

ORIGINAL ARTICLE

Is there race/color differential on femicide in Brazil? The inequality of mortality rates for violent causes among white and black women

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Abstract

Introduction: Femicide is considered the extreme expression of gender violence. The Brazilian scenario points to a complex public health problem, with evidence of a more severe social phenomenon for black women.

Objective: To compare mortality rates due to violent causes in white and black women.

Methods: Ecological study of temporal series with secondary data obtained from the Mortality Information System of DATASUS. We estimated the mortality rate from 2016-2018 about suicides, aggressions, and undetermined death by violence in the range of ages 15-29 and 30-59 years among white and non-white women. Femicide cases were compared using firearms or other means. Statistical analysis employed the chi-square test, with a significance level of $p < 0.05$, Confidence Interval of 95%. According to resolution 510/2016 of the National Health Council, the study is exempted from Research Ethics Committee's evaluation.

Results: Between 15 and 29 years, the mortality rate due to aggression was higher for black, 10.5/100,000, than for white women, 4.9/100,000. The same occurred between 30 and 59 years, with 12.5/100,000 deaths among black and 5.9/100,000 deaths among white women. Suicide rates were lower for black than for white women aged 15 to 29 years (1.2/100,000 versus 2.8/100,000) and between 30-59 years (2.0/100,000 versus 5.2/100,000). Among non-white women, the use of firearms was higher and, among white women, hanging was used the most.

Conclusion: Violent deaths of women by aggression affect more forcefully Brazilian black women, regardless of age. Firearms remain the aggressor's main resource for practicing femicide, especially against non-white women.

Keywords: domestic violence, intimate partner violence, violence against women, aggression, external causes.

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Authors summary

Why was this study done?

Femicide is a serious health and safety problem in Brazil, with rates among the highest in the world. Considering the increasing indicators available until 2017, the authors assumed that femicide rates could have worsened, seeking to detail the impact of the phenomenon on black women.

What did the researchers do and find?

The authors conducted a study with data from DATASUS, period 2016–2018, estimating mortality rates due to aggression among white and black Brazilian women in different age groups. The authors found higher rates of femicide among black and brown women at all ages, especially with the use of firearms.

What do these findings mean?

The findings mean that Brazilian black women are the most impacted by this extreme form of gender violence.

INTRODUCTION

The term *feminicídio* or *femicídio* (in Portuguese) derives from the English language, *femicide*, coined by Diana Russell in 1976, during the First International Court of Crimes against Women, in Brussels, Belgium, to refer to the violent death of women in the perspective of sociology and studies of gender¹. Since then, the understanding of femicide has consolidated itself as the death of a woman due to gender in different social and political contexts, the result of a culture of domination and inequality of powers between male and female, that inferior and subordinates the woman².

Femicide is, above all, a category of feminist analysis that gives social visibility to the different forms of extreme violence against women, while it bases its legal recognition and establishes the responsibilities of the State³. In addition, the incorporation of the gender category and the concepts of human and social rights in the field of public health allow new configurations for the models of care for women in situations of violence, questioning the essentiality of the differences between the sexes and breaking up with the concept of biological determinism⁴.

A significant part of the countries of Latin America and the Caribbean incorporated femicide into their criminal laws between 1995 and 2017². Even though the Brazilian State has recognized femicide as a crime against humanity since 2002, according to Article 7 of the Rome Statute of the Criminal Court⁵, its classification as a heinous crime occurred only in 2015, through Law No. 13,104⁶. Since then, the country has come to recognize the brutal gravity of this violation of women's human rights, as well as the need to promote gender justice to stop historic discriminatory practices⁷.

Brazil has high and growing indicators of femicide, ranking fifth among the highest rates in the world, with only El Salvador, Colombia, Guatemala, and the Russian Federation ahead of it⁸. In addition, data published in 2019 by the Institute for Applied Economic Research (IAER) indicate that between 2007 and 2017 there was a 30.7% increase in the number of femicides in Brazil, with an increase in rates from 3.9 to 4.7/100,000 in the period⁹.

This evolution was notably heterogeneous among the States of the Federation, resulting, in 2017, in the highest rate of femicide estimated for Roraima (10.6/1,000,000), in the North region, and in the lowest rate reported for São Paulo (2.2/100,000), in the Southeast

region. Additionally, there was an increase of 29.8% in femicides practiced with firearms in the same period⁹. Femicide in Brazil also shows different patterns according to geographic regions according to factors expressed by the Human Development Index (HDI), reflecting the social and economic inequalities of the phenomenon¹⁰.

