Paper to oral presentation

MORTALITY BY FEMINICIDE IN BRAZIL, A FEMINIST PERSPECTIVE

Jackeline Aparecida Ferreira Romio
Doctor in demography
UNICAMP
BRASIL

MÉXICO
OCTOBER
2018

Mortality by feminicide in Brazil, a feminist perspective[1]

Jackeline Aparecida Ferreira Romio[2]

Abstract The paper looks for demonstrate the mainly results and approaches did during the work of thesis research aimed to investigate female mortality from femicides in Brazil, with data from the health sector from 1996 to 2014 (Romio, 2017). Femicides are understood as female deaths related to gender oppression. The Autor propose a systematic typology based in three categories: 1) reproductive femicide, linked to female deaths by abortion, 2) domestic femicide, linked to lethal violence in the household or family and / or conjugal relations, and 3) sexual femicide, linked to lethal violence with evidence of sexual violence.

This proposal aims articulation between feminist theory and empirical analysis of female mortality based on secondary sources of information. This understanding was fruit of a study of the art of the concept of Feminicide, study of the gender differential in general mortality, and historical-social approach to gender oppression and its typologies of violence.

The empirical study was based on health records, specifically information on health databases, in this paper is show the finds from Death certificates (DO / SIM / SUS); and the compulsory notification of sexual and domestic violence against women (SINAN / SVS / SUS), at this last was possible conduce a statistical analysis in search of predictors of femicides based on gross data.

Key Words: Feminism, Violent deaths, Reproductive violence, sexual violence, domestic violence

Introduction

This article argues that its possible introduce more productive analyses of female mortality look for gender inequalities and the feminist approaches, to address the connection with the violence and the politics of control of women body, even more in countries with facing very deep social and political inequality.

Epistemological battle waged by feminist demographers to include gender in the demographic agenda, especially regarding policies of population control marked by the ones based on control to the body and female sexuality, as is the case with policies directed to family planning and control of fecundity has been growing in these last

[1] Paper presented at 8th Latin American Population Association Congress, Puebla, Mexico, October: 2018.

[2] PhD in Demography, mortality and gender studies, UNICAMP, Brazil. (jackeline.romio@gmail.com)

decades. Some struggles of women movements in conferences such as the Population and Development Conference, Cairo (1994) and the Women's Conference, Beijing (1995), are emblematic of the fight against the pro-natalists, controllists and neo-Malthusians views, what dictated the policies of control of female sexuality, hidden behind the terms family planning and economic development.

Demographic studies correlating population and gender in this panorama are closer to everything that concerns the reproduction and body of the woman. As a result, studies on women's health, illness and death are particularly focused on events related to maternal deaths, sexually transmitted diseases (also called social diseases), contraception, abortion, sterilization; but could include the theme of violence as well.

In this perspective, it must be recognized that violence permeates and limits sexual and reproductive freedoms and possibilities of women, since they live and are exposed to various forms of exploitation or constraints in all aspects and activities of human life, whether to achieve schooling, to enter and remain in the labor market or to have social expression/voice/influence and mobility.

Reproductive health is also interrelated to the issue of violence against women, especially sexual, domestic and marital. For Rodriguez and Becerra (1998), new conceptions on reproductive health after Cairo 1994 open a gap to discuss sexuality and issues related to violence. According to WHO / Cairo 1994:

> Reproductive health is a complete state of physical, mental and social well-being, not just the absence of disease or disability, in all matters related to the reproductive system and its functions and processes. Reproductive health therefore implies that a person can have a safe and satisfying sex life, having the ability to reproduce and the freedom to decide when and how many times to do it. (Cairo, 1994).

There are studies that discuss the institutional level of violence against women and their connection to reproductive health in discussing the issue of genital mutilation and suffering from obstetric violence, criminalization of abortion, and mass sterilizations as punitive and ethnic cleansing practices practiced by the State. In turn, violence against women has been studied in Public Health and Epidemiology area, two sciences that have an interdisciplinary relation with Demography. Violence is seen by these disciplines as an epidemy, and their contributions to the case of women are manifold, ranging from analyzing the development of methods of violence quantification and perception in health

documents, procedures for receiving and caring for victims, establishments of relationships between the various processes of illness and death and prevention.

A pioneer work in the field of sexual and domestic violence against women was the book / report Sexual Coercion and Reproductive Health: A Focus on Research by Lori Heise, Kristen Moore and Nahid Toubia in 1995. The report analyzed the phenomenon of sexual violence and its relationship with the field of family planning and women's reproductive health, aiming at the conduction of research and implementation of programs aimed at the diagnosis of sexual violence and its impact on the reproductive health of women. According to the authors, studies on sexual and physical abuse are not frequent in health, although gender-based violence, a concept addressed in the report, persists in all societies and has been increasing in most of them. women (Heise et al., 1995).

The report shows that the literature, although scarce, has been growing substantially due to the various multinational agreements for the elimination of gender violence against women, especially sexual violence that are intrinsically linked to sexual and reproductive health, such as teenage pregnancy, high-risk sexual behavior (unprotected sex with multiple partners and prostitution), sexually transmitted diseases (STDs), neonatal and maternal mortality, and chronic pelvic pain. The study shows that there is a consensus among academics, lawyers and human rights activists that family planning and reproductive health services are the gateway for women in need of social and legal services, as health is one of the few institutions regularly connected with women (Heise et al., 1995).

According Heise (1995), sexual coercion is defined as any act of forcing (or threatening by force) another individual through violence, threats, verbal incitement, constraints, cultural expectations or economic circumstances to engage in sexual behavior against oneself. Such behaviors include a range of possibilities, from rape to arranged marriages and the sexual services of young women against their will, with the fundamental issue of coercion being the restriction of women's choices to options without severe social and physical consequences. Definitions such as these reiterate the need to observe sexual violence against women in the broad sense, as also pointed out by Liz Kelly (2000).

