

**INITIAL TRAINING IN PSYCHOLOGY AND ATTENTION TO SEXUAL
VIOLENCE: REPORTS OF PROFESSIONALS**

***FORMAÇÃO INICIAL EM PSICOLOGIA E ATENÇÃO À VIOLÊNCIA SEXUAL:
RELATOS DE PROFISSIONAIS***

***FORMACIÓN INICIAL EN PSICOLOGÍA Y ATENCIÓN A LA VIOLENCIA SEXUAL:
RELATOS DE PROFISSIONALES***



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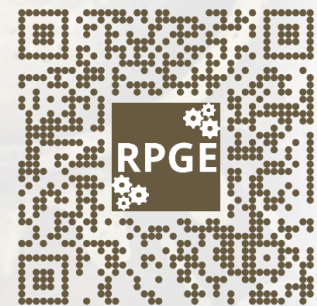
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ABSTRACT: Sexual violence is linked to health problems experienced by victims, and Psychology is critical in monitoring these people. This qualitative study investigated the contribution of initial training in Psychology in the care of cases of sexual violence, according to the reports of professionals. Five psychologists were interviewed whose reports were categorized using the content analysis method, resulting in the following groups: (1) Favorable experiences in training that helped in working with cases of sexual violence; (2) Specific difficulties when the complaint is sexual violence; (3) Gaps in initial training to work with cases of sexual violence; (4) Other factors that support current work with cases of sexual violence. The data indicate indirect contributions of the graduation to the work with victims of sexual violence, however, specific teachings planned for this action were not identified. It is concluded that there is a lack of specific content on sexual violence in the sample formation.

KEYWORDS: Psychology. Training. Sexual violence. Assistance. Victims.

RESUMO: *A violência sexual está atrelada a problemas de saúde vivenciados pelas vítimas e a Psicologia possui grande importância no acompanhamento dessas pessoas. Este estudo qualitativo investigou a contribuição da formação inicial em Psicologia no atendimento de casos de violência sexual, segundo o relato de profissionais. Foram entrevistadas cinco psicólogas cujos relatos foram categorizados pelo método de análise de conteúdo, resultando nos agrupamentos: (1) Experiências favoráveis na formação que auxiliaram no trabalho com casos de violência sexual; (2) Dificuldades específicas quando a queixa é violência sexual; (3) Lacunas na formação inicial para atuar com casos de violência sexual; (4) Outros fatores que auxiliam o trabalho atual com casos de violência sexual. Os dados sinalizam contribuições indiretas da graduação para o trabalho com vítimas de violência sexual, entretanto não foram identificados ensinamentos planejados especificamente para essa atuação. Conclui-se que há uma carência de conteúdos específicos sobre violência sexual na formação da amostra.*

PALAVRAS-CHAVE: *Psicologia. Formação inicial. Violência sexual. Atendimento. Vítimas.*

RESUMEN: *La violencia sexual está vinculada a problemas de salud vividos por las víctimas y la psicología tienen una gran importancia en el seguimiento de esta gente. Este estudio cualitativo investigó la contribución de la formación inicial en Psicología en la atención de casos de violencia sexual, según relatos de profesionales. Fueron entrevistados cinco psicólogos cuyos informes fueron categorizados mediante el método de análisis de contenido, resultando en los siguientes grupos: (1) Experiencias favorables en capacitaciones que ayudaron en el trabajo con casos de violencia sexual; (2) Dificultades específicas cuando la denuncia es violencia sexual; (3) Brechas en la formación inicial para trabajar con casos de violencia sexual; (4) Otros factores que sustentan el trabajo actual con casos de violencia sexual. Los datos apuntan contribuciones indirectas de la graduación al trabajo con víctimas de violencia sexual, sin embargo, no fueron identificadas enseñanzas específicas previstas para esta acción. Se concluye que falta contenido específico sobre violencia sexual en la formación de la muestra.*

PALABRAS CLAVE: *Psicología. Formación inicial. Violencia sexual. Asistencia. Víctimas.*

Introduction

The study presented here is research conducted on initial training in the field of Psychology and its teaching factors focused on addressing the phenomenon of sexual violence. The topic of sexual violence has been increasingly discussed among people in various contexts, including familial, clinical, legal, and also in the media, through news, films, series, and even music. Beyond the social impact produced through the ever-expanding knowledge on this subject, there are also the impacts generated in the lives of individuals who have experienced sexual violence, their families, and close associates, for whom the work of Psychology professionals becomes crucial.