IAER data also point to a significant inequality of femicide in relation to the race/color of women, with a 4.5% increase in the rate among white women and 29.9% among black women (black and mixed black women) for the same decade. Considering absolute numbers of lethal violence against women, the growth for white women was 1.7%, in sharp contrast to the 60.5% increase for black women in the same period⁹.

Another aspect that should be noted in femicide, which is potentially more adverse for black women, is the different methodologies for recording violent deaths by the Public Security and Health sectors. Legislation on femicide is relatively new, what is requiring a constant process of improving records by the judicial authorities⁹. It is worth mentioning that the estimation of the number of deaths by femicides through health information is an interpretation and a strategy to overcome the absence of direct data on them due to the recent classification in criminal justice.

In the health sphere, data on interpersonal and self-inflicted violence became compulsory notification as of 2009 by the Violence Surveillance System of Ministry of Health, being unified and universalized only in 2016 by Ordinance No. 2049. In this way, epidemiological information on femicide in the country can face situations of both underreporting and inadequacy of records, resulting in different statistics according to the document chosen to produce them¹¹.

Despite these indicators, there is still little information about femicide when stratified by race/color and age ranges, or about the means of death used against black women. Thus, the objective of this study is to describe female mortality rates due to violent causes and to compare the means and instruments used by the aggressor in the femicide of white and black women.

METHODS

This is an ecological study of time series. Secondary data on mortality from violent causes were obtained from the Mortality Information System (SIM),

Secretary of Health Surveillance, accessed on the website of the Department of Informatics of the Unified Health System (DATASUS), in the triennium of 2016 to 2018 (www.datasus.otg.br).

Death rates were calculated for 100,000 women classified as self-harmed, for aggression and for undetermined intent, according to age ranges from 15 to 29 years and from 30 to 59 years and by race/color record. Skin color was categorized as white, black, or mixed, according to the census criteria of the Brazilian Institute of Geography and Statistics (IBGE)¹². By the same criterion, black women were characterized by the sum of black and mixed.

To classify deaths by aggression, we adopted the codes X91 (hanging, strangulation or asphyxiation), X95 (aggression by a firearm), X99 (aggression by a sharp or penetrating object) and Y00 (aggression by a sharp object), from the 10th revision of the International Statistical Classification of Diseases and Related Health

Problems (ICD-10). Femicides were analyzed according to these codes, comparing white women with black and mixed women. The data were entered into the Epi Info software, version 7.2.3.1. Statistical analysis employed Pearson's chi-square test, being significant with $p < 0.05$ and a confidence interval (CI) of 95%.

The study involved only secondary data collected from the SIM/DATASUS system with information from a wide public domain, exempting it from submission and opinion from the Research Ethics Committee (REC), according to Resolution No. 510/2016 of the National Health Council (NHC).

RESULTS

Estimates of mortality because of aggression in Brazil increased from 4.4/100,000 to 4.6/100,000 between 2011 and 2017. Estimates decreased to 4.2/100,000 in 2018, because of increased rates of self-inflicted injuries and events of undetermined intent (table 1).

Table 1: Estimates of mortality rates per 100,000 women for three categories of external causes. Brazil, 2011 to 2018.

Categories	2011	2012	2013	2014	2015	2016	2017	2018
Self-inflicted injuries	2.1	2.2	2.1	2.1	2.3	2.2	2.5	2.5
Aggression	4.4	4.6	4.6	4.6	4.4	4.4	4.6	4.2
Events of undetermined intent	2.6	2.5	2.3	2.3	2.3	2.4	2.3	2.9

Source: Department of Informatics of the Unified Health System (DATASUS)/Mortality Information System (SIM).

Table 2 shows the mortality rates per 100,000 women in the period from 2016 to 2018, described according to type of death, age intervals and race/color recorded. The highest death rates from aggression were observed for non-white women in both age ranges, reaching the highest value of 12.5/100,000 among mixed women between 30 and 59 years old. Deaths considered undetermined intention showed the lowest rates according to the variables studied. On the other hand, self-inflicted

death rates were higher for white women in both age ranges.

Table 3 shows the comparison of femicides among white and non-white women between 15 and 59 years old, according to the means or instrument used by the aggressor. Femicides with firearms were more frequent among non-white women, while hanging, strangulation or suffocation was more applied means for white women.

