



Division for the Advancement of Women



"Violence against women: a statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them"

Expert Group Meeting

Organized by: UN Division for the Advancement of Women
in collaboration with:
Economic Commission for Europe (ECE) and World Health Organization (WHO)
11 – 14 April, 2005
Geneva, Switzerland

Violence against women in Brazil: overview, gaps and challenges

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Introduction

Brazil has had an active social movement opposing violence against women (VAW) for 30 years. Professionals and researchers have progressively been building up public policies and scientific studies on this subject. Activists, researchers, policy-makers and service providers are relatively well integrated in Brazil and have been shaping some social visibility and public policies regarding VAW.

Analyses of the known forms of VAW and the information gaps that exist in the country are inseparable within this process of progressive recognition.

As certain forms of VAW have become visible, either through research findings and theoretical-conceptual developments within this subject, or as a result of data deriving from institutions providing care for survivors of VAW, new aspects and angles of the problem have surfaced the dimensions of which are still unaddressed. New angles have also emerged through pressure exerted by social movements.

The source of the largest part of the data and statistics produced has been the institutions where women seek help. In Brazil, data was initially produced by the Women's Police Department (WPD) in the late 80's and 90's and investigations were subsequently conducted among healthcare service users in last few years. Population-based studies are more recent and are also rarer.

We present a brief overview of this data production and then discuss the principal gaps and challenges regarding investigations that might contribute towards implementing more effective public policies. This paper is based primarily on books and articles produced and published in Brazil. The production of master's dissertations and doctoral theses, which has been quite large over recent years, has not been fully incorporated.

Women's Police Departments

The first police department in Brazil dedicated to women's issues (Women's Police Department, WPD) was created in 1985. It was staffed solely by female professionals who had undergone gender-sensitive training.

In 1993, there were already 125 WPDs in the country, and they filed 123,131 complaints over that one-year period. In 1999, the country had 307 WPDs and, in a study including 267 of these (Silva, 2004), a total of 411,213 offense notifications were registered that year. However, only 6% of these records were transformed into inquiries instituted and/or referred to the judicial authorities (Silva, 2004). The majority of the complaints were referred to conciliation or mediation services by the WPD itself. In 2003, there were 425,935 occurrences of offenses, recorded by 289 WPDs studied. At that time, there was a total of 340 WPDs in existence (Ministry of Justice, 2004).

It must be borne in mind that there are a variety of problems in collecting and analyzing such data, since the WPD procedures differ from state to state and the WPDs suffer from major infrastructural deficiencies. Overall systematized reports of the data produced were obtained by response to questionnaires received by the WPDs in surveys devised for this purpose. Such data is not routinely available. In 2004, the Ministry of Justice took on the commitment to conduct standardized annual surveys in order to monitor the service in terms of production achieved, duties performed and infrastructure (Ministry of Justice, 2004). It is also important to bear in mind that, despite the increase in the number of WPDs over the last few years, these are only present in 10% of Brazilian municipalities, concentrated primarily in the southern and southeastern regions. More than 40% of WPDs are located in the State of Sao Paulo.

Different studies characterizing the demand attended that were carried out within smaller areas have confirmed the picture presented: WPDs have been increasing the reporting rate for VAW offenses, but the number of cases investigated and punished are very small. The offenses notified consist mostly of physical injuries and threats to women, committed largely by partners and former partners (corresponding to around 70% of accusations) or by family members (Dossiê, 2001; Soares, 1999). WPDs have become the *locus* for mediating conflicts in intimate personal relationships that are permeated with gender discrimination and sometimes age discrimination (Zanota, 2004). When specifically asked, a significant proportion of WPDs declared that, as well as attending to women, they also attend children (90% of WPDs), male homosexuals (22.4%) and elderly men (26.2%), as well as heterosexual male (19%) victims of violence (Ministry of Justice, 2004). Various researchers have sought to understand, by means of qualitative studies (Campos, 2002; Brandão, 1996; Machado, 2004), the significant use of WPDs for resolving domestic conflicts and their apparent “failure” in punishing the aggressors. WPDs deal with domestic crime which has its own logic that differs from how “common” crime is dealt with, and this strategy has its advantages and disadvantages. The contradictions present in this structure, and the changes needed in the legislation and how it functions go beyond the limits of the present paper. However, these contradictions create specific demands for investigations that will be dealt with at a later stage, especially with regard to more detailed policy assessment and the need for data on the connection between policies through an intersectoral service network.

