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Violence against women: a study of the reports to police in the city of Itapevi, São Paulo, Brazil ☆

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ABSTRACT

Background: violence against women is a serious problem caused by the social construction of femininenes and masculineness that results in the domination of women by men. Public policies on gender have recently been developed in order to confront the problem. But what exactly are the problems faced by women?
Purposes: to survey and analyse cases of violence against women reported to the police, as recorded at the Police Stations for Women's Defence (PSWDs), and to reconstruct the procedures that women must go through in order to denounce their aggressors.
Methodology: this quantitative, exploratory and descriptive study was undertaken during 2006–2007 in the city of Itapevi, São Paulo metropolitan region, Brazil. As there is no PSWD data were collected from police reports from PSWDs of neighbouring cities.
Findings: malicious physical injury (49%) and threats (42%) were the most commonly reported types of violence. The victims were aged between 20 and 49 years (93%). Almost all of the aggressors (97%) were men and most had an intimate relationship with their victim. The use of alcoholic beverages was linked to approximately 25% of the cases.
Conclusion: women who are victims of domestic violence in Itapevi report that going through PSWDs of neighbouring cities is a difficult, isolated, long and expensive process that often, provides no institutional protection.
Implications for practice: there is an urgent requirement for judicial-assistance and support close to home in order to provide a quality service and follow-up for these women and their aggressors; to provide training for the professionals called to attend them at police stations; and for a caring attitude from health-care professionals.

Introduction

According to the Pan American Health Organization, despite the violence is not an issue specific to the health sector, health services are configured in a privileged field of identification of violence, because women who experience violence have frequent health problems and constitute a large portion of users of these services. Women who have suffered from domestic violence are at higher risk of depression, suicide attempts, chronic pain, psychosomatic disturbances, physical injuries, gastrointestinal disorders and other problems. As such, in 1996, the World Health Assembly Resolution WHA 49.25 stated that preventing violence against women was a public health priority (Almeida, 2007).

The term 'violence against women' encompasses any violence exerted against a female just because of her status as a woman, and it should be understood as the domination/exploitation of women by men through violence using physical, psychological or intellectual force (Teles and Melo, 2002).

The gender concept spread quickly in Brazil in the 1990s, and permits viewing of female domination most cases of gender violence are committed by a man against a woman, although inequalities between men and women are often not made explicit and hierarchy is often simply presumed (Pinto, 2003).

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Far from being natural, inequality exists as a result of cultural traditions, power structures and existing relationships between the people who are involved in the social relationships. Gender violence does not occur randomly. Rather, it is derived from a social organisation of gender that privileges the male in many contemporary societies.

Domestic violence is carried out predominantly by men; they may be relatives, friends or acquaintances but are rarely strangers. Of all forms of violence against women, the most common is domestic violence committed by an intimate partner; in most cases, the woman is 'sleeping with the enemy' according to Saffioti (2004).

Violence against women takes various forms according to different societies and cultures, but its existence is a social fact that is found in all social classes, cultures, religions and geopolitical situations. Unfortunately, this means that domestic violence against women is a worldwide phenomenon and therefore a global public health problem due to the effects it has on women's health.

Due to the invisibility of the phenomenon and the difficulty for women to voice their problems (Rubertsson et al., 2010), some European health-care services have developed screening programmes for the early detection of domestic violence. Following identification of these women, they can be offered appropriate support, and antenatal programmes can be established to prevent harm due to violence during pregnancy and the puerperium (Marchant et al., 2001; Stenson et al., 2001; Horiuchi et al., 2009; Rubertsson et al., 2010).

It is known throughout the world that domestic violence is a generalised phenomenon that has a negative effect on the life and health of women. However, it remains invisible and underreported (Bewley and Gibbs, 1991; Rubertsson et al., 2010), and there is a need to confront this issue. Institutions that directly or indirectly deal with victimised women need more professional training and support networks.

In 1994, in Brazil, the Inter-American Convention for Preventing, Punishing and Eradicating Violence Against Women, also known as the Belém do Pará Convention, stated that violence against women is a direct violation of human rights and fundamental liberties (Almeida, 2007).

