Homicide in Brazil: A Gender and Diversity Analysis
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Introduction:

Interpersonal violence, in the family and the community, is one of the most critical public health issues in Brazil. Homicide clearly represents the most devastating form of interpersonal violence, certainly in terms of the cost of the loss of a life to individuals, families and communities. The public health impacts of homicide are far reaching, including the societal costs of the loss of economic and reproductive potential of individuals, often murdered in their most productive stage of life [1]. Violence also increases the cost of services related to health and security, affects property values, destabilizes community and economic development, disrupts human services and undermines governance [2]. As well, violence—especially homicide—increases psychological distress and anxiety, social tensions, and often sparks further violence and deviant social behaviour [1].

Brazil has one of the world’s highest rates of overall homicide [3] and youth homicide [4]. In the 1990s, when the country saw some of its highest homicide rates, the rates of death in some sites1 were more than fifty times higher than in the UK and Japan [1]. Homicide ranks third as a cause of death in Brazil, and is the greatest threat to the lives of persons aged 10–59 [5]. The country has seen a shift toward a larger proportion of deaths associated with external causes of death and violence, which is regarded by public health officials as part of a common trend in mortality in the more developed nations—the so-called ‘epidemiological transition’ [1]. In contrast to many developed nations, where suicide and traffic accidents account for the largest proportion of external causes of death, homicides and traffic accidents are most common in Brazil [6].

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1 This was based on data for São Paulo and Recife.

The Definition of Homicide

According to the World Health Organization’s International Classification of Diseases (ICD, Revision 10), homicides are deaths that result from an assault inflicted by another person, who had the intent to injure or kill. Homicides do not include deaths that result from the enforcement of law (i.e. killed by agents of the police or military) or that are caused by war or civil insurrection.

Deaths caused by assault are also distinguished from other so-called ‘external causes’ of death, including intentional self-harm (suicides) or accidents, though often these causes are grouped together as ‘violent deaths’, particularly in analyses of the effects of socio-economic change on public health. Where there is insufficient information for medical or legal authorities to determine whether a death resulted from an accident, self-harm or assault, deaths are classified as “events of undetermined intent”.

All homicides are further classified according to the means (e.g. weapon, substance, or object) by which the homicide was carried out. As well, homicides may be coded for the place of occurrence, the activity of the victim at the time of death, and/or evidence that alcohol may have been a factor in the cause of death where such information is relevant [4].
There are very distinct patterns for the victimization of males and females in Brazil, as in numerous other societies. Simply put, for men, violence is more likely to result in death than for women, whereas women suffer more injuries from violence. Furthermore, racial minorities and those living in poverty clearly experience higher rates of violent victimization than ‘whites’ and the more affluent. These observations alone demonstrate the need for a more in-depth, gender and diversity analysis to better understand the pathways of risk for homicide among Brazilians. Policy makers and planners are unlikely to effect substantive change for those most affected by violence in Brazil without a critical consideration of the social norms, roles and ideals that shape the conditions, experiences, behaviours and relationships among the victims and perpetrators of homicide. The analysis offered in this case study considers some of the social underpinnings of risk for homicide and involvement in violence, with the goal of improving the sensitivity and effectiveness of policy and programs through a public health and multi-sector approach to prevention.

**Data Source & Quality:**

The data described in this case study were derived from the Mortality Information System (MIS) administered by Brazil’s Ministry of Health. The Ministry of Health is responsible for compiling cause-of-death data based on death certificates. The certificates are issued by the Civil Register Office in each municipal council, and compiled by the Brazilian Institute of Geography and Statistics [8]. The Ministry of Health assigns cause of death according to the criteria defined by the International Classification of Disease, Tenth Revision (see text box on page 1 for the ICD definition of homicide).

The data include homicide counts, crude prevalence rates, and age-adjusted prevalence rates for Brazilian males and females, by region and state, for 2001 through 2007. As well, sex-disaggregated data allow additional comparisons of age and of racial groupings. Minor calculations and manipulations of data were carried out in the design of charts, in which case any errors or omissions are solely the responsibility of the author.

The quality of mortality data depends on the accurate ascription of cause-of-death, which may be influenced by methodological or procedural factors, by the complexity of causal factors for some conditions, or by social factors that introduce bias into the ascription of cause. In some cases, there may be insufficient information to accurately ascribe the cause of death. The ICD-10 allows for the classification of some deaths as due to “ill-defined and unknown causes of mortality”. It stands to reason that unidentified homicides may be one substantial source of deaths in this category. Therefore, improved identification of cause-of-death may improve the quality of homicide data.

