost 34% of women, with 14% stating that they have been subjected to forced or non-consensual sexual acts or acts that they consider humiliating or degrading².

Every act in which a person, through a power relation, whether by physical strength, intimidation or repression, forces the other to have sexual intercourse is considered sexual violence³. This way, the one who suffers it has their reproductive, sexual and human rights severely violated¹. In Brazil, the number of notifications of sexual violence against women has significantly increased over the last years, possibly as a result of public policies and laws that combat the phenomenon^{3,4}. The violence perpetrated by the intimate partner can be understood through violent actions and behaviors that occur in any intimate relation, whether they are acts of physical, psychological, sexual, social, financial or moral hostility. It is a complex and polysemic type of violence, which involves relations of gender, power, control and inequality⁵.

During pregnancy, intimate partner violence has a high prevalence, although it is still less visible and the aggressors are less accountable⁶. Physical violence can affect between 4% and 34% of pregnant women, sexual violence from 2% to 28%, and psychological violence from 17% to 48%⁷. Obstetric complications can compromise 37% of pregnant women who suffer some form of violence⁸, with indicators of starting prenatal care later or doing it irregularly⁹.

The impacts of sexual violence can be identified both immediately and in the long term, placing women in a situation of vulnerability to experience harm to their physical, mental and reproductive health⁴. Among

the problems are unwanted pregnancies and abortion, important situations for public health due to the impacts they cause on women's health.

Although Brazilian legislation is strongly restrictive, since 1940 the Brazilian Penal Code has ensured the right to abortion for women with pregnancies resulting from a sexual crime¹⁰. However, it was only in the early 1990s that Brazilian public health services began to offer the interruption of these pregnancies, with irregular, discontinuous, and insufficient access for all women⁴.

Although consistent knowledge has been built about sexual violence practiced by the intimate partner, few studies address the situations that result in pregnancy, under what circumstances they occur or their outcomes. Thus, the objective of this study is to analyze factors associated with pregnancy resulting from sexual violence practiced by the intimate partner and its outcomes.

METHODS

Study design

Cross-sectional epidemiological study from a convenience sample with primary data of women registered in the Pérola Byington Hospital, São Paulo, Brazil, from July of 1994 to December of 2018, who were admitted being pregnant from sexual violence and requiring a legal pregnancy termination.

Subject inclusion and selection criteria

The population was composed of pregnant women distributed in two groups. In the first, patients with pregnancies resulting from sexual violence perpetrated by intimate partners were allocated and, in the second group, women in whom the pregnancy was a consequence of sexual violence by unknown aggressors. The fulfillment of the abortion request was based on article 128 of the Brazilian criminal legislation, Law N°. 2,848, which allows abortion when the pregnancy results from a sexual crime¹⁰.

Sexual violence was characterized according to the narrative of the woman or her legal representative in

accordance with articles 213 or 217-A of the Penal Code, Law N°. 12.01510. Article 213, rape, establishes as a crime the sexual act without the victim's consent in which the aggressor uses violence or serious threat¹⁰. Article 217-A, rape of a vulnerable person, considers sexual acts against people who cannot offer resistance to the aggressor or express consent a crime¹⁰. The sexual aggressor was characterized as an intimate partner according to the statement and considering the existence of intimate relations between them, established before, during or after any formal or consensual union. Cases of pregnancy resulting from sexual crimes committed by other known aggressors, related or not, cases with narratives divergent from articles 213 and 217-A, and situations of false allegation of sexual crime were excluded.

Instruments

The database was built from a pre-coded form reviewed at the end of each consultation. The verification of the consistency of the information was performed by a second reviewer and divergences in this stage were corrected before the transfer to the SPSS 20.0 software.

Study variables

The aggressor intimate partner or unknown was adopted as the dependent variable. The sociodemographic aspects of the pregnant women were considered as age, education, race, union status, declaration of religion and occupation. Race/color was categorized according to self-declaration as white or black. The institutions that made the referral, the place where the victim was approached, forms of intimidation, communication to the police, performance of a medico-legal examination, and whether medical care occurred after the sexual violence were considered.

Regarding pregnancy, gestational age and legal abortion were included.