For some time, gender inequalities were not taken seriously by the Brazilian Government due to the legacy of a sexist and patriarchal society. Public policies specifically focusing on women, as a way of speeding up the equality process, are recent developments in the country, in spite of feminist mobilisation over recent decades (Perseu Abramo Foundation, 2006).

After the military dictatorship, these mobilised women were successful in achieving implementation of the first public policies with a gender perspective. In the 1980s, the first State Council of the Female Condition (1983) and the first Police Station for Women's Defense (1985) (PSWD), both in São Paulo State, were created. These institutions then spread throughout the country. In 1985, the National Council of Women's Rights, linked to the ministry of justice, was created. In 2003, he created the department of public policies for women, linked directly to the Presidency.

Since 1985 violence against women started to be recorded in police statistics as a reality that had previously been hidden and considered as trivial without serious consequences; as such, it had gone unpunished (Teles and Melo, 2002).

In 2002, the Health Ministry took an important step by preparing the Technical Standard on Prevention and Treatment of Damages Resulting from Sexual Violence against Women and Teenagers (Brasil and Ministério da Saúde, 2002). In 2004, the structuring of the national network for prevention of violence and promotion of health, and the development and implementation of centres for prevention of violence in the states and cities was approved (Almeida, 2007).

Based on research from the Perseu Abramo Foundation, it is estimated that approximately 2.1 million women are victims of malicious physical injuries (FPI) each year in Brazil; this equates to four victims per minute or one every 15 s. In spite of this reality, only two per cent of these women denounce their aggressors (Perseu Abramo Foundation, 2001).

The Penal Code in Brazilian legislation was amended after the enactment of Law 9099 on 26 September 1995, which regulated both the special criminal courts and the civil courts, making it possible to access the courts to solve conflicts of a penal nature (i.e. crimes of lower offensive potential). The maximum defined penalty in prison was one year, and this included violence against women, both at home and in the family. This law imposed, as one of the principles of the courts, redressing of the injuries suffered by the victim and the application of penalties with non-deprivation of liberty. In a contradictory way, it resulted in women not wishing to sue their aggressor husbands or partners (Teles and Melo, 2002).

However, after a long process of mobilisation and discussion throughout the country, Law 11340 was enacted by the President of the Republic on 7 August 2006. Also known as the Maria da Penha Law, this 'creates mechanisms for restricting and preventing domestic violence against women and establishes actions for assistance and protection of women who are experiencing domestic violence' (Brasil, 2006).

The new policy changes need to be effective at ground level where the abused women seek help. To date, it is not known if this is the case, and the number of women who are victims of domestic violence remains unknown.

The purpose of this research was to assist Government organisation of juridical-assistance institutions devoted to the care and follow-up of women who are victims of violence, and the punishment of their aggressors. In addition, training guidelines for the care and follow-up of victimes of domestic violence have been suggested.

Aims

- To describe and analyse the cases of domestic violence against women reported to the PSWDs.
- To map the available resources for care and follow-up of women who are victims of domestic violence.
- To reconstruct the pathways that women follow in order to report domestic violence to the PSWDs.

Methodology

This descriptive, quantitative and exploratory research is part of a much larger project entitled 'Professional practices and violence against women: a perspective of gender and social class' (Almeida, 2007).

The study setting was the city of Itapevi, located in São Paulo, Brazil. The theoretical-methodological reference comprised public policies for gender and gender violence. It is understood that public policies gender acknowledge the gender differences, and on the basis of that acknowledgement, implement differentiated actions for women. Consequently, this category includes both policies focused on women including the pioneer actions at the beginning of the 1980s, and specific actions for women in initiatives aimed at the broader public (Farah, 2004).

Gender violence is violence against women caused by the social construction of femininenes and masculineness that

results in the domination of women by men. Hence, it must be understood as the subordination of the woman to the man in spite of her unwillingness. The violence is explained by the fact that, throughout history, women have occupied a social place of subordination, inducing violent relationships between the genders (Guedes et al., 2009).

Nature is not responsible for social standards or limits that determine the aggressive behaviours of men and the docile and submissive behaviours of women. Social norms, education and the media try to create and preserve stereotypes that reinforce the idea that males have the power to control the desires, opinions and freedom of movement of women (Teles and Melo, 2002).

