



"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

Expert paper prepared by:

**Ana Flávia Pires Lucas d Oliveira
Lilia Blima Schraiber
Department of Preventive Medicine
School of Medicine of the University of São Paulo**

I

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 eld

Studies that have investigated women who sought out healthcare services with vss

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, mappe

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 ed

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 be AWa oW.

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.

Bibliografia

- BRANDÃO, E.R. Violência conjugal e o recurso feminino à polícia. Bruschini C.; Hollanda HB (org) **Horizontes plurais Novos estudos de gênero no Brasil**. São Paulo, Fundação Carlos Chagas, Editora 34. 1998 :51:84
- BRASIL Senado Federal **Violência doméstica contra a mulher** Brasília, Subsecretaria de pesquisa e opinião pública, 2005
- CAMPOS C H **Justiça consensual e violência doméstica**. Themis, Textos bem ditos, 2002
- CLADEM/CRLP. **Silencio y complicidad: violencia contra las mujeres en los servicios publicos en el Perú**. Lima, 1998, mimeo
- COUTO, MT; SCHRAIBER, LB. Homens, Saúde e Violência: novas questões de gênero no campo da Saúde Coletiva. **Anais CONGRESSO DE CIÊNCIAS SOCIAIS E SAÚDE** 2003
- D'OLIVEIRA, A. F.P.L.; DINIZ, C.S.G. & SCHRAIBER, L.B. **Violence against woman in health-care institutions: na emerging problem**. *The Lancet*, **359**, 2002: 1681-5
- DESLANDES SF, GOMES R, FURTADO MF, DA SILVA P. Caracterização dos casos de violência doméstica contra a mulher atendidos em dois hospitais públicos do Rio de Janeiro. *Cad. Saúde Pública* [periódico on-line] 2000; 16 (1). Disponível em [URL:\\www.fsp.usp.br/~rsp](http://www.fsp.usp.br/~rsp) [2000 Mar 23].
- D'OLIVEIRA, A. F. P. L., SCHRAIBER, Lilia Blima, FRANÇA-JUNIOR, Ivan, DINIZ, C. S., PORTELLA, Ana Paula, LUDERMIR, Ana Bernarda, COUTO, Márcia Thereza, VALENÇA, Otávio Buscando uma saída: estratégias utilizadas pelas mulheres em situação de violência conjugal In: VII Congresso Brasileiro de Saúde Coletiva, 2003, Brasília.
Ciência & Saúde Coletiva suplemento 1. , 2003. v.8. p.215 –
- D'OLIVEIRA, A. F. P. L., SCHRAIBER, Lilia Blima, FRANÇA-JUNIOR, Ivan, DINIZ, C. S., PORTELLA, Ana Paula, LUDERMIR, Ana Bernarda, COUTO, Márcia Thereza, VALENÇA, Otávio, PINHO, Adriana. Violência conjugal e suas repercussões para a saúde das mulheres e crianças In: VII Congresso Brasileiro de Saúde Coletiva, 2003, Brasília.
Ciência & Saúde Coletiva suplemento 1. , 2003. v.8. p.214
- DOSSIÊ: **Saúde da mulher e direitos reprodutivos/** Rede Nacional Feminista

- GIFFIN, K A inserção do homens nos estudos de gênero: contribuições de um sujeito histórico. **Ciência & Saúde Coletiva** 10, (1) 2005: 59-70
- GROSSI, M. Novas/velhas violências contra a mulher no Brasil. **Estudos Feministas Especial**: 443-61, 2. semestre 1994.
- HASSELMAN, M.H.; LOPES, C.S.; REICHENHEIM, M.E. Confiabilidade das aferições de estudo sobre violência familiar e desnutrição severa na infância. **Revista de Saúde Pública**, Universidade de S.P- Faculdade de Saúde Pública. 32(5):437-46,1998

nome. **Interface - comunicação, saúde e educação**, . 7, (12) 41-54, Botucatu,
SP, Fundação UNI, 2003b

SCHRAIBER LB, D'OLIVEIRA