Observations on the links between physical and sexual abuse and negative impact on women's health indexes include: direct aspects of STD violence, unwanted pregnancy, miscarriage, unsafe abortion, as well as homicide and suicide, especially in which rape

and or pregnancy outside marriage are highly stigmatized. Indirect effects put women's health at risk by limiting their bargaining power to contraceptive use, access to health services only with male permission, and violence from the care system itself that can be violent through abusive treatment and humiliation and forced sterilization practices. Another aspect pointed out by the study refers to frequent use of rape as a tactical tool for political purposes through intimidation and individual punishment of women to destabilize and demoralize the community and for ethnic extermination. The authors address the issue of the culture of male violence by questioning what makes a male individual decide to play the role of aggressor, whereas not all men practice violence according to them (Heise et al., 1995).

In the foregoing, an approach to the specific deaths and violence of women within a conceptual framework that reveals the hierarchical power relations between men and women becomes necessary. To attend the prerogatives concerning the articulation of macro and micro space of the population dynamics prioritized by the demographic analysis and to characterize the epidemiological analysis of the Public Health area focused on the issues that affect women's health under the light of the definitions and understandings of women's oppression are an excellent perspective for analyzing female mortality.

Feminicide perspective: women´s right, violence and population health

Currently the project of law that proposes the includes the Femicide intro the Brazilian Penal Code was approved in 9 March of 2015, by Brazilian President Dilma Rousseff who signed a new law that criminalizes femicide. The new law considers Femicide as the gender-motivated killing of women and sets tougher penalties for those responsible for such crimes. This gender innovation on legislation is a result of social clamor for justice and visibility for the gender crimes against women in Brazil.

Femicide is defined intro Brazil’s Penal Code as any crime that involves domestic violence, discrimination or contempt for women, which results in their death. Imposing harder sentences of between 12 to 30 years’ imprisonment (status of qualified homicide), the bill also includes longer jail terms for crimes committed against pregnant women,

girls under 14, women over 60 and women and girls with disabilities. Brazil is the 16th Latin American nation to include a Femicide Act in its national legal framework[3].

A starting point of many academic studies on femicides is the book "femicide: the politics of woman killing", published in 1992 by Jill Radford and Diana Russell (1992). In the book the researchers draw connections between pornography, misogyny and the murder of women, analyze historical aspects of femicide, aspects of criminal justice and feminist activism in resistance to femicide, focusing the analysis in the US, England and India. According to authors, the Femicide, is the misogynist murder of women by men, is the most extreme form of sexual violence in a more amply view. The authors follow the understanding that sexual violence can be considered as any kind of physical, visual, verbal or sexual attack suffered by women or girls who have generated any effect it hurts, degrade or take the skills to control intimate contacts. This understanding is important because it recognizes the dissonance between the perceptions of men and women about their own experiences in relation to sexual violence. (Russel, 1992)

Measures the violence is hard work and very complex challenge, because it is a multi-factory phenomenon, and because the various nuances and perceptions of laws, policies and cultures involved in the act of violence and its consequences, especially when this violence is against women. In this case, most of violence is part of experiences and continuing situations of multiple patriarchal oppressions, violence sexist. The violence centered on the male experience as the aggressor and attacked is a frequent issue in demography and epidemiology, even when the approach is neutral, in other words, doesn't take the analysis of sex differentials or naturalize the sex differentials.

The experiences of violence against women is not only centered in interpersonal acts, also it permeates the institutional spheres, affects the social services, influences the coverage and quality of records of events, or even creating barriers to do the denounces, well exemplified by the attempt murder of Maria da Penha[4].

[3] http://www.unwomen.org/en/news/stories/2015/3/in-brazil-new-law-on-femicide-to-offer-greater-protection#sthash.5L9rH3cG.dpuf

[4] The name of the Law of 2006 against domestic violence, in Brazil, is a tribute to Maria da Penha Maia, a woman whose ex-husband attempted to murder her twice, causing her to become paraplegic. In 1998, after 15 years of the crime, the perpetrator of Maria da Penha was tried and convicted twice and both escaped forum due to resources, for this reason was given entry denounces American Commission on Human Rights Organization of American States via the Center for Justice and International Law (Cejil) and the Latin American and Caribbean Committee for the Defense of Women's Rights (CLADEM) on the case, where in 2001 the international body condemned Brazil for the omission, tolerance and impunity who

Empirically violence and its impacts on society have been analyzed through the number of cases of physical abuse, because the magnitude of cases, represented through extreme cases such as the attacks that leave to death or through some aggression that leave to entry into the health system and / or public security system (accidents, physical and sexual assault, homicides and suicides). These studies are often known in epidemiology, demography and public health studies on the approach of external causes of morbidity and mortality and, sociology, anthropology and criminology studies as urban violence and crime perspective. For the most part, the central issue is the high rates of homicides in the cities and association with drug trafficking and social inequalities. (Mello and George, 1997; Aidar, 2003 and 2006; Losada, 2009; Waiselfisz, 2013 Karmen, 2010). Such analyzes generally do not consider the gender inequalities between man and woman, preferring approaches "neutral" or approaches exclusively to the male experience of violence.

According to Lilia Schraiber (1999), from the public health studies, to give attention to the invisible violence in society, determined by the unequal appropriation of goods and information, that is a less apparent network of violence, because would be must "visible" only more acute episodes, such as the explicit physical violence and for the legal implications of this kind of violence.