The sources of empirical data were:

- Collated reports to the police in the city of Itapevi submitted to the PSWDs in the São Paulo metropolitan region. Within the reports to the police, cases of domestic violence that encouraged women to seek help from the legal institutions were selected.
- Consolidated statistical data from reports to the police regarding violence against women occurring in 2006 and 2007 from the PSWDs of Barueri, Carapicuíba and Cotia; data assigned by the Woman's Defense Council of São Paulo State.
- Data from reports to the police on domestic violence against women in Itapevi, as reported to Cotia PSWD.
- Data from reports to the police on domestic violence against women in Itapevi as reported to the PSWDs. These were compiled by the Criminal Information System (Infocrim in Portuguese).

The collected data included the number of cases of domestic violence against women reported to the police, the gender and relationship of the aggressor, the victim's age, whether or not alcohol had been used by the aggressor, and the type of violence.

The data were consolidated in tables and figures, and were analysed according to their absolute and relative frequency, and their distribution.

In compliance with Resolution 196 of October 1996 from the National Health Council, the research project was analysed in accordance with ethical-legal aspects, and it was approved by the Committee on Research Ethics of the São Paulo University Nursing School (CEP/NSUSP), Case no. 703/2007/CEP-EEUSP (Brasil, 1996).

Results

In 2006, 114 cases of violence against women in Itapevi city were reported to the police at the PSWDs in the cities of Barueri, Carapicuíba, Cotia and São Paulo. In 25% of cases, alcohol had been consumed by the aggressor. In 2007, a similar number of cases were reported ($n=116$) to the police, and 17% of aggressors had consumed alcoholic beverages (Table 1).

In 2006, Cotia PSWD recorded 47% of all reported cases of domestic violence against women in Itapevi city, followed by Barueri PSWD (34%), Carapicuíba PSWD (10%) and other PSWDs (9%). In 2007, the number of cases reported to Cotia PSWD increased to 62%; the number of cases reported to the other PSWDs decreased (Barueri, 24%; Carapicuíba, 8%; other PSWDs, 6%) (Fig. 1).

Among the cases of domestic violence reported to the police in 2006, the most frequent type of injury was MPI (i.e. physical aggression with visible injuries; 49%) followed by threats (42%). Moral violence (slander, defamation and libel) accounted for 6% of cases, followed by rape (2%) and affray (i.e. physical aggression without visible injuries, 1%). In 2007, FPI decreased by five percentage points to 44% and threats increased by three percentage points to 45%, thus surpassing the incidence of MPI. In 2006, no cases of violent indecent assault (i.e. sexual violence without penetration of the penis into the vagina) were reported to the police. However, in 2007, this accounted for two per cent of reported cases (Fig. 2).

Table 1
Reports to the police of violence against women in Itapevi, recorded at the Police Stations for Women's Defence (PSWDs) in Barueri, Carapicuíba, Cotia and São Paulo, by type of violence, 2007.

Type of violence	Barueri	Carapicuíba	Cotia	Sao Paulo	Total
Homicide	–	–	–	–	–
Attempt of homicide	–	–	–	–	–
Abortion	–	–	–	–	–
Malicious physical injuries	9	5	34	3	51
Slander, defamation and libel	2	–	4	2	8
Illegal coercion	–	–	–	–	–
Threat	15	3	33	1	52
Affray	1	1	–	–	2
Rape	1	–	–	–	1
Attempt of rape	–	–	–	–	–
Violent indecent assault	–	–	–	1	1
Infracting act/sexual intercourse	–	–	1	–	1
Total	28	9	71	7	116

Source: Reports to the police via the Criminal Information System, São Paulo, 2008.

Data from 2006 show that more than half of the victims of violence lived under the same roof as their aggressor (58%). Separated and divorced women suffered violence from their former partners, even when no longer living under the same roof. These accounted for 25% of cases reported to the police. Domestic violence was perpetrated by relatives in seven per cent of cases, acquaintances in four per cent of cases and former boyfriends in four per cent of cases. One per cent of violence was perpetrated by strangers.

