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ORIGINAL ARTICLE

Legal abortion in situations of pregnancy resulting from sexual violence in women and adolescents with intellectual disabilities

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Abstract

Introduction: women with intellectual disabilities are particularly vulnerable to sexual violence and its consequences. However, little is known about the pregnancy resulting from this crime and outcomes for these women.

Objective: to compare the characteristics of sexual crime and pregnancy outcomes resulting from sexual violence between women with and without intellectual disabilities.

Methods: cross-sectional study with 1,478 pregnant women due to a sexual crime aged ≥14 years who requested a legal abortion, treated at Hospital Pérola Byington, São Paulo, Brazil, between 1994-2015. A total of 88 pregnancies of women with and 1,390 without intellectual disabilities were compared regarding sociodemographic variables, sexual crime, aggressor, pregnancy and abortion. For statistical analysis, Person's chi-square, adjusted binary logistic regression and Student's t test for independent samples were used, with significant $p<0.05$ and a 95% Confidence Interval. Research approved by the Pérola Byington Hospital Research Ethics Committee, opinion 1,396,893.

Results: pregnant women with intellectual disabilities had less education than those without (84.1% versus 23.4%) ($p<0.001$), declared less religion (68.2% versus 85.0%) ($p<0.001$), and they were not married or in a relationship (96.6% versus 81.1%) ($p<0.001$). Domestic sexual crime was more frequent (57.8% versus 18.8%) ($p<0.001$), related aggressor (44.9% versus 11.2%) ($p<0.001$), referral by public security (80, 7% versus 50.4%) ($p<0.001$), police report (86.4% versus 65.3%) ($p<0.001$), and medical-legal examination (83.0% versus 61.5%) ($p<0.001$). There was no difference in abortion, but in pregnant women with intellectual disabilities, the medical method was more frequent (55.6% versus 34.2%) ($p=0.03$) due to higher gestational age.

Conclusion: pregnant women with intellectual disorders are more vulnerable to domestic sexual violence perpetrated by related aggressors, with greater involvement of public security, and later seeking abortion.

Keywords: intellectual disability, sexual crimes, violence against women, legal abortion.

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Authors summary

Why was this study done?
The prevalence of sexual violence against women and girls with intellectual disabilities is known to be high. In Brazil, there are gaps in knowledge about the circumstances in which pregnancy resulting from this sexual crime occurs and what the outcomes are for these women. This study was carried out to contribute evidence on abortion permitted by law in these circumstances.

What did the researchers do and find?
The authors carried out a cross-sectional study with pregnant adults and adolescents who were victims of sexual crimes and requested an abortion as required by law, comparing 88 cases with intellectual disabilities and 1,390 cases without intellectual disabilities. Pregnant women with intellectual disabilities had less education, declared less religion and in most cases were not married. Sexual crimes in the domestic space by a related aggressor were more frequent, as was the search for legal proceedings by those responsible. Abortion did not show any difference between groups, but the medical method was more frequent in those with intellectual disabilities due to higher gestational age.

What do these findings mean?
The findings reinforce the vulnerability of pregnant women with intellectual disabilities to suffer sexual violence and incest, with different paths to legal abortion assistance supported by the public security system. The search for abortion at a higher gestational age may reflect the later perception of pregnancy by these women and girls, their less autonomy and, mainly, the obstacles imposed by the related aggressor to avoid their identification and accountability.

Highlights
Women with intellectual disabilities have fewer resources to recognize and avoid sexual violence. They take longer to identify the pregnancy resulting from violence and are more dependent on a caregiver to access legal abortion services. Their trajectories until they arrive at care are different from those of other women, resulting in higher gestational age and risk of being denied abortion due to this condition.

INTRODUCTION

Physical and sexual violence against women is a highly prevalent worldwide phenomenon[1], understood as a serious public health problem and violation of sexual and reproductive rights[2]. Evidence indicates that women with intellectual disabilities are more vulnerable to suffering sexual violence[3] and other forms of violence[4]. The lesser opportunity to receive sexual guidance and education than men with intellectual disorders contributes to increasing this vulnerability[5].