Table 2: Mortality rate per 100,000 Brazilian women aged 15 to 29 years and 30 to 59 years according to type of death due to external causes and race/color registration, 2016 to 2018.

	15–29 years old			30–59 years old		
	White	Black	Mixed	White	Black	Mixed
Suicide	2.8	1.2	2.6	5.2	2.0	4.0
Aggression	4.9	5.8	10.5	5.9	6.4	12.5
Indetermined violence	0.8	1.0	1.1	1.5	1.5	2.1

Source: Department of Informatics of the Unified Health System (DATASUS)/Mortality Information System (SIM).

Table 3: Femicides between white and non-white (black and mixed) women aged 15 to 59 years according to the instrument or means of aggression in the ICD-10 categories. Brazil, 2016 to 2018.

	White (n = 3,157)		Non-white (n = 7,611)		OR (IC 95%)	p*
	n	%	n	%		
Firearm	1,765	55.9	4,676	61.4	0.77 (0.70-0.82)	<0.001
Cutting or penetrating object	901	28.5	2,043	26.8	1.10 (1.00-1.21)	0.031
Blunt object	231	7.3	506	6.6	1.13 (0.96-1.34)	0.119
Hanging, strangulation or suffocation	260	8.2	386	5.1	1.75 (1.48-2.07)	<0.001

Source: Department of Informatics of the Unified Health System (DATASUS)/Mortality Information System (SIM). Non-white: Odds Ratio=1. Subtitles: *Pearson's chi-square test. ICD-10: International Statistical Classification of Diseases and Related Health Problems.

DISCUSSION

The most prevalent and most socially visible form of femicide is strictly linked to the violence perpetrated by people with whom women had conjugal, domestic, or family relationships, at some point in their lives, called intimate femicide^{2,13}. Usually preceded by increasing acts of physical, sexual, or psychological violence, intimate femicide is established by the convergence of diverse social, economic and cultural factors related to gender².

The low level of education of women is often associated with domestic violence^{14,15}, as well as the low level of education of the aggressor intimate partner^{16,17}, or when the woman's education or professional qualification is higher than that of the partner¹⁸. Religious practices can also relate to higher levels of intimate partner violence, as observed among Brazilian evangelical women¹⁹ or among Iraqi Muslims²⁰. In the USA, women in situation of domestic violence who resorted to religious support were the ones who remained most within an abusive interpersonal relationship²¹.

Domestic violence also strikes women with no formal job or occupation^{22,23}. On the other hand, the greater economic autonomy of women can be considered a protective element to suffer this form of violence¹⁷. The lower the woman's income the greater the risk suffering violence, giving the phenomenon meaning according to social stratification²⁴. This dimension of domestic violence in Brazil has a direct impact on the spaces where femicides occur, resulting in 27.6% of cases consumed at the victim's residence⁹.

In Brazil, it is estimated that about 30% of women experience some form of physical violence practiced by their intimate partner during their lives²⁵. In fact, the records of the National Council of Justice (NCJ) point to 1,448,716 cases of domestic violence processed in the country. In 2017 alone, protective measures totaled 236,641 requests, indicating a significant increase of 21% over the previous year²⁶.

However, other types of femicide must be considered, such as non-intimate femicide, practiced without affective ties. These murders often compete with sexual violence, called sexual femicide¹³. Although less reported, a nationwide study in South Africa found that almost 20% of femicides were preceded by sexual crimes²⁷. It is also worth mentioning the violent murder of women encoded by torture, racial hatred, transphobia, misogyny, sexism, genital mutilation, or other forms of heteronormative male domination, defining systemic femicide or femicide by connection¹³.

According to the Map of Violence, published in 2015, the number of femicides among white women in Brazil decreased from 1,747 cases in 2003 to 1,576 cases in 2013, indicating a 9.8% reduction. On the other hand, the femicide of black women increased 54.2% in the same period, going from 1,864 to 2,875 registered cases⁸. In another study, published by IAER, femicide in the country also proved to be increasing and higher for black women, reaching a rate of 5.6/100,000 in 2017, against 3.2/100,000 for white women in the same year⁹.

The results of this study, referring to the most recent period from 2016 to 2018, show higher rates of

femicide in the two age ranges evaluated, both for white and black women. However, intentional lethal violence against mixed women is alarming, reaching 10.5/100,000 between 15 and 29 years old, and 12.5/100,000 from 30 to 59 years old, significantly higher than that observed in the same intervals for white women, 4.9/100,000 and 5.9/100.00, respectively. We highlight that the values found for mixed women exceed the highest rate of femicide in the world, attributed to El Salvador, in 2012, estimated at 8.9/100,000⁸.

