RURAL WOMEN AND VIOLENCE: READINGS OF A REALITY THAT APPROACHES FICTION

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Introduction

Violence against women is in the gender iniquities, expression of hierarchies of power between male and female in society. It is assumed as gender violence the action of men against women, influenced by models and cultural practices about what it is to be a man, about what is to be a woman and about which expressions of power impact on the capacity of relationship and social interaction. To understand the phenomenon of violence against women, it is necessary to recognize the historical-social roles built in gender cultures. Historically, this differentiation of roles, powers and rights between men and women determines situations of extreme social inequality, taking women to social vulnerability, evidenced by the lack of or violation of rights and discriminatory situations in the practical life. (COSTA; LOPES, 2012; PEREIRA DE MELO; DI SABBATO, 2009).

In this perspective, gender violence shows elements such as the use of physical strength, submission and oppression. Violence against women, arising from physical strength or psychological embarrassment, result in damage to physical and mental health by the violation of human dignity. Thus, situations of violence against women are produced and reproduced in a hierarchical and unequal way in social relations between the sexes, evidencing, patterns of masculine-social behavior for their occurrence and perpetuation. (BRASIL, 2014; LEAL, 2010; LUCENA et al., 2012; SOARES; LOPES, 2011).

It was evidenced that, in various areas and social sectors, difficulties are encountered in approaching the phenomenon of violence against women. For this study, these difficulties were individualized in the context of rural areas such as places and spaces of production, housing, work and social life. It was verified that the dominant conception of violence as synonymous with crime directs cases to be treated in the context of public safety. In this sense, the Maria da Penha Law, of 7 August 2006 recognizes domestic and family violence as a violation of human rights and alters the Penal Code in Brazil, allowing aggressors to be arrested or have their remand decreed when they threaten the physical integrity of the woman. Even in this context, protection measures are envisaged for women with a risk of death, such as the removal of the aggressor from the domicile and the

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prohibition of his physical approach to the battered woman and the children. (BRASIL, 2014; COSTA; LOPES, 2012; LEAL, 2010; SOARES; LOPES, 2011).

The reflections on the phenomena of violence against rural women are of extreme relevance, since the rates of violence against women grow frighteningly and the invisibility of this problem, outside the large population centres, are the target of incipient stratagies of making visible and intervention, especially of the public authorities . Thus, it is evident that academic studies have little focus on violence against rural women, justifying the little knowledge about this problem and disinterest, as well as the cost and access to information as limiters. In this same sense, it is understood that the contexts of violence against rural women are complex and they find potential in adversity such as the exclusion and difficulties of supply and accessibility to health and safety services. Thus, it is considered that gender iniquities and the distancing of resources of social attention, health and protection justify the invisibility of the vast majority of situations and, consequently, the non-confrontation of that. (COSTA; LOPES, 2012).

It is considered that the phenomenon of violence is the result of the interaction of socio-cultural, environmental, individual and collective factors of great complexity. In this case, its understanding of the gender perspective, allows to look at violence against women, overcoming the immaterial plan, symbolic, for the fact that aggressions are directed, specifically, at women because they are women. In this way, this study aimed to trace and analyse the typology and socio-demographics of violence against rural women in eight small and mid-sized municipalities in the southern half of Rio Grande do Sul (RS) for the period from 2010 to 2013.

Method

It is an epidemiological, ecological, descriptive study, of the type of cases of violence against rural women in eight small and mid-sized municipalities in the southern half of the RS.

According to IBGE, houses in rural situations are defined as all those located in areas outside the urban perimeters, including in rural urban agglomerations, settlements, core and other clusters. In relation to the classification of municipalities, IBGE classifies municipalities with up to 50,000 residents as small, from 50,001 to 100,000 residents are considered of medium-sized and municipalities with inhabitants between 100,001 and 900,000 are considered large. In this sense, the Brazilian municipalities with up to 50,000 residents are 33% of the Brazilian population and represent 89% of the administrative units in the country. (IBGE, 2014; STAMM et al., 2013).

The data from this study comes from 471 Police Reports, with cases of violence against women, occurring in rural areas pre-defined by the registration system of the Secretary of Public Safety of RS (SSP/RS), between 2010 and 2013, thus, being secondary data from a system of data that orients public security policies in the state.

The variables coming from the SSP/RS, described by the municipality of occurrence were: type of violence, age group, race/color, day of the week, period of time and flagrant. It should be emphasized the incompleteness of the records, especially with regard to the descriptive events contained in the Police Reports. This incompleteness limits the understanding of the multiple situations that initiate the violence. In this sense, it is understood that, above all, this factor interferes with the quality of the data and, consequently, the analytical possibilities.

Added to these informations sociodemographic data (Gross Domestic Product (GDP), Incidence of Poverty, Municipal Human Development Index (HDIM) and the index of Gini (IG)) of the Brazilian Institute of Geography and Statistics (IBGE). Records of the National System of Notification Grievances (SINAN) and the Mortality Information System (SIM) were also used in the exploration of data relating to violence against women. This research has respected, in all its stages, the guidelines and standards pertaining to the research involving human beings, expressed in Resolution n^a. 466, 2012, December 12, of the National Health Council.