Brazil’s Mortality Information System has seen improvements in the proportion of deaths attributed to ill-defined causes, which dropped from 15.1% of all deaths in 1996 to 12.4% in 2004 [5]. The quality of Brazilian cause-of-death statistics varies considerably by region, particularly for completeness and the proportion of deaths classified as ill-defined causes. The regions with poor data quality also tend to be those with the lowest socioeconomic levels, and with the poorest measures of health. The Northern and Northeastern regions have reported relatively high rates of death due to ill-defined causes compared to
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the South, Southeast and Mid-West regions [9]. Nevertheless, improved data collection by the Ministry of Health in recent years has resulted in a substantial reduction in the proportion of deaths from ill-defined causes in the North and Northeast regions, from 13.4% in 2004 to 9.5% in 2006 [9]. Therefore, fewer deaths are of unknown cause.

Homicide may be more clearly identifiable than other common causes of death, such as chronic diseases, which have complex etiologies. However, because homicides are the consequence of severely sanctioned, criminal behaviour, they may also be intentionally misreported as an accident or not reported at all. Not only are perpetrators of murder highly motivated to hide the death or its cause, but witnesses and the family or friends of victims may also fail to report homicides out of fear of retribution by the perpetrator.

The likelihood that a homicide is reported, hidden, or unidentified, may depend on social inequities present in the society and the status of victims and perpetrators, whether based on gender, ethnicity, race, or income. Certain sub-populations have a greater risk of being the victims of hidden homicides, where their death may never be identified as a murder. For example, a study which compared characteristics of violent deaths for women and men in a mid-sized Brazilian city found evidence of a gender bias that may have resulted in underestimates of the number of women who were murdered. The study found that death certificates tended to be filled out more completely where the victim was male, whereas records on the deaths of females were less complete, which more often led to their being categorized as deaths resulting from ‘undefined causes’. The authors attributed the difference, at least in part, to more female violent deaths having occurred in the home, where there were less likely to be witnesses who could report the cause of the incident [10].

Homicides of black, male youths are also known to be under-reported in Brazil. According to a study of homicides involving black, street-involved youth in Brazil’s Sao Paulo state, which drew on the knowledge of community-based youth advocates, official statistics have underestimated murders of black youth in Brazil by up to 50%. Underestimates may have been greatest in smaller cities and rural areas. Many of the deaths were misreported as suicides or traffic accidents [11].

There may also be regional differences in completeness of homicide reporting, related to the socioeconomic and racial distribution of the population by region. For example, Brazil’s northern state of Para—an area where many residents are black, landless, and poor—has seen chronic land-related violence, including the well publicized 1996 Eldorado dos Carajas massacre of 19 individuals by police
In the eyes of local residents, such incidents may be seen as state sanctioned mass murder. Yet, according to the ICD definition, deaths which result from the enforcement of law are not homicides. It stands to reason that where whites hold greater power in the social institutions that grant authority for the use of lethal force by military or civil police, official homicide data are likely to underestimate the rate of homicide experienced by a black social and political minority. Therefore, a greater extent of underreporting may occur in regions where a larger black population resides.

Mulattos are most often grouped under Afro-Brazilian or black racial designations. However, rates of death among Brazil’s mulatto population may be underestimated because these individuals are often listed as being of unknown race or color. The mulatto classification also tends to be applied to people of different racial parentage in the various regions of Brazil, so that there may be inconsistencies between regions in homicide data grouped by race [5].

Data Analysis:

In 2007, 46,554 deaths due to homicide were recorded in Brazil, which result in a crude rate of 24.59 homicide deaths per 100,000 population (population = 189,335,191). Brazilian males were far more likely than females to have been victims of homicide, and their deaths made up the vast majority of registered homicides (Figure 1). In 2007, there were 42,893 male deaths due to homicide, which represented 92.14% of all homicides that year, whereas female deaths from homicide totaled 3661, and made up the remaining 7.86% of all homicides. Adjusting for differences in the age distributions of male and female populations, the rate of death by homicide for males was 44.2 per 100,000 population. This was a twelve-fold higher rate of death by homicide than for females (3.7 deaths per 100,000).

The scale and severity of male homicides in Brazil is clearer when we look at the age distribution of deaths. As illustrated in Figures 2 and 3, the risk of death from homicide was generally much higher for males than females of every age, except for infants and young children under age five, among whom homicides were also quite rare. Nevertheless, in 2007, a total of 174 boys and 115 girls under the age of 10 were murdered in Brazil, which represented an enormous cost to families and Brazilian society. Even among school-aged children, boys were at greater risk of being murdered than were girls. Dramatically higher rates of homicide were recorded for adolescents, among whom males were clearly much more likely to be murdered than were females. By the ages of 10 to 14, boys already had four times the rate
of homicide than girls. Thereafter, the risk of murder for males escalated in ages 15-19 and 20-29. Young men in the latter age category suffered the highest risk of homicide, signified by a rate of death which was more than twice the overall rate for males and 15 times the rate for females in the same age group. In 2007 alone, 17,284 men aged 20 to 29 were murdered and males aged 15 to 39 represented over 70% of all homicide victims. The homicide rates declined precipitously with age, dropping 50% or more with each successive age category for men, and somewhat less for women. Even among elderly men, rates of homicide were five times greater than among women of the same age.
Gender Issues to consider