Statistical analysis

For data analysis, the distribution of normality of the data was verified by the Shapiro-Wilk test. The results are presented by frequency distribution for categorical variables and mean and standard deviation for numerical variables. Student's t-test was used for independent samples. To verify the association between the perpetrator of sexual violence and the study variables, Person's chi-square test was used. To verify the odds ratio, table 2x2 was used, with a value below 1 being considered as a protective effect and above 1 risk factor (exposure). A value of $p < 0.05$ was adopted as significant, with a confidence interval (CI) of 95%.

Ethical aspects

The research was approved by the Research Ethics Committee of the São Francisco de Barreiras University Center, opinion N°. 3,668,297, of October 29, 2019. The application of the Free and Informed Consent Form and the Free and Informed Consent Form was waived, as decided by the Research Ethics Committee.

RESULTS

In the studied period, 2,951 requests for legal abortion were identified with an allegation of pregnancy due to sexual violence. Figure 1 shows the flowchart regarding the criteria for patient selection. Of the 2,073 selected subjects with pregnancy resulting from sexual violence, in 192 cases (9.3%) the intimate partner was indicated as the perpetrator of the sexual crime and in 1,881 cases (90.7%) an unknown aggressor was declared.

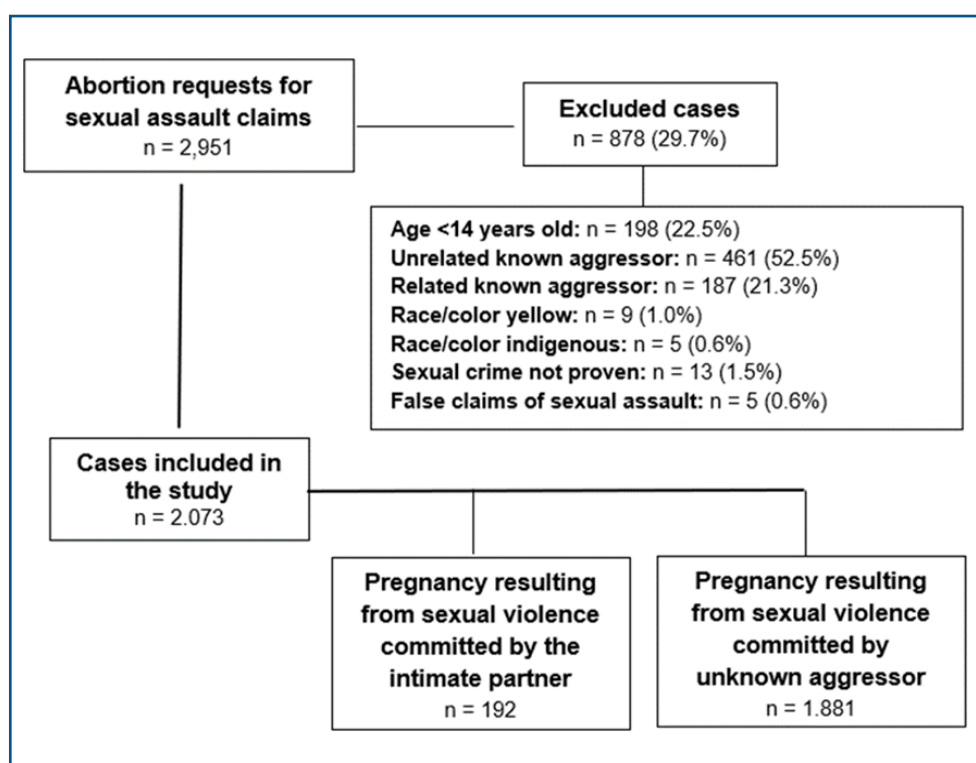


Figure 1: Flowchart of the application of inclusion and exclusion criteria for subject selection, Pérola Byington Hospital, São Paulo, Brazil, from 1994 to 2018

Table 1: Sociodemographic characteristics of women who got pregnant as a result of sexual violence practiced by the intimate partner and by an unknown aggressor assisted at the Pérola Byington Hospital, São Paulo, Brazil, from 1994 to 2018.