Presentation and discussion of the results

The idea that violence against women are a direct result of social inequalities, gender, unfair distribution of income, the difficulty of accessing of the poorest to consumer goods, explains part of the problem. In this perspective, poverty is the source of violence in that it configures in violation of rights, damage to the exercise of citizenship and when the economic wealth and consumption of material goods become hegemonic values or subsidize survival, or, yet, they institute hierarchies of power. In this way, it is considered that economic poverty cannot be automatically linked to the production of violence. You cannot do the simplistic relationship of "poor and violent." Each place has its own characteristics and ways of managing, or not, the economic disparities between groups, families, men and women. However, it is considered that the form of relation to these economic disparities, lived by men and women, especially in rural areas, are in the genesis of violent conflicts, to endangering, above all, women as victims of violent acts. (FEGHALI; LENGRUBER; MENDES, 2006; FRANÇA, 2015).

It is possible to observe in Figure 1 that two of the municipalities with the smallest GDPs, Encruzilhada do Sul and Santana da Boa Vista, also present high rates of poverty incidence. Contradictorily, Arambaré has, in conjunction with the city of Camaquã, the largest GDPs in the region and, and high rates of incidence of poverty. Far from proposing a simplified causal relationship between poverty and violence, this study allows to affirm that the income, its distribution and the scale of poverty can act as facts that vulnerabilities factors for the creation of situations of violence. When thinking about these aspects focused on rural, it is suggested that they, in some circumstances, can be empowered by virtue of the shortage of job opportunities and income generation beyond the activity in agriculture and livestock.

In this context, discussing poverty and women's rural poverty, necessarily need to consider the gender clipping, since the objective conditions of work present themselves differently to men and women. The feminine practices, historically, invisible in the productive sphere, remain in a subalternating form in these relationships, in which the salary of women is perceived not as the main source of income, but as complementary

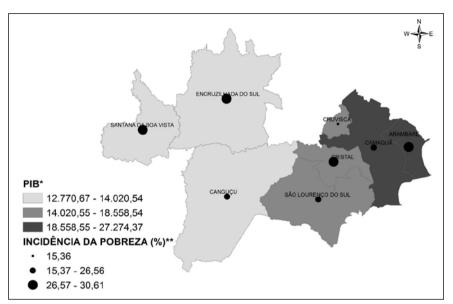


Figure 1. Gross Domestic Product and the incidence of poverty, according to the municipalities of the study.

Source: Brazilian Institute of Geography and Statistics (IBGE), figure elabored by BUENO, A.L. M, Porto Alegre, 2016.

* SUM (in monetary values) of all the goods and final services produced by the municipality in a given period, divided by the number of inhabitants.

** Estimation of the percentage of people below the poverty line. Poverty is defined by IPEA from the criteria of the World Health Organization (WHO) and the United Nations Food and Agriculture Organization (FAO), with a view to estimating the value of a food basket with the minimum amount of calories needed to adequately supply a person.

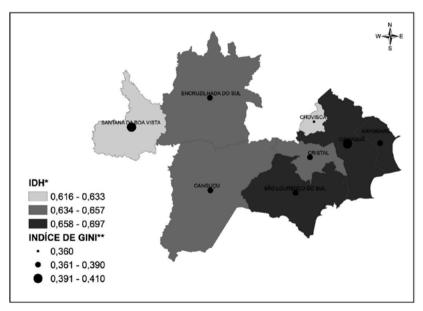
income and as supporting work for the family scope. Thus, the discussion of "feminization" of poverty shows the vulnerability of women. (CARLOTO; GOMES, 2011, PINTO; PONTES; SILVA, 2013).

Contextually, violence needs to be analyzed from the perspective of the society that produces it, because the phenomenon is fed with political, economic and cultural facts translated into everyday relationships. At the same time, individual biological and loss factors are not refuted, however, with regard to cases of aggression, it is more common for them to interact with socio-cultural aspects. (VELOSO et al., 2013).

In this sense, it is understood that poverty is articulated in the constitution of violence for this rural space cutout. It is assumed, then, that poor rural women, potentially, have lesser possibilities of exercising citizenship, of fighting for their rights, verified, for example, in the absence or limitations of financial autonomy to support themselves or even to go through the huge distances between their homes and the state services of attention, reception and social control, rare in the interior of the states, being predominantly urban. The Human Development Index (HDI) is added to this perspective (Figure 2), which represents a general and synthetic measure used to classify the degree of economic development and the quality of life from three dimensions: health, education and income. However, the discrepancies of this same index between the municipalities of the state and between the southern half and north of the state of RS, where the north is more developed, subsidize interpretative proposals of their social repercussions and of the weakening and social vulnerability to violence. From this perspective, the subject of violence and its associations occupy centrality in this discussion, justified by the different forms of being vulnerable to which the women, resident in this space cutout, are subjected from their socioeconomic setting.

Thus, it is understood that socio-economic and demographic factors are associated with the constitution of the situations of violence against women. In this sense, the poverty of families, unemployment, low schooling, low income and the rates of violent crime are highlighted. For the feminicide, the association has been strongly linked to situations of inequality and gender discrimination, economic deprivation and aggressive and sexist masculinity. By expanding the field of vision for Latin America, it is observed that many murdered women belong to the marginalized sectors of society. (MENEGHEL; HIRAKATA, 2011).





Source: Brazilian Institute of Geography and Statistics (IBGE), elaboration of the figure BUENO, A.L. M, Porto Alegre, 2016.