It is estimated that between 25% and 53% of women with intellectual disabilities suffer sexual violence throughout their lives[3], generally committed by known aggressors in the domestic space[6], with a greater risk of it becoming continuous and hidden[7,8]. Furthermore, verbal violence in the domestic environment affects around 70% of Brazilian women with intellectual disorders[4].

Although a significant number of women with intellectual disabilities recognize situations of sexual violence, others may have less understanding of certain acts as prohibited and abusive[9]. When they recognize and report sexual violence, they are often disbelieved and receive little support, especially when the aggressor is related[10]. Furthermore, women with intellectual disabilities have fewer internal resources to avoid approaching the aggressor and revealing what happened[11], they face stigma and prejudice, and end up categorized in a secondary and marginalized way[12].

Sexual violence against women with intellectual disabilities must be distinguished from the legitimate experience of their sexuality, a fundamental right inherent to human beings and which is independent of their condition, recognized by the International Convention on the Rights of Persons with Disabilities[13]. However, these women's sexuality is still permeated by controversy and appears to be non-consensual, even in the most inclusive societies[14].

Women who suffer sexual violence throughout their lives are at significant risk of physical harm, lethality, sexuality disorders, sexually transmitted infections (STIs)[2,15], mental health disorders[16], and forced and unwanted pregnancy[17]. Recurrent episodes of sexual violence, over time, significantly increase the chances of pregnancy in women with intellectual disorders who do not use contraceptive methods that are independent of the aggressor[18].

In cases of pregnancy resulting from sexual violence, women and their families often consider it unacceptable and resort to abortion[17]. In Brazil, since 1940, article 128 of the Penal Code has not criminalized abortion in these cases[19], but Brazilian women still face obstacles in achieving it[17]. There are also gaps in knowledge about the dynamics involved in sexual crime, pregnancy and abortion[15], with information notably scarcer for women with intellectual disabilities. Therefore, the objective of this article is to compare the characteristics of sexual crime and pregnancy outcomes resulting from sexual violence among women with and without intellectual disabilities.

METHODS

Study design

A cross-sectional study with a convenience sample of patients treated at Pérola Byington Hospital, São Paulo, Brazil, between July 1994 and June 2015, with pregnancies resulting from a sexual crime and request for a legal abortion. Pérola Byington Hospital is an institution of the State Department of Health of São Paulo, a reference for the legal termination of pregnancy.

Patient selection criteria

The study population was made up of women aged ≥14 years with alleged pregnancy resulting from a sexual crime, allocated into two groups. The first group included pregnant women with an intellectual disability that prevented valid consent to sexual intercourse or

offering resistance to the aggressor. The second group included pregnant women without intellectual disabilities and without other circumstances preventing them from offering consent or resisting the aggressor. Cases of false allegation of sexual crime, pregnant women under 14 years of age and situations of vulnerable rape for women without intellectual disabilities were excluded.

The sexual crime was characterized according to the narrative of the pregnant woman or legal representative in accordance with articles 213 or 217-A of Law No. 12,015, of 2009[19]. Article 213 classifies as rape the non-consensual sexual act imposed through violence or serious threat. Article 217-A, about rape of a vulnerable person, covers sexual acts against minors under 14 years of age or against people who cannot offer resistance or valid consent to the sexual act due to vulnerability[19].

The diagnosis of intellectual disability met criteria from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), including neurodevelopmental disorders and intellectual disabilities (codes 317-319), equivalent to the International Classification of Diseases (ICD-10) classification for mental retardation, (codes F70-F79). These classifications were analogous to the term mental disability provided for in article 217-A, which classifies as a crime sexual acts against people with intellectual disabilities that imply an impediment to consent or offer resistance to the aggressor[19]. Medical or psychological opinions reporting the woman's inability to decide about sexual intercourse in the circumstances that resulted in pregnancy were considered.

Instruments and data collection

Data were extracted from a Microsoft Excel file and transferred to SPSS18.0 software. The primary file was fed using a pre-coded form, with record consistency carried out by a reviewer and discrepancies corrected and consolidated before transfer to SPSS18.0.