Although age is an important variable for comparisons of mortality, other social variables, such as marital status might also be important in accounting for women’s and men’s rates of homicide. Marriage may have a protective effect for men, as they acquire a positive masculine identity in the roles of father or husband and become less associated with risk taking and aggressive ‘street culture’. However, for women, who suffer greater risks in their domestic lives, largely from husbands, marriage or other unions may increase the risk of violent death.

According to Itani, improvements in the status of women in Brazil may have instigated violent situations between women and their male partners, but may also have improved reporting and recording of the victimization of women [10].
may include region of residence, ethnic identity or ascribed racial category, income or other markers of socioeconomic status, among others.

**Homicides by Sex and Region**

In 2007, a greater burden of homicides for male than female Brazilians was consistent across all regions, although the degree of difference between the sexes varied somewhat, reflecting different patterns of risk by region for males and females. Figures 4 and 5 illustrate the variation in rates of homicide among males and among females by region. Among males, homicide rates were higher than the national average in the Northeast, Mid-West, and North regions. In the Northeast, this appeared to reflect high rates of homicide in two states (i.e. Alagoas and Pernambuco), whereas in the Mid-West and North, rates of homicide among males appeared fairly consistent across states. In contrast, and perhaps surprisingly, homicide rates were relatively low in the Southeast region, where Rio de Janeiro and Espirito Santo, known for high crime rates, are located.

Among females, there was much less regional variation, although the Mid-West stood out as having the highest rates of female homicide. In the Northeast, where male homicide rates were highest, female rates did not differ from the national average. The male rate of homicide was over 14 times the female rate in this region, a gap which was consistent across several states.
While Brazil’s rate of homicide has declined in recent years, which has largely been attributed to the implementation of a national gun control policy in 2003, improvements have not equally benefited all regions. Figures 6 and 7, which depict seven-year trends for males and females by region, indicate that improvements were achieved in the Mid-West and Southeast regions. Male homicide rates in the Southeast improved quite dramatically over the period (i.e. a 40% decline from 2001 to 2007), whereas Mid-West homicide rates declined slightly. Among females, modest declines occurred in the same regions. In contrast, homicide rates generally increase throughout the period in the Northeast, North and South regions. The rate of increase was the greatest for male homicides in the Northeast (i.e. a 34% increase), and resulted in the region having the highest male homicide rate.

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2 Brazil’s gun control legislation sought to control the flow of firearms into the country, made it illegal to own guns that are not registered or to carry guns outside of one’s home or business, instituted background checks for gun purchases and raised the minimum age for gun purchase to twenty-five. National legislation also imposed new penalties, including fines and tougher prison sentences for people found in violation of these laws [8].
Homicide and Race

Brazilian data includes only two racial designations, either ‘white’ or ‘black’, as individuals with mixed-race parentage—also called ‘mulattos’—are designated as black. Brazil has the largest population of blacks outside of Africa [5], a consequence of the active participation of the Portuguese colonial power in the slave trade during the 16th to 19th centuries. In 2007, approximately half of Brazil’s population of 188.2 million self-identified as belonging to the black race and half to the white race. Compared to 2001, the proportion of the population who identified as black increased by nearly 10%.

The distribution of black and white Brazilians differed greatly by region (Figure 8). The largest population of blacks (36.6 million) resided in the Northeast, where they represented 70% of the total population. Blacks also represented a majority (numerically, though not politically or socially) in the smaller North (75%) and Mid-West (58%) regions, but a minority in the South (21%). The Southeast had the second-largest black population, who accounted for 41% of the total population.

Figure 9 depicts crude rates\(^3\) of homicide by region and race. It illustrates that although blacks represented half the population of Brazil, they experienced over twice the risk of death by homicide as whites (black to white population ratio = 1:1; homicide ratio 2:1). It is interesting to note that in the Northeast region, both the highest and lowest crude homicide rates (33.72 and 7.67 per 100,000) are recorded for blacks and whites, respectively.

\(^3\) Note that crude rates do not control for differences in the size of black and white populations between regions.
The degree to which homicide disproportionately victimized blacks varied considerably by region. In the North, where blacks represented a majority (population ratio 2.6:1), the rate of death by homicide was proportionate to their representation in the population (2.8:1). However, in those regions where blacks were in the minority, in the South and Southeast, their rates of homicide were high relative to their population, indicating their higher risks for homicide (e.g. Southeast, population ratio 0.7:1, homicide ratio 2:1). In the Northeast region, where a relatively large proportion of the population was black, homicide deaths were somewhat overrepresented among blacks (population ratio 3:1; homicide ratio 4:1).