This inequality requires reflection based on an outline of gender-based violence against black women that meets their historical dimension in Brazilian society as a bitter legacy from the slavery period. In fact, IBGE census data indicate evident social and economic disadvantages of black women in the country when considering HDI indicators¹². In addition, black women face greater obstacles in accessing qualified health services and a higher prevalence of sexual and reproductive health problems²⁸.

This unfavorable and unjustifiable situation of black women can also be seen in the indicators of violence they experience. Recent survey on intimate partner violence carried out in 86 emergency services in 25 Brazilian capitals found almost 70% of cases involving black women¹¹. Another Brazilian study found that black women reported suffering violence significantly more frequently than white women, reiterating color/ethnicity as an important element that permeates domestic violence and gender conflicts²⁴.

Even in other social and cultural contexts, higher rates of violence against black women are observed, particularly when practiced by an intimate partner²⁹. Even during pregnancy, domestic violence is more prevalent among black women³⁰. In this respect, little is known about the situation of the murder of black women during pregnancy. However, there is evidence that women who belong to minority ethnic groups or with greater social vulnerability are at greater risk of suffering this lethal form of aggression, especially in the domestic space, with mortality rates ranging between 0.97 and 10.6/100,000³¹.

The means and ways in which women are beaten and lethally victimized also require attention. There is ample evidence of the negative impacts to society of expanding access to firearms. Robust econometric study conducted by Donohue *et al.* (2019) concluded that the relaxation of laws was associated with a ten-year increase of 13% to 15% in violent crimes³². In the same sense, it is estimated that in the absence of the Disarmament Statute, aggression rates in Brazil could have increased by 12% between the years 2004 and 2007³³. Aggressions represent the second leading cause of premature deaths and with an increasing participation of firearms, affecting 5.9% of the Brazilian Gross Domestic Product (GDP)⁹.

A similar relationship has been described between firearms and domestic violence by the intimate partner. A study involving 45 American states between 1980 and 2013 indicates that the prohibition on the possession of firearms in a restrictive order reduced intimate femicides by 10%. When legal restrictions were applied to men convicted of violent crimes, the reduction in intimate femicides was even greater, reaching 23%³⁴.

In this study, the number of femicides practiced with firearms was notably higher for all categories of women aged 15 to 59 years, reaching the highest value of 4,263 cases among non-white women. Our results corroborate the Brazilian findings of 2013, with 48.8% of femicides practiced with firearms and 25.3% with sharp or penetrating objects⁸. However, we found a significant difference in gun deaths among mixed women when compared to white women.

This pattern of femicide found in Brazil seems to differ from other countries. In Taiwan, a retrospective study of forensic examinations of women's murders showed that neck injuries were more common in intimate femicides and injuries to the upper limbs in non-intimate cases. Intracranial injuries and bruises were also more frequent when the aggressor was unknown, while cardiac injuries occur more in intimate femicide. Despite these differences, the most common causes of death were attributed to strangulation and acute injuries using force³⁵.

Although aggressions in Brazil show significantly higher absolute numbers for males, the analysis according to age indicates a similar distribution for both sexes. The incidences are described as very low until the age of ten, followed by steep growth until the age of 19 and a tendency of slow decline until the age of 69⁸. In this study, we found a different situation for femicide, with higher rates of lethality between 30 and 59 years of age than between 15 and 29 years, both for white women and for black and mixed women.

Other research corroborates our results, indicating that femicide may be more frequent among more mature women. In the municipality of Campinas, Southeast region, the average age of femicide victims was 31.5±7.18 years, with an estimated rate of 3.2/100,000 for 2015³⁶. In Taiwan, the average age of intimate femicides was 40.0 years, less than that for non-intimate cases, 48.6 years³⁵.

With increasing and high rates in Brazil, femicide has become a complex and challenging issue, both for the spheres of security and accountability and for public health. In recent years, the Brazilian State has shown some advances in the formulation and implementation of public policies for women in situations of violence. In this context, Law No. 11,340 of 2006, known as the Maria da Penha Law, which establishes protective measures for women at risk, such as the removal of the aggressor from the home, the prohibition of approaching and contacting the victim and restricting visits to children³⁷.

