



# Women's police stations and intimate partner violence: Evidence from Brazil



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## ABSTRACT

Although women's police stations have gained popularity as a measure to address intimate partner violence (IPV), there is little quantitative evaluation of their impacts on the incidence of IPV. This paper estimates the effects of women's police stations in Brazil on female homicides, a measure of the most severe form of IPV. Given that a high fraction of female deaths among women ages 15–49 years can be attributed to aggression by an intimate partner, female homicides appear the best proxy for severe IPV considering the scarcity of data on IPV in Brazil. We assemble a panel of 2074 municipalities from 2004 to 2009 and apply a difference-in-differences approach using location and timing to estimate the effect of establishing a women's police station on the municipal female homicide rate. Although we do not find a strong association on average, women's police stations appear to be highly effective among young women living in metropolitan areas. Establishing a women's police station in a metropolitan municipality is associated with a reduction in the female homicide rate by 1.23 deaths per 100,000 women ages 15–49 years (approximately a 17 percent reduction in the female homicide rate in metropolitan municipalities). The reduction in the homicide rate of women ages 15 to 24 is even higher: 5.57 deaths per 100,000 women. Better economic opportunities and less traditional social norms in metropolitan areas may explain the heterogeneous impacts of women's police stations.

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## 1. Introduction

Intimate partner violence (IPV) affects 30 percent of all ever-partnered women in the world (Garcia-Moreno et al., 2013), and has grave health consequences for affected women and their children. Abused women are significantly more likely to report poor physical and mental health (Garcia-Moreno et al., 2013), to have babies with lower birth weight (Aizer, 2011; Neggers et al., 2004; Valladares et al., 2002), to suffer from malnutrition (Ackerson and Subramanian, 2008), and to have sexually transmitted diseases, anemia (Morrison and Orlando, 2004), or HIV (Dunkle et al., 2004). Negative health consequences are also captured in increased use of health services: abused women tend to use general medical services approximately twice as much as women who have not experienced domestic abuse (Ulrich et al., 2003), and mental services three to eight times as frequently (Wisner et al., 1999).

Over the last decades, IPV has been increasingly recognized as a

public policy concern through international conventions, such as the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) or the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence Against Women (Belém do Pará), and by national governments. An increasing number of countries are enacting measures to reduce IPV, ranging from comprehensive legislation to launching networks of one-stop-centers for women in a situation of violence. For example, nine Latin American countries passed legislative measures to prevent and punish IPV between 2005 and 2015 (World Bank, 2015). In the same decade, Brazil, El Salvador, Nicaragua, and Peru launched or expanded facilities to provide comprehensive support to survivors of IPV. Ethical considerations and inherent difficulties in collecting reliable data make impact evaluations of policies and programs particularly difficult.

Women's police stations are one such intervention that has gained popularity over the last decade. So far, such stations have been adopted by Argentina, Bolivia, Brazil Ecuador, Ghana, India, Kosovo, Liberia, Nicaragua, Peru, the Philippines, Sierra Leone, South Africa, Uganda and Uruguay. As of 2010, within Latin

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America, Brazil had the largest operation with almost 500 stations; Nicaragua followed with 37 (Jubb, 2010). A large push in establishing the Brazilian stations occurred after the 2006 “Maria da Penha” law against IPV. Despite their growing popularity, little is known about actual effectiveness of such police stations. To our knowledge, only one quantitative evaluation of the impacts of women’s police stations on incidence of IPV or any other manifestations of gender equality has been carried out (Agüero, 2013). A recent review article indicates the need for more research on the effectiveness of these police stations as well as rigorous evaluations on domestic violence interventions in lower and middle income countries (Ellsberg et al., 2015).

Our paper provides quantitative evidence on the effects of women’s police stations in Brazil, *Delegacias Especializadas de Atendimento das Mulheres* (Police Stations Specialized in Serving Women, DEAMs), on female homicides, a measure of the most severe form of IPV. Given that a high fraction of female deaths among women aged 15 to 49 can be attributed to aggression by an intimate partner, as we will describe in detail in the data section, and given the scarcity of other data on IPV, female homicides appear the best available source of data for the analysis of the effects of DEAMs on the most irreparable form of violence against women.

The focus on Brazil, as opposed to a different country which has implemented a similar intervention, is due to three reasons. First, Brazil’s open data policy makes the data that allow for undertaking such analysis publicly available. Second, in Brazil the number of women’s police stations grew by over 100 stations within six years, providing sufficient variation for analysis. Finally, IPV has been endemic in Brazil and an important policy concern over the last decade.