	Unknown aggressor (n=1,881)		Intimate partner aggressor (n=192)		Total (n=2,073)		p*
	n	%	n	%	n	%	
Schooling (years of education)							
< 9 years	275	14.6	29	15.1	304	14.7	0.856
≥ 9 years	1,606	85.4	163	84.9	1,769	85.3	
Race / color							
White	1,002	53.3	97	50.5	1,099	53.0	0.467
Black	879	46.7	95	49.5	974	47.0	
Marital status							
Married	332	17.7	20	10.4	352	17.0	0.010
Single	1,549	82.3	172	89.6	1,721	83.0	
Religion							
Not declared	348	18.5	37	19.3	385	18.6	0.793
Declared	1,533	81.5	155	80.7	1,688	81.4	
Occupation							
Yes	1,316	69.9	120	62.5	1,436	69.3	0.032
No	565	30.1	72	37.5	637	30.7	

*Person's chi-square.

Adolescents aged ≥ 14 and < 20 years corresponded to 520 cases (25.1%). In the group in which the intimate partner was the aggressor, the age range was from 14 to 43 years old, average 27.4 ± 6.8 years old, median of 27 years old. In the group that suffered sexual violence by unknown persons, the age ranged from 15 to 47 years old, average 25.9 ± 6.9 years old, median of 25 years old ($p < 0.01$). Table 1 shows the comparisons between the groups according to the sociodemographic variables of the pregnant women.

Table 2 refers to the binary logistic regression analysis, adjusted by the variables of schooling, skin color or ethnicity, union situation and occupation or work.

The comparisons of the sexual violence characteristics are shown in table 3, as well as the measures and procedures adopted by women after the crime.

Table 4 presents the characteristics and outcomes of the pregnancies resulting from the sex crime. Among women victimized by intimate partners the gestational age

Table 2: Adjusted Odds-Ratio of women pregnant due to sexual violence by the intimate partner and unknown abuser assisted at Pérola Byington Hospital, São Paulo, Brazil, from 1994 to 2018

Variables	Adjusted OR (CI 95%)*
Schooling (years of education)	
< 9 years	0.96 (0.63-1.45)
≥ 9 years	1
Race / color	
White	1.11 (0.83 -1.5)
Black	1
Marital Status	
Married	1.84 (1.1 - 2.9)
Single	1
Occupation	
Yes	1.39 (1.02 – 1.90)
No	1

*Analysis adjusted by independent variables. OR: Odds Ratio. CI 95%: Confidence Interval of 95%.

ranged from 5 to 31 completed weeks, with an average of 12.1 ± 4.8 weeks. In the group of pregnancy due to unknown offenders, the gestational age varied between 4 and 37 weeks, an average of 11.9 ± 5.1 weeks ($p=0.617$).

Excluding the cases of women who gave up the pregnancy termination during or after the evaluation procedures, the request for abortion was not attended in 12 cases in the group that suffered sexual violence practiced by the intimate partner and in 185 cases of unknown aggressors. The gestational age ≥ 23 weeks, which is the technical limit for abortion established by the Ministry of Health, was the main reason identified in 73 cases (39.4%) of unknown aggressors and in five cases (41.0%) of intimate partners ($p=0.879$).

In other situations, the pregnancy was not considered as resulting from the sexual violence because of the technically expressive difference between the gestational age measured by obstetric ultrasonography and the certain date of the sexual crime presented by the woman. This occurred in 71 cases (38.3%) of unknown aggressor and in five cases (41.0%) of intimate partner pregnancy ($p=0.820$). The loss of a follow-up during the assistance occurred in 21 cases (11.3%) in the group of unknown aggressors and in two cases (16.7%) in the group of intimate partners ($p=0.578$). In the group of unknown aggressors, the paternity of the non-aggressor sexual partner was established by DNA in 20 cases (10.8%), which justifies the non-termination of pregnancy.

Table 3: Characteristics of sexual crime of women who became pregnant as a result of sexual violence committed by an intimate partner and an unknown aggressor treated at the P  rola Byington Hospital, S  o Paulo, Brazil, from 1994 to 2018