When data for seven years are considered, some divergent trends in homicide by race become apparent. White Brazilians saw improved rates of death due to homicide over the 2001-2007 period (28% decline), despite a 30% increase in homicides in the South. However, blacks saw only a slight downturn in homicide rates (4%). The difference is largely attributable to the trends observed among blacks in the Northeast region. That is, although blacks and whites in the large Southeast region both saw a clear drop in homicides (38% and 46% declines, respectively), for blacks, the improvement was offset by increasing rates of homicide in most other regions, particularly in the Northeast where a 51% increase in rates was seen over the period and where the largest black population resided.
Discussion:

There is an abundance of additional evidence to support the findings described above—that males represent a large majority of the victims of homicide and that young males are over-represented among the victims; males are also the majority of the perpetrators of homicides [6, 13, 14]. A substantial body of literature explores homicide and domestic violence in Brazil, based on vital statistics registries, as well as local data. The literature adds another dimension to the gender and diversity analysis, particularly concerning what factors place males at greater risk of homicide, which males are at greatest risk, and what factors mediate risk and trends in male homicides.

A consideration of the male experience—specific to Brazilian males wherever possible, including male norms, roles, ideals and social relations with women and with other men, is an essential component of this analysis. Although women and girls are far less likely than men to be murdered, it is also important to consider the diversity among females to assess whether certain groups are more vulnerable than average rates for Brazilian women overall might indicate, and why. A gender perspective, which considers both male and female gender, combined with a perspective on diversity and equity will provide added knowledge of distinct pathways of homicide risk, to which prevention efforts may be applied, and more targeted and efficient programming may be achieved.

Masculinity, Violence and Homicide

Gender analysis has less often been applied to the study of male health issues, than to those of females [15]. Moreover, where homicide has been considered, there has been a tendency to view murder as natural male behaviour, and therefore not amenable to prevention or intervention. As well, the historical and cultural influence of patriarchal societies on policy and research institutions may introduce a masculine bias that supports the legitimacy of male aggression and violence.

Biological and genetic research suggests that men have a hereditary predisposition for aggressive behaviour [6]. Yet the fact that not all males perform or condone violent acts points to the importance of looking also at social factors that contribute to male violence. Social traits and characteristics of ‘masculinity’ that are instilled by social systems overlay ‘male’ biology. As Medrado and Lyra have explained:

The association between masculinity and power and violence is not solely the result of biological and genetic factors. It is constructed and perpetuated by historically and culturally determined social relations; it is constructed by the social division of labor, and socialization in the family, school, daily life and trivial everyday acts. [6]
A gender perspective on male homicide looks at male socialization, the process by which males learn conventional norms of masculinity, or what it means to be a man in society. From an early age, in many, if not all societies, boys are taught that risk-taking, aggressive behaviour, and even physical violence are acceptable and at times desirable. These behaviours may be regarded as a proactive means of taking care of oneself, or others, resolving conflict, or upholding one’s rights. However, as Medrado and Lyra explain, “the same system of power that authorizes men to behave in an aggressive fashion is the same system of power than places them in a situation of vulnerability” [6]. Thus, masculinity is a double-edged sword which represents both a risk factor for male victimization, and for criminal acts of violence.

Masculinity is not invariably violent or violence provoking, and may also be expressed in positive and adaptive behaviours [16]. Theories have attempted to account for those circumstances where masculinity exposes or predisposes men to violence. Gender role strain theory takes the perspective that men, in their effort to conform to powerful dictates of the male role, will be subject to a wide range of emotional, psychological, and behavioural dysfunctions [17]. Restrictive, conventional norms of masculinity are seen to be most damaging for both males and females. According to Forbes, violence, as well as depression, substance abuse and feelings of alienation are consequences of males identifying with overly restrictive and oppositional (i.e. opposite to female) norms of masculinity [18].

Another theory has explained the linkage between masculinity and violence as the result of early childhood experiences that shape male identity. The practice of often separating infants from adult males—an almost universal social norm—may have a destabilizing influence on masculinity. In this context, males grow up lacking a positive, personal model for what it means to be a man, and instead form their identity in opposition to that of their female caretakers. They will be more likely to see being “male” as the antithesis to being “female”. The tendency is for these males to engage in femininity-denying behaviour as well as masculinity-asserting behaviour, including violence [19].