Although there is an increase in complaints and records of violence against women after the Maria da Penha Law³⁸, the legal provision has not yet had expected effects on rates of femicide. In fact, the NCJ recognizes the existence of a jurisdictional imbalance in the State Courts in the face of the problem of domestic violence, one of the most relevant components of the violent death of women²⁶. Although these limitations matter, confronting femicide cannot be based only on the force of laws, requiring public policies that reduce gender inequities and inequalities in all areas of society^{2,7}. Furthermore, analyses indicate a relationship between the decrease in homicides and improvement in the Human Development Index (HDI) over the years in Brazil³⁹.

In this sense, we believe that the results of this study can contribute to the understanding of femicide and the improvement of public policies for women, particularly black women. The scarcity of research with this cut justifies its originality and the death rates for assault with firearms against mixed women requires reflection for its magnitude. On the other hand, we note that the complexity of femicide requires care not to generalize the results of this study to other social and cultural contexts.

The small number of femicides registered as black women should be considered. As self-declaration of color/race is not possible in these cases, the records end up consolidated by less reliable subjective criteria, possibly due to the social phenomenon of whitening of the black population⁴⁰. This number should be interpreted according to the proportion of the self-declared black population in Brazil (7.6%) and the self-declared mixed population (43.1%), together making up 51% of the black Brazilian population, according to the 2010 census¹². Even so, there is evidence that black Brazilian women have a higher chance of domestic femicide and sexual femicide².

The scenario of femicide in Brazil still is worrying. Since 2019, the Executive Branch has been moving towards trying to approve measures that facilitate the population's access to firearms, which can potentially aggravate the problem. Likewise, it seeks to combat what it calls "gender ideology", based on a conservative fundamentalist perspective, which hinders the confrontation of a patriarchal culture tolerant of gender violence.

CONCLUSION

Femicide rates in Brazil showed growth in the 2016-2108 triennium, remaining among the highest in the world. Violent deaths of women due to aggression hit Brazilian mixed women with greater force, regardless of the age range. Firearms represented the aggressor's main resource for consummating femicide, especially against mixed women aged 15 to 59, while deaths by hanging, strangulation or suffocation were more frequent among white women.

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Author contributions

M.F.G.M., and J.A.F.R. developed the research question. M.F.G.M., and J.D. performed the statistical analysis. M.F.G.M., J.A.F.R., and J.D. interpreted the

results. M.F.G.M, and JD provided the tables. M.F.G.M., and J.D. drafted the manuscript. M.F.G.M., J.A.F.R, and J.D. have reviewed and approved the manuscript.

Abbreviations and Symbols

REC Research Ethics Committee
 NCJ National Council of Justice
 NHC National Health Council
 DATASUS Department of Informatics of the Unified Health System

HDI Human Development Index
 IBGE Brazilian Institute of Geography and Statistics
 ICD International Statistical Classification of Diseases and Related Health Problems
 IAER Institute for Applied Economic Research
 SIM Mortality Information System