	Intimate partner aggressor (n=192)		Unknown aggressor (n=1,881)		Total (n=2,073)		OR (CI 95%)	p*
	n	%	n	%	N	%		
Referral								
Public Security	51	26.6	645	34.3	696	33.6	0.69 (0.49 – 0.96)	0.030
Others or spontaneous	141	73.4	1,236	65.7	1,378	66.4	1	
Approach								
Public Space	63	32.8	1,809	96.2	1,872	90.3	0.01 (0.01 – 0.02)	<0.001
Private Space	129	67.2	72	3.8	201	9.7	1	
Mean of intimidation**								
Physical Strength	78	86.7	264	37.5	342	43.1	10.8 (5.78 – 20.27)	< 0.001
Serious Threat	12	13.3	440	62.5	452	56.9	1	
Police report								
Yes	69	35.9	851	45.2	920	44.4	0.67 (0.49 – 0.92)	0.013
No	123	64.1	1,030	54.8	1,153	55.6	1	
Medico-legal examination								
Yes	66	34.4	795	42.2	860	41.5	0.71 (0.52 – 0.97)	0.034
No	126	65.6	1,086	57.7	1,212	58.5	1	
Immediate medical examination								
Yes	16	8.3	142	7.5	158	7.6	1.11 (0.64 – 1.90)	0.696
No	176	91.7	1,739	92.5	1,915	92.4	1	

*Person's chi-square. OR: Odds-Ratio. CI 95%: Confidence Interval of 95%. **In the violence by intimate partner group, 84 cases of violence associated to serious threat and 18 cases of child rape were excluded. In the violence by unknown aggressor group, 827 cases of violence associated to serious threat and 350 cases of child rape were excluded.

Table 4: Outcomes of pregnancy resulting from the sexual crime from pregnant women raped by their intimate partner and by an unknown aggressor, attended at the Pérola Byington Hospital, São Paulo, Brazil, from 1994 to 2018

	Intimate partner aggressor (n=192)		Unknown aggressor (n=1,881)		Total (n=2,073)		OR (CI 95%)	p*
	n	%	n	%	n	%		
Pregnancy termination								
Yes	149	77.6	1,528	81.2	1,677	80.8	0.80 (0.55 – 1.14)	0.223
No	43	22.4	353	18.8	396	19.2	1	
Women's withdrawal from abortion								
Yes	31	16.1	168	8.9	199	9.6	1.96 (1.29 – 2.97)	0.001
No	161	83.9	1,713	91.1	1,874	90.4	1	
Method used for the abortion**								
Intrauterine aspiration	103	69.5	1,024	68.3	1,127	68.5	1.05 (0.73 – 1.52)	0.757
Medical abortion	45	30.5	474	31.7	519	31.5	1	

*Person's chi-square. OR: Odds-Ratio. CI 95%: Confidence Interval of 95%. **30 cases of surgical abortion (fetus extirpation through laparotomy) were excluded from the group of unknown aggressors, and 1 case in the group of the intimate partner as the aggressor.

DISCUSSION

The average age observed for both groups did not diverge from those surveys that point out young women in a reproductive age as the main ones involved in situations of sexual violence^{11,12}. However, the mean age was higher among women who suffered sexual violence by their intimate partners. This finding was discordant with the study by Chasweka *et al.*¹³, who found no significant association between age and domestic violence, and Lee and Lee¹⁴, who observed intimate partner violence more frequent among younger women. These studies, however, did not address situations involving pregnancy.

In Brazil, the prevalence of sexual violence is higher among adolescents aged 12 to 17 (24.3%) than among young women aged 18 to 29 (6.2%) or adults aged 30 to 59 (4.3%)¹⁵. In Great Britain, sexual violence by the intimate partner was associated to the initiation of a woman's sexual life before age 16 and pregnancy before age 18¹⁶. In Nepal, Puri *et al.*¹⁷ found a higher risk of suffering domestic sexual violence among younger women married to older partners.

A low level of education is often reported in research among Brazilian women who suffer sexual crimes in urban centres^{11,12,18}. Similarly, most evidence recognises low schooling as relevant in violent domestic relationships¹. In India, women's low level of schooling has been associated to a higher risk of suffering physical and sexual domestic violence¹⁹. In Egypt, the risk of partner violence was lower for women with a higher level of education²⁰. In Belo Horizonte, Brazil, it was observed that lower education was associated to a higher frequency of physical, sexual and psychological domestic violence among users of public health services²¹.

The lower education level of the intimate partner aggressor, unavailable for analysis in this convenience sample, is highlighted by the WHO as a component in domestic violence, recommending it to be considered in the construction of public policies¹. In Maranhão, Brazil, Ribeiro *et al.*²² pointed this out, finding a higher frequency of violence during pregnancy when the schooling of the intimate partner was lower than that of the pregnant woman.