* Summary measure of the long-term progress in three basic dimensions of human development: income, education and health. Numerically, it ranges from zero to one, and the values are interpreted as follows: Very low (0,000-0,499), Low (0,500-0,599), Medium (0,600-0,699), High (0,700-0,799) and very high (0,800-1,000) * Instrument to measure the degree of concentration of income in a given group by pointing out the difference between the income of the poorest and the richest. Numerically, ranges from zero to one, the value zero represents the equality situation. In relation to the income, the index of Gini (Figure 2) varied, between the municipalities of the study from 0.36 to 0.41, and for the state the value was approximately 0.55, according to the census of 2010 (IBGE, 2014). Contemporary studies have associated inequality of income to violence, pointing out significant correlations from some paradigms of analysis. Although some results do not present convergence, many studies have found positive and significant coefficients for income inequality as a determinant of urban violence. Inequality of income, especially in Brazil, affects in a peculiar way the crime, in order to take into account the current of the high indices of inequality in the country. (RESENDE; ANDRADE, 2011).

In Figure 2, it is noted that the cities of Camaquã and Santana do Boa Vista have the highest concentrations of income between the municipalities of the study, by presenting indices of Gini equal to 0.41. Not by coincidence, the city of Santana da Boa Vista has the second worst HDI, the second worst GDP and the highest rate of incidence of poverty (30.61%) between the municipalities. In the same context, the city of Camaquã has the best HDI, the second best GDP and an incidence of poverty (26.56%) very close to Santana of Boa Vista, confirming its anachronistic behavior in relation to the development, distribution of income and poverty. The analysis of these rates and indices for these cities exemplifies the unequal behavior of social and economic determinants.

Thus, it is maintained that the inequalities presented and discussed earlier, limit, or even prevent the full exercise of citizenship by creating, recreating or transmuting, in rural, precariousness of urban life for the confrontation of situations of violence.

Thus, according to the ideas of Comin et al. (2006), it is understood that the social construct of violence is constituted due to sociobiological characteristics which, in addition, offer situations that vulnerabilities for its occurrence. The lack of financial resources, land ownership and political representation, for example, remove from rural women potentials to escape or even face violent events. It is understood, says the author cited, throughout the discussion, that violence, as a social phenomenon, moves on the unscrupulous threshold of social and biological evil, justified in the food that one offers to another. Thus, the idea that the unsustainability of economic and social life precedes the violation of rights and incapacitate the minimum exercise of citizenship in areas of obvious poverty and poor human development is defended.

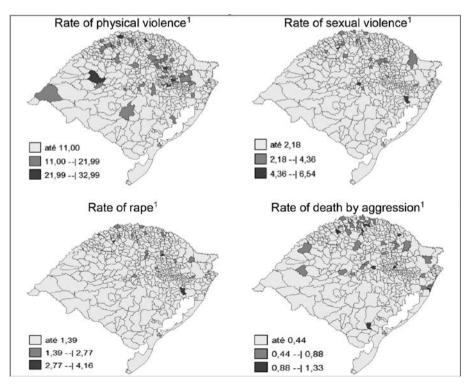
This perspective of analysis can be verified, contextually, and in work scenarios and in rural life, in which the conditions of life and health are pointed out as bad more frequently in relation to the urban. It is also noted that the rural population uses less public services, such as health care, compared to the urban population. The accessibility difficulties and the lack of supply of state services network are characteristics of the rural, which condition the search for services in extreme cases such as the feminicide for the cases of public safety and, of the curative character of traumas and illnesses in the case of health. (LOPES, 2015).

It is understood that violence against women in rural living spaces (family, social and labor) are not constituted in the object of daily intervention of the public authorities, not reflecting on institutional actions programmatic. It should be remembered that the context of rural life is traversed by experiences of submission, struggle and resistances that also express themselves in the conflicts of class, gender and ethnicity that, often, use violence as a way of resolution. (LOPES, 2015; PAZ; LOPES, 2015).

In this sense, when we think of these violences, we must understand that in the adverse contexts of life and social exclusion these are empowered. "Inaccessibility" to services is excluded, since the vast majority of services, in all order, are located in urban areas. Public services of social assistance, police, legal and health, for example, are far away and face barriers almost insurmountable with regard to geographical distances and their unlikely displacements. It is thus noted that rural women are in worse situations of social vulnerability, verified in isolation in relation to state services and the production and reproduction of violent life. Such characteristics act directly, for example, in the constitution of domestic violence by reassuring aggressors for violent practices by feeling protected by geographical isolation and services. (LOPES, 2015).

Figure 3 presents the rates of physical violence, sexual, rape and death, according to the bases of the health area, SIH and SIM to the cutting of the study. It is observed, in the cartographies presented, the concentration of the highest rates between the municipalities of the northern half of the state.

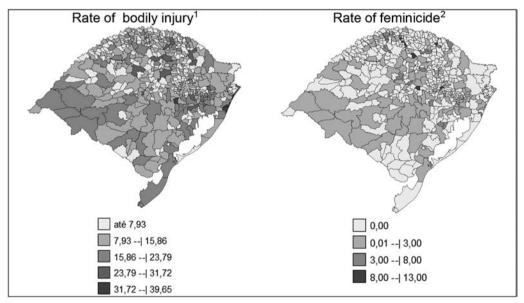
Figure 3. Rate of physical, sexual violence, rape and death by aggression against women, for the municipalities of Rio Grande do Sul, in the period 2010-13, according to the SIH and SIM.