It is sufficient for the present purposes to keep in mind that the WPD records do not represent all offenses committed against women in Brazil. They are centered on a proportion of domestic crimes that takes place in large cities.

Therefore, the notified data corresponds to a small proportion of reality, which can be estimated by means of population-based studies that investigate reports of violence. In a population-based study carried out in the city of Sao Paulo in 2001, it was found that 17.6% of the women who reported some episode of physical and/or sexual violence had sought help from the ordinary police and 13.7% went to the WPD. In the forested zone of the State of Pernambuco, a semi-rural zone, 10.0% went to the ordinary police and 0.5% sought out the WPD. Thus, it can be predicted that the number of offenses is much greater than what is registered (d’Oliveira et al, 2003).

Healthcare services:

Even though Brazilian legislation has permitted abortion in cases of rape or danger to the mother’s life since 1940, it was only in 1989 that the first public service for attending sexual violence was installed. In 2002, there were already 64 of these services in the country, and 40 of them were performing legal abortions at that time (Faundes, 2002). It is still very little, but it is unquestionably an advance.

These services are mostly located in the country’s state capitals. They do not have a standardized registration method, and access to data on their production is difficult and requires specific surveys, just as the WPDs. The types of cases attended also differ.

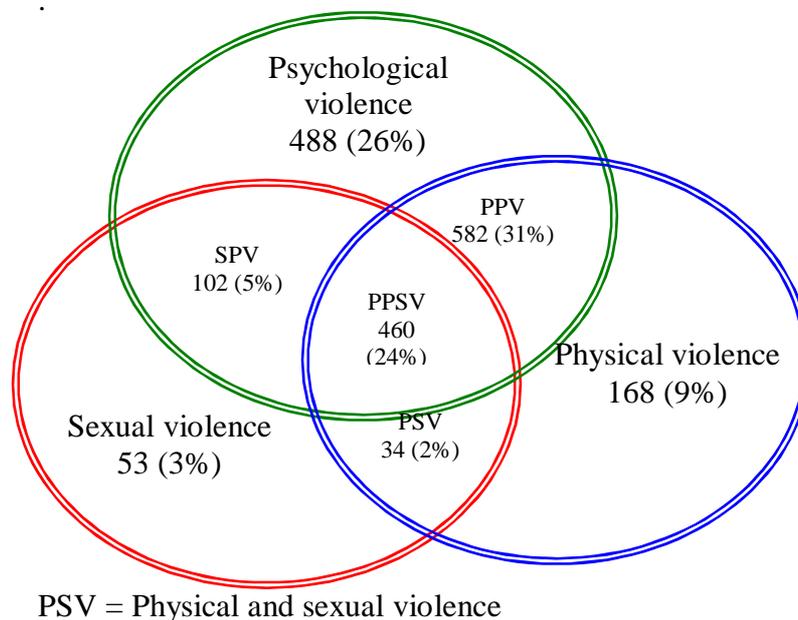
However, available data indicates that these services mainly attend to sexual violence committed by strangers. Among the 575 adult women attended within one service in the city of Sao Paulo, 88.1% declared that the persons responsible were strangers, and among the 546 adolescents, 86.6% made the same declaration. On the other hand, among the 71 children attended, the situation was the opposite: 84.5% of the crimes were committed by people they knew (Drezett, 2000).

Studies that have investigated women who sought out healthcare services with complaints related to violence are very useful for finding out about the effects of policies that have been implemented. However, they have the same problems as already discussed in relation to studies on the demand for WPDs: lack of standardization of records, local differences and, especially, selection of a very small proportion of the population that is affected by such problems.

Another form of investigation within healthcare services is prevalence studies among the user population. There are various instruments and designs for such research, which makes it difficult to compare them. However, they all involve face-to-face interviews among populations made up principally of young women with low educational levels that use public healthcare services (on an A-to-E classification system for income, schooling and purchasing power, they correspond to the C and D strata). Most research has been on the physical, sexual and psychological forms of violence, and all studies have found very high occurrences and a preponderance of violence committed by family members, particularly by partners and former partners. Studies of this type have been carried out in primary care units in Sao Paulo (Schraiber et al, 2002b), emergency services in Bahia (Silva 2003) and Rio de Janeiro (Deslandes, 2000), public maternity hospitals in Rio de Janeiro (Moraes, CL, 2002) and postnatal care (Menezes, 2003).

