

Woman at the end of the world: feminicidal violence against black women's health

Mulher do fim do mundo: violência feminicida contra a saúde da mulher negra

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ABSTRACT This article discusses feminicidal violence and some of its manifestations against Black women. It aims to highlight how everyday experiences and social and power relationships affect this population group and trivialize the violence that affects them, legitimizing high mortality rates from different preventable causes without these being considered a public health problem. Based on a bibliographical survey, the text shows the avoidability of deaths in cases of malignant neoplasms, HIV/AIDS, and suicide resulting from the mitigated access to healthcare associated with subjugations in the racist patriarchal system. Negligence and disregard motivated by structural racism and misogyny shape the death of Black women, revealed by a necropolitics of late diagnoses, failures in sensitization and prevention campaigns, lack of receptiveness, and adequate policies for that population. Relating such violations of the right to health with songs by Elza Soares, this study aims to bring art as an instrument of denunciation and a revival of silenced voices.

KEYWORDS Right to health. Women. Racism. Feminicidal violence. Necropolitics.

RESUMO Este artigo se dedica a dialogar sobre a violência feminicida e algumas de suas manifestações contra as mulheres negras. Tem-se como objetivo evidenciar de que forma as vivências cotidianas e as relações sociais e de poder afetam esse grupo populacional e banalizam a violência que as acomete, legitimando altas taxas de mortalidade por diferentes causas evitáveis, sem que estas sejam consideradas um problema de saúde pública. O texto demonstra, a partir de um levantamento bibliográfico, a evitabilidade de mortes em casos de neoplasias malignas, HIV/aids e suicídio resultantes da mitigação ao acesso à saúde, associada a subjugações no sistema patriarcal racista. Negligência e descaso, motivados por racismo e misoginia estruturais, conformam o 'fazer morrer' de mulheres negras revelado por uma necropolítica de diagnósticos tardios, falhas em campanhas de conscientização e prevenção, falta de acolhimento e de políticas adequadas a essa população. Relacionando tais violações ao direito à saúde com músicas de Elza Soares, pretende-se trazer a arte como instrumento de denúncia e como recuperação de vozes silenciadas.

PALAVRAS-CHAVE Direito à saúde. Mulheres. Racismo. Violência feminicida. Necropolítica.

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Introduction

Brazil is one of the countries that kill the most women in the world – and when it comes to Black and brown women, the rates are even more revealing of the historical and social vulnerability of this significant population group. With one femicide every six hours, the risk of victimization rises by 1.7 if non-white women are considered, and the rate is five times higher in regions with greater social inequalities¹.

Besides violent death records, other violations of women's human rights are part of the broad spectrum of femicidal violence, a socio-legal category that broadens the notion of the extreme form of gender violence. Drawing the concept from Mexican legislation, it is a product of abuse of public or private power, manifested through hateful and discriminatory conduct that puts their lives at risk or culminates in homicide, suicide, or other preventable deaths, seriously affecting the integrity, safety, personal freedom and free development of women, adolescents, and girls².

In this sense, femicidal violence encompasses not only femicide but also the most diverse individual or collective, personal or institutional, domestic or state actions or omissions, which generate death or danger of death due to the female gender and includes violations resulting from structural asymmetries, such as harm resulting from clandestine abortions, typical female illnesses when there is no adequate prevention and treatment health policy, maternal mortality, or fatal injuries due to obstetric violence. In short, a gender domination system legitimized by a social perception hostile to women³.

As with femicide, its damaging potential grows exponentially when the markers of race and class intersect. For this reason, this paper aims to analyze some manifestations of current femicidal violence against Black women in Brazil, pointing out how

oppressive systems traverse these bodies because the historical abduction of their humanity ends up trivializing their endured violations, legitimizing high mortality rates from different causes, which are not yet considered a public health problem.

The intertwining of racism and patriarchy establishes hierarchies and subordinations that reveal the post-colonial democratic deficit, perpetuating a discriminatory and exclusionary view of access to scarce public policies. It is a necropolitical state in its maximum manifestation of domination through extermination, both by deciding who lives and who dies, determining which bodies are enemies, unworthy of commotion⁴.