‘Machismo’ in Spanish and Portuguese refers to male chauvinistic ideas or behaviours—a claim of superiority of men over women—although English speakers also use the term to describe a distinct or exaggerated masculinity ascribed to Latin American cultures. Although a range of masculine identities exist in Brazil, as in all societies, certain historical and cultural factors may have contributed to an exaggerated or aggressive Brazilian masculinity. For example, Spanish colonialism and Catholicism have been described as having distinct influences on modern day ‘machismo’ in Brazil. According to De Oliveira, Catholicism contributed an ideology that denigrated females, and the economic oppression of colonialism blocked other, less harmful sources of authority for males in the native population, such as male domination of economic activities. Spanish colonialism also involved a violent assault on the customary homosexuality of native cultures, which may have influenced discrimination and violence towards gays and lesbians in modern Brazil [20]. Glick and colleagues have also noted the importance of a male “culture of honour” in Brazil which, in some segments of the population, still recognizes a man’s ability to exert control over his wife as an important achievement of masculine identity [21]. Furthermore, Brazil’s period of military rule, which ended in 1988, exposed many males to models of male behaviour associated with aggression and the use of force, which may have carried over into community life, in men’s relations with other men and with women.
Recent increases in violence in Eastern Europe [15], and longer-term trends seen in Brazil and many industrial nations, have been explained as a maladaptive response to development or culture change. Male violence is seen as a response to fear provoked by threats to traditional male roles and the legitimacy of patriarchal power. Social and cultural changes that accompany development, including greater unemployment, the empowerment and greater independence of women, and a shift from collective to individualistic social values cause stress for many individuals. While one socially acceptable response for females may be depression, masculine appropriate responses include risk-taking, alcohol use, aggression and violence. Rapid change in Eastern Europe has seen an erosion of clarity around masculine roles, but also increased negative evaluation of typical masculine attributes, that were once valued. The effects of these stresses on men’s health are already evident in an increased gender gap in life expectancy [15].

It has been suggested that although risk-taking behaviour—associated with higher rates of violent death—is traditionally a male dominated activity, changes in women’s lives, such as increased labour force participation, increased gender-equity and changing social expectations about feminine behaviour, may contribute to narrowing the gender gap in risk-taking and violent acts. However, research on trends in violent death (homicide, suicide, motor vehicle accidents, and other accidents) among Canadians, found a persistent gender gap and little evidence of convergence in male and female rates between 1950 and 1986, when these societal changes were taking place [22]. The question of whether women’s violence against men is growing has drawn increasing attention since a major US review of international research (2000) reported that women were as likely as men to perpetrate physical aggression in relationships. However, the author cautioned that the results could not be viewed as typical of circumstances in many developing nations and countries where low gender empowerment persists. In these circumstances men remain the dominant perpetrators, particularly in cases where serious harms or homicide result [23].

Gender-based analysis often considers distinct characteristics of male and female homicides—that is, it explores where, by whom, why, and by what means men and women are murdered. Research consistently reports a public-private distinction in the analysis of where males and females are murdered. Researchers have concluded that public spaces are eminently masculine and that men are more exposed to violence from other men in these places [13]. Huggins demonstrates how the social visibility of boys living in the streets of a large Brazilian city contributes to their gender and race stereotyping as criminally dangerous and, therefore, as deserving victims of murder [11].

An in-depth study of youth (aged 10-19) homicides in Southern Brazil found the motives of male perpetrators differed by the gender of their victims. Murders of males more often lacked a clear motive, involved revenge, drugs or drug dealers, executions of those who knew too much, or conflicts over
women. Women were viewed as part of a neighbourhood turf. Murders of females mainly involved jealousy of a current or former partner. All the murders related to power struggles involving macho cultural traits [13]. A common element in the Brazilian research literature on male homicide is the concept of “assassinations in defense of honor”, regarded as a particularly masculine motive for murder, accounting for the frequency of retributive killings and vigilantism among males. Urban male culture normalizes these incidents, considering them almost moral and just [1]. Equity in social systems is also understood to affect rates of murder, as those who feel their interests are not served by law enforcement and justice systems often act outside those formal mechanisms. High rates of violence in Brazil have been attributed to a common perception regarding the lack of efficiency and reliability of criminal justice institutions. In Salvador, in the state of Bahia, for example, one study concluded that dissatisfaction with law enforcement and the justice system increased the use of unofficial modes of justice [2].