Brazil has one of the highest female homicide rates in Latin America, only behind El Salvador, Guatemala and Honduras – all countries with much lower levels of economic development. Much of the violence against women in Brazil is perpetrated by family members: *Movimento Nacional de Direitos Humanos* (National Movement of Human Rights) estimates it to be close to 70 percent. Moreover, 66.3 percent of those accused in homicides against women are their partners (AGENDE, 2007). The Brazilian government has been actively trying to address the issue of IPV: in 2003, the establishment of a new ministry, the *Secretaria de Políticas para Mulheres* (SPM), triggered an increase in governmental funding to services aimed at prevention and treatment of IPV, including DEAMs. The year 2006 saw the enactment of the Maria da Penha law, considered among the most innovative and advanced national legislative measures aimed at eradication of domestic violence due to its comprehensiveness.

The effectiveness of these efforts is not clear. On the one hand, more women are denouncing their perpetrators. From 2007 to 2009 calls to the women’s help hotline *Ligue 180* doubled (Comunicacao Social, Secretaria de Políticas para as Mulheres, 2013). Other indicators suggest a less optimistic picture: despite a dip in 2007 for female homicides and a flattening for male homicides after the passing of the well-publicized Maria da Penha law, both homicide rates continued to rise as they had over the last decade (Fig. 1). This seeming incongruity with the increase in anti-violence efforts by both women denouncing and policy makers providing more resources underscores the importance of a careful analysis of the effectiveness of interventions, including DEAMs.

Theoretical literature suggests that DEAMs are likely to trigger a reduction in IPV. DEAMs generate a higher cost of violence with increased enforcement against perpetrators. The presence of a DEAM may facilitate the dissolution of abusive relationships and lower conflict in continuing relationships (Manser and Brown, 1980). Through issuing restraining orders, assisting with the court procedures, and in some cases, helping women navigate social

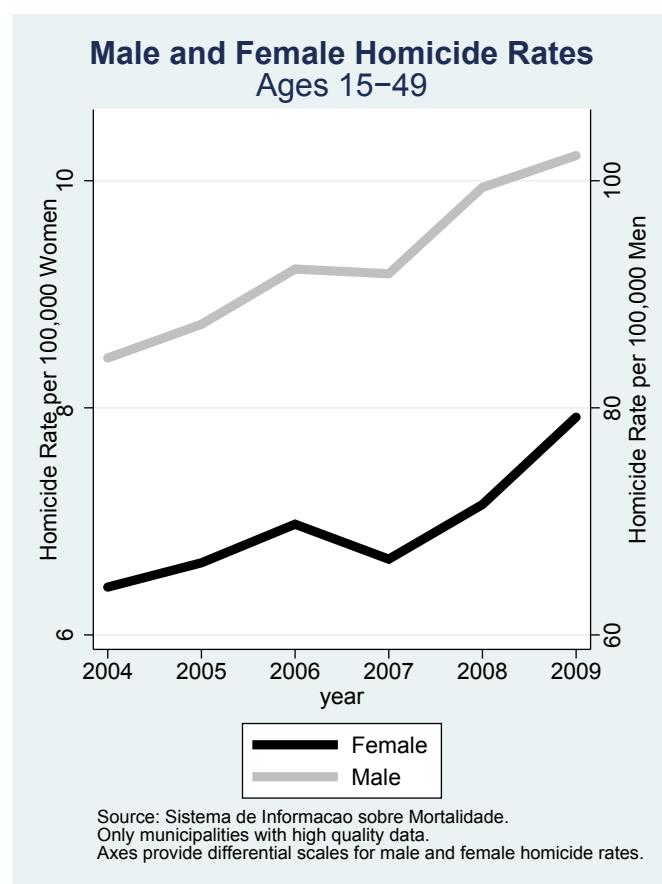


Fig. 1. Brazil’s male and female homicide rates increase over time.

services, DEAMs may be contributing to creating safer outside options for battered women: if they decide to leave their partners, they are less likely to become victims of the abusers’ retaliation. Such safe outside options may discourage the use of violence within a marriage (Aizer, 2010). Empirical literature, however, suggests achieving impacts may not be so simple. Hidrobo and Fernald (2013) find differential impacts of a conditional cash transfer program on domestic violence depend on a woman’s education level. Jewkes (2002) indicates social norms—both regarding gender and use of violence—can be a limiting factor in a policy’s effectiveness.

Overall our paper contributes to the literature on IPV by providing quantitative evidence on the effects of women’s police stations, an intervention that has been gaining popularity in the array of tools to address IPV. It also provides an evaluation of the effectiveness of an important component of Brazil’s policy aimed at curbing IPV.

## 2. Background

DEAMs constitute a part of the Civil Police and are focused on crimes such as rape and IPV that target women. The first DEAM was established in São Paulo in 1985 (Jubb, 2010). Other municipalities copied this model, and the network of DEAMs has been expanding ever since. (See appendix for more details.) Fig. 2 illustrates expansion since 2000, when the first available municipal survey included questions on women’s police station existence. By 2009, DEAMs had been established in just under 500 municipalities (out of 5564), where 60 percent of the population ages 15–49 years

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