These demonstrations of the 'making die' of these women, which will be discussed throughout this article, are linked above all to healthcare access. Whether due to late diagnosis or failures in prevention campaigns or specific and adequate policies, racial and gender prejudice affects the care that Black women should (and are entitled to) receive. Negligence and disregard in the context of mental health problems, malignant neoplasms, and HIV/AIDS often result in deaths, which, as a literature review will show, are notably avoidable.

The pain of Black women was powerfully recorded in the voice of Elza Soares. Her verses are an invitation to reflect on how the demand for rights can be especially felt in art. To a precarious life⁵, the singer responds: "... I was born singing; I think I would die if I did not sing. I have already said several times that singing is still good medicine, and I sing so I do not go crazy"⁶. In the song 'Mulher do Fim do Mundo', she also repeats that they should let her sing until the end. Thus, this work was structured in such a way as to contribute to the visibility of the pain shared by so many other women and the lyrical resistance of this Brazilian artist.

The cheapest meat on the market

In 'A Carne', Elza Soares vociferates that Black meat is the cheapest on the market. It is given free to underemployment, psychiatric hospitals, prison, and beneath the plastic⁷. It is the flesh on which structural racism is based, providing the "meaning, logic, and technology for reproducing the forms of inequality and violence that shape contemporary social life"⁸⁽²¹⁾. It is the flesh of non-humans⁹, the lives that cannot be mourned¹⁰. In the specific case of Black women, we should highlight their 'devoid' human condition from the dominator's perspective since, as a consequence of the times of slavery, a vision of gender and race asymmetries persists and naturalizes inequalities¹¹, trivializing violence in this context, which is also the case with feminicidal violence:

[...] which involves the violent deaths of girls and women, such as those resulting from accidents, suicides, neglect of health and violence, and, of course, the set of determinations that produce them. This definition assumes that these deaths are produced within the framework of gender oppression and other forms of oppression and are therefore preventable and, thus, violent deaths¹²⁽²²⁵⁾.

We should stress that, although there is a relationship between those involved in a situation of violence, the issue should not be addressed as something personalized, as it is a problem that affects the deepest layers of our organization as a society, which is what Rita Segato¹³⁽⁷⁾ proposes with the 'femigenocide' category:

[...] Due to their systematic and impersonal quality, their specific objective is destroying women (and feminized men) simply because they are women and without the possibility

of personalizing or individualizing the perpetrator's motive or the relationship between aggressor and victim.

Due to the impersonality of violence and death avoidability, we can assimilate that feminicidal violence against Black women is institutional and structural. In other words, it is perpetrated both by the lack of (or ineffective) public policies to protect this marginalized group and by prejudice that affects social relationships and violates their dignity.

Closer to the lens of health policies, we will focus on showing how late diagnosis and unequal access to healthcare and preventive tests lead to a higher death rate among Black women than in non-Black women:

Although Brazilian legislation recognizes health as a universal right without distinction of race/skin color and creed, the context observed reveals an alienated right because, concretely, the physical and mental well-being of Black people is limited by the challenges these individuals, their groups and families face in accessing housing, basic sanitation, education, employment, culture, leisure, and protection. Violating any of these rights affects health, deteriorating the variables associated with illness and adherence to treatment, especially those diseases that can be avoided or controlled by prevention¹⁴⁽³³²⁾.

A trapped girl who suffered so much and died without shelter

In 'Dentro de Cada Um'¹⁵, Elza Soares stirs resistance to subordination. She sings that women no longer want silence, nor a pretext, nor to escape from their text, and invites them to come out of whoever they are, out of the suitcase of the guy who butchered them, who filled them with wounds,

of the cornered girl who suffered and died without shelter.

Dying without shelter. Femicidal violence in the form of unequal access to healthcare for Black women is explicit in statistical data. According to Albert et al.¹⁶, currently, the primary causes of death among women of childbearing age are malignant neoplasms, i.e., cancerous tumors, mainly breast cancer, cervical cancer, and ovarian cancer.