Study variables

The condition of having intellectual disabilities or not was adopted as a dependent variable. In both groups, sociodemographic variables were compared (age, education, race/color, marital status and religion), sexual crime (location, relationship between victim and aggressor, number of aggressors, communication to the police, examination at the IML, and guardian by referral), and about the pregnancy (gestational age, performance and abortion technique).

Statistical analysis

For the bivariate analysis, Person's chi-square test was used. Adjusted binary logistic regression was used to quantify differences in relation to study variables and for adjusted models, variables with a p-value <0.20 were tested. A value of $p<0.05$ was adopted as significant, with a Confidence Interval (CI) of 95%. For numerical variables for independent samples, the Student t test was used.

Ethical aspects

Resolutions nº 196/1996 and 466/12 of the National Health Council were observed regarding ethical aspects inherent to carrying out research involving human beings. The research received approval from the Pérola Byington Hospital Research Ethics Committee, opinion nº. 1,396,893, dated January 28, 2016.

RESULTS

During the period studied, 1,845 requests for legal abortion were registered due to allegations of pregnancy resulting from sexual violence, with 367 cases (19.9%) excluded based on the inclusion and exclusion criteria. 1,478 cases were analyzed, 88 (5.9%) pregnant women with intellectual disabilities and 1,390 (94.1%) pregnant women without intellectual disabilities. Adolescents aged ≥14 years and <20 years accounted for 442 cases (29.9%). In pregnant women without intellectual disabilities, the age ranged from 14 to 47 years, mean 24.4±7.4 years. In those with intellectual disabilities it ranged from 14 to 40 years, average 22.4±6.9 years (p=0.09). Table 1 presents the sociodemographic variables.

Table 1 - Sociodemographic data of pregnant women with or without a intellectual disorder in a situation of pregnancy resulting from sexual violence occurred, Hospital Pérola Byington, São Paulo, Brazil, 1994 to 2015

Sociodemographic data	With an intellectual disability (n=88)		Without an intellectual disability (n=1.390)		Total (n=1.478)		OR (95%CI)	p*
	n	%	N	%	n	%		
Schooling								
< 9 years	74	84.1	325	23.4	399	27.0	17.32 (9.65-31.07)	<0.001
≥ 9 years	14	15.9	1.065	76.6	1.079	73.0		
Race/color								
White	52	59.1	779	56.0	831	56.2	1.13 (0.73-1.75)	0.576
Not white	36	40.9	611	44.0	647	43.8		
Marital status								
In a relationship	3	3.4	253	18.2	256	17.3	0.15 (0.04-0.50)	<0.001
Not in a relationship	85	96.6	1.137	81.8	1.222	82.7		

Continuation - Table 1 - Sociodemographic data of pregnant women with or without a intellectual disorder in a situation of pregnancy resulting from sexual violence occurred, Hospital Pérola Byington, São Paulo, Brazil, 1994 to 2015

Sociodemographic data	With an intellectual disability (n=88)		Without an intellectual disability (n=1.390)		Total (n=1.478)		OR (95%CI)	p*
	n	%	N	%	n	%		
Religion								
No	28	31.8	208	15.0	236	15.9	2.65 (1.65-4.25)	<0.001
Yes	60	68.2	1.182	85.0	1.242	84.1		

*Pearson chi-square. OR: Odds Ratio. 95% CI: 95% Confidence Interval.

The gestational age in women with intellectual disabilities ranged from 5 to 32 weeks, average of 16.2±5.7 weeks, and in those without intellectual disabilities from 4 to 36 weeks, average of 12.4±5.6 weeks (p< 0.001). Table 2 presents the variables on sexual violence, pregnancy and abortion.