The biggest and most detailed study carried out in healthcare services (Schraiber et al, 2003a) interviewed 3193 women aged 15 to 49 years in 19 healthcare services that formed gateways to the public healthcare system in the greater Sao Paulo region, utilizing the questionnaire of the WHO Multicountry Study on Women's Health and Domestic Violence Against Women. It found that 55% of the women said that they had suffered physical and/or sexual violence by some aggressor at some point in their lives. Among the 3089 women who had ever had a partner during their lives, 52.8% reported having suffered psychological violence, 40.4% physical violence and 21% sexual violence. Overall, 61.1% of this sample of women reported suffering one form of violence or another. These forms of violence overlapped in the way shown in Figure 1.

Figure 1 – Superposing cases of physical, psychological and sexual violence perpetrated by an intimate partner at some time during the women's lives.



PPV = Physical and psychological violence

SPV = Sexual and psychological violence

PPSV = Physical, psychological and sexual violence

With regard to violence committed by aggressors other than a partner or former partner, 44.8% of the women reported psychological violence, 20.5% physical violence and 9.4% sexual violence. These were lower rates than for violence committed by partners, but very high all the same. Among the other aggressors, the great majority were family members. Partners and family members together were responsible, as the aggressors in domestic violence, for more than 70% of the cases of physical and/or sexual aggression.

It must also be emphasized that 49% of the women who reported some act of physical or sexual aggression did not consider that they had suffered violence during their lives. The reasons for this notion are better explored in an article on this topic, with the title “A Violência vivida: a dor que não tem nome.” [“Violence experienced: the unnamed pain”] (Schraiber, 2003b), which refers to the difficulty that women have in giving a name to the episode they experienced. This article also shows that only urban violence constituted by crimes that are mostly perpetrated and suffered by men within a public setting is recognized as an expression of violence, and not the violence that takes place within the domestic setting.

Studies on attitudes among professionals, mapped out from comments in medical records and interviews with healthcare service providers have demonstrated the extremely low recognition of violence (Schraiber, 2003 a). They have also shown that recognizing signs of violence does not automatically imply they will be registered: many professionals recollect cases noticed during consultations but not recorded because they considered that the problem was not within the scope of their professional practice.

More recently, with the consolidation of gender studies, some researchers have sought to explore in more depth and to comprehend how men who take on the role of aggressor perceive, understand and deal with their violence towards women. A survey carried out in primary healthcare centers in Sao Paulo interviewed more than 700 men aged 18 to 60 years who were users of the healthcare service. This survey utilized a questionnaire in which the questions utilized to measure reports of VAW committed by men resembled those in the Women’s Health and Domestic Violence Against Women. Multicountry Study, .

When all forms of violence were grouped together (psychological, physical and/or sexual), half of all the men said that they had in some way been aggressive towards their present partner or some previous partner (49.1%). Regarding physical violence, 29.8% of the men said that they had been physically violent towards their partners. Regarding sexual violence, only 3.1% of the men said that they had forced their partners to have sex with them (Couto e Schraiber, 2004). Other recent studies have also approached VAW from the male perspective, and these have brought important contributions concerning male recognition of VAW and their perceptions regarding the problem. (Giffin, 2005; Schraiber, Gomes, Couto, 2005; Figueiredo, 2005)

It is important to emphasize that, while studies directed towards women tend to utilize female interviewers, studies on men have utilized male interviewers and have complied with all the steps of ethical care required in studies of this nature. Contrary to what had been expected, the men were very receptive towards interviews and

discussions related to this issue, and they explicated their experience of VAW without embarrassment.

Population-based studies

There is little population-based data in Brazil regarding VAW. The first such study was in 1988 and was a survey on justice and victimization carried out by the Brazilian Institute of Geography and Statistics (IBGE, 1990). This study indicated that 63% of the victims of physical violence within the domestic sphere were women. However, this percentage must be regarded with caution, since it probably underestimates domestic violence, considering that the questions were phrased to evaluate urban and criminal violence and that it is known that, in such contexts, the tendency is to underestimate.