REFERENCES

- Inés Munévar DM. Delito de femicidio. Muerte violenta de mujeres por razones de género. 14(1): 135–75.
- Romio JAF 1981-. Femicídios no Brasil, uma proposta de análise com dados do setor de saúde. 2017 [cited 2021 Jul 8]; Available from: <http://repositorio.unicamp.br/jspui/handle/REPOSIP/330347>
- Oliveira ACG de A, Costa MJS, Sousa ESS. FEMINICÍDIO E VIOLÊNCIA DE GÊNERO: ASPECTOS SÓCIOJURÍDICOS. TEMA - Revista Eletrônica de Ciências (ISSN 2175-9553) [Internet]. 2016 Apr 29 [cited 2021 Jul 8]; 16(24; 25). Available from: <http://revistatema.facisa.edu.br/index.php/revistatema/article/view/236>
- Bandeira LM. Violência de gênero: a construção de um campo teórico e de investigação. Sociedade e Estado [Internet]. 2014 May 1 [cited 2021 Jul 8]; 29(2): 449–69. Available from: <http://www.scielo.br/j/se/a/QDj3qKFJdHLjPXmvFZGsrLq/?lang=pt>
- Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Decreto nº 4.388, de 25 de setembro de 2002. Promulga o Estatuto de Roma do Tribunal Penal Internacional. Brasília: Diário Oficial da União; 2002.
- Brasil. Presidência da República. Secretaria Geral. Subchefia para Assuntos Jurídicos. Lei nº 13.104, de 9 de março de 2015. Altera o art. 121 do Decreto-Lei nº 2.848, de 7 de dezembro de 1940 - Código Penal, para prever o feminicídio como circunstância qualificadora do crime de homicídio, e o art. 1º da Lei nº 8.072, de 25 de julho de 1990, para incluir o feminicídio no rol dos crimes hediondos. Brasília: Diário Oficial da União; 2015.
- FEMINICÍDIOS E POSSÍVEIS RESPOSTAS PENAIAS: DIALOGANDO COM O FEMINISMO E O DIREITO PENAL | Gênero & Direito [Internet]. [cited 2021 Jul 8]. Available from: <https://periodicos.ufpb.br/index.php/ged/article/view/24472>
- Jacobo Waiselfisz J. MAPA DA VIOLÊNCIA 2015 HOMICÍDIO DE MULHERES NO BRASIL.
- Atlas da Violência 2019 [Internet]. [cited 2021 Jul 8]. Available from: https://www.ipea.gov.br/portal/index.php?option=com_content&view=article&id=34784
- Leite FMC, Mascarello KC, Almeida APSC, Fávero JL, Santos AS dos, Silva ICM da, et al. Analysis of the female mortality trend due to assault in Brazil, States and Regions. Ciência & Saúde Coletiva [Internet]. 2017 Sep 1 [cited 2021 Jul 8]; 22(9): 2971–8. Available from: <http://www.scielo.br/j/csc/a/JV3D5PbN759q348rcQjNgzL/?lang=en>
- Garcia LP, Silva GDM da. Violência por parceiro íntimo: perfil dos atendimentos em serviços de urgência e emergência nas capitais dos estados brasileiros, 2014. Cadernos de Saúde Pública [Internet]. 2018 Mar 29 [cited 2021 Jul 8]; 34(4). Available from: <http://www.scielo.br/j/csp/a/WgZw9hx8DNkMS749sR4zcQw/?lang=pt>
- População Brasileira D. SÍNTESE DE INDICADORES SOCIAIS UMA ANÁLISE DAS CONDIÇÕES DE VIDA. 2018;
- Modelo de protocolo latino-americano para investigação de mortes violentas de mulheres (femicídios/feminicídios). 2014 [cited 2021 Jul 8]; Available from: www.oacnudh.org
- SR K, YK D, G C, S C. Domestic violence in India: insights from the 2005-2006 national family health survey. Journal of interpersonal violence [Internet]. 2013 Mar 1 [cited 2021 Jul 8]; 28(4): 773–807. Available from: <https://pubmed.ncbi.nlm.nih.gov/22935947/>
- Ali TS, Asad N, Mogren I, Krantz G. Intimate partner violence in urban Pakistan: prevalence, frequency, and risk factors. International Journal of Women's Health [Internet]. 2011 [cited 2021 Jul 8]; 3(1): 105. Available from: <http://pmc/articles/PMC3089428/>