We should point out that although, for social and historical reasons, the issue of race often intersects with a woman's socioeconomic class, some studies show that racial health disparities remain significant even when the analysis is adjusted for socioeconomic variables¹⁷. Moreover, some studies point to a more significant occurrence and severity of cancer in Black women in general, but no research can pinpoint the reason¹⁸. Nogueira et al. discuss breast cancer:

Black women were diagnosed at more advanced stages, and this characteristic was crucial in giving them lower survival rates than white women, which is probably due to less access or less adherence to breast cancer screening through mammography. However, it can also be partly attributed to the more aggressive behavior of the tumor in Black women¹⁷⁽¹¹⁾.

Besides breast cancer, there is evidence of this disparity in ovarian cancer. Harris et al.¹⁸ point out a more significant relationship between endometriosis and the most common types of ovarian cancer in Black women than white women. In the same study, authors showed that hysterectomy considerably reduced the risk of white women developing the tumor above, while there was no significant difference in the case of Black women¹⁸.

The most common types of ovarian cancer in Black women are endometrioid carcinoma and clear cell carcinoma¹⁸. It is essential to make this specification given

that clear cell carcinoma is the most aggressive type of ovarian cancer, with less favorable responses to treatment, thus considerably increasing death rates.

These discrepancies would justify extensive research into the health of Black women and investigations as the best prevention method. However, this is not the case in Brazil. Nogueira et al.¹⁷ mention a U.S. study that suggests that, given the higher breast cancer occurrence and aggressiveness in Black women, these women should start screening for the disease earlier than white women. However, no evidence exists that public policies focusing on women's health consider this recommendation.

The differences in predispositions to pathologies in women have not been extensively studied. Most research conducted studies predominantly white women and did not analyze their results considering race, and no research focuses solely on the health of Black women¹⁸. When talking about death due to illness, one cannot ignore the relationship between this and late diagnosis. In a study conducted by Renna Junior and Silva¹⁹, the authors point out that diagnoses at more advanced stages of cervical cancer, which, as the others mentioned, is more evident among Black women, have increased over the years and that

This finding is relevant because it suggests that cancer care policies have not provided early diagnosis, which can guarantee a better prognosis and reduce the incidence of the disease by treating pre-invasive lesions¹⁹⁽⁶⁸⁾.

Therefore, we can diagnose malignant neoplasms to prevent the disease from deteriorating and 'avoid death' from the pathologies mentioned. However, due to factors such as the difficulty in accessing health care and screening tests, diagnosis is made at stages when responses to treatment are often unsatisfactory¹⁷.

In this sense, Mendonça et al.²⁰ discuss the avoidability of death from cervical cancer. Even so, the mortality rate from the disease among Black women is staggering. In figures,

the disparity in mortality rates between Black and white women is seen in two of the neoplasms above: breast cancer and cervical cancer.

A study by the Federal University of Minas Gerais reported that Black women have a 10% lower survival rate than white women regarding breast cancer²¹. Another study on the same subject points out that while almost 70% of white women survived the disease during the decade-long study, only 44% of Black women were as lucky¹⁷. The cervical cancer mortality rate is equally alarming. A study in Pernambuco showed that 60.5% of deaths from the disease are of Black women, with more recent data indicating a mortality rate of 71.4% in this group²⁰.

With such disturbing data, we should discuss what leads to the deaths of so many women from notoriously preventable causes. The main reason pointed out in several studies is late diagnosis, which often results from not having preventive tests due to lack of access to healthcare. Paulista, Assunção, and Lima²² blame racism for the unequal access to cancer treatments. The authors argue that prejudice manifests itself in

[...] the difficulty in recognizing and addressing the social determinants of health conditions, the disaggregated use of data to guide decision-making, the definition of priorities and the allocation of resources, and the lack of means to curb unacceptable racist practices. This inequality also manifests itself in access to cancer care services, even in the face of strategies to combat institutional racism and actions that benefit health equity²²⁽²⁾.