Thus, the question arose about how Psychology courses are preparing future professionals to deal with a demand that seems to be frequent in various areas of practice - clinical, social, educational, among others - namely, the attention to victims of sexual violence. The research problem here was whether early-career professionals felt prepared to work with cases of sexual violence based on the theoretical and practical resources provided by their undergraduate courses.

The data found and discussed emphasize the importance of education on sexual violence for conducting appropriate work in the field of Psychology, contributing to the promotion of health for individuals affected by this phenomenon. Additionally, they can assist in developing educational programs on the subject, benefiting not only the professional training of psychologists but also the individuals they will serve in the future.

Theme Foundation

Sexual violence is a public health problem that entails the violation of human (GARCÍA-MORENO; STÖCKL, 2009; BRASIL, 2012; OMS, 2012), sexual, and reproductive rights, characterized by any act or demonstration of power against another person's sexuality (OMS, 2002). It can occur through aggression, coercion, and blackmail, leading to immediate or long-term consequences for the health of victims throughout their development (OMS, 2012; BRASIL, 2012).

The consequences of sexual violence can affect both physical health, through injuries and sexually transmitted infections, and psychological health, leading to anxiety and depressive symptoms (OMS, 2002; BRASIL, 2012). The sexual and reproductive health of victims can also be affected, leading to difficulties in relationships and dissatisfaction with sexual life in

adulthood (OMS, 2002; GARCÍA-MORENO; STÖCKL, 2009; TANAKA; MAIA, 2020). Health services aim to minimize the possible consequences of sexual violence in the lives of those who have been victimized (BRASIL, 2012; OMS, 2014; HOHENDORFF; HABIGZANG; KOLLER, 2015; CASQUER; SANTOS; GAYOSO; DUARTE, 2019), being among the first services sought in such situations (SILVINO; DA SILVA; DUARTES; BELENTANI; DE OLIVEIRA, 2016).

Commonly, the first action taken is the reception of the report of the suffered violence (HABIGZANG; AZEVEDO; KOLLER; MACHADO, 2006), and the professional must inform the victim about the procedures to be followed, as well as their reasons (BOMFIM; ANDRADE, 2012). The World Health Organization (2014) highlights the need for comprehensive and quality health services that can provide timely, effective, and gender-sensitive care while considering the needs and safety of the victim and their family. Specifically in Psychology, interventions should be initiated as soon as possible and maintained for as long as necessary (BRASIL, 2012).

The population most exposed to experiencing sexual violence is individuals of the female gender, regardless of age, with the important note that there are also cases where the victims are male (OMS, 2002; 2012; BRASIL, 2012), although such situations are often underreported (HOHENDORFF; HABIGZANG; KOLLER, 2015). Thus, sexual violence is considered, for now, gender-based violence, as it is based on social standards of what is culturally regarded as feminine and masculine (SAFFIOTI, 2004; SPAZIANI; VIANNA, 2020).

Regarding the child and adolescent audience, the Statute of the Child and Adolescent (BRASIL, 1990) determines that all adults responsible for or in any way connected to children and adolescents must prevent violations of their rights. However, an association was observed between a history of family violence and sexual offenses committed by adolescents (COSTA *et al.*, 2017), which is also related to the possibility of generational consequences caused by episodes of sexual violence (OMS, 2012; BRASIL, 2012).

The Statute is also the document that foresees and guarantees the care of children and adolescents in health services when in situations of sexual violence. According to Hohendorff, Habigzang, and Koller (2015), analyzing Brazilian mental health policies regarding attention to sexual violence in the public system, victims have the right to both psychosocial support provided by the Specialized Reference Center for Social Assistance (CREAS) and psychotherapeutic treatment through referral to mental health services offered by the Unified

Health System (SUS). However, the same authors identified low referral rates for psychotherapeutic treatment, and the symptoms generated by sexual violence, perceived in the long term, indicate that the passage of time without psychological interventions is not sufficient to minimize the harms of violence (HOHENDORFF; HABIGZANG; KOLLER, 2015).