Table 2: Characteristics of sexual violence, the perpetrator and pregnancy outcome resulting from sexual crime according to the occurrence or not of intellectual disorder, Hospital Pérola Byington, São Paulo, Brazil, 1994 to 2015

	With an intellectual disability		Without an intellectual disability		Total		OR (95%CI)	p*
	n	%	n	%	n	%		
Referral								
Public security	71	80.7	700	50.4	771	52.2	4.13 (2.44 – 7.25)	<0.001
Other or spontaneous	17	19.3	690	49.6	707	47.8		
Approacha								
Domestic space	37	57.8	262	18.8	299	20.6	5.90 (3.53 – 9.8)	<0.001
Public space	27	42.2	1,128	81.2	1,155	79.4		
Perpetratorb								
With kinship	31	44.9	156	11.2	187	12.8	6.45 (3.93 – 10.67)	<0.001
Without kinship	38	55.1	1,234	88.8	1,272	87.2		
Number of perpetratorsc								
Single	65	94.2	1,273	91.6	1,338	91.7	1.49 (0.54 – 4.17)	0.441
Multiple	4	5.8	117	8.4	121	8.3		
Police communication								
Yes	76	86.4	907	65.3	983	33.5	3.37 (1.82 – 6.26)	<0.001
No	12	13.6	483	34.7	495	66.5		
Medical-legal examination								
Yes	73	83.0	855	61.5	928	62.8	3.01 (1.73 – 5.36)	<0.001
No	15	17.0	535	38.5	550	37.2		
Abortion								
Yes	59	67.0	1,043	75.0	1,102	74.6	0.68 (0.43 – 1.07)	0.095
No	29	33.0	347	25.0	376	25.4		
Abortion methodd								
Intrauterine aspiration	20	44.4	662	65.8	682	64.9	2.41 (1.32 – 4.39)	0.003
Medication abortion	25	55.6	344	34.2	369	35.1		

*Pearson chi-square. OR: Odds Ratio. 95% CI: 95% Confidence Interval. a24 cases were excluded from the group with intellectual disorders due to the impossibility of identifying the aggressor. b19 cases were excluded from the group with intellectual disorders due to the impossibility of identifying the location of approach. c19 cases were excluded from the group with intellectual disorders due to the impossibility of identifying the number of aggressors. d51 cases of surgical abortion excluded.

Of the 29 cases in which abortion was not performed in the group with intellectual disabilities, the main reasons were gestational age ≥23 weeks, in 12 cases (41.3%), and the family's refusal to perform the abortion after institutional approval, in 12 cases (41.3%). In the group without intellectual disabilities, the impediment was gestational age ≥23 weeks, in 81 cases (23.3%) (p=0.006), and withdrawal from the approved procedure, in 95 cases (27.3%) (p=0.029). In pregnant women without intellectual disabilities, other reasons were found for not having an abortion: in 79 cases (22.7%) the pregnancy was not considered a result of sexual violence, and in 21 cases (6.1%) the paternity of the non-offending sexual partner was established by fetal DNA testing. Table 3 shows the results of the binary logistic regression adjusted for independent variables.

Table 3 - Binary logistic regression and Odds-Ratio (OR) adjusted according to the presence or absence of intellectual disorder in pregnant women treated at Hospital Pérola Byington, São Paulo, Brazil, 1994 to 2015

Variables	Adjusted OR (95%CI)*
Low education level	16.78 (9.28 – 30.35)
	1
Not in a relationship	6.13 (1.86 – 20.25)
	1
No religion	1.90 (1.14 – 3.18)
	1
Public safety referral	3.87 (1.14 – 13.19)
	1
Approach in private space	4.35 (1.84 – 10.31)
	1
Unrelated attacker	0.43 (0.17 – 1.05)
	1
Communication to the police	3.93 (0.52 – 29.55)
	1
Medical-legal examination	0.45 (0.09 – 2.22)
	1
Intrauterine aspiration abortion	0.40 (0.19 – 0.85)
	1

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

DISCUSSION

Several studies indicate that pregnancy resulting from sexual violence generally affects young Brazilian women[15,17,20,21]. In this study, even excluding pregnant women aged <14 years to avoid vulnerability bias due to legal age, the average ages in the groups studied did not differ from this evidence and almost 30% of cases occurred among adolescents. Furthermore, the comparison of the average ages of pregnant women with intellectual disabilities (22.4±6.9 years) and those without the disability (24.4±7.4 years) did not show a significant difference (p=0.09). Thus, our results did not corroborate the hypothesis that pregnant women with intellectual disabilities could have a lower average age as a result of repeated exposure to sexual violence from a younger age[8,9,18].