> "For them, the network as a whole is composed of the crime view, because the quickly recognized aspects such as violence, including injuries, murders and deaths; the structural violence of the state and from institutions that reproduce the conditions that generate violence; and resistance to recognize the inequality, which sometimes is also expressed in physical aggression". (Schraiber; 1999: 12)

To finish this perspective about the need for data on the murders of women based on gender Manjoo points out,

> "11- In conclusion, the presentation underlined that the very different contexts of femicide, set against the multiple forms of discrimination and violence against women, required multisectoral responses. The ensuing discussion touched on the challenges of how to determine when the killing of women is gender-motivated. The importance of accurate statistics and analysis and the need to address the dichotomy of State accountability and individual responsibility were emphasized in that respect. One participant underscored the value of femicide as a gender-specific crime and the current absence of gender-sensitive data collection" (MANJOO, 2012: 5).

treated cases of domestic violence and recommended actions such as changing legislation to curb violence against women and pay reparation to Maria da Penha.

The author of this paper presents as proposal of systematic analysis a new typology looking for analyses the most basic forms of feminicide (Romio, 2017). Thus, a feminicide is considered when it meets one or more of the following conditions,

- Reproductive feminicide, linked to the policies of control of the body and sexuality of women, whose minimum expression is the deaths by abortion.
- Domestic femicide, lethal violence due to physical aggression against the woman in the household, conjugal or family context.
- Sexual feminicide, lethal violence with evidence of sexual violence.

Methods

Data

Longitudinal death data on female mortality from 1996 to 2014.The data of death come from the System of Information on Mortality (SIM) that records mortality data based on death certificates (DO), collected by the state health secretariats, with information on place and cause of death and characteristics of the deceased as sex, age, race, residence, school level, that is provided as public information from Ministry of Health. Data from mortality by that way is the mainly source for the preparation of studies on violence in Brazil, because this kind of register has systematization in the collection and processing of data, and the comparability of their findings in National and international level. How we just have information's about the victims this kind of approach just want to revel tendencies and minimal number that one research can find using this data and knowing their limitations.

Longitudinal death data on female mortality from 2009 to 2014, registered in an alternative heath notification on domestic and sexual violence. The compulsory notification of sexual and domestic violence against women (SINAN - Information System on Notification Diseases), where was possible conduce a statistical analysis in search of predictors of femicides based on gross data. The Compulsory Notification of Violence (SINAN) was created under Law 10,778, dated November 24th of 2003, and "establishes compulsory notification in the national territory of the case of violence against women who is treated in public or private health services", in some cases the violence leaved to death of women and it was analyzed as data on feminicide cases.

Measures

Measures were taken from the health Brazilian database. Indicators of feminicide include rates of external causes of mortality (death by aggression inside household or by sexual violence) and reproductive mortality (death by abortion), SIM.

Although mortality data from an alternative health database was used to understand the sexual and domestic feminicide more deeply (death registered by compulsory notification of sexual and domestic violence against women- SINAN). The focal variable of interest is women's death by gender from questions linked to reproductive, sexual and domestic oppression. The measure as proportional death, rate od death, with SIM data, and odds ratios about sexual and domestic aspects was hold specifically with SINAN data.

The following variables were selected for the statistical analysis:

• Female, sexual, reproductive and domestic deaths - reclassified.

• SIM databases: 1996 to 2014;

• SINAN databases: 2009 to 2014;

• Population exposed to risk: Demographic Census 2010.

• Geographical aspects: Brazil - Municipalities - Municipalities belonging to the border area (588 municipalities bordering or twin city, according to the Ministry of National Integration of Brazil, 2009) - Brazilian Capitals.

• Sociodemographic variables: Age: 0 to 14 years: children and adolescents; 15 to 49 years: adult, reproductive period; 50 years and over: adults outside the reproductive period and the elderly. - Race / color: according to IBGE, black, brown, indigenous, yellow and white - Education: without education, basic education (elementary and middle school), and university education - Marital status: single, married / unmarried, divorced or widowed - Sexual Relationship: only with men, only with women, with men and women - Pregnant: yes: no and does not apply (SINAN);

• Proportional mortality study with the objective of studying the gender differential;

• Study of the specific mortality rate in order to relate death to the population exposed to the risk per 100,000 inhabitants.

• Logistic regression to evaluate the relationship between types of domestic and sexual feminicide and their main covariate predictors.

Results Expected findings

It was holding the study of Brazilian case from 1996 to 2014 to show at is the cuts we need to do to find engendered female death.

1) Feminicide reproductive: Reproductive violence a specificity of female mortality

Maternal deaths are largely preventable and exclusive to women, for several reasons, including the incidence of women's reproductive control policies, such as restrictions on abortion in the public health system, and difficulties to access safe and quality health to women, such as access to prenatal care or other medical services, mainly when this woman is poor or from minority power ethnical or racial groups as afro Brazilians.

In this paper, death by abortion is especially observed as a type of death that can be interpreted within the conception of reproductive feminicide, according to the understanding of feminine exploitation through State policies and their relationship with the mortality of women: the institutional violence against women.

Death due to abortion is caused by the complication in the process of interrupting the pregnancy, the interruption can happen spontaneously or voluntarily. The voluntary form of abortion is considered a crime against life in Brazil, except for cases provided for by law: when the fetus was conceived as the result of rape (the presentation of the Police Bulletin is recommended and no longer mandatory since Technical Standard 2005) and pregnancy that causes life-threatening injuries to women, according to the Brazilian Penal Code of 1940, articles 121 and 124. The criminalization of abortion leads to preventable deaths of women. At least direct maternal deaths as well could be considered as feminicide deaths, in the institutional aspect of sexist violence, which impacts on the reproductive health of women.