Source: DATASUS, figure elaborated by BUENO, A.L.M, August, 2016. 1 For each 1,000 women

Many are the possibilities for interpreting information located in the northern half of the state, such as the greater availability of hospital services, security, greater number of industrial poles, services and more demographic density, which would lead to a greater number of notifications. Another possibility could relate to the professionals most qualified for this type of care, or even simply, a greater number of violent acts against women in these localities. It is emphasized that the phenomenon of violence against women is derived from social construct that, although it can be individualized, as in the case of rural, it is set up by all society from the gender asymmetry and male domination in its manifestation of power over the female body. (LOPES, 2015).

Figure 4. Bodily injury rate and feminicide, for the municipalities of Rio Grande do Sul, in the period from 2012 to September 2015, according to data from SSP/RS.



Source: SSP/RS, Figure elaborated by BUENO, A.L.M, August , 2016 1 For each 1,000 women. 2 For each 10,000 women.

Differently, public safety data from RS indicate inverse behavior, violence rates against women, in relation to health bases, by concentrating the rates of bodily injury and feminicide (Figure 4) in municipalities allocated in the southern half of state. It is considered, in the figure, that the highest rates of bodily injury and feminicide remain in municipalities of the northern half. However, the spatial distribution of the rates indicates that, although with lower rates, the southern half presents, in their cities, more uniform spatial behaviour in these rates. More didactically speaking, the municipalities of the Southern half form a "continuity" of violence, a spatial stain derived from the synergic behavior of the rates between the cities. On the contrary, there are some failures or even the "no spatial spot occurrence" which, at first, indicates asymmetric behavior of the rates between cities in the northern half.

In this sense, it is understood that, for the public safety data, the grouping, or rather, the largest concentration of police stations in the northern half of the state, exerts influence on the behavior of the rates of violence against women.

Variable	N (471)	%
Type of violence		
Bodily injury	322	68,37
Sex crimes	128	27,18
Mistreatment	12	2,55
Feminicide	9	1,91
Age Group		,
< 12 years	51	10,83
12 a 17 years	87	18,47
18 a 24 years	62	13,16
25 a 29 years	57	12,10
30 a 34 years	53	11,25
35 a 39 years	39	8,28
40 a 44 years	36	7,64
45 a 49 years	18	3,82
50 a 54 years	25	5,31
55 a 59 years	14	2,97
>= 60 years	29	6,16
Ethnicity		
White	429	91,08
Black	1	0,21
Brown	38	8,07
Yellow	1	0,21
Indigenous	0	0,00
Without information	2	0,42
Source: SSP/RS, table elaborated by BUENO, A.L.M, 2	2016, August.	

Table 1. Age and ethnicity of rura	al women in a situation of violence.
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Table 1 presents the variables type of violence, age group and race-ethnicity, indicating that the age group most victimized during the study period was that of women between 12 and 17 years, with 18.47% of the records. In this sense, by adding the records of violence against rural women with 34 years or less, the percentage reaches 65.81% of the data, so young women are more victimized. The age group with the lowest rates of violence was that of women between 50 and 59 years, with 2.97% of the data. From the 35 years of age, the rates are diluted between the other age groups, adding 34.19% of the total data, indicating a linear behavior in the decrease in the number of occurrences, as women increase in age.

The most denounced type of violence was the bodily lesions with 68.37% of the records in the period. It should be noted that the sex crimes have made 27.18% of the total

of complaints and the cases of feminicide accounted for 9 records, representing 1.91% of the Police Reports. The records of maltreatment have made 2.55% of the occurrences.

Data from a study on violence against women, produced in emergency sentinel services of health in the RS and in POA indicated that interpersonal aggressions were responsible for 84.6% of the types of violence. The study also reaffirms classical literature data, by linking the records of violence against women to intimate partners and known men of the victims, in the total of 79% of responsibility for the aggression. (RODRIGUES et al, 2012).

Understanding the domestic environment as a place of exercise of violence against women is faced with a breakdown of socio-cultural parameters requiring new ways of approaching civil society and public authorities through public health policies and security. In this area of conviviality that, in theory, should be welcoming and protective, the presence of concrete gender inequalities that, most of the time, remain invisible to society and public authorities, stimulating and perpetuating practices discriminatory and violent of men against women. (COSTA; LOPES; SOARES, 2015).

It should also be emphasized that the number of victims served in health or public safety services that materialize in Police Reports, at no time, can be considered the universe of the problem. Even data relating to cases where there is a proven bodily injury do not show the magnitude of the problem, with a view to the veiled characteristic and the subnotification of the records. Another conflicting point in this regard is the difficulty of professionals in giving effective responses to the problems arising from domestic violence, doing silence or "pretend not to see" become easier in most cases. (KIND et al, 2013).

To this omission, is added to the factors of not being visible, naturalization of the problem and subnotification, which, for rural women, especially, are associated, among other reasons, the absence of services and protection of the rights to a life without violence. Among the explanatory possibilities, in the field of health, in this context, it is first cited the notification that is hampered by the way of organising services and assistance, where the argument of "scarce time" due to demand and work processes fragmented and still very attached to the traditional medical clinic that are preponderant. In this sense, questions of nurses and doctors on the organization of the services suggest the subnotification linked to the lack of organization of the attention network to receive the cases of violence, in addition to a possible ignorance of the notification, its importance and obligation. Secondly, mainly in the basic attention, direct contact with the family, including the aggressor, hinders the notification for fear of reprisals. (KIND et al, 2013).