It is necessary to question what motivates these women not to adhere to prevention programs, even when they have access to them. Silva and Lima¹⁴ argue that the Black population cannot be blamed for the failures resulting from structural violence. The medical environment becomes hostile to the point of repelling these women from treating

their health, and they view the professionals who attend to them with suspicion and even fear – care that is often incomplete. A study based on field observations by these authors showed that Black women often reported not having been examined or even listened to by health professionals¹⁴.

Violence comes not only in the form of neglect but also humiliation. Medical practice is commonly accompanied by derogatory comments, often linked to women. The idea that ‘women were made to feel pain’, coupled with the view that ‘Black women have a greater capacity to endure pain’, creates a violent setting for Black women in the health sphere, in which their pain is minimized and disqualified. The idea that suffering is inherent to women reveals connivance with gender violence, “consummated within institutional spaces, which imprison women as objects, objectifying their bodies in a utilitarian logic”²³⁽³⁰³⁰⁾.

Dear friend, this is it, hold my hand

Holding on to one's hand and not (letting yourself) succumb were verses sung by Elza Soares in the song ‘Libertação’²⁴. Femicidal violence, however, is marked by the greater vulnerability of Black women to HIV infection. Mortality from the virus is mainly among the Black population, with 61.9% of deaths, of which 62.9% are women²⁵. Similarly to the research on malignant neoplasms, the studies on HIV infection in Black women explain that the most significant elements for the difficult access to healthcare are socioeconomic status and institutional racism.

Negligent care given to Black women affects patient's health in several ways. One of them is the loss of credibility of health professionals in the women's view. In a survey carried out by Albuquerque, Moço, and Batista²⁶, only 129 of the 1,464 Black women interviewed identified health professionals as sources of information about the disease; most participants in the study said they

relied on friends and the media for information about HIV. The disregard for the well-being of patients is notable even in treatment:

Care offered to these women seems to focus almost exclusively on ART and the clinical management of the infection, without paying attention to the fact that comprehensive care can benefit the success of clinical treatment (by controlling other concomitant processes of illness, for example), and responding to the legitimate demand for quality of life²⁷⁽⁴⁵⁾.

Another way of distancing the professional from the patient is communication difficulties:

By missing the opportunity to make themselves understood, professionals fail to contribute to improving women's quality of life and indirectly increase their vulnerability to illness. In the case of the women involved in this study, the disadvantages were more significant among Black women²⁷⁽⁴⁵⁾.

The importance of effective communication to ensure preventive behavior is reiterated by López²⁸, who discusses the relevance of encouraging public policies and HIV/AIDS prevention campaigns that convey the message in the target group's language. The researcher was working with Black feminist movement activists and realized that there is more adherence to preventive actions when communication is not a hurdle, especially among young people who are starting their sexual lives:

[...] One of the factors that produce vulnerability among the Black population in the face of HIV is the lack of identification with the language transmitted in prevention campaigns that are thought to be 'neutral' in ethnic-racial terms, but which reflect stereotyped white views on the subject, which refer to moral notions that are seen as universalizing and dominant²⁸⁽⁵⁹⁹⁾.

Social pressures come notably from a patriarchal and macho culture, which discourages

women from making important decisions about their bodies, such as using condoms – one of the most effective prevention means, given that 80% of women contract the virus through sexual routes^{26,27}. Black feminist activists heard in research by López point out that women often struggle to negotiate condom use with their partners, even in stable couples who have unprotected relationships with other partners. In this sense, Black women's hypersexualization and moral judgment repress the establishment of an agreement between partners to use condoms²⁸.

This type of negotiation is particularly delicate considering that domestic and sexual violence is – or has been – part of these women's lives, and the trauma makes them more susceptible to a decision made unilaterally by their partner. Furthermore, even among women who have not suffered the violence mentioned above, there is still a factor holding them back from opting for safe sex, which is what the authors call 'imaginary protections': the idea that relationships of trust are protective against the possibility of HIV infection²⁶.