The low level of education among pregnant women with intellectual disabilities was highlighted, with 84.1% of them having less than nine years of study and without completing primary education, similar to what was found by other authors[7,22-24]. This finding contrasted with data from the Brazilian Institute of Geography and Statistics (IBGE) which, in 2022, found 34% of the population aged 25 or over without education or without completing primary education[25]. Furthermore, the adjusted analysis in binary regression found that the chance of low education was 16 times greater in pregnant women with intellectual disabilities. It is possible to infer that the low level of education reflected the severity of the intellectual disorder in the studied group, enough to greatly limit their formal educational development.

There was no significant difference regarding race/color (p=0.576), with a higher frequency of white pregnant women in both groups. It is worth considering that the proportions of white pregnant women were slightly higher than that indicated by IBGE, calculated at 49.9% for the Brazilian Southeast[25]. One justification for this difference could be the greater difficulty in accessing legal abortion services for black Brazilian women, as pointed out by Blake *et al.*[15]. Another hypothesis would be the declaration of this item by the legal representative based on subjective criteria, possibly due to the social phenomenon of the tendency to whiten the black population[26].

In any case, the racial profile matters for black Brazilian women, who are known to be more prone to suffering violence and developing health problems[25]. It is worth recognizing the limitation for comparing results on race/skin color found with other studies, whether due to

demographic criteria or the heterogeneity of categorization used in other countries.

In general, Brazilian women who suffer sexual violence are young and are not in a relationship, formally or consensually[15,17,20], and the same seems to occur when the woman has an intellectual disability[22,23]. However, the regression analysis indicated that the chance of not being united was six times greater in pregnant women with intellectual disabilities than in those without a disability. Considering that no difference was found in the average ages, this finding suggests that the severity of the intellectual disability may have exerted a decisive impediment to marital union.

Similarly, the declaration of religion may have been influenced by levels of intellectual disability. The regression analysis showed that the chance of not declaring religion was twice as high in this group as in pregnant women without the disorder. Furthermore, it is reasonable to assume that in pregnant women with intellectual disabilities, the legal representative may have been responsible for the declaration of religion, registered as professed by the family, which could interfere with the difference found.

The intellectual disability may also have been related to the critical routes of pregnant women and their families to access legal abortion care. Although public security represents the main author of referrals for legal abortion in both groups, its participation was significantly more frequent among pregnant women with intellectual disabilities (80.7%) than among those without disabilities (50.4%) ($p< 0.001$). However, Brazilian legislation does not require communication to the police or medical-legal examination to perform an abortion in cases of sexual crime[19].

Considering the lower autonomy of pregnant women with intellectual disorders, this difference may reflect the actions of the legal representative, either because they understand it as something necessary for abortion care or to seek to hold the aggressor responsible[17]. This hypothesis can be corroborated by the greater frequency of reporting sexual crimes to the police (86.4% versus 65.3%) ($p<0.001$) and the greater number of medical-legal examinations (83.0% versus 61.5%) ($p<0.001$) by pregnant women with intellectual disabilities[19].

This significant participation of public security in informing about the right to legal abortion and referring pregnant women to the reference service seems to point to an improvement in the functionality of the sexual violence care network in the metropolitan region of São Paulo[15,20]. In fact, the involvement of legal professionals has been shown to be more frequent in pregnancies resulting from incest[17] or when physical traumas of greater clinical relevance occur[27]. However, there is still no evidence that these advances have reflected the adoption of legal abortion at an earlier gestational age[15].