Among cases of domestic violence reported to the police in 2007, 96.6% of the aggressors were male and more than half of the victims lived under the same roof as their aggressor (69%). Separated and divorced women also suffered violence, even when no longer living under the same roof as their aggressor, accounting for 10% of all cases. Domestic violence was perpetrated by relatives in seven per cent of cases, acquaintances in five per cent of cases and former boyfriends in four per cent of cases. Violence exerted by the fiancé or boyfriend of the victim increased by two per cent, and a one per cent increase was seen in cases perpetrated by strangers (Fig. 3).

In 2006, 73% of the women who reported domestic violence to the police were aged between 20 and 39 years, and 20% were aged between 40 and 59 years. In 2007, there was a reduction of 17 percentage points in the age group between 20 and 39 years (56%), whereas there was an increase in the age group between 40 and 59 years (35%). One per cent of reports did not show the age of the victim.

Discussion

A significant proportion of the lower-income population lives in the outskirts of large cities in Brazil, so the study area was chosen to verify violence against Brazilian women more clearly. Although violence is not restricted to the lower social classes, the highest indexes are commonly seen among this group; this is supported by the fact that the highest number of reports to the police are from this segment of the population (Perseu Abramo

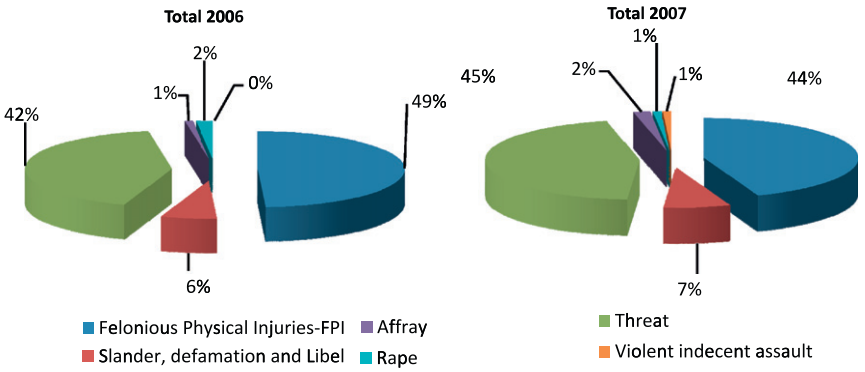

Fig. 1. Reports to the police on violence against women in Itapevi, recorded at the Police Stations for Women's Defence, by type of violence, 2006 and 2007. Source: Reports to the police accessed via the Criminal Information System at the 2nd Police Station, 2008.

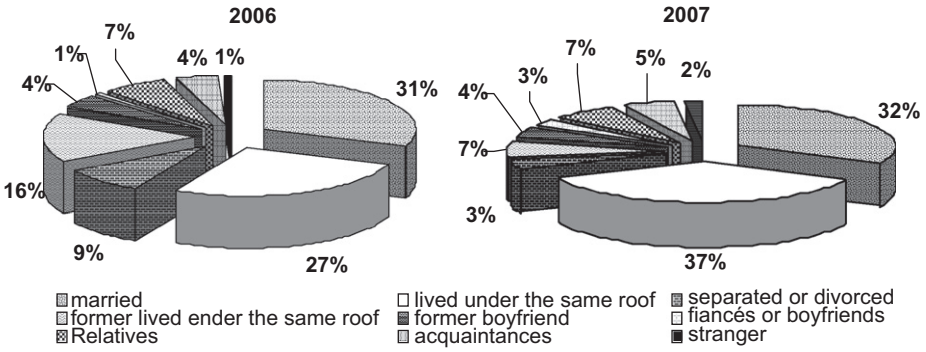

Fig. 2. Reports to the police on violence against women in Itapevi, recorded at the Police Stations for Women's Defence, by type of aggressor, 2006 and 2007. Source: Reports to the police accessed via Criminal Information System at the 2nd Cotia Police Station and Cotia PSWD, 2008.