Costa (2012), in the same spatial cutout of this study, confirms with this perspective of analysis that the practices of care for rural women in a situation of violence are only justified when their constitution is evidenced as a disease. Otherwise, the victims are not included in the health actions, facing difficulty to enter into the practices of the traditional medical clinic. The author, still reports that diagnostic elements to treat "relational and contextual evidence" are not systematically instituted as care practices. For the author, the traditional care of the medical clinic has a key role in the reproduction of care practices linked to the prescriptive and normative dimension of what is disease, diagnosis and treatment. For Costa, the arsenal of medicating without hearing conducts causes permanent negligence of the problem, resulting in persistence of physical damage as the main reason for health services demand.

With regard to sex crimes, the Police Reports reading allows us to identify that rape cases emphasizes to the high number of occurrences by doing 11.25% of the total records between all types of violence and 41.41% of the records between sex crimes. The other cases are classified as crimes against sexual dignity without specific classification with 53.13% of the records, 3.13% classified as sexual harassment and 2.34% classified as sexual crimes against vulnerable.

In this perspective of violent events, data from the SSP/RS to the state, indicated 996 cases of rape in 2012 and 414 cases in 2015. The prevalence rates of rape for their respective years were 1.81 rapes for every 10,000 women in 2012 and 0.75 cases for the same number of women in 2015.

It should be noted that the data, analyzed here, pertains to occurrences located in rural environment, which in total, in the analyzed spatial cutout, added 53 cases between 2010 and 2013, with prevalence rate of 13.02 cases for each 10,000 rural women. In this sense, it is verified that the cases of rape for the area of study, are approximately 7 times more prevalent than the data for the state in 2012 and 17 times more for the data of 2015.

Gender relations strongly and persistently patriarchal and the smallest provision of support services in rural areas are possible explanations for this data. It is difficult to distinguish, in many situations described in the Police Reports, the occurrence of cases of physical or sexual violence due to the overlap of constituent factors. In this sense, it is understood that the relationships of domination and physical imposition, linked to work and its division, can subsidize tensions between men and women in the daily lives of rural life. (SCHRAIBER, 2009).

A study on violence and homicides against rural women in the same region, made in 2013, presented results similar to those found in this research. In the opportunity, the researcher found high percentages of violence (56.6%) against young women, in the age range of 20 to 39 years of age and ethnicity White. (PAZ, 2013).

First, it is necessary to recognize classical aspects of the literature when speaking of violence against women, such as the domicile constituting the main place of occurrence and the intimate relationship of the victims with their aggressors. They are cited here for this perspective, theses, dissertations and concluding works of local authors who developed their studies with women of the RS and, in particular, some of them with rural women in the area of study of this thesis, are they: Bonfim; Costa; Lopes (2013); Bonfim; Lopes; Peretto (2010); Costa; Lopes, (2012); Costa; Lopes; Soares, (2015).

From these references and the results found here in this or these perspectives, it is possible to understand that marriage has different significance and material in rural compared to urban. Marriage in the rural setting still has the role of guarantor of life, dignity, survival and what is right and integrated for female behavior in society. In this sense, the marriage institution is, in the rural, perpetrated and built on a logic that, not rarely, is independent of the quality of relations. This reflection on social representations and the consequent symbolic force that marriage still possesses in rural areas allows the inference that cases of domestic violence are invisible, naturalized in marital relations and occur in a early group age, as noted in this study, in view of the commitment made by these young people in the search for status and social respect linked to marriage, especially religious. This persistent invisibility is justified, in part, by limiting the access and accessibility of women to state services and the naturalization of private space and marriage in particular, as a place for the exercise of male power. (COSTA; LOPES; SOARES, 2015).

With regard to ethnicity (table 1), the data confirms the expectation of a broad majority of white women with 91.08% of the records. This predominance finds explanation in the process of colonization of the region, centered in the Portuguese, Spanish and Pomeranian cultures. The brown women made 8.07% of the records, while the other ethnic groups combined 0.42%. Waisesfisz (2015) on the map of violence, murder of women in Brazil, contrasts these numbers by stating that black women are more victims of murder than white. The study indicated that the murder rates for white women fell 11.9%: from 3.6 by 100,000 white women, in 2003, to 3.2 in 2013, in contrast, the rates for black women grew 19.5%, passing, in that same period, from 4.5 to 5.4 by 100,000 Black women. The racial vulnerability, in these cases, clearly combines gender with socio-economic factors, attention and social opportunities, indicating the complexity and the constitutive transversality of the situations of violence. This perspective would merit a refinement of data and access to local information not available for research.

It was possible to verify that as the number of SUS health establishments increases between the cities, the rates of feminicide regress, suggesting a protective influence of the presence of health services in relation to the reduction of the feminicide in the area of study. The other rates do not have similar behavior and, therefore, should not suffer the same influence from this perspective of analysis.

It is understood that, in many moments of life of these women, health services allow, even for a short time, the minimum exercise of citizenship, by ensuring, at that time, access to a representative of the public authority and to a type of state service able to deal with some of the consequences concerning violence. It is when women feel safe and secure to carry out the complaints. It is therefore understood that health services, in these moments, are funding the "snapshot of citizenship" for these women, going beyond the biological and conservative treatments.

The analysis of the day of the week and the time of occurrence of records indicated that 33.12% of the violence against rural women occurs on the weekends, on Saturday and Sunday, in the range of 12 pm to 18 pm.

As regards the discrimination of the days and times of occurrences in relation to the types of violence, it was found that the prevalences are alternating and do not present a definitive distributive, epidemiological standard. Bodily injuries, for example, concentrate their occurrences on weekend, with 37.6% of the total records on Saturday and Sunday. Differently, the other types of violence concentrate their occurrence on different days of the week, such as the Friday for sex crimes with 26.6% of the records and the Monday for mistreatment with 25.0% of the data. The most lethal day for rural women, from this data, is Tuesday with 33.3% of feminicide. In this sense, this question remains open and lacking in specific studies for its analysis. It should be noted, however, that the conflicts that have been caused during the week may relate to rural work practices, their gender

conflicts and the non-resolution of problems related to income and land ownership between the sexes in these environments. In this way, it is understood that the sexual division of labor influences the daily life of rural living as it is understood as the result of hierarchical processes of man-woman power, consolidating practices of life and work that are not rarely translated into violence.

In relational analysis between the times of occurrences and types of violence, only bodily lesions concentrated on the time from 12:01 pm to 6 pm with 35.7% of the records. The other types of violence showed increased rates in the time from 06 am to 12am, and therefore, the most lethal time for rural women and the preference of aggressors for the execution of sexual crimes. Little is known about the reasons that these violences are concentrated in this time zone, nor do they have previous data in rural areas that are based on new discussions. Santos (2016) in his study on violence and crime in Teresina/ PI, in urban areas, verified that Saturday and Sunday are the most recorded days in relation to homicides. The same study also found that the hourly range from 6 pm to 3 am is the most lethal for the city's population when discriminated against the intentional murders. It can be argued that in rural, there are not, or there are few areas of collective circulation and nightlife in leisure spaces that would provide interactions that could opportunities these events.

This way, it is considered that the knowledge of this profile of occurrence can subsidize a better planning of the actions of prevention and assistance to victims of violence in rural. Punctual measures, in the days and times of the most prevalence of violence, can also have a positive effect at other times, since the aggressors tend to diminish the impetus with the presence of the State, through the services of attention and citizen guarantees. However, the rural rarely has regular care services. In the areas studied, the specific services are submitted to schedules and at random intervals. It is argued that it is not possible to register, denounce or be assisted with an hour marked in the insidious situations of these events.

The data also allowed us to say that 60.72% of women did not exhibit apparent physical injury at the time of the Police Report registration. Treating injuries and medicating victims made 36.73% of cases together, while hospitalizations (1.49%) and deaths (1.06%) together added 1.54% of the data in the period. In a first analysis, we could say that the physical repercussions of the cases of violence against rural women in the area of study registered in Police Report, are of lesser severity in view that 97.45% of the cases needed low complexity attendance.

It is also possible to question the time elapsed between the violence suffered and its notification, since it can have its effects eased over time. In this sense, it is understood that health systems, for example, are based on the medical clinic and the apparent consequences of these events, so that the masking of the facts can occur. It is also noted that the flagrant does not set itself up as a possibility in most situations, because it is infeasible by the distance and lack of accessible services. However, it is considered impossible to establish a relation of cause and circumstantial effect centered on apparent lesions, because violence extends to immaterial life, psychological and family damage, not accounted for and not subjected to body exams of offence, "admissions" and official statistics. The suffering of victims and family to survive in environments of extreme tension and psychological suffering is incalculable.

Fibal considerations

In summary, it is argued that the inequalities presented and discussed earlier, restrict, or even prevent, the full exercise of citizenship by creating, recreating or transmuting, in rural, precariousness of urban life for the confrontation of situations of violence.

In this perspective of analysis, it is understood that the State is unable to sustain non-violence, since it is the result of a complex social construct and difficult to confront. It is also worth pointing out that the violence against the socially constructed women are produced by unique and singular vulnerabilities of each place, since the places are unique to each other and the product of social relations and, among these, are present the asymmetric gender relations. This originality is not only in the materiality of these manifestations, but also in the symbolic support that perpetuates gender-based asymmetries. It is also understood that these different local vulnerabilities subsidize the singular construct and the "continuity" of violence against rural women by means of the daily lifes that represent asymmetries, local customs, cultural habits, rights , duties, accessibility, socio-economic conditions and specific situations that cause vulnerabilities, such as powering bonds such as consumption of alcohol and other drugs by the companions.

It is argued that a less violent society should be preceded by the state guarantee, in the case of public services of assistance, social protection and health, of accessibility to all citizens and citizenry, in particular, in this instance, ensuring the rights constitutional to rural women. In this sense, it is also argued that the omission and absence of the state stimulate the violence in rural areas by reassuring the aggressors for the non-criminalization and penalty of their acts, since violent events, even if unveiled, do not receive a qualified look, capable of interfering specifically with its outcome.

In this respect, the importance of the articulation between the different spheres that are likely to provide protection for women in a situation of violence is emphasized. The focus of public policies and their materialization on services require rural women, in the same way as urban ones, to find conditions to build links with host services in order to establish coping strategies and responsibility for their intersectoral effectiveness.

The construction of social support networks presents as a decisive factor in the creation of interfaces between the subject and the social system. In this sense, it is understood that the perception that the person has of its context, as it articulates with it and builds strategies and skills to establish links and skills of confrontation, can offer greater protection and damage reduction. Thus, in an expanded optics, it is thought of the intersectorism of the networks of protection and of social networks from the articulation of social services, health and public security capable of intervening effectively to the resolution of the situations of violence in this context.

References

BONFIM, E. G.; COSTA, M. C.; LOPES, M. J. M. Vulnerabilidade das mulheres à violência e danos à saúde na perspectiva dos movimentos sociais rurais. Athenea Digital, Barcelona, v.13, n.2, p.193-205, 2013.

BONFIM, E. G.; LOPES, M. J. M.; PERETTO, M. Os registros profissionais do atendimento pré-natal e a (in)visibilidade da violência doméstica contra a mulher. **Escola Anna Nery**, Rio de Janeiro, v.14, n.1, 2010.

BRASIL. Secretaria de Políticas para as Mulheres. **Rede de Enfretamento à Violência contra a Mulher**. Disponível em: https://sistema3.planalto.gov.br//spmu/atendimento/ atendimento_mulher.php>. Acesso em 05 ago. 2014.

CARLOTO, C. M.; GOMES, A. G. Geração de renda: enfoque nas mulheres pobres e divisão sexual do trabalho. **Serviço Social & Sociedade**, São Paulo, n.105, p. 131-145, 2011.

COMIN, F et al. **Pobreza:** da insuficiência de renda à privação de capacitações. Uma aplicação para a cidade de Porto Alegre através de um indicador multidimensional. 2006. 121p. Disponível em: http://lproweb.procempa.com.br/pmpa/prefpoa/observatorio/usu_doc/indicador_multidimensional.pdf>. Acesso em 01 Jun. 2017.

COSTA, M. C. Violência contra mulheres rurais, agendas públicas unicipais e práticas profissionais de saúde: o visível e o invisível na inconsciência do óbvio. 2012. 317 f. Tese (Doutorado em enfermagem) - Escola de Enfermagem, Universidade Federal do Rio grande do Sul, Porto Alegre, 2012.

COSTA, M. C.; LOPES, M. J. M. Elementos de integralidade nas práticas profissionais de saúde a mulheres rurais vítimas de violência. **Revista da Escola de Enfermagem da USP**, São Paulo, v.46, n.5, p.1088-95, 2012.

COSTA, M. C.; LOPES, M. J. M.; SOARES, J. S. F. Violência contra mulheres rurais: gênero e ações de saúde. **Escola Anna Nery**, Rio de Janeiro, v.19, n.1, p. 162-68, 2015.

FEGHALI, J.; LENGRUBER, J.; MENDES, C. **Reflexões sobre a violência urbana** – (*In*) *Segurança e (Des)Esperança.* Rio de Janeiro: Mauad, 2006. 164 p.

FRANÇA, L. G. Políticas públicas no brasil desde o enfoque dos direitos humanos: breve estudo sobre a perspectiva da igualdade de gênero. **Revista Diálogos Possíveis**, Salvador, n. 2, p. 43-52, 2015.

Instituto Brasileiro de Geografia e Estatística (IBGE). **Censo demográfico 2010:** resultados preliminares do universo. Disponível em: http://www.ipea.gov.br/redeipea/images/ pdfs/conceitos_e_definicoes_censo_2010.pd>. Acesso em 15 dez. 2014.

KIND, L. et al. Subnotificação e (in)visibilidade da violência contra mulheres na atenção primária à saúde. **Cadernos de Saúde Pública**, Rio de janeiro, vol.29, n.9, p.1805-1815, 2013.

LEAL, S. M. C. **"Lugares de (não) ver?"** – As representações sociais da violência contra a mulher na atenção básica de saúde. 2010. 308 f. Tese (Doutorado em enfermagem) – Escola de Enfermagem, Universidade Federal do Rio Grande do Sul, Porto Alegre, 2010.

LOPES, M. J. M. Violência contra mulheres em áreas rurais sob o olhar da saúde. In: GERHARDT, T.E.; LOPES, M.J.M. (Org). **O rural e a saúde: compartilhando teoria e método**. Porto Alegre: UFRGS, 2015. p. 77-86.

MELO, H. P.; SABBATO, A. Gênero e trabalho rural 1993/2006. In: BUTTO, A. (Org). Estatísticas rurais e a economia feminista: um olhar sobre o trabalho das mulheres. Brasília: MDA, 2009. p. 31-117.

MENEGHEL, S. N.; HIRAKATA, V. N. Femicídios: homicídios femininos no Brasil. Revista de Saúde Pública, São Paulo, v.45, n.3. p. 564-74, 2011.

Organização Mundial da Saúde (OMS). Classificação Estatística Internacional de Doenças e Problemas Relacionados à Saúde – CID-10. 2008. Disponível em: http://www.datasus.gov.br/cid10/V2008/cid10.htm. Acesso em: 25 ago. 2015.

PAZ, P. O. **Violência física e homicídios em mulheres rurais:** vulnerabilidade de gênero e iniquidades sociais. 2013. 115 f. Dissertação (Mestrado em enfermagem) - Escola de Enfermagem, Universidade Federal do Rio grande do Sul, Porto Alegre, 2013.

PAZ, P. O.; LOPES, M. J. M. Vulnerabilidades de gênero ao homicídio de mulheres rurais. In: GERHARDT, T. E.; LOPES, M. J. M. (Org). **O rural e a saúde: compartilhando teoria e método**. Porto Alegre: UFRGS, 2015. p. 87-102.

PINTO, N. M. A.; PONTES, F. A. R.; SILVA, S. S. C. A rede de apoio social e o papel da mulher na geração de ocupação e renda no meio rural. **Temas em Psicologia**, Ribeirão Preto, v.21, n.2, p. 297-315, 2013.

RESENDE, J. P.; ANDRADE, M. V. Crime social, castigo social: desigualdade de renda e taxas de criminalidade nos grandes municípios brasileiros. **Estudos Econômicos**, São Paulo, v.41, n.1, p.173-195, 2011.

RODRIGUES, C. S., et al. Acidentes e violências entre mulheres atendidas em Serviços de Emergência Sentinela - Brasil, 2009. **Ciência e Saúde Coletiva**, Rio de Janeiro, v.17, n.9, p.2319-2329, 2012.

SANTOS, L. C. C. **Violência e criminalidade:** Um estudo dos dados existentes em Teresina – PI. Disponível em: . Acesso em: 21 ago. 2016.

SCHRAIBER, L. B., et al. Violência de gênero no campo da Saúde Coletiva: conquistas e desafios. **Ciência e Saúde Coletiva**, Rio de Janeiro, v.14, n.4, p.1019-1027, 2009.

SOARES, J. S. F; LOPES, J. S. F. Biografias de gravidez e maternidade na adolescência em assentamentos rurais no Rio Grande do Sul. **Revista da Escola de Enfermagem da USP**, São Paulo, v. 45, n. 4, p. 802-810, ago 2011.

STAMM, C et al. A população urbana e a difusão das cidades de porte médio no Brasil. **Interações**, Campo Grande, v.14, n.2, 2013.

VELOSO, M. M. X., et al. Notificação da violência como estratégia de vigilância em saúde: perfil de uma metrópole do Brasil. **Ciência e Saúde Coletiva**, Rio de Janeiro, v.18, n.5, p.1263-1272, 2013.

WAISESFISZ, J. J. Mapa da violência 2015: homicídio de mulheres no brasil. 2015. Disponível em: http://www.mapadaviolencia.org.br. Acesso em 29 ago. 2016.

Submitted on: 03/11/2017 Accepted on: 10/02/2018 http://dx.doi.org/10.1590/1809-4422asoc170151r1vu18L1AO 2018;21:e01511 Original Article

RURAL WOMEN AND VIOLENCE: READINGS OF A REALITY THAT APPROACHES FICTION

Abstract: This is an epidemiological study on violence against rural women, based on data from public safety in small and medium-sized municipalities in Rio Grande do Sul. The objective was to trace and analyze the geoepidemiological profile of these events from perspectives Sociological The idea is maintained that social inequalities limit or even impede the full exercise of citizenship, forming a factor of vulnerability. Violence becomes a health problem because it affects individual and collective health, demanding the formulation of public policies to deal with it. The results indicated increased rates of violence in cities with the worst socioeconomic indexes. It is considered that the implementation of health, employment, education and income policies can help in the fight against discrimination and victimization based on gender asymmetries.

Key-words: Violence against Women. Spatial Analysis. Geographic Mapping. Health of the Rural Population.

Resumo: Trata-se de um estudo epidemiológico sobre as violências contra mulheres rurais, desenvolvido a partir de dados da segurança pública em municípios de pequeno e médio porte do Rio Grande do Sul. O objetivo foi traçar e analisar o perfil geoepidemiológico desses eventos a partir de perspectivas sociológicas. Sustenta-se a ideia de que as desigualdades sociais limitam, ou mesmo impedem, o exercício pleno da cidadania, conFigurendo-se em fator de vulnerabilidade. A violência se transforma em problema de saúde por afetar a saúde individual e coletiva, demandando a formulação de políticas públicas para o seu enfrentamento. Os resultados indicaram taxas aumentadas de violências nas cidades com os piores índices socioeconômicos. Considera-se, que a implementação de políticas de saúde, emprego, educação e de renda podem auxiliar no combate à discriminação e vitimização baseadas nas assimetrias de gênero.

Palavras-chaves: Violência contra a Mulher. Análise Espacial. Mapeamento Geográfico. Saúde da População Rural.

Resumen: Se trata de un estudio epidemiológico sobre las violencias contra las mujeres rurales, desarrollado a partir de datos de la seguridad pública en municipios de pequeño y mediano porte de Rio Grande do Sul. El objetivo fue trazar y analizar el perfil geoepidemiológico de esos eventos a partir de perspectivas Sociológicas. Se sostiene la idea de que las desigualdades sociales limitan, o incluso impiden, el ejercicio pleno de la ciudadanía,

configurándose en factor de vulnerabilidad. La violencia se transforma en un problema de salud por afectar la salud individual y colectiva, demandando la formulación de políticas públicas para su enfrentamiento. Los resultados indicaron tasas aumentadas de violencias en las ciudades con los peores índices socioeconómicos. Se considera que la implementación de políticas de salud, empleo, educación y renta pueden ayudar a combatir la discriminación y la victimización basadas en las asimetrías de género.

Palabras clave: Violencia contra la Mujer. Análisis Espacial. Mapeo Geográfico. Salud de la Población Rural.