The role of the Health Sector in facing violence against women

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Legal Framework

Law nº 10.778, of 11/24/2003 – Mandatory notification of cases of violence against women at health services.


2013: National Plan of Policies for Women 2013/2015
**SUS’ Legal Framework**

- **2001**: National Policy for the Reduction of Morbidity and Mortality by Accidents and Violence (Ordinance MS nº 737/2001)

- **2004**: National Network of Centers for Violence Prevention and Health Promotion (Ordinance MS nº 936/2004)

- **2006**: National Policy of Health Promotion (Ordinance MS nº 687/2006)

- **2006**: Violence and Accident Surveillance (VIVA) – Continuous Surveillance (VIVA SINAN) and Inquiry Surveillance (Sentinel Services)
Domestic, sexual and/or other forms of violence compose the national compulsory notification list. It includes Sexual Violence and Attempted Suicide on the immediate notification list.
Cases for Notification
Suspected or confirmed cases

Men and Women in all life cycles

- domestic (intra family)
- sexual
- self inflicted
- traffic of persons
- slave labor
- child labor
- legal intervention

Community Violence (extra familiar)

Situations foreseen in legislation:
Children, Adolescents, Women and the Elderly
Amount of Notifying Municipalities, Amount of Notifying Health Units and Amount of Notifications of Domestic, Sexual and other forms of violence. Brazil, 2013

- 3,415 Notifying Municipalities
- 10,331 Notifying Units of Health
- 205,640 Number of Reports
Notification of Domestic, Sexual and other forms of violence in adult women (20 to 59 years of age) according to race/color. Brazil, 2013.
Notification of Domestic, Sexual and other forms of violence in adult women (20 to 59 years of age) according to type of violence. Brazil, 2013
Notification of Domestic, Sexual and other forms of violence in adult women (20 to 59 years of age) according to the location where it occurred. Brazil, 2013
Notification of Domestic, Sexual and other forms of violence in adult women (20 to 59 years of age) according to relationship with the victim. Brazil, 2013
Intersectoral coordination to face different forms of violence

Women Living Free of Violence Program
Presidency of the Republic Coordinated by the Women Policies Secretariat.

Casa da Mulher Brasileira: Guarantee and facilitate access to public services for women;

Central 180: Hotline to receive information about violence against women in Brazil and Brazilian women living abroad (Spain, Portugal and Italy);

Coroner’s Offices and Reference Hospitals for victims of sexual violence;

Center for Women Services at the Borders;

Continuous awareness campaigns;

Mobile Units for Women in violence situation in the countryside, forest and riverside communities.
Humanize and Adequate Coroner’s Offices and Reference Hospitals for victims of sexual violence

- Comprehensive care services for persons in sexual violence situation with a multi professional team;

- Funding for multi professional services;

- Encourage health services to perform collection of vestiges – training and financial incentive;

- Training health workers about surveillance on sexual violence;

- Intersectoral notification of violence against women.
Conclusions

• Health surveillance can provide data about violence against women – making this problem visible

• Health services need to be prepared to notify and to provide comprehensive care;

• Intersectoral action.
Health Surveillance Secretariat

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