Diverging from these notes, our results show that in both groups the majority of the participants completed nine years or more of formal study, similar to that reported in the Republic of Malawi¹³. We believe that this divergence may reflect, in part, specific characteristics of the population in the study territory. On the other hand, our results may corroborate with the understanding that this type of violence also strikes women with higher education.

Census data from 2023 indicate that 49.9% of the population residing in southeastern Brazil declares itself white²³, similar to what was observed in the groups studied. This characteristic is also pointed out in researches with Brazilian women in situation of sexual violence who seek emergency medical care in public health services^{18,24,25}.

In this respect, our results diverge from the evidence that Brazilian black women are more likely to suffer violence. Femicide, an extreme expression of gender-based violence, hits black women more severely, with a rate of 5.6 murders per 100,000, than white women, with 3.2 cases per 100,000²⁶. The association between domestic violence, unwanted pregnancy and unsafe abortion is also relevant among black women in the city of Salvador, Bahia²⁷. In other countries differences were also found, as pointed out by Halpern-Meekin *et al.*²⁸, with higher rates of violence practiced by the intimate partner

during pregnancy among American black women. Also in the USA, Breiding *et al.*²⁹ found an association between intimate partner sexual violence and non-white women.

In this study, we excluded 14 cases of women of yellow or indigenous skin color or ethnicity, in order to allow a specific comparison of black women, who are widely described as more vulnerable to suffering violence. Even so, we did not observe any difference in the frequency of black women in situations of sexual violence by their intimate partner.

The information of being single at the time of the sex crime prevailed in the groups studied, as verified in other Brazilian studies^{11,12,18,24,30}. In part, this finding can be explained by the higher prevalence of sexual violence among younger women. However, the relationship between single women who were raped by their intimate partner was significantly higher. The fact that almost 90% of these women are not married warns that sexual violence practiced by the intimate partner should not be understood as a crime restricted to married women.

Women who experience violence from their intimate partner can express cultural perceptions of tolerance and normalization of the aggression³¹. Among American women approached for experiencing sexual violence, there have been reports of cases in which their intimate partners forced them to have sexual relations without contraceptives, without this being perceived by them as a form of violation of sexual and reproductive freedom³². Culture aspects are deeply related to gender-based violence and patriarchal culture.

In this sense, religious practices and experiences can also be related to different prevalences and levels of violence perpetrated by the intimate partner. In Brazil, evangelical women may suffer more physical and psychological violence within marriage than Catholic women²⁵. In Iraq, a cross-sectional study found a higher prevalence of physical, sexual and psychological domestic violence among Muslim women than among Christian women³³. In India, women affiliated with Christianity showed a lower risk of intimate partner violence¹⁹. In the US, women who suffered physical violence from their partner who resorted to religious support were those who mostly remained in a violent and abusive relationship³⁴.

In our results, most women declared a religion that didn't make significant difference to the analyzed groups, allowing us to state that, for these women, their beliefs were not an obstacle to resorting to abortion, as observed by Blake *et al.*¹¹. However, this finding should not be related to the greater withdrawal of the abortion observed among women assaulted by their intimate partner, since their beliefs do not necessarily influence the decisions of the women³⁵.

In addition, this study only analyzed women who sought to terminate the pregnancy, which keeps us from knowing whether religion has decisively influenced those who choose to maintain a pregnancy resulting from a sex crime. In fact, a cross-sectional study with Brazilian public servants found that about 20% of women experienced an unwanted pregnancy and that a little more than half of them performed the abortion in a clandestine manner. Among those who decided not to terminate the pregnancy,

about 30% of them declared that religious beliefs were responsible for not resorting to abortion³⁶.

Despite this evidence, little information is available about the influence of religion on the outcome of pregnancies resulting from sex crimes, particularly in Brazil. Pimentel *et al.*³⁵ found that declaring a religion was associated with giving up abortion, but only among women with little education who suffered sexual violence from known aggressors. On the other hand, 81.7% of the women who resorted to abortion due to pregnancy due to rape in São Paulo, Brazil, declared themselves to be Catholic or Evangelical, religions that are known to be inflexible and axiomatic in relation to abortion³⁷.