In other studies, this greater participation of public security was not verified. For example, Martin *et al*.[28] observed that a significant number of women with intellectual disorders do not disclose sexual violence to the authorities when the aggressor is close to them on a daily basis, either due to fear of losing the help and care they receive from them, the possibility of reprisals, or due to fear of compulsory hospitalization. However, these studies did not analyze situations of pregnancy resulting from a sexual crime, which could trigger different attitudes and developments on the part of the legal representative.

The vulnerability of women with intellectual disabilities is related to the relative or absolute insufficiency of protecting their interests and freely consenting[29]. These women experience both an intrinsic vulnerability, a direct result of the intellectual disability, and an extrinsic vulnerability, resulting from lower socioeconomic power, greater dependence, lower education and lower availability of specialized health services[29]. Therefore, the significant percentage of pregnant women with intellectual disabilities approached by aggressors in public spaces (42.2%) also deserves attention, revealing these vulnerabilities in all social spaces.

These vulnerabilities can also be decisive in the dynamics with which the sexual aggressor approaches and embarrasses the victim. In Brazil, most investigations indicate that psychological intimidation is the main means used to commit sexual crimes, both for women with and without intellectual disabilities[15,17,20,21,30]. By not using physical violence, the perpetrator avoids producing material evidence of his actions, which helps ensure that sexual violence is hidden and continued and avoids being held accountable[18,28,31].

These observations allow us to understand the higher frequency of related sexual aggressors in pregnant women with intellectual disabilities (44.9%) than in pregnant women without the disability (11.2%) ($p<0.001$). These incestuous situations are more difficult to identify, communication to authorities tends to be less frequent and the credibility of the victim's word may be lower[32]. The incestuous family's effort to maintain an apparent "normality" is common, often interrupted only by the event of pregnancy[17].

The parental bond between victim and aggressor was compatible with the higher frequency of sexual crimes in the domestic space among pregnant women with intellectual disorders (57.8%) than among those without the disorder (18.8%) ($p<0.001$). The single sexual aggressor was the most frequent in both groups, with no significant difference ($p=0.441$). These results were in line with other studies[15,17,18,20] but differed from the findings of Soylu *et al*.[33], who found a greater chance of multiple sexual aggressors in women with intellectual disabilities. Other authors indicate the intimate partner as the main perpetrator of sexual violence against women with intellectual disorders[7,18,23,28], which was not found in this study. This divergence could be explained by the low percentage of pregnant women with intellectual disabilities who were in a relationship (3.4%).

The decision to resort to abortion during pregnancy resulting from sexual violence belongs, ethically and legally, to the woman who enjoys full autonomy to do so, signing the terms of Ordinance MS/GM No. 1,508 from the age of 1834. In situations involving pregnant women with severe intellectual disabilities, the signing of these documents generally ends up in the care of other women who legally represent them, suggesting the possible

naturalization of this care as a gender assignment[18].

Legal abortions occurred equally for pregnant women with intellectual disabilities (67.0%) and without disabilities (75.0%) (p=0.095). Of the cases in which legal abortion was not performed in the group with intellectual disabilities, the main reasons were gestational age ≥23 weeks, in 12 cases (41.3%), and the family or pregnant woman's refusal to perform legal abortion after approved by the institution, in 12 cases (41.3%). In the group without intellectual disabilities, the impediment due to gestational age ≥23 weeks was lower, with 81 cases (23.3%) (p=0.006), as well as the withdrawal from approved legal abortion, with 95 cases (27.3%) (p=0.029).

The refusal of legal abortion due to a gestational age greater than or equal to 23 weeks, observed in both groups and in relevant percentages, has no basis in the Brazilian legal system. The legal-criminal concept of abortion, applicable to the cases in this study, considers and typifies any intentional procedure that intentionally seeks fetal or embryonic loss, not being conditioned on gestational age at the time of its performance[35].

This impediment also diverges from the recommendations of the World Health Organization (WHO), which advises against the establishment of laws and regulations that limit abortion based on gestational age[36], providing abortion care protocols for pregnancies of 23 weeks or more. In these cases, the WHO recommends fetal asystole by intracordonal or intracardiac injection of potassium chloride (KCl) or another substance that induces fetal loss, before promoting uterine emptying using medication. The same conduct is recommended by the International Federation of Gynecology and Obstetrics (FIGO), guiding safe procedures for legal abortion, including for pregnancies over 28 weeks, as well as fetal asystole[37].