Additionally, psychologists responsible for necessary interventions with victims of sexual violence may face difficulties related to conducting adequate work, requiring technical and emotional preparedness to deal with a subject to which different moral and cultural meanings may be attributed (NUNES; MORAIS, 2021). Similarly, professional vulnerability may lead to the absence of recording information about the victim and the sexual violence suffered, which is necessary for deciding appropriate referrals (NUNES; LIMA, 2017), as well as the absence of recording the procedures undertaken by psychology professionals when referrals occur (HOHENDORFF; HABIGZANG; KOLLER, 2015).

Thus, professional preparation emerges as a relevant factor in cases of sexual violence, which present specific demands (HOHENDORFF; HABIGZANG; KOLLER, 2015), and ongoing training conducted by professionals working with victims is considered a protective factor for those individuals being served (NUNES; MORAIS, 2021). However, it is also important to investigate initial training in Psychology and the preparation provided during undergraduate studies for dealing with cases of sexual violence since this forms the basis for the future work of early-career professionals who may encounter cases of sexual violence as they begin their careers.

In this way, this research aimed to investigate the contribution of initial training in Psychology to psychologists in the reception and/or treatment of sexual violence cases, regardless of the field of practice (clinical, hospital, school, among others), according to the accounts of recently graduated professionals.

Methodology

This is a qualitative, descriptive-exploratory research (BORTOLOZZI, 2020), approved by the Research Ethics Committee of a public university (CAAE 32484020.3.0000.5398; Opinion No. 4.098.015 of 19/6/2020).

Five psychologists registered with the Regional Psychology Council of the State of São Paulo participated in this study, all identifying as female, aged 23 to 49 years (average of 29 years). They worked as clinical psychologists, with two of them also working in other areas

related to Psychology. Despite this, the clinical context in which they worked was not homogeneous: they provided services in interdisciplinary clinics, some worked from home through remote services, or in specialized clinic schools for specialization and residency. The participants were designated by the uppercase letter P, followed by the ordinal number assigned to their interviews: P1, P2, P3, P4, and P5.

The participants were divided between those who use the psychoanalytic approach and those who approach from the theoretical framework of behavior analysis, with four having graduated in 2019 and one in 2018. Only two of them were engaged in postgraduate *lato sensu* studies, and none had specific courses or training focused on the phenomenon of sexual violence.

The participants were selected by disseminating the research within the study group to which the authors are affiliated, constituting a convenience, non-probabilistic sample. Inclusion criteria were based on having completed a degree in Psychology up to three years before the interview and having provided reception and/or assistance to one or more victims of sexual violence, whether in clinical settings or care institutions (such as hospitals, psychosocial care centers, child protective services, among others).

For data collection, semi-structured interviews were conducted, with a script developed by the researchers, and tested in a pilot format with participants similar to those in the sample for necessary adjustments before the final version. The interviews were conducted remotely and online via the Google Meet platform due to the sanitary measures established during the COVID-19 pandemic, recorded, and transcribed in full for record and subsequent data analysis. In the end, each participant was asked to recommend another professional who could join the sample, according to the inclusion criteria, a technique called "snowballing." The signing of the Free and Informed Consent Form (FICF) was essential to ensure voluntary participation in the research and inclusion of the collected data, safeguarding the ethical rights of the participants.

The data analysis procedure used was the content analysis technique, which involves the formation of emerging and mutually exclusive thematic categories (BARDIN, 2011; BORTOLOZZI, 2020). The categories found from the analysis underwent reassessment and validation by judges for compatibility.

Results

(1) Favorable Experiences in Training that Assisted in Dealing with Cases of Sexual Violence

This category compiles information about the participants' undergraduate experiences that express a favorable influence on their professional practice in Psychology with cases of sexual violence, aiding in their current work. These experiences were subdivided into two subcategories: practical activities during the internship(s) in undergraduate studies involving handling case(s) related to sexual violence and supervision with professors; and theoretical issues addressed during undergraduate studies.

One way to understand the training as favorable was through experiences gained from practical activities, particularly in supervised internship situations. Participant P1 believes that having the opportunity to handle a case of sexual violence during undergraduate studies made her feel confident in addressing another case involving this theme after graduation, acknowledging that such cases are always challenging. According to P1, during her undergraduate studies, the internship supervisors also provided important content and guidance for the practice she developed in initial training.

P2 performed a psychological emergency service that assisted in the reception of therapy cases after graduation, especially those involving sexual violence. She also highlighted the internship she completed at the Regional Council of Psychology headquarters as an essential experience to learn how to report this type of violence and become acquainted with the technical norms for acting in these cases, both in various psychological practices and as a clinical psychologist.

Participant P3 reported an indirect activity during the organizational psychology internship, where she could train her listening and reception skills, preparing her for a phenomenon she understood to be common in Psychology. On the other hand, P4 participated in extension projects with children and caregivers, spaces in which she developed listening and reception skills to later deal with cases directly related to sexual violence. She also highlighted a mandatory internship at the Psychosocial Care Center (CAPS), a therapeutic follow-up job in which the guidance provided by the supervising professor regarding her performance was considered essential to modify her actions and understanding of psychological counseling situations.

From these reports, it was possible to perceive that there were cases of direct and more specific assistance with the theme of violence based on information about clinical area services,

as well as in various practical situations where listening and reception skills were developed to contribute to future professional work with cases of sexual violence.

Another way of understanding the training as a favorable process occurred through reports about theoretical activities. Participant P1 believes that the topic of "sexual violence" was covered in one of the courses during undergraduate studies but in a superficial manner. In turn, P2 identified the psychology course and professors as very important for becoming aware of and denaturalizing the way she viewed social and psychological phenomena, although she did not mention specific courses where she learned about the phenomenon of sexual violence.

Participant P3 considers that the contents addressed in the Sex Education course helped her understand that working on taboos related to experiences of sexual violence, such as the family's reaction to the news or the figure of the perpetrator (a family member or someone close to the family), are essential processes to help with the guilt feelings presented by victims of sexual violence. She also mentioned that there was a specific class on sexual violence in this course and indicated that the topics were discussed in a presentation by interns in the School Psychology course, as well as in the Psychopathology course during discussions on Borderline Personality Disorder cases.

P4 also emphasized learning about sexual violence in discussions on the course's subjects, saying, "*The clinic classes, when I think about learning, came a lot from the clinic classes. Especially in the third- and fourth-years classes, behavioral clinic 1 and 2.*" She also highlighted the psychoanalysis subjects that brought theoretical repertoire and, mainly, case reports that helped to see more concretely the possible management of professionals during professional practice. She pointed out the Sex Education subject as necessary for thinking about how violence occurs in the school context and how the institution participates in the intervention of this phenomenon.

In this way, the subjects mentioned by the participants that covered content on sexual violence were those related to the clinical area (through the behavioral and psychoanalytic approach, depending on the participant's affinity with the theory in question), mainly through case discussions, and the school area, through the approach of sex education.

(2) Specific Challenges When the Complaint Involves Sexual Violence

This category presents accounts of difficulties perceived by the therapist when the case involves situations of sexual violence during current work. P1 states that "*sexual violence (...) is always tough when you hear it from another woman.*" In addition to the participant's identification with other women, she has experienced this type of violence in her life, which puts her in a position where it is more challenging to listen and reflect on what happened. She understands that cases of sexual violence require a complex approach, "*double the care,*" so as not to exacerbate the pain during recounting sessions, as it is not an easy subject for patients to address.

P2 asserts that, having never experienced this type of violence and not knowing of cases in her family or among people in her circle, she has difficulties recognizing or understanding the situations that victims go through. Moreover, she understands that whether the perpetrator is in contact with the victims or not is a factor that further complicates the treatment. Therefore, she emphasizes that sexual violence is a delicate matter, requiring the professional to think about "*how*" and "*what*" to say to avoid reproducing these and other forms of violence with the victim.