16. MR R, AA da S, MT EA, RF B, LM de R, LB S, et al. Psychological violence against pregnant women in a prenatal care cohort: rates and associated factors in São Luís, Brazil. *BMC pregnancy and childbirth* [Internet]. 2014 Feb 12 [cited 2021 Jul 8]; 14(1). Available from: <https://pubmed.ncbi.nlm.nih.gov/24521235/>
17. Puri M, Frost M, Tamang J, Lamichhane P, Shah I. The prevalence and determinants of sexual violence against young married women by husbands in rural Nepal. *BMC Research Notes* 2012 5:1 [Internet]. 2012 Jun 13 [cited 2021 Jul 8]; 5(1): 1–13. Available from: <https://bmcresearchnotes.biomedcentral.com/articles/10.1186/1756-0500-5-291>
18. Stöckl H, Heise L, Watts C. Factors associated with violence by a current partner in a nationally representative sample of German women. *Sociology of Health and Illness*. 2011 Jul; 33(5): 694–709.
19. Marabotti F, Leite C, Helena Costa M, li A, Wehrmeister FC, Petrucci D, et al. Violência contra a mulher em Vitória, Espírito Santo, Brasil. [cited 2021 Jul 8]; Available from: <https://doi.org/10.1590/S1518-8787.2017051006815>
20. Al-Tawil NG. Association of violence against women with religion and culture in Erbil Iraq: A cross-sectional study. *BMC Public Health*. 2012; 12(1).
21. D K, S B, R F, J B, R W. Effects of religious and spiritual variables on outcomes in violent relationships. *International journal of psychiatry in medicine* [Internet]. 2015 May 1 [cited 2021 Jul 9]; 49(4): 249–63. Available from: <https://pubmed.ncbi.nlm.nih.gov/26060260/>
22. MC B, KC B, MJ B, GW R. Prevalence of Sexual Violence Against Women in 23 States and Two U.S. Territories, BRFSS 2005. *Violence against women* [Internet]. 2014 May 1 [cited 2021 Jul 9]; 20(5): 485–99. Available from: <https://pubmed.ncbi.nlm.nih.gov/24759775/>
23. Rosa DOA, Ramos RC de S, Gomes TMV, Melo EM de, Melo VH. Violência provocada pelo parceiro íntimo entre usuárias da Atenção Primária à Saúde: prevalência e fatores associados. *Saúde em Debate* [Internet]. 2018 Dec [cited 2021 Jul 9]; 42(spe4): 67–80. Available from: <http://www.scielo.br/j/sdeb/a/S6ft8GscKBZmQPPx3XKVNGL/?lang=pt>
24. Schraiber LB, D'Oliveira AFPL, França Junior I. Violência sexual por parceiro íntimo entre homens e mulheres no Brasil urbano, 2005. *Revista de Saúde Pública* [Internet]. 2008 [cited 2021 Jul 9]; 42(SUPPL. 1): 127–37. Available from: <http://www.scielo.br/j/rsp/a/J5yLFXNgh57dBBkpwMrcWL/?lang=pt>
25. (PDF) Estudo da OMS de vários países sobre saúde da mulher e violência doméstica contra a mulher [Internet]. [cited 2021 Jul 9]. Available from: https://www.researchgate.net/publication/237389201_WHO_Multi_Country_Study_on_Women's_Health_and_Domestic_Violence_Against_Women
26. Abrahams N, Mathews S, Lombard C, Martin LJ, Jewkes R. Sexual homicides in South Africa: A national cross-sectional epidemiological study of adult women and children. *PLOS ONE* [Internet]. 2017 Oct 1 [cited 2021 Jul 9]; 12(10): e0186432. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0186432>
27. Conselho Nacional de Justiça. O Poder Judiciário na aplicação da Lei Maria da Penha. Brasília: Conselho Nacional de Justiça; 2018. 24p.
28. Estatística SG, Em Saúde I. Pesquisa Nacional de Demografia e Saúde da Criança e da Mulher PNDS 2006 Dimensões do Processo Reprodutivo e da Saúde da Criança. 2009;
29. Breiding MJ. Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *Morbidity and mortality weekly report Surveillance summaries* (Washington, DC : 2002) [Internet]. 2014 [cited 2021 Jul 9]; 63(8): 1. Available from: <https://pmc/articles/PMC4692457/>
30. S H-M, M C, D E, G R. Intimate Partner Violence Screening in the Prenatal Period: Variation by State, Insurance, and Patient Characteristics. *Maternal and child health journal* [Internet]. 2019 Jun 15 [cited 2021 Jul 9]; 23(6):756–67. Available from: <https://pubmed.ncbi.nlm.nih.gov/30600519/>
31. Cliffe C, Miele M, Reid S. Homicide in pregnant and postpartum women worldwide: a review of the literature. *Journal of Public Health Policy* 2019 40: 2 [Internet]. 2019 Feb 6 [cited 2021 Jul 9]; 40(2): 180–216. Available from: <https://link.springer.com/article/10.1057/s41271-018-0150-z>
32. Donohue JJ, Aneja A, Weber KD. Right-to-Carry Laws and Violent Crime: A Comprehensive Assessment Using Panel Data and a State-Level Synthetic Control Analysis. *Journal of Empirical Legal Studies* [Internet]. 2019 Jun 1 [cited 2021 Jul 9]; 16(2): 198–247. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/jels.12219>
33. Cerqueira D, Mello JMP de. Evaluating a National Anti-Firearm Law and Estimating the Causal Effect of Guns on Crime. *Textos para discussão* [Internet]. 2013 [cited 2021 Jul 9]; Available from: <https://ideas.repec.org/p/rio/texdis/607.html>