Alcohol use has been considered symbolic of being male, and its involvement in male homicide has been well documented [17]. Alcohol related harms are nearly three times as likely (17% versus 6%) to be reported by males than females in Brazil [24]. Research in the mid-1990s found that alcohol was involved in approximately 15% of homicides in Sao Paulo and, in Curitiba, 54% of homicide victims and 60% of perpetrators were affected by alcohol [24]. The importance of alcohol as a risk factor in male violence was demonstrated by research conducted in the Southeast state of Sao Paulo, which looked at the effects of an 11 pm bar closure policy introduced in the city of Diadema in July 2002. Alcohol control in Brazil is largely limited to policies on the minimum age for purchase, controls on advertisement and density of retail outlets, and blood alcohol limits for drivers (0.06 g/L blood), yet alcohol is cheap and 24 hour service in bars is not uncommon. In 1999, the city had one of the highest rates of homicide (103/100,000), 65% of which involved alcohol. Furthermore, police data showed most homicides and assaults on women occurred near bars between 11 pm and 6 am. Controlling for the effects of economic and other policy changes during the period, the study found a statistically significant reduction in homicides (106 fewer murders annually) in the three years following the policy change [24]. The results were consistent with international and Brazilian literature that link alcohol use and homicide.

Most Brazilian male homicides involve firearms. In 2002, firearms were used in 68.8% of all homicides in Brazil [25]. That year, there were approximately 130 gun-related deaths a day in Brazil, largely employed in murders of people aged 15-44 [24]. Among males of this age, 90% of homicides involve firearms [8]. Qualitative studies of urban youth homicide have also found that, aside from the widespread use of guns, male youth are also likely to be tortured prior to a shooting, or to be hit by a car [11]. Another study of urban youth homicides found that more males used weapons and participated in weapon use as ‘sport’ [13]. The national gun control law

**Questions for consideration**

Are female and male homicides equally likely to respond to gun control legislation? Although the law restricts the movement of guns outside of the home or business, it may have little effect on the use of guns by men against women in the home—where the majority of female homicides occur.
has had a significant effect on homicide rates [8]. Yet, from the above data analysis, it is clear that improvements have largely been seen in the Southeast region, and more so among whites than blacks. Regional differences in the effectiveness of law enforcement have been taken as an explanation of limited improvement in such regions as the Northeast [8].

A gendered perspective on female homicides should include a consideration of how gender relations place women at risk of homicide, that is, how women’s interactions with men and lesser power or access to opportunities place women at risk of homicide. There is ample research to demonstrate that, just as men tend to be victimized by men, the perpetrators of homicides against women are also predominately male. Women tend to be killed in private homes, by intimate partners, family members, or by other individuals who are well known to them. In Brazil, research has found that more than half of all women murdered were killed by an intimate partner [6]. The emotional ties of females to perpetrators place them at risk of victimization [13]. Where females’ risks are closer to those of males is in childhood. Among the urban poor, Huggins found that the younger the victim, the more likely they were to be female. These girls were more likely to die of suffocation, beatings or burns, and to have been sexually assaulted prior to their murder [11].

Paternalism and subordination of women may affect certain characteristics of their murders in predictable ways. Where women are regarded as male possessions or rights within male ‘turf’, they are likely to be relegated to indoor life and work, where they can be ‘kept safe’ by males. For example, young women are likely to work in childcare or as maids, where they are less vulnerable to attacks by strangers. However, they remain vulnerable to domestic abuse or murder by a family member, family associate, or intimate partner. Prostitution is also a risk factor for the murder of women, although research suggests that the risks for assault by a client, death from HIV/AIDS or death from abortions are higher among Brazilian street-involved youth [11].

Sexism as part of masculine ideas has been explored in studies of risk factors for violence against women. A distinction is often made between ‘hostile sexism’ and ‘benevolent sexism’. Hostile sexism has been positively correlated with attitudes that favour acts of aggression toward women. Benevolent sexism has generally been regarded as harmless. However, research by Glick and colleagues linked benevolent sexism to attitudes that justify violence against women who violate conventional gender norms 21]. A similar line of research was followed by Garwood in a study of female industrial workers murdered in a Mexican border town. Rates of murder were very high among the group of women and law enforcement and news reports explained risk in terms of the victim’s behaviour—working late, walking alone, or dressing seductively. Garwood’s analysis explored community gender dynamics in the context of economic development, which saw women gain a role in the labour force, yet suffer consequences of devaluation, victimization and murder. Moreover, the response, and lack of response, to the women’s murders communicated social disapproval for women having broken gender norms and rules of conduct [26].
Income, Race and Equity

There is a false impression that the poor generate crime and that delinquency is an attribute of the lower classes, while in fact these social groups are the major victims of violence [1]. Although the data drawn on for this case study do not allow for an analysis of homicides by income or other markers of socioeconomic status, the research literature provides added perspective. A study of 96 city districts found a negative correlation between the average monthly income of heads of households and homicide rates (Pearson correlation coefficient = -0.58; p<0.05); that is, homicide rates increased as income levels decreased [25]. Other research has found that income distribution, rather than absolute income level, is correlated with increased rates of homicide, and observed that despite increases in wages since 2003, income inequality increased dramatically in the same period [8]. In Brazil, 10% of the population holds more than half of the nation’s wealth, whereas 50% of the poorest hold 15% of wealth. Among the most disadvantaged are black Brazilians, signifying their exclusion from social and political participation [11]. Research concerning the familial and social risk factors for violence shows that living in a community with high levels of poverty, unemployment, and drug trade activity is a risk factor, as is living in a society with high levels of gender or income inequality or social norms that tolerate or support violence [4].