A population-based investigation with a representative sample was conducted in Brazil in 2000-2001, as part of the WHO Multicountry Study on Women's Health and Domestic Violence Against Women. The Brazilian part of the study interviewed 2645 women of reproductive age. It found that approximately 41% of the women, both in the city of Sao Paulo and the Forest Zone of the State of Pernambuco had suffered physical or sexual violence at the hands of some aggressor at some point during their lives (> 15 years of age). Among the 2128 women who had ever had a partner, it was found that 27.2% in the city of Sao Paulo said they had suffered physical violence committed by a partner at least once in their lives, while this figure was 33.7% for residents of the Forest Zone of Pernambuco. With regard to sexual violence committed by an intimate partner, the prevalence was 10.1% in Sao Paulo and 14.3% in Pernambuco. For physical violence perpetrated by persons other than the intimate partner, the situation was the inverse when these two locations were compared. In Sao Paulo, there were more women (20.9%) who were assaulted by other types of aggressor than in Pernambuco (13%). For cases of sexual violence perpetrated by other persons, 5.8% of the women in Pernambuco had suffered sexual violence before the age of 15 years, versus 7.8% of those in Sao Paulo (Schraiber et al, 2002a).

Much of this information was reiterated in research conducted by the Perseu Abramo Foundation, relating to women in public and private spheres (VENTURI et al, 2004), even though the questions for measuring physical or sexual violence were slightly different for the acts investigated.

When women's conditions of general, reproductive and mental health have been compared according to their exposure to physical and/or mental intimate partner violence (IPV), in bivariate analysis, it has been seen that women who experience or have experienced IPV report more pain or severe discomfort ($p < 0.02$), more problems of concentration and dizziness ($p < 0.02$), more ideation and suicide attempts ($p < 0.05$), more mental anguish as measured by SRQ20 ($p < 0.0001$), more induced abortion ($p < 0.004$) and more drink-related problems over the preceding 12 months ($p < 0.02$). (d'Oliveira et al, 2003).

The receptivity among women interviewed in these studies has been very good, and women spoke freely on the subject. There were very few cases in which women felt bad/worse after the interview (2,5% in São Paulo and 0,9% in Pernambuco) (Schraiber 2002a)

Recently, two surveys with nationally representative sampling have been carried out, to investigate in particular certain aspects of public opinion regarding VAW (BRASIL, 2005,). In the survey "Atitudes frente à violência contra a mulher" [Attitudes towards VAW], 91% of Brazilians considered that aggression against

women was a very serious problem (94% of women and 88% of men) (Melo, Sanematsu, 2004).

The survey by Data Senado, utilizing telephone interviews, also found that public opinion was very aware of the subject. However, a relatively small number of women admitted that they had suffered domestic violence during their lives (17%), probably due to the form of inquiry and the type of question utilized (the question was: "Have you ever been the victim of domestic violence?").

As can be seen, most of the data available deals with IPV or, to a lesser extent, violence by family members. Most of these studies have measured physical, sexual and psychological violence by asking about the occurrence of a series of acts. Some studies have also dealt with the consequences of violence on women's health, use of healthcare services and ways of coping with IPV, but these represent a minority.

Gaps in knowledge and challenges: the future of research on VAW

The differing samples, designs, definitions of violence and ethical precautions utilized in studies have made it difficult to compare the existing research, but they have taught us some lessons for us. First off all, as the Brazilian literature has already indicated, it is evident that the majority of violence suffered by women is at the hands of partners and family members and is related to the domestic environment. However, partners may be more important as aggressors in small cities and rural areas than in big cities, because of different social, economic and cultural contexts and different gender relation configurations. It has also become increasingly clear from our own experience correlated with analysis of the existing Brazilian literature that the type of question asked, the training of the interviewers and the ethical procedures taken are fundamental in the prevalence rates found. Under-recording is a constant threat for epidemiological studies on VAW, considering that the condition of being a victim of violence is stigmatized. Comparison of the existing data demonstrates that the highest rates have been obtained in studies that took greatest care in training interviewers for face-to-face interviews and in confidentiality, privacy and referral of the cases encountered. For this reason, it is very important that researchers should be interested in the subject and should be capable of listening during the interview without biasing the data and, in so doing, becoming compromised in relation to sensitive topics in the future. In this research area, ethics and methodology are linked: an ethical approach improves disclosure and correct methodology ensures objectivity at the time of the interview.

Nevertheless, there has not been any accumulation of data on a variety of population groups and forms of violence, in the way that has taken place regarding IPV among women of reproductive age.

The prevalence of violence suffered by elderly women, for example, is virtually unknown in Brazil. Forced prostitution and trafficking (commercial exploitation of young girls and adolescents) is another very important problem in Brazil, and there is little nationally produced data (Leal, 2002). Sexual abuse of girls, also needs further investigation and analysis from gender perspective.

Other forms of violence that are not well-known are those relating to the work environment, such as sexual or moral harassment.