Maternal mortality rates (deaths per 10,000 live births), by cause groups and age of the woman. Brazil, 2009 to 2011

Categories in Chapter XV - Pregnancy, Childbirth and the Postpartum	Deaths			Rate		
	0 - 14	15 - 49	50 e +	0 - 14	15 - 49	50 e +
Abortion (000-008)	2	151	0	0.61	0.53	11.44
Hypertensive disorders (010-016)	4	362	1	1.57	1.27	22.88
Other disorders in pregnancy (020-029)	0	56	1	0.00	0.20	34.32
Problems related to the fetus, placenta membrane (030-048)	1	102	0	0.24	0.36	11.44
Complications in the puerperium (085-092)	5	217	0	1.82	0.76	11.44
Obstetric Cause Not Specified (095)	2	46	0	0.61	0.16	0.00
Death caus obst plus 42d less childbirth	0	79	0	0.00	0.28	0.00
Death due to sequelae causes direct stasis	0	5	0	0.00	0.02	0.00
Indirect Obstetric Cause (098-099)	4	458	1	1.33	1.60	34.32
Total	17	1,475	4	6.17	5.16	125.86

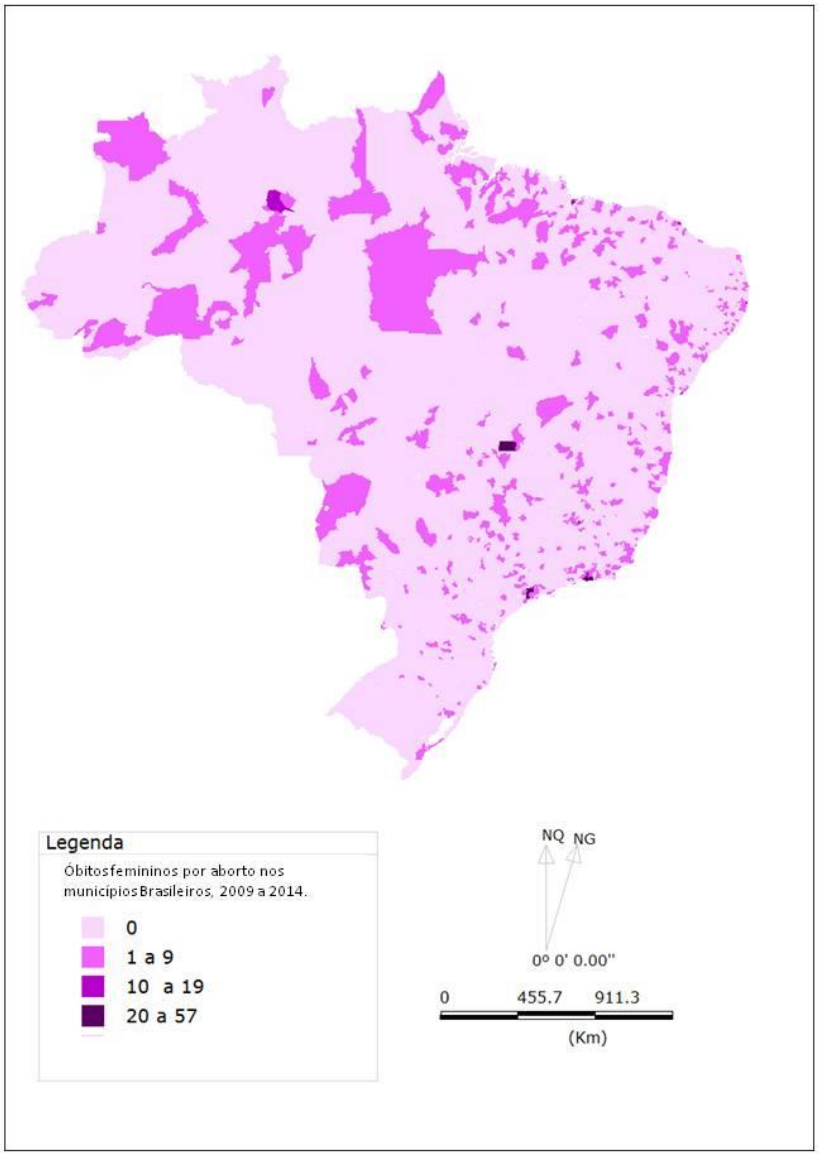
Source: SIM-MS.

As can be seen from the above data, approximately 25% of maternal causes of death are of the indirect type and 75% of direct maternal deaths. According to Cecatti et al. (1998):

> Direct obstetric deaths are those resulting from obstetric complications in pregnancy, childbirth and the puerperium due to interventions, omissions, incorrect treatment or a sequence of events resulting from any of these situations. Indirect obstetric deaths are those that result from diseases that pre-exist or that develop during pregnancy and which were not due to direct obstetric causes but were aggravated by the physiological effects of pregnancy (CECATTI et al., 1998: 8).

Map 1 bellow shows the concentration of abortion deaths according to Brazilian municipalities, which represent the minimal expression of reproductive feminicides, so as to have a spatial view of the phenomenon, it can be noted that the phenomenon does not affect all Brazilian municipalities, but has occurrences in all regions.

MAP 1. Reproductive feminicides: Female deaths by abortion according to Brazilian municipalities, total from 2009 to 2014, SIM-MS.



Prepared by: Romio, 2017.

2) Domestic and sexual Feminicide

Here it is important show data about death by aggression to men and to women, because it is fundamental to argues about the gender importance of a special approach to analyses the death by violence by a new way. It is conventional that some research appoints only to volumetric aspect of difference between violent death to men (that is bigger) and women (that is smaller target in their vulnerability to that kind of death), that is an easy observation but is not useful to stop violence or understand the complexity of violence against women.

Firearms rank first among the categories of death by aggression for both sexes and age groups. The second most applied form is "the forceful and penetrating objects", but the sexual cause is detected just to women.