The disproportionate victimization of black Brazilians, and particularly black males, demonstrated by the data analysis above is substantiated by other quantitative and qualitative Brazilian research [11, 27, 10]. For example, in Sao Paulo state, 50% of youth murdered (1991) were black compared to their 25% representation in the population [11]. A study of violent death in the city of Vitoria, located in Southeast Brazil, found a nearly four-fold greater risk of violent death among blacks than whites, and a greater likelihood among blacks of homicide or being run down by a vehicle, whereas whites were more likely to commit suicide or die in traffic accidents [27]. A study which focused on female mortality also found that white women were more likely to die in traffic accidents, whereas black females were much more likely to be victims of homicide [10].

Huggins attributes the pattern of predominately black, male homicide in Brazil to racism and social exclusion, and describes the social process that marks poor, black, urban, male youths as deserving victims of homicide. The youth are labeled “street children” and social problems, and stereotyped as criminals. Yet local research has determined that only a small proportion of these youth are engaged in crime. In this way, youth murders are legitimized as a preemptive response to crime, often enforced by paid vigilantes, and left unreported by intimidated or complicit members of the community. Coming from the most socially, economically and politically marginalized segment of society, the youth lack power to prevent their victimization. According to organizations for children’s rights, 7000 youth and children were killed in Brazil between 1988 and 1991. Boys aged 15-17 years represented 16% of the population, yet 80% of murder victims. Moreover, youth homicides had increased since the 1990s, following a period of massive layoffs that led to further impoverishment and ignited fear and racism in the middle class. Huggins argues that youth murders in Brazil can be understood as a means by which social boundaries of colour, class and civil status are reinforced in Brazilian society [11].
Based on their research in Vitoria, Bastos and colleagues also note the importance of social exclusion in contributing to high rates of urban homicide among black, male youth, as well as the mediating effect of urban migration. The common pattern seen is that low skilled migrants arrive with hopes of attaining higher standards of living and consumer goods, yet relegated to slums on the city’s outskirts where basic infrastructure is nearly non-existent. Unable to register for social security or participate in the formal system of employment, many are barred from social participation and denied civic rights, basic services and protection, and thus, often, their human rights. Thus, socioeconomically disadvantaged migrants are relegated by social systems to a position of vulnerability in urban Brazil [27].

The provision of services—whether law enforcement or public health—can also be viewed from an equity perspective. Those most vulnerable to violent victimization often experience the greatest barriers to service acquisition or are underserviced by public institutions. According to a 2006 case study of homicides in the state of Matro Grosso do Sol in the Mid-West region of Brazil, 50% of all homicide victims did not receive help from any public health service. The majority of homicides occurred in the under-serviced urban fringe, where service delivery has not kept pace with population growth through in-migration [1].

As demonstrated in the data analysis, the greatest improvements in homicide rates have generally been achieved in the more affluent and developed regions, these being the Southeast and South, and to a lesser degree the Mid-West, which has a mixed economic standing. In contrast, the Northeast, Brazil’s most socioeconomically disadvantaged region [5], has seen less improvement in homicide rates since the gun-control law was passed. As well, the analysis showed that homicide rates fell among whites, but changed little among blacks. The Northeast region, with one of the largest black populations continued to see increases in homicide rates. Moreover, the Northeast was one region where the black population, as a proportion of the total population, did not change over the period of study, although it grew in other regions. Therefore, the increases in rates of homicide in the region cannot be attributed merely to a growth in a marginalized black population. The persistence of high rates and increase in rates among blacks may represent a failure of existing policies to effect change in social inequities that underlie male interpersonal violence and homicide in some regions. For example, violence over land disputes in Northeastern Brazil, and patterns of emigration and worsening poverty and social exclusion in urban centres, disproportionately affecting young Brazilians, may require social and systemic change, and responses that include changes to the socialization of males.
Conclusions & Policy Implications:

National and municipal governments in Brazil have made progress in reducing rates of homicide, primarily by implementing policies that control firearms and alcohol. Although the effectiveness of these measures has been demonstrated [8, 24], the lack of improvement or worsening of homicide rates among some sub-populations, particularly among blacks and residents of socioeconomically disadvantaged regions, indicates the need for homicide prevention strategies that address underlying social issues and inequities in Brazil.