Domestic violence also most frequently affects women without work or occupation^{11,12,18,30}. Cases of domestic violence during pregnancy analyzed by Ribeiro *et al.*³⁸ corroborate this statement, but the authors point out that the socioeconomic status did not have significant effects on the psychological violence. On the other hand, in Nepal, it was observed that the greater autonomy of women was a significant and protective element with regards to suffering this form of domestic violence¹⁷. A study in 23 American states found that women's low income was associated with a greater risk of suffering domestic sexual violence³⁹.

Our results are in line with these findings, with a higher frequency of pregnant women without occupation among those assaulted by an intimate partner. To a certain extent, this reflects different levels of economic dependence of women in domestic violence⁴⁰. In families with lower economic status, intimate partners may experience higher levels of stress due to professional and financial failure, compensating it by strengthening their territorial dominance through violence³⁸. Although it is admitted that women with lower financial resources are more vulnerable to domestic violence, it should be considered that in this study we found almost 70% of participants with either a formal or informal occupation. However, the database did not allow us to know the income of these women or their partners.

We find it predictable that the domestic environment was the most frequent place of sexual violence practiced by the intimate partner, as opposed to public spaces when the sex offender was unknown. Our results converge with Brazilian population data from 2015, which report 71.9% of cases of sexual violence occurring in domestic spaces¹⁵. Even so, it should be noted that almost one third of the women were raped by their intimate partner in a different place than the private space, information that should be strongly considered by the authorities responsible for applying security and protection measures for these women.

The trajectories of Brazilian women who suffer sexual crimes indicate that most of them do not seek care in public health services, nor communicate what happened to public security authorities⁴¹. In our results, more than half of the women did not report the sexual crime to the police or submit themselves to a medical-legal examination. However, the percentage of pregnant women raped by their intimate partner who did not undergo these two procedures was significantly higher.

We believe that the greater frequency of pregnant women raped by their intimate partner who refused legal proceedings may be related, in part, to their proximity to the aggressor, making them more likely to be embarrassed or to feel threatened if they revealed the crime. It is also possible that common elements of a patriarchal culture tolerant of domestic violence may have demobilized these victims, resulting in less awareness of their rights or making them believe that they would not be accredited or properly served^{11,30,40}.

Nevertheless, in this survey, about one third of the cases came via public security institutions, indicating some effectiveness in the assistance network in the metropolitan region of São Paulo. In Brazil, authors such as Oshikata *et al.*¹⁸ and Mutta and Yela¹² have found an increase in police communication and expert examination of cases of sexual violence in recent years, attributing these changes to the greater support and protection offered after the implementation of the Maria da Penha Law, Decree-Law No. 11,340⁴².

On the other hand, Martin *et al.*⁴³ showed that a significant part of the intellectually disabled who maintain daily proximity to the sex offender do not report the violence to the authorities due to the fear of losing the help they receive from him, of suffering reprisal, or of being subjected to compulsory psychiatric hospitalization. In situations of sexual violence by the intimate partner, Denis *et al.*⁴⁴ state that communication to the police was more frequent when more recent and relevant traumatic injuries occurred.

In Brazil, it is recommended that women in situation of sexual violence seek immediate medical attention, without linking this measure with communication to the police, medical-legal examination or judicial procedure against the aggressor^{4,10}. The objective is to ensure rapid access to interventions that reduce the aggravation of the sexual violence, such as prophylaxis of sexually transmitted infections (STIs) and unwanted pregnancy, since the effectiveness of such procedures depend fundamentally on eligibility deadlines⁴.

We found in both groups more than 90% of the pregnant women affirming that they did not seek medical attention after the sexual crime, with no difference from those assaulted by their intimate partner. Although it was not possible to know the reasons why they did not seek this care, it is believed that the trauma caused by the sexual violence reduces the perception of the health risks to which they are exposed⁴⁵, that there is little knowledge about the health care available⁴, that they fear that they will not be accredited or treated in a humanized manner³⁰, or that the health service reveals the crime to the police against their will¹¹.

Serious threats, including the promise of death, are described as the aggressor's main intimidating resource for committing sexual violence^{11,12}. In fact, we have found in our results the predominance of threats among women sexually assaulted by strangers. However, physical violence was significantly more frequently used in sexual crimes involving intimate partners, reaching almost 40% of women.