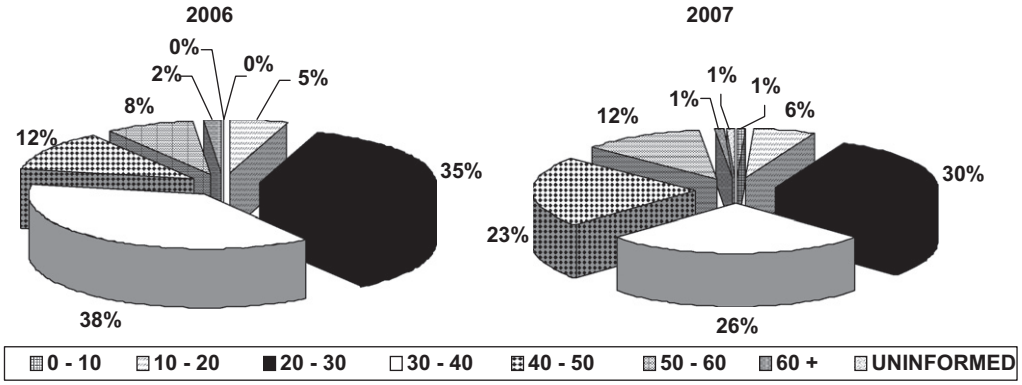

Fig. 3. Reports to the police of violence against women in Itapevi, as recorded at the Police Stations for Women's Defence, by age, 2006 and 2007. Source: Reports to the police accessed via Criminal Information System at the 2nd Cotia Police Station and Cotia PSWD, 2008.

Foundation, 2007). As such, Itapevi can be considered as a region that shows an accurate portrayal of domestic violence at the current time.

By means of visits to the PSWD, data were collected regarding domestic violence which show that MPI is the most frequent crime, followed by threats. These represent approximately 90% of all reported cases. These findings are similar to those of previous research (Perseu Abramo Foundation, 2001).

The total number of cases reported to the police was 114 in 2006 and 116 in 2007. These data corroborate the statement that psychological domestic violence is most common, followed by physical violence (Schraiber et al., 2007).

The findings revealed a profile of the victims that is similar to previous research (Schraiber et al., 2007). In general, they are young women, mainly aged between 20 and 39 years; however, in 2007, a decrease was seen in this age group and the proportion of women aged between 40 and 59 years increased. This reveals a predominance of women in an age group that generally maintains a relationship.

More than 90% of aggressors were men and most of them lived with the victim. Former husbands and partners were also frequent aggressors. There was relative stability in the gender of the aggressors between 2006 and 2007, although a significant variation was noticed in the relationship between the aggressor and the victim. The proportion of aggressors in a formalised relationship with the victim increased significantly (69%), but the rate remained at 32% for aggressors who were married to the victim. The percentage of aggressors who performed violent acts and who were married or lived with the victims decreased to 15%. The proportion of aggressors who were relatives remained stable

at seven per cent, but increases of two per cent and one per cent were seen in the proportion of aggressors who were fiancés/boyfriends and acquaintances, respectively. The rate of strangers as the aggressors of women remained stable. The data reveal that most aggressors performing acts of domestic violence lived with the victim (Schraiber et al., 2002).

Conclusion

Women who are victims of domestic violence and live in Itapevi often report the assault to the PSWDs of neighbouring cities, as there is not a station specializing in the treatment of women in Itapevi, and yes only one police station comun. Most women who reported violence to the PSWD suffered visible physical injuries or were threatened by their aggressors. At the time of the research, there was no institution or juridical body that specifically cared for victims of violence in Itapevi. Women who were victims of sexual violence and who received care at Itapevi police station were sent to Pérola Byington Hospital using their own means of transport. If they reported the violence at a PSWD, the victim was sent to the same hospital but transportation was provided. The women had to take two buses or use their own vehicle to travel to a PSWD in a neighbouring city, and they were immediately sent to the Coroner's Office (at their own expense) for examination.

There are no protective shelters for women who are victims of domestic violence, thus forcing them to return to the place where they normally live, often under the same roof as their aggressor. Public policies are needed, including the installation of a PSWD in all cities along with psychological and social follow-up of these women by competent authorities. This study shows the importance of research to capture the current reality in order to develop interventions to confront domestic violence and promote health and equal rights for women.

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