The gender and diversity analysis applied in this case study has shown what more can be learned about homicide from a consideration of social norms, roles, and ideology that influence the risks and experience of homicide and violence. That gender is central to this analysis reflects its importance and universality as an organizing principle by which individuals perceive and interpret their world, learn social norms that guide behaviour, or are ascribed power to gain resources or advantages that enhance their chances for survival. When we understand how the experience of homicide differs for men, women, blacks, whites, street involved youth, urban migrants, or domestic workers, we gain more information about how to intervene in the conditions, behaviors and systemic pathways that create vulnerability in groups within the larger population. Although local planning, informed by community consultation, is the most valid and rich source of gender and diversity-sensitive strategies, this analysis may raise some relevant issues for the development of policies.

The research literature shows that shortcomings in the public health response to homicide are widespread, and certainly not unique to Brazil. A failure to address root causes of homicide and assumptions that males—who make up the majority of victims and perpetrators of homicide worldwide—are naturally and inevitably violent have discouraged prevention [14]. Krienert adds that theories relating directly to why men commit more crime have routinely focused on inherent characteristics of women [16]. Strategies to address community violence have most often sought to address antecedents, physical environments, control access to weapons or to alcohol, or they have proposed behavioural change for potential victims (e.g. don’t walk alone), which is often directed toward women.

Stark contends that health professionals have neglected preventive approaches to violence, and that approximately half of homicides could be prevented with greater understanding of the roots of interpersonal violence and earlier intervention. Based on research among black urban Americans, the author argues that “a majority of homicides are between social partners or involve gender stereotypes, are preceded by a series of assaults that are known to service providers, and grow out of ‘intense social engagement’ about issues of male control and independence.” Furthermore, the author’s data show that blacks are no more violent than whites, but are more likely to die as a consequence of violent assaults, which may result from the failure of professionals to respond appropriately, particularly to assaults among blacks. Stark recommends a strategy involving criminal justice and health service systems that combines sanctions against interpersonal assault, gun control, and the empowerment of
Homicide in Brazil: A Gender & Diversity Analysis

Health & social policies address homicide risks

As part of Brazil’s National Health Plan, the Ministry of Health and the Special Secretariat on Policies to Promote Racial Equality are working together on strategies to address the health of the black population, with the aim of promoting racial equality [5].

Planning must also involve societal level interventions, which the Brazilian government has made progress toward (see text box). According to Nachif, homicide prevention strategies are incomplete without transforming social structures to better address the environments in which homicide victims, as well as perpetrators, are made vulnerable to privatization, racism, and social exclusion [1]. Etienne Krug, director of the violence and injury prevention program at the World Health Organization, suggests that although controlling access to guns has had striking results in some regions, and strengthening the police and judicial systems is an important part of integrated planning, primary prevention of homicide is necessary. The same tools applied to all public health problems should be applied to homicide. At the societal level, these may include reducing poverty and inequality, both according to income and gender, improving education and addressing social exclusion [14].

Research has indicated a lack of public trust in Brazil’s criminal justice system and the harmful effects of vigilantism based in racism and discrimination against street involved youth [11]. Law enforcement has made gains in addressing gender violence in Brazil since the 1980s, when specialized police stations that attend to female victims of violence were introduced. However, Brazilian women await greater government support for education, child care, greater opportunities for well paid work, and the elimination of discrimination against women in the judicial system [10]. According to Itani, as recently as 1997, men who killed their wives for suspicion of infidelity have been acquitted under the argument that the husband acted in self defence of their honour [10]. Thus, systemic change should also include reforms to the criminal justice system to increase its effectiveness, and to address corruption and discrimination based on gender, race, class, and age.

Building on work that began in the 1960s, the effect of socialized masculine traits on violence is well understood [16], but must also be acted upon. The response to violence must involve change in the model of socialization of males [6]. Forbes provides one model of a counselling program in the US that teaches boys and girls to be less identified with narrow, oppositional definitions of masculinity and femininity [18]. Along similar lines, a study conducted with heterosexual young men in a poor neighbourhood in Rio de Janeiro explored the potential of working with ‘gender equitable’ young men as role models for boys in order to raise awareness for the costs or consequences of traditional masculinity (e.g. domestic violence, gang violence). The study identified factors which contribute to more gender equitable males and institutional barriers to working with males on gender issues, including negative views of male youth held by program staff [29]. Medrado and Lyra propose a broad
range response, involving primary schools, public health care units, justice and public safety, employers, government bodies, as well as programs for young people, which would directly involve male youth in discussions of gender inequality, encouraging non-violent resolution of conflict, responsibility for childcare and sexual and reproductive health [6]. Strategies that help young men to find opportunities for positive outlets to express masculine identities (e.g. through employment, successful marriage and fathering) that are rewarded with acceptance from other males, hold most promise for the prevention of violent behaviour [16].

Reference List:


