

RECORDS COVERED UNDER THE *MARIA DA PENHA* LAW BY THE MILITARY POLICE IN THE BORDER AREAS

Registros enquadrados na Lei Maria da Penha realizados pela brigada militar em área de fronteira

Registros encuadrados en la Ley *Maria da Penha* realizados por la policía militar en área de frontera

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ABSTRACT

Objective: This study aimed to characterize the services performed by the Military Police of the 1st Border Area Policing Battalion (1st BPAF) covering violence against women under the *Maria da Penha* Law. **Methods:** Documentary type research, researching the police incident reports of the Military Police for the period of 2014. **Results:** Of the 3,094 cases attended to by the Military Police of the 1st Border Area Policing Battalion, 565 (18.26%) of the cases were related to violence against women under the *Maria da Penha* Law and 426 (13.76%) cases reported where related to theft events. Of the 565 reported cases, 205 (36.30%) of the women who were victims of violence remained under protective measures during the year 2014. Only 278 (49.20%) of the offenders were forwarded to the Civil Police to register the occurrence. **Conclusion:** It was concluded that, when knowing how much violence is present in the municipal area, new social practices and health actions can be structured, as well as, subsidize or direct public policies aimed at border regions with similar characteristics.

Descriptors: Violence against women; Public policy; Domestic violence.

RESUMO

Objetivo: caracterizar os atendimentos efetuados pela Brigada Militar do 1º Batalhão de Policiamento de Área de Fronteira (1º BPAF) enquadrados como violência contra a mulher na Lei Maria da Penha. **Métodos:** Pesquisa do tipo documental, com busca aos Boletins de Atendimentos da Brigada Militar no período de 2014. **Resultados:** Dos 3.094 atendimentos efetuados pela Brigada Militar do 1º Batalhão de Policiamento de Área de Fronteira, 565 (18,26%) casos ocorreram devido a ações de violência contra a mulher enquadrada na Lei Maria da Penha e 426 casos (13,76%) referiram-se a eventos de Furto Qualificado. Dos 565 casos notificados, 205 (36,30%) das mulheres vítimas de violência permaneceram sob medida protetiva no ano de 2014. Apenas 278 (49,20%) agressores

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foram encaminhados à Polícia Civil para fazer o registro da ocorrência.

Conclusão: Conclui-se que, ao se conhecer a violência do município, novas práticas sociais e ações de saúde podem ser estruturadas.

Descritores: Violência contra a mulher, Políticas Públicas, Violência Doméstica.

RESUMÉN

Objetivo: Este estudio buscó caracterizar las atenciones efectuadas por la Brigada Militar del 1º Batallón de Policía de Área de Frontera (1º BPAF) encuadrados como violencia contra la mujer en la Ley *Maria da Penha*.

Métodos: Encuesta del tipo documental, con búsqueda a los Boletines de Atención de la Brigada Militar en el período de 2014. **Resultados:** De las 3.094 atenciones efectuadas por la Brigada Militar del 1º Batallón de Policía de Área de Frontera, 565 (18,26%) casos ocurrieron debido a acciones de violencia contra la mujer encuadrada en la Ley *Maria da Penha* e 426 casos (13,76%) se refirieron a eventos de Hurto Calificado. De los 565 casos notificados, 205 (36,30%) de las mujeres víctimas de violencia permanecieron bajo medida de protección en el año de 2014. A solo 278 (49,20%) agresores se las envió a la Policía Civil para hacer el registro del acontecimiento. **Conclusión:** Se concluye que, al conocerse la violencia del municipio, nuevas prácticas sociales y acciones de salud pueden ser estructuradas, así como, subsidiar o dirigir políticas públicas volcadas hacia regiones de frontera con características semejantes.

Descriptor: Violencia contra la mujer; Políticas Públicas; Violencia Doméstica.

INTRODUCTION

Gender-based violence is considered a public health issue, as it has reached different stages of life causing physical, psychological, economic and social consequences.¹ Violence against women transcends all sectors of society, regardless of their class, race or ethnic group, wage, cultural, educational, age or religion level, as it refers to cultural gender issues strongly present in family relationships, in which being a girl, woman and elderly woman imposes a place of inferiority and inequality among family members.²

In 2006, due to the situation of violence against women, social movements engaged in a legal review with the institutions of the criminal justice system, and Law 11.340/2006, named *Maria da Penha* Law. This law aims to curb all forms of violence against women, whether physical, moral, sexual, psychological, injury and death, as its focus is on valuing and including the victim in the context of the criminal process.³

Even in the face of the prevalence and the naming of the laws of violence against women, it is known that the data can be underestimated, because amid the various forms of violence, that practiced against women, embraces cultural determinants rooted in the construction of male roles and feminine ones that legitimize the power of men over women.⁴ Furthermore, notification by the victim involves the degree of aggression and the victim's resilience, demonstrating that a large part of the records are made by anonymous reports.⁵

This evidence is supported by studies that identified between 50% and 78.4% of physical aggression at home were carried out by an intimate partner at some point in their lives.^{6,7} This data becomes alarming when it is detected

more than twice as many notifications of violence registered in the *Sistema de Informação de Agravos de Notificação (SINAN)* [Information System for Reportable Diseases], over the period from 2011 to 2015.⁷

Believing in prevention, combat and qualified and targeted care for these women victims of violence, studies identify the profile of the aggressor and the victims to diagnose the sociodemographic, behavioral and personal risk factors that influence the occurrence of related aggression to gender⁸ or retrospectively assess the police incident reports provided by the service.³ These results support the planning and implementation of actions by the service and professionals.⁹ And thus, to meet the needs of thousands of Brazilian women victims of violence who, during centuries, were deprived of participation in the various social and judicial sectors.³

Among the risk factors identified in the literature, the location of the municipalities with the highest percentages of notification of gender violence stands out. The border of the western region of the *Rio Grande do Sul* State, as well as the empirical data identified by the research and extension project named "Health Promotion at school: A way to reduce morbidity and mortality due to external causes of the *Universidade Federal do Pampa*", *Uruguaiana* Campus, demonstrate that there are individual factors from the local culture.

Bearing in mind the aforementioned, this study aims to characterize the services performed by the Military Police of the 1st Border Area Policing Battalion (1st BAPB) covering violence against women under the *Maria da Penha* Law. Through the profile identification of the violence against women who live in this region, the study might make it possible to subsidize or direct public policies aimed at border regions with similar characteristics. As well as, warning health and public security professionals about the peculiarities and characteristics of violence against women in border regions in order to improve the assistance to those women in terms of the specificity and complementarity of the work of both professionals.

METHODS

It is a documentary research with a quantitative and retrospective approach, related to violence against women, developed from the records made in the database of the Military Police of the 1st Border Area Policing Battalion (1st BAPB) in the western region of the *Rio Grande do Sul* State, Brazil. Considering the total of 3,094 police incident reports registered by the 1st BAPB over the period from January to December in 2014, 565 were specifically of violence against women.

The service flow of the Military Police begins by calling via telephone contact regarding violence against women, which immediately displaces a team to the victim's residence in order to identify the aggression and, when identifying, proceed to the registration in the police incident report. When still at the victim's home, the victim is instructed to look for the Civil Police, where the victim, if she so

wishes, will proceed with the process by registering a formal complaint against the offender. It should be noted that the data were tabulated, transcribed and, afterwards, were considered and interpreted in percentage values (MARCONI, 2008).

In order to carry out this research, confidentiality, privacy and ethical precepts were respected, protecting the rights of the individuals involved, as advocated by the Code of Ethics in Research with Human Beings indicated by the Health Research Standards determined by the Resolution No. 466/12 from the National Health Council (Brazil). Furthermore, the study was approved by the Research Ethics Committee from the *Universidade Federal do Pampa (UNIPAMPA)*, which was approved on 04/06/2015, under

number 1,028,482 and approved by the Commander of the Military Police, by signing the Term of Agreement from the Co-Participating Institution.

RESULTS

Considering the 3,094 services performed by the Military Police of the 1st Border Area Policing Battalion (1st BAPB), 565 (18.26%) cases occurred due to violence against women under the *Maria da Penha* Law and 426 cases (13.76%) reported to Qualified Theft events (Table 1). It is noteworthy that of the 565 reported cases, 205 (36.30%) of women victims of violence remained under protective measures in 2014.

Table 1 - Most covered occurrences by the Military Police of the 1st BAPB in West Frontier of the *Rio Grande do Sul* State, 2014.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	n (%)
<i>Maria da Penha</i> Law	46	42	67	49	39	26	47	42	48	46	64	49	565 (18.26)
*Qualified theft	28	37	46	46	40	40	34	38	25	29	34	29	426 (13.76)
Traffic accident with injury	36	26	26	31	36	30	36	36	33	33	25	33	381 (12.32)
**Fight	27	23	28	33	35	24	20	30	37	31	44	21	353 (11.41)
***Robbery	31	37	17	31	28	36	46	35	18	22	18	21	340 (10.98)
Traffic accident with damage	21	32	18	33	21	27	31	20	23	27	16	27	296 (9.56)
Aggression with injury	20	21	21	21	24	18	20	20	16	11	17	12	221 (7.15)
Threat	16	19	17	19	25	13	15	15	18	21	15	12	205 (6.63)
Involving narcotics	22	15	14	20	12	12	18	14	9	10	13	10	169 (5.46)
****Damage	13	14	15	12	15	14	11	9	8	9	3	15	138 (4.47)
Total	260	266	269	295	275	240	278	259	235	239	249	229	3094 (100)

*Abuse of a position of trust (break-in). **Physical contact without personal injury. ***Use of violence or threat to the victim. ****Damage to personal property.

Source: Database of the 1st Border Area Policing Battalion considering the statistics of police incident reports, *Rio Grande do Sul* State, Brazil.

Concerning the 565 assistances to women victims of violence under the *Maria da Penha* Law carried out by the Military Police of the 1st BAPB, 278 (49.20%) offenders were forwarded to the Civil Police to formally register and identify the parties, victim, and offender.

Based on the police incident reports performed by the Military Police of the 1st BAPB regarding assistance to women victims of violence in 2014, it was observed that the hours with the highest incidence of occurrences were from 7 p.m. to 1 a.m. with a total 231 cases, which corresponds to 40.88% of victims of violence.

DISCUSSION

The number of services performed by the Military Police is high when compared to a study carried out in *Bahia* State, as 18.2% (n=655) reported having suffered some physical and/or psychological violence in the last 24 months.¹⁰ In the *Minas Gerais* State, of the 715 complaints registered through police reports, only 278 continued with the process to initiate the investigation, which totals 38.9% of the police reports.¹¹ In other words, the services performed in the South region, particularly in the border region, represent more violence in the *Rio Grande do Sul* State in years to come.

Nevertheless, this accentuated number of assistances in this study is not identified when are evaluated the data of female deaths due to aggression registered between 2003 and 2007, where approximately 20 thousand women died due to aggression in the States of *Espírito Santo, Pernambuco, Mato Grosso, Rio de Janeiro, Rondônia, Alagoas, Mato Grosso do Sul, Roraima, and Amapá*, which presented the highest mortality rates.¹² This fact can be justified by the specificity of the municipality under study, which is a border, in which they can influence the records. Moreover, the data does not demonstrate the outcome of each woman after registration.

Herein, the results do not demonstrate the amount and/or recurrences of records made by a victim, inferring that the victim may have made either only one record or more during 2014. Nevertheless, the number of assistances reveal that to overcome this percentage measures are needed to reduce the conditions that favor violence and the integration of the health, education, social, economic and judicial sectors in the direction of confronting violence against women to bring about behavioral change in the offender and the victim.⁸

The abuse of a position of trust, also characterized as break-in, presented alarming data, inferring that the *Maria da Penha* Law was used correctly among the victims. In other words, violence against women after the approval of the *Maria da Penha* Law expands the fields of action in order to offer support to the victim as well as punishment to the offender.⁹ This statement is corroborated by the percentage found in this study, where 205 (36.30%) assistances that were in a protective measure in 2014, demonstrating the responsibility of public security agencies to ensure the well-being and safety of victims of violence.

Women turn to the security sector from the perspective of justice, the police legal sector is the place where there is a significant number of battered women wanting some measure to end the violence suffered by them, as it covers cases ranging from situations of psychological violence and threatens even physical aggression and death.¹³

Regardless of the reduced number of victims who have not suffered physical aggression, the consequences of exposure to the psychological and moral violence generated have repercussions on health complications, such as depression, social isolation, and cessation of freedom.² Additionally, verbal violence can affect women's biological health, as there is a significant relationship between those with arterial hypertension (21.2%), high cholesterol (20.9%) and heart disease (25.7%) who suffer violence.¹⁰ According to the *Maria da Penha* Law (Law 11.340/2006),¹⁴ the coercion of freedom is recognized as one of the forms of psychological violence, and it is very harmful to the coexistence of women in society, as it works almost like a private prison.

The percentage identified in a qualitative study, reveals that among 14 women, 5 suffered psychological/moral violence.⁶ And when violence occurs within the family environment, with the intimate partner, this provokes repressive attitudes by denying women the social interaction¹⁵ that end up compromising the social, psychological, emotional and sometimes cognitive domains.

According to the perception of the professionals who assist these maltreated women, the victims are fragile, impaired people, who live at the mercy of their partner, have neurotic personality and depression, with a high level of vulnerability and risk, anguished, in distress, who cry often and are instable.¹⁶ Demonstrating that health care for women in situations of violence should be thought of not as technical knowledge, but as the knowledge that allows understanding the phenomenon, related to the different universes of meaning¹⁷ that compromise mental, social health, spiritual, physical and psychological victim.⁹

Those domains are also affected when the aggression leads to damaging personal property, since the destruction of either household or the victim's personal use items was not the attitude the woman expected from her partner. This data is even more evident when the statistics reveal that 38.5%¹⁸ to 62.5%¹⁹ of the violence occurs in the households and more than half are caused by the partner.⁶

It is believed that physical aggression characterized by bodily injuries to women, most often caused by male offenders, can be harmful to their health, not because of the fragility of the female condition, but because of the difference in strength. Physical violence was the type most found among 1,924 suspected or confirmed cases of violence against women, totaling a percentage of 46.8% of the violence,¹⁸ which characterizes a percentage of 26.6% of the consultations in 86 emergency services.²

According to the number of assistances in the months studied, no significant fluctuation was identified in the 12-month period, demonstrating that violence against women does not depend on the period of the year. However, the violence fluctuates according to the times of the day, since the highest incidence of occurrences and assistances by the Military Police of the 1st BAPB to women victims of violence within the scope of the law was in the evening during 2014.

Another study also reveals that violence is accentuated from Friday to Sunday, with percentages of 60.2% of assistances, and 51.8% in the evening and late-night hours,² implying that men return home after work and by making use of alcoholic beverages and/or drugs, potentiate the violence issue. This inference is verified in a clinical research, where the occurrence of physical and/or psychological violence was associated with the consumption of alcoholic beverages for women.¹⁰

In the *Rio Grande do Sul* State, the sector that only deals with cases of violence against women within police stations started its implementation in 2007, due to the *Maria da Penha* Law, which began to be highlighted in the country.²⁰ This law also contributed to disseminate the fight against violence against women in a perspective of a public health issue, in which it must extrapolate the resources traditionally used by the health area.²¹

Linked to the *Maria da Penha* Law are specialized services, comprehensive and multidisciplinary care centers for women and their dependents who are in a situation of violence, shelters for women and their underage dependents, public defense centers, health services and centers of

medico-legal expertise specialized in assisting women undergoing situations of violence.

The research limitation occurred due to the restriction to police incident reports addressing just a 12-month period. Nonetheless, it is known that regardless the period, the data can be even more alarming due to underreporting of violence against women.

FINAL CONSIDERATIONS

Herein, it is possible to address the number of services performed by the Military Police of the 1st Border Area Policing Battalion (1st BAPB) covering women victims of violence under the *Maria da Penha* Law. This totaled 565 (18.26%) assistances, then leading the ranking of 3,094 assistance calls over 2014.

The great social contribution of this study lies in pointing out the social determinants to which women in the region of the western border of the *Rio Grande do Sul* State are exposed, and the respective measures of the State to rationalize these cases, providing subsidies to face the problem of violence against women and in favor of their rights and their citizenship, through support networks for women.

Among the links in the support network, the health service stands out, which focus on sensitizing the professionals who receive these women at the most diverse doors of entry, mainly in the emergency unit. Furthermore, it is important to emphasize the performance of policemen from the *Maria da Penha* patrol, who, likewise the health professionals, are the first to encounter the women victims of violence.

It is believed that the data found here might support future studies to be taken place, in order to know the “why” of violence against women in a region on the western border of the *Rio Grande do Sul* State, as well as strengthen the implementation of care network for women in this region.

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