With regard to institutional violence too, committed by service providers, little data has been collected and analyzed (CLADEM/CRLP, 1999, d'Oliveira et al, 2002, Souza, 1992), whether committed inside healthcare services, or in other assistance-providing settings such as the WPD or IML (forensic office).

There is little data concerning prevalence of domestic violence suffered and committed by healthcare, public security and judicial professionals, among others. More research is necessary concerning the significance that such incidents may have on the management of cases by these professionals.

Situations of exclusion have also barely been studied. When they have been, they have demonstrated how vulnerable to violence such women are. Women who are in a situation of exclusion, such as illegal drug users, convicts, physically or mental handicapped women, those with mental problems, women living in the streets and sex professionals need specific study that recognizes the realities encountered so as to provide support for getting them out of such situations and their stigmatization. It is also necessary to study the overlapping of gender discrimination with racial, ethnic and sexual orientation discrimination, which may aggravate situations of violence.

However, even though prevalence studies are important, they do not automatically guarantee greater visibility for the problem and, much less, the implementation and success of public policies related to this issue.

There are also few Brazilian studies that have sought to analyze the problem from the point of view of epidemiological analysis, through establishing factors associated with expressions of VAW. Such analyses are necessary, but the technical tools that we have available have significant limitations for analyses based on comprehensive theoretical models as the ecological model (Heise, 1998). Internationally, a variety of factors associated to VAW have already been well recognized, but this knowledge has had little practical implication in establishing prevention strategies. Multilevel analysis and hierarchical analysis seem to be methodological techniques that could bear fruit, in the sense of avoiding the “atomization” of cases and rendering due importance to the contexts in which situations of violence take place, but this is still an open challenge.

Associating and comparing quantitative findings with knowledge coming from qualitative research may also be a way forward. For example, the WHO Multicountry Study on Women’s Health and Domestic Violence Against Women found several parallels between the “coping” topic and the qualitative “La Ruta Critica” study (Sagot, 2000), such as the fact that most of the women asked for help from someone close to them and resorted to institutions in the more serious situations. This convergence makes the findings more consistent, thus reinforcing both study methodologies.

It must also be taken into consideration that there is a complex relationship between the production of knowledge and the implementation of public policies. In a country like Brazil, it is rare for policies to be guided by scientific evidence. On the other hand, faced with the extreme inequality and exclusion of a significant proportion of the population, the knowledge already available would be sufficient to guide a significant number of policies within public security, healthcare, housing, work and education sectors, which have ended up not being implemented for political and economic reasons, rather than for scientific reasons.

It is also important to remember that the dissemination of scientific knowledge to the press, social movements and even policy-makers, with due care and rigor, is not easy and is not even done when studies are completed, considering that the logic of data production differs from the pragmatism of the interlocutors. Experiments in boosting the interlocution between activist communication professionals and researchers in university institutions have been established to address this delicate question.

Another important field for studies that is still at the incipient stage is the assessment of implemented public policies, both in terms of the process and the results.

A primary need, in order to evaluate the evolution of violence over the course of time, will be to carry out new studies in the future that utilize definitions, samples and methodologies that are comparable with those utilized at present. The establishment of historical trends for certain forms of violence may become a very effective way of evaluating the policies that are implemented, and may be an important contribution from the researchers working on this issue.

However, “success” in the work for each woman who is in a situation of violence is difficult to define and measure, since it is a process that is generally long and for which the outcome will be defined as it progresses. “Success” can only be established by the woman in question and in her relationships. For this reason, hearing directly from the women in assessments of this nature is fundamental, as is the development of adequate methodologies for this purpose.

In addition to assessment from the users’ point of view, it is important for us to be attentive to the transformations that have taken place in the services that have started to deal with this issue as a problem for them to take care of. In the case of the health services, for example, what has changed in healthcare with the introduction of this issue? Has the use of the service by such women tended to change the standards? Has working with violence succeeded in decreasing recurrent use? Have there been substantive changes in the quality of the diagnoses made? Has the question of confidentiality and respect altered the approach to other healthcare problems involving sensitive and delicate matters? Among the professionals who provide care, which of them are most indicated for such work? How does team work occur within each institution?

Finally, working within networks of the multiple assistance sectors involved in caring for women who are in situations of violence also appears to be essential for making the policies developed over the last few years effective. This should be a subject for specific assessments that can look into the connections that exist between the services and their impact on the care provided. Techniques for analysis of social and institutional networks need to be developed and incorporated into assessments in this field.

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