Mortality rate (per 10,000), death by agression (ICD 10), by sex and age groups. Brazil, average triennium 2009-2011

Death by Agression	Female			Male		
	0 - 14	15 - 49	50 +	0 - 14	15 - 49	50 +
By hanging, strangulation, suffocation (X 91)	0.12	0.34	0.20	0.11	0.64	0.51
By firearm (X93- X94- X95)	0.50	3.51	0.87	1.83	60.15	11.82
By penetrating / forceful object (X99-Y00)	0.28	2.16	1.12	0.49	15.18	8.21
Sexual by physical force (Y05)	0.02	0.01	0.01	0.00	0.00	0.00
Aggression for NE media (Y09)	0.07	0.27	0.24	0.11	2.36	1.56
For other types of aggression (X85, X87, X88, X92, X97, X98, Y01, Y02, Y03, Y04, Y08)	0.08	0.20	0.23	0.16	1.34	1.18
Neglect, maltreatment and neglect (Y06, Y07)	0.05	0.03	0.05	0.08	0.19	0.21
Total	1.13	6.53	2.72	2.78	79.90	23.50

Source: SIM - MS

Other aspect that mark the gender inequality in the female mortality is the place of death. In the case of men the must part of the death was in the public places, and for women was in household. lso shows that there is a lower prevalence of female death due to firearms and the public road in comparison to the male case, about 60% of the cases used firearms, significantly suggesting the sharp or blunt object as other means of aggression; and the place also differs from the male 30% were in public, and another 30% were at home, forming a profile different from the male.

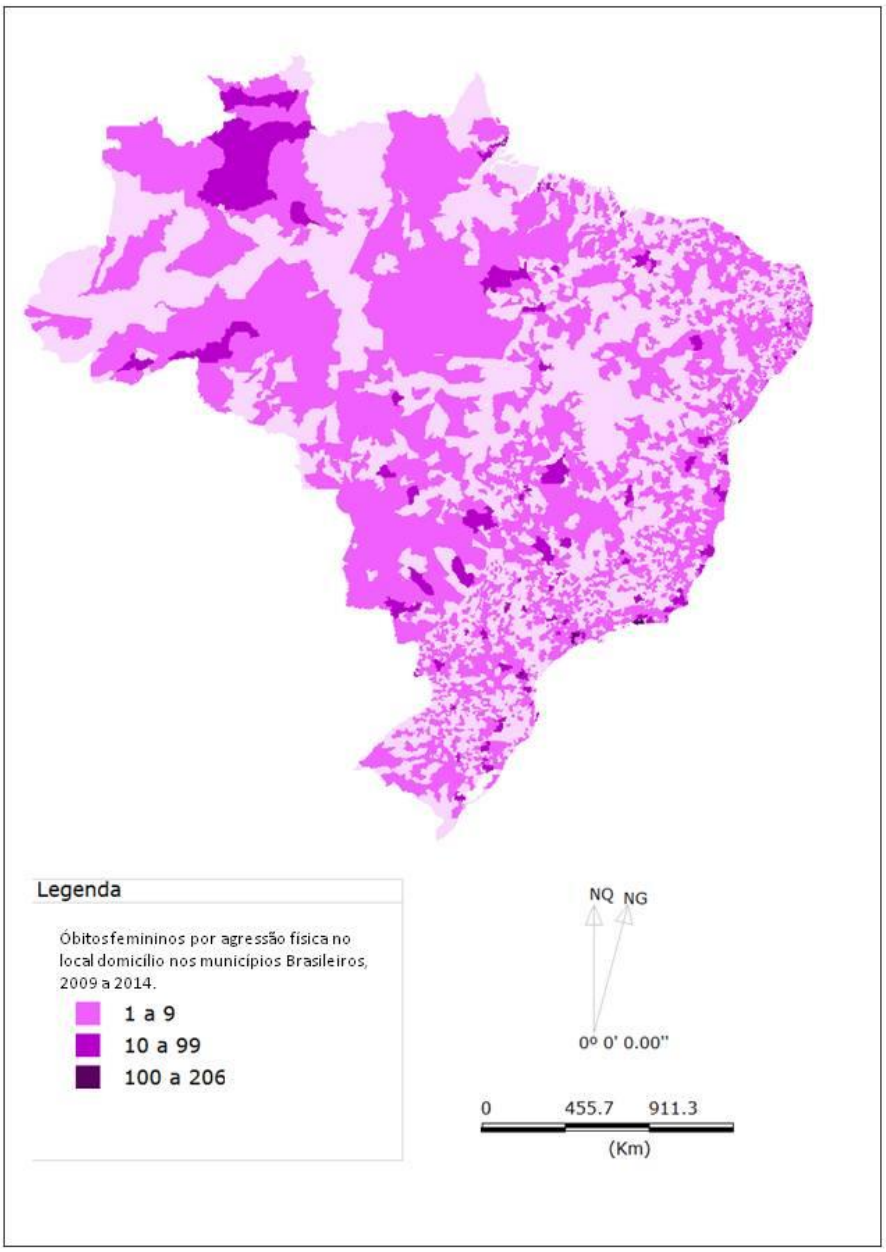
Table 20 - Proportional Female mortality by aggression, according to the category of aggression and place of occurrence. Brazil, sum of 2009 to 2014

Category od Agression	Hospital	Other health place	Household	Via public	Others	Ignorad	Total
By hanging, strangulation, suffocation (X 91)	1,03	2,59	9,04	5,28	10,42	6,17	6,07
By firearm (X93- X94- X95)	54,66	54,31	37,93	59,96	43,07	37,44	49,68
By penetrating / forceful object (X99-Y00)	29,54	31,25	43,92	26,86	33,84	40,97	33,52
Sexual by physical force (Y05)	0,51	1,51	0,13	0,26	0,43	0,44	0,33
Physical force (Y04)	3,32	1,08	1,18	1,02	1,09	0,88	1,62
Agression NI (Y09)	4,39	5,39	5,07	4,22	7,51	8,37	5,06
Others (X85-89, X90, X92-98, Y01-03,Y08)	4,76	1,94	1,96	2,23	3,31	4,41	2,93
Neglect or maltreatment (Y06,Y07)	1,80	1,94	0,77	0,18	0,33	1,32	0,79
Total	23,64	1,68	27,97	30,61	15,26	0,82	100
Total Absolut	6.513	464	7.707	8.434	4.205	227	**27.550**

Fonte: (SIM/SUS).

It is possible to note that there is a lower prevalence of female death from firearms and the via public, about 50% of cases were perpetrated with firearms, followed by those with penetrant object, more than 33% of cases. Assuming female deaths due to physical aggression in the place of domiciliary occurrence as domestic femicides, is show the territorial distribution of these cases in Brazil.

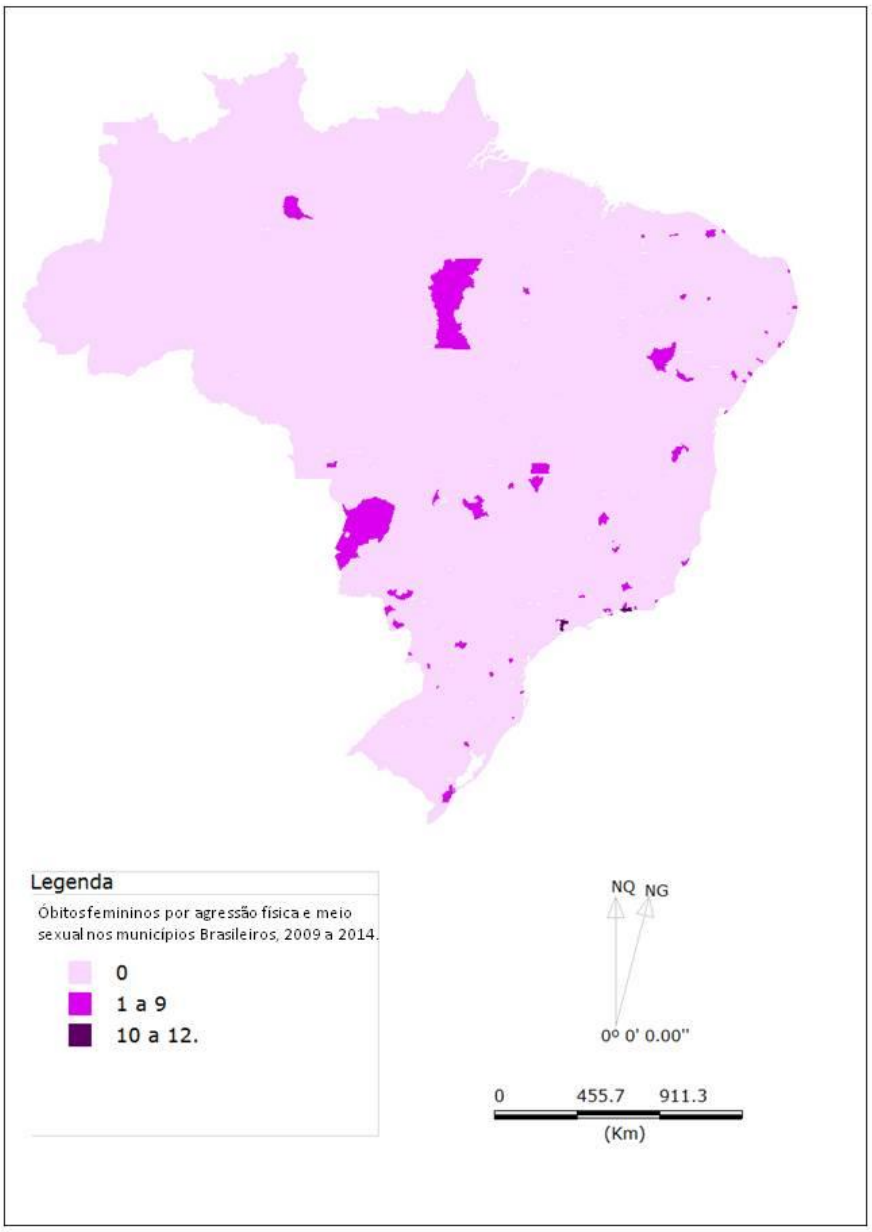
MAP 2. Domestic femicides, according to Brazilian municipalities, total of 2009 to 2014, SIM, (female deaths due to physical aggression in the local domicile)



Romio, 2017.

The Map 3 below shows the distribution of female deaths due to sexual aggression, sexual femicides, in Brazilian municipalities. It can be noted that the phenomenon affected some specific municipalities and that there is a great concentration of cases in the Southeastern region of the country. In the map, the municipalities with more intense color are respectively Rio de Janeiro, with 12 deaths, and São Paulo with 10 cases. Most of the municipalities mentioned were capital cities.

MAP 3. Distribution in absolute numbers of sexual femicides according to Brazilian municipalities, total from 2009 to 2014. YES, (female deaths due to sexual physical aggression)



Predictors of femicides according to data from deaths caused by violence with SINAN data

Specific analyzes on domestic and sexual feminicides are presented below using information captured in the "Compulsory Notification of Domestic and Sexual Violence" - SINAN. The operation considers the limitation of SIM data in specifying the context of aggressions and the specialty of SINAN in characterizing domestic and sexual violence.

The information elaborated below is based on the reports of compulsory reports of sexual and domestic violence and other SINAN violence from the year 2009 to 2014, by analyzing the number of deaths by violence recorded (variable EVOLUTION = 3 'death by violence ').

The objective of the analysis that follows is to estimate the incidence and factors associated with domestic femicides, female deaths due to violence - residence / domicile and / or family relationship, and / or marital relationship - and sexual femicides - sexual violence - Brazil, in the period from 2009 to 2014. Study of the universe of 2,704 cases of female deaths due to violence at the SINAN base.

We used a binary logistic regression model, "Enter" method, categorical dependent variables with reference to the first category, to analyze the incidence of domestic feminicides and sexual femicides, according to covariates of studies of feminicides. Confidence Interval 95%.

• Model 1. Domestic femicides = death due to violence in the place of residence and / or family relationship and / or marital relationship (1) - dependent variable;

• Model 2. Sexual feminicides = death due to sexual violence (1) - dependent variable;

• Covariates: border municipality (1), capital (1), fertile age - 15 to 49 years old (1), black or indigenous race / color (1), fundamental schooling (1), once united (1), male author (1), alcoholic author (1), recurrence (1).

Two binary logistic regressions were conducted, in the first one the odds ratio (odds) was estimated to be the result of domestic femicides, according to covariates selected through knowledge about the literature on femicides and availability of the information accessed. The second regression estimated the odds ratio for death by sexual femicides according to covariates, in a total of 2,704 female violence deaths documented by SINAN. In

conducting the regressions were entered all the geographic, sociodemographic and contextual characteristics considered as predictors of feminicides[5].

The results of the adjusted models with all the covariates show that the chances of death by domestic feminicide increase in practically 5 times if the violence is recidivist, increases in more than 4 times if the aggressor is male also increases in 2 times when the conjugal situation is ever united (stable union or separated marriage or widow). Also significant were find when the occurrence was in the border municipality where the odds increased by one and a half.

The logistic regression considering the chances of the deaths being due to sexual femicides on the influence of the same covariates obtained different results. The characteristic that most increased the chance of death being due to sexual violence was that the authorship was male, almost three times greater. There is also a greater chance of having been subjected to sexual femicides when was recorded the use of alcohol and been black or indigenous, in the studied years.

Reason for Chances (ODD ratio) and 95% confinement interval for logistic regression predictive of domestic feminicides and sexual femicides, Brazil, 2009 to 2014, SINAN Base.

Covariates	violence in place of residence and / or family relationship and / or marital relationship = 1)			Sexual femicides (death due to violence with sexual violence = 1)		
	Exp(B)	95% C.I.for EXP(B)		Exp(B)	95% C.I.for EXP(B)	
		Lower	Upper		Lower	Upper
Border town (1)	1,631	1,147	2,318	1,054	0,600	1,852
Capital (1)	0,756	0,606	0,944	1,040	0,682	1,585
Fertile age - 15 to 49 years (1)	0,350	0,284	0,431	0,294	0,209	0,414
Black or Indian race / color (1)	1,184	0,987	1,420	1,413	1,008	1,981
Elementary School (1)	0,909	0,740	1,117	1,169	0,811	1,684
Have you ever joined (1)	2,296	1,883	2,799	0,473	0,323	0,695
Pregnant Woman (1)	1,011	0,642	1,590	0,808	0,284	2,299
Authorship of the male sex (1)	4,204	3,464	5,101	2,897	1,942	4,320
Alcohol (1)	1,127	0,859	1,480	1,614	1,081	2,409
Recidivism (1).	4,957	3,304	7,439	1,331	0,838	2,115
Constant	1,021			0,058		

Source: Romio, 2017. Data from SINAN-MS

Discussion

Considering the lethal violence against women promoted through an institutional and interpersonal way, the concept of feminicide can be traced as a social technology that helps diagnose this type of violence against women that emerges today as a serious security and public health. The diagnosis of the problem is very productive to know where and how to intervene in order to reduce female mortality rates due to gender violence, as well as contribute to the denunciation of violations of women's human rights. In this way,

[5] Can be seen all tested co-varieties and selections in Author Thesis, chapter 4. (Romio, 2017)

developing a range of reliable statistics that demonstrate at least the minimum dimensions of femicide vulnerability is critical if the problem is to be addressed.

For purposes of analysis, one chooses to simplify the concept of feminicide and at the same time to expand it. The general objective is to contribute to a better understanding of the panorama, trends and characteristics of female deaths due to gender violence in Brazil, exploring and evaluating the potential of secondary information sources to monitor the phenomenon and, consequently, subsidized public policies for control and mitigation related problems.

It was clear that an information base with a focus on violence against women better captures domestic and sexual violence, so were the findings of SINAN, which in the end offered a great possibility to analyze statistically the phenomenon of domestic and sexual feminicide. The difference between these two types of violence was clear, although they may overlap, domestic violence follows a pattern of victimization different from that of victims of sexual, even geographic, feminicide.

Children and adolescents between 0 and 14 years of age are more affected by sexual femicide than young women and adults aged 15 to 49, who are the main victims of domestic femicides. The frontier and the capital have demonstrated expressive geographic factors to respond to cases of domestic and sexual femicides.

The race / color was a very important feature for the analysis of the deaths by femicides, although little explored within the thesis that was dedicated more to find the justification, the base and the method. Being of the black or indigenous black race in Brazil, which went through long periods of exploration and extermination of these population groups, was representative to be the victim of femicide as presented in the logistic regression exercise, although there is a deficiency of SINAN in capturing characterization data due to its current implementation. Sexual feminicide had the greatest relationship with the black, brown, or indigenous race.

The thesis assumes that the age groups defined by the following follow-up from 0 to 14 years: children and adolescents; from 15 to 49 years: adult, reproductive period; and post-reproductive age, post-reproductive adults, and older women, were useful for analyzing female mortality in a gender-sensitive way, thus representing these age groups at the women's lifetime.

References

ALMEIDA, Sueli. Femicídio: algemas (in) visíveis do público privado. Rio de Janeiro: Revinter, 1998.

ALMEIDA, Suely Souza de. Violência de gênero: público x privado. São Paulo, 1996. 355 p. Tese (Doutorado) - Pontifícia Universidade Católica de São Paulo.

CAPUTI, Jane and RUSSELL, Diana. “Femicide: Sexism against women”. In: RADFORD and RUSSELL. Femicide: The Politics of Woman Killing. UK,1992.

CARCEDO, Ana. “Conceptos, contextos y escenarios del femicidio en centro América”. In: CARCEDO, Ana (Cord). No olvidamos ni aceptamos: Femicidio en Centroamérica 2000 – 2006 / CEFEMINA. – 1 ed. – San José, C.R.: 2010.

CEPAL DE LAS MUJERES. *CONSENSO DE BRASILIA.* XI Conferencia Regional sobre la Mujer de América Latina y el Caribe, Brasília, 2010.

CECATTI, José Guilherme; ALBUQUERQUE, Rivaldo Mendes de; HARDY, Ellen and FAUNDES, Aníbal. Mortalidade materna em Recife: causas de óbitos maternos. Rev. Bras. Ginecol. Obstet. [online]. 1998, vol.20, n.1, pp. 7-11. ISSN 1806-9339.

FALQUET, Jules. “De los asesinatos de Ciudad Juárez al fenómeno de los feminicidios: ¿nuevas formas de violencia contra las mujeres?” 2014.

FEGHALI, Jandira. “Aborto no Brasil: obstáculos para o avanço da legislação”. In: Cavalcante, Alcilene; Xavier, Dulce. Em defesa da vida: aborto e direitos humanos. São Paulo: Católicas pelo Direitos de Decidir, 2006.

FERNANDES, Maria da Penha Maia; MOTA, Maria D. de Brito. Feminicídio ao vivo: o que nos clama Eloá. Site Adital, 20/10/2008.

GARCIA, Leila Posenato; FREITAS, Lúcia Rolim Santana de; SILVA, Gabriela Drummond Marques da; HÖFELMANN, Doroteia Aparecida. “Violência contra a mulher: feminicídios no Brasil”. Texto para Discussão – TD. Ipea, 2013.

HEISE, Lori, MOORE, Kirsten and TOUBIA, Nahid. SEXUAL COERCION AND REPRODUCTIVE HEALTH: A FOCUS ON RESEARCH. New York: Population Council. 1995.

HESTER, Marriane. “The witch-craze in sixteenth- century England as social control of women”. In: RADFORD and RUSSELL. Femicide: The Politics of Woman Killing. UK,1992.

KELLY, Liz. Surviving Sexual Violence, Cambridge: Polity Press, 1988.

LA BOTZ, Dan. “MÉXICO: Girl's Murder Sad Symbol of Corporate Power, Child Labor, Female Exploitation on the Border”. In. Mexican Labor News and Analysis March 2nd, 1999.

LAGARDE, Marcela. « Presentación », dans La Violencia feminicida en 10 entidades de la Republicana mexicana, Congrès de l’Unión, Camara de diputados, México DF: 2006.

LEOPOLDI, Deise. Do silêncio ao grito contra a impunidade: O caso Márcia Leopoldi. São Paulo: União das Mulheres de São Paulo, 2007.

MANJOO, Rashida. Report of the Special Rapporteur on violence against women, its causes and consequences. United Nations A/HRC/20/16. 23 23 May 2012.

ONU. ONU Mulheres Brasil. Diretrizes Nacionais para Investigar, Processar e Julgar com perspectiva de Gênero as Mortes Violentas de Mulheres – Feminicídios. Brasília: ONU Mulheres, 2016.

ROMIO, Jackeline Aparecida Ferreira, Feminicídios no Brasil, uma proposta de análise com dados do setor de saúde [tese de doutorado] – Campinas, 2017.

RADFORD, Jill and RUSSELL, Diana E. H. Femicide: The Politics of Woman Killing. Great Britain, Open University Press: 1992.

RODRIGUES, Juan Carlos Ramírez and BECERRA, Patricia Noemi Vargas. “Uma espada de doble filo: La salud reproductiva y La violencia contra la mujer. IN: BILAC, Elisabete Dória and BALTAR, Maria Isabel (org.). Saúde reprodutiva na América Latina e no Caribe: temas e problemas. Editora 34: São Paulo. 1998. P. 237-260.

RUSSELL, Diana and DE VEN, Nicole Van (ed.). Crimes Against Women: Proceedings of the International Tribunal. 3rd ed. RUSSELL PUBLICATIONS: California, 1990.

RUSSELL, Diana. Fala sobre as origens dos feminicídios, dezembro de 2011. http://www.dianarussell.com/origin_of_femicide.html

SAGOT, Montserrat e CARCEDO, Ana. Cuando la violencia contra las mujeres mata: femicídio en Costa Rica, 1990-1999. In: CORRÊA et all. (orgs.) Vida em Família: uma perspectiva comparativa sobre “crimes de honra”. Campinas, 2006.

SCHRAIBER, L.; D'OLIVEIRA, A.P.L. Violência contra as mulheres: interfaces com a saúde. Interface - Comunicação, saúde e educação. Botucatu, UNI/UNESP, 3 (5):11-27,1999.

VIANNA, Cynthia Semíramis Machado. “O caso Eloá: análise da abordagem de feminicídio na mídia”. Trabalho apresentado no Fazendo Gênero 9, UFSC: Santa Catarina, Setembro de 2010.