The use of physical violence in sex crimes can show impacting effects. In the United States between 2004 and 2006, 105,000 emergency medical appointments were recorded for treating physical injuries resulting from sexual violence against young women⁴⁶. In the Republic of Mali, West Africa, 3% of emergency room admissions were for physical harm caused by sexual crimes⁴⁷. In South Africa, a nationwide study found that 19.8% of feminicides were preceded by sexual violence⁴⁸. In Denver, USA, Riggs *et al.*⁴⁹ observed genital injuries in half of the women who suffered sexual violence from strangers who used physical violence.

The relationship between abortion and violence by the intimate partner shows complex and divergent aspects in the literature. In Chicago, USA, a cross-sectional study at two reproductive planning clinics involving 19,465 requests for abortion found 1.9% of the requests stemming from sex crime⁵⁰. In Bangladesh, no greater frequency of abortions was found among married women who had experienced domestic violence⁵¹. In another U.S. study, intimate partner violence was not associated with a greater likelihood of women resorting to abortion throughout their lives, when the demographic characteristics and risk factors are adjusted⁵². A study in Nepal found that young married women in domestic violence situation are 2.3 times more likely to experience unwanted pregnancy⁵³.

An Australian longitudinal study by Taft *et al.*⁵⁴ with 9,042 women indicated a higher probability of pregnancy termination when recent violence by the partner had been reported. Scottish women who had had two or more legal abortions within two years showed more frequent intimate partner violence and greater socioeconomic disadvantage⁵⁵. Among Swedish women who had repeated abortions, 51% suffered domestic violence⁵⁶. In Nigeria, women who had experienced physical violence by their intimate partner performed 9% more abortions. When the violence was emotional, abortions were 33% more frequent⁵⁷. In Sweden, 29% of women who used the abortion services of a university hospital had a history of violence by their intimate partner⁵⁶.

A Meta-analysis with 74 studies indicates association between abortion and repeated abortions among women who reported some form of violence by their intimate partner. Women who experienced violent relationships were more likely to conceal abortion from their partner. Demographic factors such as age, ethnicity, education, marital status, income, employment, and drug and alcohol use showed no consistent mediating effect⁵⁸. A WHO study with 17,518 women in ten countries found that those with a history of intimate partner violence had significantly higher chances of unplanned pregnancy and abortion⁵⁹. Population-based research with women in situations of physical and sexual violence by the intimate partner in Tanzania shows a 1.6 times greater chance of unintended pregnancy loss and a 1.9 times greater chance of a woman resorting to induced abortion⁶⁰.

In this study, most women completed the abortion and similar means of gestational age allowed them to be assisted by intrauterine aspiration. At gestational age ≥ 13 weeks, medical abortion with misoprostol was the method of termination of pregnancy. In cases in which the

abortion was not performed, we observed no difference in the frequencies of women with pregnancies unrelated to sexual violence or cases of loss of follow-up.

Unlike our results, the abortion method may depend on the specific needs of the woman in other contexts. In Bangladesh, medical abortion has proven to be a more acceptable strategy for women in domestic violence situations, allowing the procedure to be performed in a confidential manner and without the partner's knowledge⁶¹. A retrospective cohort study in New York, USA, found no association between a woman's choice of surgical or medical abortion when in a domestic violence situation⁵³.

Attention should be paid to almost 40% of pregnant women who were unable to have a legal abortion due to gestational age ≥ 23 weeks among the cases of abortion not performed, without legal or technical grounds. In Brazil, the criminal classification of abortion considers any intentional act that seeks embryonic or fetal loss without conditioning gestational age^{10,62}. This justification also diverges from the recommendations of the WHO, which does not advise regulations or laws that limit abortion based on gestational age⁶³.

Even so, the obstacle to abortion according to gestational age persists in most Brazilian health services⁶, possibly because it is still a rule of the Ministry of Health⁴, or because of the incorrect interpretation of the legal interruption of pregnancy based on the clinical concept of abortion, oriented up to the 22nd week of gestational age towards conducts based on the expectation or not of fetal viability³⁷.

Foster and Kimport⁶⁴ found that situations of conflict with the intimate partner were among the factors for seeking abortion at late gestational age. Blake *et al.*¹¹, Perry *et al.*⁵⁰ and Bessa *et al.*³⁰ report similar situations, as they found that known or close sexual offenders were associated with a significant delay in seeking legal abortion. The gestational age is decisive when choosing the safe and appropriate method for abortion⁶³. Mutta and Yela¹² found 63.4% of women requesting an abortion from sexual violence under 13 weeks of gestational age, percentages comparable to our results.