34. AM Z, A M, S B, S F, D L, DW W. Analysis of the Strength of Legal Firearms Restrictions for Perpetrators of Domestic Violence and Their Associations With Intimate Partner Homicide. *American journal of epidemiology* [Internet]. 2018 Jul 1 [cited 2021 Jul 9]; 187(7): 1449–55. Available from: <https://pubmed.ncbi.nlm.nih.gov/29194475/>
35. WL F, CH P, JC L, TT L, HL H. Adult femicide victims in forensic autopsy in Taiwan: A 10-year retrospective study. *Forensic science international* [Internet]. 2016 Sep 1 [cited 2021 Jul 9]; 266: 80–5. Available from: <https://pubmed.ncbi.nlm.nih.gov/27235593/>
36. Caicedo-Roa M, Cordeiro RC, Martins ACA, Faria PH de. Femicídios na cidade de Campinas, São Paulo, Brasil. *Cadernos de Saúde Pública* [Internet]. 2019 Jul 4 [cited 2021 Jul 9]; 35(6): e00110718. Available from: <http://www.scielo.br/j/csp/a/hfXwbZWCBpxZnB3RYMDybXm/?lang=pt>
37. Brasil. Presidência da República. Secretaria-Geral. Subchefia para Assuntos Jurídicos. Lei nº 13.340, de 7 de agosto de 2006. Cria mecanismos para coibir a violência doméstica e familiar contra a mulher, nos termos do § 8º do art. 226 da Constituição Federal, da Convenção sobre a Eliminação de Todas as Formas de Discriminação contra as Mulheres e da Convenção Interamericana para Prevenir, Punir e Erradicar a Violência contra a Mulher; dispõe sobre a criação dos Juizados de Violência Doméstica e Familiar contra a Mulher; altera o Código de Processo Penal, o Código Penal e a Lei de Execução Penal; e dá outras providências. *Diário Oficial da União, Poder Executivo, Brasília, DF, 8 ago 2006.*
38. Gattegno MV, Wilkins JD, Evans DP. The relationship between the Maria da Penha Law and intimate partner violence in two Brazilian states. *Int J Equity Health*. 2016; 15 (1): 138. DOI: 10.1186/s12939-016-0428-3
39. Winzer L. The relationship between the Municipal Human Development Index and rates of violent death in Brazilian Federal Units. *Journal of Human Growth and Development* [Internet]. 2016 [cited 2021 Jul 9]; 26(2): 211–7. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0104-12822016000200012&lng=pt&nrm=iso&tlng=en
40. Lima MEO, Vala J. Sucesso social, branqueamento e racismo. *Psicologia: Teoria e Pesquisa* [Internet]. 2004 Apr [cited 2021 Jul 9]; 20(1): 11–9. Available from: <http://www.scielo.br/j/ptp/a/PgkQfRgVmPjY69Q7HpvHngh/abstract/?lang=pt>

Resumo

Introdução: O feminicídio é considerado a expressão extrema da violência de gênero. O cenário brasileiro aponta para um complexo problema de saúde pública, com evidência de um fenômeno social mais grave para as mulheres negras.

Objetivo: Comparar as taxas de mortalidade por causas violentas em mulheres brancas e negras.

Método: Estudo ecológico de séries temporais com dados secundários obtidos do Sistema de Informações sobre Mortalidade do DATASUS. Estimamos a taxa de mortalidade de 2016-2018 sobre suicídios, agressões e mortes indeterminadas por violência na faixa etária de 15 a 29 anos e 30-59 anos entre mulheres brancas e não brancas. Os casos de feminicídio foram comparados com armas de fogo ou outros meios. A análise estatística utilizou o teste qui-quadrado, com nível de significância de $p < 0,05$ e Intervalo de Confiança 95%. De acordo com a resolução 510/2016 do Conselho Nacional de Saúde, o estudo está isento da avaliação do Comitê de Ética em Pesquisa.

Resultados: Entre 15 e 29 anos, a taxa de mortalidade por agressão foi maior entre as mulheres pardas, 10,5/100.000, do que entre os brancos, 4,9/100.000. O mesmo ocorreu entre 30 e 59 anos, com 12,5/100.000 óbitos entre mulheres pardas e 5,9/100.000 óbitos entre mulheres brancas. As taxas de suicídio foram menores entre as mulheres negras do que entre as brancas de 15 a 29 anos (1,2/100.000 versus 2,8/100.000) e entre 30-59 anos (2,0/100.000 versus 5,2/100.000). Entre as mulheres não brancas, o uso de armas de fogo foi maior e entre as brancas o enforcamento.

Conclusão: As mortes violentas de mulheres por agressão afetam com mais força as mulheres negras brasileiras, independentemente da idade. As armas de fogo continuam sendo o principal recurso do agressor para a prática de feminicídio, especialmente contra mulheres não brancas.

Palavras-chave: violência doméstica, violência por parceiro íntimo, violência contra mulher, agressão, causas externas.

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