Even so, this gestational age limit has been practiced by most Brazilian health services to refuse legal abortion. This seems to be due, in part, to the fact that it still appears as a recommendation in the technical regulations of the Ministry of Health[34] and, in part, to the misinterpretation of the legal termination of pregnancy based on the clinical concept of abortion, oriented up to the 22nd week of gestational age, to differentiate it from anticipation of birth and guide conduct based on the expectation or not of fetal viability[30].

In fact, confusion between the clinical and legal concepts of abortion is frequent and appears to influence the position of health professionals and their class representations. The Federal Council of Medicine (CFM) established CFM resolution Nº. 2,378, in 2024, prohibiting Brazilian doctors from performing fetal asystole in pregnancies resulting from rape after 22 weeks of gestational age, considering the act of feticide to violate the right to life[38]. Until the month of June 2024, Resolution CFM 2,378 had its effects suspended by the Federal Supreme Court (STF), awaiting judgment of the Claim of Non-compliance with Fundamental Precepts (ADPF 1141).

The relationships between the health professional's religion and induced abortion have been documented in the literature. There is consistent evidence of greater distance from the topic or conscientious objection among those who declare greater importance of religion in their daily decisions or professional positions. Among these professionals, motherhood is strongly associated with the beginning of life from conception, a belief widespread notably in Western societies aligned with Judeo-Christian principles[39]. On the other hand, there is little information about the relationship between religion, pregnancy resulting from sexual crime and legal abortion. A Brazilian observational study by Pimentel *et al*.[21] found that declaring a religion increased the chances of giving up legal abortion after its approval among women with low education who were raped by known or related aggressors.

Our results indicate that the abandonment of legal abortion was greater among pregnant women with intellectual disabilities than among those without disabilities, although a lower frequency of declaring religion was found among pregnant women with intellectual disabilities. However, it is not possible to say whether or not the withdrawal was associated with the declaration of religion depending on the method adopted. It would be reasonable to assume that the withdrawal of legal abortion reflected, in whole or in large part, the decision of the legal representative in view of the limitation of the pregnant woman's autonomy in conducting herself by her own means, imposed by the intellectual disabilities.

The higher average gestational age found among pregnant women with intellectual disabilities (16.2±5.7 weeks) than those without disabilities (12.4±5.6 weeks) (p<0.001) may also contribute to understanding their vulnerabilities intrinsic aspects of sexual violence. According to a study by Blake *et al*.[15], women with intellectual disabilities resort to legal abortion at later gestational ages as a result of threats and obstacles imposed by daily proximity to the related aggressor, similar to the results of this study. However, other elements must be considered. The realization of pregnancy may be later for younger women[17], as well as for those with intellectual disabilities, often depending on the recognition of the caregiver[18]. Added to these factors is less autonomy in accessing health services without a person responsible to guide and monitor them[11].

The higher average gestational age among pregnant women with intellectual disabilities ended up determining greater use of medical abortion (55.6% versus 34.2%) (p=0.003) to terminate the pregnancy. Misoprostol, whether or not associated with mifeprostone, is the method of choice for abortion after the 12th-14th week, when uterine emptying by intrauterine aspiration or dilation and curettage is no longer technically possible[26,34].

Medical abortion at a gestational age greater than 12 weeks requires longer hospital stays and greater costs for health systems. Discomforts are more frequent and include hypogastric pain, vaginal bleeding of variable quantity and duration, nausea, vomiting, diarrhea, fever and greater emotional distress[34]. The risk of complications increases progressively from 12 to 14 weeks of gestational age, even when practiced safely, although mortality is low and lower than the maternal mortality ratio[40]. For women with severe intellectual disabilities, clinical management of medical abortion may be more difficult, due to less understanding

of the procedures and less possibility of collaboration[18].