The results of this study may contribute to understanding the phenomenon of violence against women, particularly when practiced by the intimate partner. Forced pregnancy and abortion in these circumstances are challenging issues for public health, especially in countries that maintain restrictive legislation regarding abortion or in those that have poor health care. The originality of this study should be pointed out, as we have not identified similar research comparing cases of pregnancy and abortion

resulting from intimate partner violence. We consider as strong points of this study its documental aspect with almost 25 years of care in a reference institution and the number of subjects analyzed.

As recommended for observational studies by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)⁶⁵, it is important not to generalize the results of this study to other social and cultural contexts. The restriction of external validity of variables such as race and religion should be considered, due to the possible sociodemographic heterogeneity of other samples. It is also possible to suppose that some of the pregnant women may have hidden or omitted the intimate partner as the real aggressor, declaring that the sexual crime was committed by a stranger, as verified by other authors when using different methods of investigation^{37,40}. The trajectories of victims in institutions and legal procedures are also subject to this restriction, considering the diversity of criminal laws on sexual crimes and abortion in other countries.

CONCLUSION

Women with pregnancies resulting from sexual violence practiced by their intimate partner are younger and have less occupation than those assaulted by strangers. They are more often intimidated with physical violence and in the domestic space. Communication to the police is less common and they are more likely to give up legal abortion. The findings suggest that there is a particular vulnerability of women to cases of intimate partner violence.

Author contributions

Maria Madalena Souza Matos Torres – Conception of the project, data collection, interpretation of the results and preparation of the manuscript. Marcio Massao Kawano – Preparation of the manuscript and tables. Edinilza da Silva Machado Medeiros – Elaboration of the manuscript and tables. Márcia Sandra Fernandes dos Santos Lima – Preparation of the manuscript and tables. Caio Parente Barbosa – Conception of the project, interpretation of the results, preparation of the manuscript. Jefferson Drezett – Conception of the project, interpretation of the results, statistical analysis and preparation of the manuscript.

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Conflicts of interest

No potential conflict of interest was reported by the authors.

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Resumo

Introdução: a violência praticada pelo parceiro íntimo tem alta prevalência no Brasil. Entre as graves consequências para a saúde da mulher se destacam a gestação decorrente dessa circunstância.

Objetivo: comparar características da gestação e do aborto entre mulheres com violência sexual praticada por parceiro íntimo e agressor desconhecido.

Método: estudo transversal com mulheres com idade ≥ 14 anos com gravidez decorrente de violência sexual e solicitação de aborto legal atendidas no Hospital Pérola Byington, São Paulo, Brasil, entre 1994 e 2018. Foram comparados 1.881 casos em que o agressor sexual foi um desconhecido com 192 casos praticados pelo parceiro íntimo. As variáveis consideraram dados sociodemográficos da gestante, da violência sexual, procedimentos legais e aborto, analisadas em software SPSS 20.0. Estudo aprovado pelo Comitê de Ética e Pesquisa do Centro Universitário São Francisco de Barreiras, parecer nº 3.668.297.

Resultados: gestantes agredidas parceiro íntimo apresentaram maior média de idade ($27,4 \pm 6,8$ anos), declararam menos trabalho ($p=0,032$) e não estavam em união ($p=0,010$). Casos envolvendo parceiro íntimo apresentaram maior frequência de violência física ($p<0,001$) no espaço privado ($p<0,001$), com menor busca da gestante pela polícia ($p=0,013$) e exame médico-legal ($p=0,034$). A realização do aborto foi semelhante nos dois grupos, mas a desistência do procedimento foi maior nos casos com parceiro íntimo ($p=0,001$).

Conclusão: quando grávidas da violência sexual perpetrada pelo parceiro íntimo, mulheres têm trajetórias diferentes daquelas violentadas por desconhecidos para recorrerem ao aborto legal. A menor revelação para a polícia do crime e a maior desistência do aborto legal podem sugerir papel intimidatório do parceiro íntimo agressor.

Palavras-chave: aborto legal, delitos sexuais, violência doméstica, violência por parceiro íntimo, violência contra a mulher.

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