P3 comments on personal difficulties arising from identifying with the stories and being a woman like the victims she has attended, even though she has not experienced this type of violence. Participant P4 mentions personal difficulties in not being able to provide the emotional availability or support she would find necessary for these individuals. She also highlights the impression of falling short of how she would like to assist, especially in managing cases involving child victims, as she feels that this demographic is more challenging to handle than adult victims. She also reported having great difficulty addressing the guilt and anxiety felt by child and adult patients, understanding that these are feelings that do not cease merely through something said by the professional but rather through a process of reencounters with these patients.

In this way, considering the mentioned difficulties, it is evident through the participants' accounts that a significant concern with factors in the treatment that could lead to the re-victimization of patients by the psychologists themselves, which seems to be directly related to the understanding that such cases are more complex and require more excellent professional care during practice.

(3) Gaps in Initial Training to Deal with Cases of Sexual Violence

In this category, reports about gaps perceived in undergraduate education regarding the current work of assisting cases of sexual violence are grouped. P1 mentions that, despite having learned about sexual violence in theoretical classes, the few contacts she had with the subject were "*not [in] specific subjects,*" and the topic was rarely discussed, both in classes and internships. P2 reported that, in college, she did not attend to people with a history of sexual violence, and she considers that, whether in specific classes or the activities of semesters, the content developed did not help build skills and knowledge to work specifically with this public and their demands.

P3 believes that her undergraduate education lacked a specific course that addressed the subject or something that recurred in other courses since this is a topic that the participant understands as transversal to all possibilities of work in Psychology. She also perceives that, despite learning to identify when this type of violence occurs with a child and how to build a grounded and ethical practice, there were missing references to think about specific management and reception for the population that was the victim of sexual violence.

Lastly, P4 recognizes that any basic education will have gaps in specific subjects, such as working with victims of sexual violence in different contexts: hospitals and brief counseling, among others. She also criticizes the undergraduate course, as, in her evaluation, it traditionally presents the clinic most of the time, which does not correspond to the diversity of clinical practices that Psychology is involved in.

(4) Other Factors Aiding Current Work with Cases of Sexual Violence

In this category, reports about other factors that aided the participants in their work with patients who were victims of sexual violence are included. P1 mentions that she perceives her approach and support style as similar to her therapist's and that personal therapy was a very relevant process to be able to conduct sessions during and after graduation. She emphasized that continuing to take courses after graduation and engaging in personal studies are crucial factors to continue with the sessions: "*I studied a lot about this, still study [...] I think what helps me a lot is this [...] researching, studying, going in-depth, trying to find reference literature.*"

Participants P2 and P3 also highlighted personal therapy and post-graduation supervision practices as spaces for self-awareness and preparation to provide assistance, helping in understanding what conduct to have in response to cases and avoiding conflating

personal issues with patients' complaints. Additionally, P3, in her postgraduate work, sought supervision because she understood that these were more challenging cases requiring a complex approach, not considering herself to possess all the necessary knowledge "*to deal with this alone at this early stage of her career.*"

P4 stated that it is essential to continue studying beyond graduation and considers that being in a postgraduate training context is crucial for her practice and understanding of the phenomenon of sexual violence: "*the experience of residency, having supervisions, always having a professional to turn to, a supervisor, in these more complex cases, being able to seek out that person and share.*" Finally, she emphasized that participating in a specific study group on sexual violence after graduation was another important factor in understanding this phenomenon.

Discussion

As the participants mostly had two years of training, most of the theoretical-practical resources they used in their practice came from the recently completed psychology undergraduate period. The participants seemed to attribute great importance to specific studies within the disciplines they took during their undergraduate studies, considering the influences generated for their subsequent work with cases of sexual violence. However, the contents directly related to the theme of sexual violence were usually mentioned as specific points within the context of the disciplines and did not represent targeted teaching for understanding the complexity of this phenomenon.

Feelings aroused in psychologists by contact with victims of sexual violence emerged as a relevant element, particularly in Category 2, related to difficulties in treatment. Penso *et al.* (2008) observed that these feelings are a factor contributing to the understanding of some difficulties identified by Psychology students and graduates in dealing with the theme of sexual violence, leading the authors to conclude the lack of theoretical grounding for interventions and the need for in-depth studies on this topic during undergraduate education.

It is noteworthy that the majority of victims mentioned by the interviewees were women, much like the majority of reported cases of sexual violence directed toward the female population (OMS, 2002; 2012; BRASIL, 2012). Additionally, a tendency to identify with the victims was observed among the psychologists, as these professionals and patients were of the same female gender, with participants having experienced or not having experienced some

episode of sexual violence in their lives. This factor may also relate to the demonstrated need for all participants to undergo supervision with technical guidance on case management and therapy to deal with possible personal issues raised. The observation raises the hypothesis that the sample consists only of women, with no reports of professional experience from male individuals for comparison.

In research on the effects of training for intervention with victims of sexual violence, psychologists working with such cases showed changes in their professional performance, leading to more effective interventions due to the content, techniques, and skills developed (DE FREITAS; HABIGZANG, 2013). This increased their confidence in handling these cases (HORWOOD *et al.*, 2018; KRISTUFKOVA *et al.*, 2018). In Category 4, it was found that continuing studies after graduation was a factor that favored and enhanced the professionals' performance with cases of sexual violence, despite the postgraduate courses and training mentioned not being specifically focused on sexual violence.

As indicated by guidelines published by the Federal Council of Psychology (2012), the *Child and Adolescent Statute*, the *Maria da Penha Law*, and the *National Pact to Confront Violence Against Women* are fundamental documents for the work of professionals dealing with issues of sexual violence. Although the study of legislation (laws, conventions, and statutes related to professional practice) is mandatory in psychology curricula, such documents, and other technical practice norms were not mentioned during the interviews, as the participants covered the contents during their undergraduate studies. Only P2 mentioned learning about the topic due to an extracurricular and non-mandatory internship.

The mentioned observation points to a weakness in professional training for the treatment of sexual violence, in line with the findings of Aguiar *et al.* (2020), who identified that training in the health sector does not adequately address the theme of sexual violence against women. It is done superficially when it does, indicating the need to incorporate this theme into higher education curricula.

Similarly, the participants did not mention public institutions that offer services for victims of sexual violence in Brazil, except for the CAPS. This raises the hypothesis that this omission may be related to the fact that psychologists had contact with the care of victims of sexual violence, especially in a clinical context.

Studies point out training issues, both in the social context (AZAMBUJA, 2005) and in the clinical context (LIMA; POLLO, 2005), indicating a conceptual deficiency in understanding the concept of sexual violence. The same was observed in the participants' accounts, where a

lack of systematization for defining the phenomenon of sexual violence during the interviews was noted. Hypotheses can be raised, including a deficiency in technical references addressed in the basic training of these professionals to support the delimitation of a definition, as well as a lack of space for study and in-depth exploration of the topic in the undergraduate psychology curriculum.

Final considerations

The relationship between the academic backgrounds pursued by the participants and addressing issues related to sexual violence in clients indicated more ease in developing general skills in psychological practice, such as listening and support, than specific competencies acquired in the undergraduate curriculum. The lack of specificity in content, courses, internships, or prior studies on sexual violence is perceived by the interviewees as a shortcoming in initial training. Regarding personal factors, such as gender identity or life history, they were also linked to difficulties in working with these cases, and the unanimous solution was to seek supervision and therapy.

The findings suggest the fragility of academic training in Psychology for dealing with cases of sexual violence, and in response, participants adopt various approaches to address this issue, such as enrolling in courses and pursuing private studies. Thus, the basic training of the sample did not address sexual violence, despite its complexity and recurrence in the field of Psychology, highlighting the need for training psychologists to address its consequences in the lives of victims.

While recognizing the limitations of the research in terms of sample composition, it can be concluded that the topic of sexual violence still lacks development in many aspects when considering initial training in the field of Psychology. While an initial undergraduate course is not expected to delve deeply into any specific theme, considering the high rates of sexual violence in the country and the constant demand for professionals in the health sector, including psychologists, to work in this area, it seems necessary for undergraduate Psychology curricula to better address this issue in their training. Further research is needed and can contribute to a better understanding of this issue, leading to the development of possible solutions.

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