As recommended for observational studies by Strengthening the Reporting of Observational Studies in Epidemiology (STROBE)[41], we recognize the limits of this study based on a convenience sample. External validity does not allow generalizing the results to other social and cultural contexts. The trajectories of pregnant women and legal procedures are subject to the diversity of legislation for sexual crimes and abortion in other countries. The findings of this study cannot be generalized to cases in which pregnant women with intellectual disabilities did not disclose the occurrence of a sexual crime and the pregnancy was maintained until term. We consider that the documentary aspect of more than 20 years of care and the number of cases included represent strengths of this study, with evidence that can contribute to the improvement of public policies for women with intellectual disabilities.

CONCLUSION

Women with intellectual disabilities and pregnancy resulting from sexual violence were more vulnerable to suffering crime in the domestic space and by aggressors with relatives, with greater involvement of public security sectors in stages prior to legal abortion. The severity of the intellectual disability contributed to limiting schooling and preventing marital union. These women entered care at a later gestational age, which interfered with the pregnancy termination technique, and were more likely to give up on legal abortions after approval. Despite the absence of legal or technical grounds, refusal to perform an abortion according to gestational age was frequent.

Author's contributions

Walkyria Almeida Santana – Project design, data collection, interpretation of results and preparation of the article, having approved its final version to be published. Wallacy Milton do Nascimento Feitosa – Interpretation of results and preparation of the article, having approved its final version to be published. Breno Quintella Farah – Interpretation of results and statistical analysis, having approved its final version to be published. Flávia Cristina da Silva Araújo Hodroj – Data collection and preparation of the article, having approved its final version to be published. Caio Parente Barbosa – Design of the project and interpretation of results and preparation of the article, having approved the final version to be published. Jefferson Drezett – Project design, data collection, interpretation of results and preparation of the article, having approved its final version to be published.

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Resumo

Introdução: mulheres com deficiência intelectual são particularmente vulneráveis à violência sexual e suas consequências. Contudo, pouco se conhece sobre a gestação decorrente desse crime e desfechos para essas mulheres.

Objetivo: comparar as características do crime sexual e desfechos da gestação decorrente de violência sexual entre mulheres com e sem deficiência intelectual.

Método: estudo transversal com 1.478 gestantes de crime sexual com idade ≥14 anos com solicitação de aborto legal, atendidas no Hospital Pérola Byington, São Paulo, entre 1994-2015. Comparou-se 88 gestações com deficiência intelectual e 1.390 sem transtorno quanto variáveis sociodemográficas, crime sexual, agressor, gestação e aborto. Para análise estatística utilizou-se qui-quadrado de Person, regressão logística binária ajustada e teste t de Student para amostras independentes, com $p<0,05$ significante e Intervalo de Confiança de 95%. Pesquisa aprovada pelo Comitê de Ética e Pesquisa do Hospital Pérola Byington, parecer 1.396.893.

Resultados: gestantes com deficiência intelectual apresentaram menor escolaridade do que as sem transtorno (84,1% versus 23,4%) ($p<0,001$), declararam menos religião (68,2% versus 85,0%) ($p<0,001$), e não eram unidas (96,6% versus 81,1%) ($p<0,001$). Foi mais frequente o crime sexual doméstico (57,8% versus 18,8%) ($p<0,001$), agressor aparentado (44,9% versus 11,2%) ($p<0,001$), encaminhamento pela segurança pública (80,7% versus 50,4%) ($p<0,001$), boletim de ocorrência policial (86,4% versus 65,3%) ($p<0,001$), e exame médico-legal (83,0% versus 61,5%) ($p<0,001$). Não houve diferença na realização do aborto, mas nas gestantes com deficiência intelectual foi mais frequente o método medicamentoso (55,6% versus 34,2%) ($p=0,03$) devido maior idade gestacional.

Conclusão: gestantes com deficiência intelectual são mais vulneráveis à violência sexual doméstica perpetrada agressores aparentados, com maior envolvimento da segurança pública, e busca mais tardia pelo aborto.

Palavras-chave: aborto legal, deficiência intelectual, delitos sexuais, violência contra a mulher.