Even though Brazil has one of the best HIV/AIDS treatment and prevention programs, the authorities remain negligent towards the most vulnerable groups. This fact is aggravated when you consider that, although Black women are 51% more likely to develop AIDS than white women, the vast discrepancy has not been enough to qualify them as a priority population in terms of AIDS prevention policies²⁹.

Dark, pure, whore, suicidal flowers

'Flores Horizontais'³⁰ song, in the voice of Elza Soares, portrays life's flora, drowned in the windows of the moonlight and charred with drugs, slaps, and kicks. We are talking about mental health. The articulation between the health and social dimensions is indispensable because, in working-class areas, women's health is also a complex issue involving food

insecurity, substandard housing, and difficulty in accessing information and equipment, among many other factors that directly influence the quality of preventive conditions.

The greater social vulnerability experienced by Black women is revealed through tense situations caused by so-called racial gender microaggressions, i.e., marginalization, silencing, and objectification that can affect interpersonal relationships, suppressing emotions and with adverse effects on their mental health, unlike those experienced by white women³¹.

According to Dantas et al., social exclusion and prejudice are directly related to human distress, aggravated – or not – by psychopathologies. Reducing inequalities has provenly resulted in a drop in violence, including self-inflicted violence:

We should emphasize that, besides the explicit marks of gender violence, which can be expressed in bodily wounds, there is psychosocial distress inherent in any violence process, which is also found in the fact that many women internalize this distress and are unable to expose it, which weakens interpersonal and family relationships, rekindles traumas, and can leave them with the feeling that the only way out is self-inflicted death³²⁽¹⁴⁷²⁾.

Women who attempt to break the cycle of silence and seek help from mental health professionals still face obstacles to the healing process. In this context, Gouveia and Zanello³³ denounce the impact of institutional racism on the psychotherapeutic treatment of Black women. The authors criticize the psychotherapeutic environment on two fronts: the influence of institutional racism on patient care and academic failures in training racially-sensitive professionals. On the first point, the research showed that women were dissatisfied with the services they received because when the patient mentioned racism as a source of psychological distress, the psychotherapists refrained from exploring or considering the

issue in the session. Regarding the lack of professional training, both white and Black psychologists did not consider the factor of racial and gender prejudice as a guiding factor in therapy, minimizing the issue when it was mentioned by the patient³³.

Data on suicide among Black women is provided by Martins, Lima, and Santos³⁴ and Dantas et al.³². The former point out that, according to the Ministry of Health, Black women die more than white women when considering deaths from homicide, suicide, and ill-defined deaths³⁴. Dantas et al.³², on the other hand, conducted a local study centered on the Brazilian northeast, which helps to elucidate this disparity in numbers. According to the authors, Black women commit suicide more than white women at an overall rate of 73.9%, reaching 87.09% in Alagoas³². No more recent consolidated data that consider self-inflicted deaths throughout the country were found.

Final considerations: Murdered women. Justice, please!

This article aimed to show how the gender and race intersections of feminicidal violence affect Black women. Adopting the conceptualization proposed by Largarde y de los Ríos¹² for avoidable deaths resulting from gender oppression and its intersectionalities – and without pretending to exhaust the subject – some of the manifestations of feminicidal violence were presented, especially in the denied access to health.

Even though there is no express distinction in any national legal provision or international convention signed by Brazil, access to human rights is still remarkably unequal. This discrepancy reinforces the vulnerability of Black women to institutional actions or omissions that feed back into structural oppressive systems. Thus, feminicidal violence on various

fronts, such as those addressed in this article (late diagnosis of cancers, ineffective HIV prevention campaigns, and psychological distress that results in suicide), reveals the greater subjection to the risk of death of non-white women operated by racism and patriarchy.

We should underscore once again that, even if it results from race and gender prejudice, femicidal violence should not be taken personally, as it is part of social constructions that permeate the entire societal fabric. Justice sought by Elza Soares in the song with the same name³⁵ is that of a better country, with less uncertainty about tomorrow.

For this reason, the study aimed to illustrate how art drives social demands, reviving historically silenced voices. By naming the

subtitles presented here with excerpts from songs echoed by Elza Soares, we can join the chorus of violence suffered in demanding adequate policies that pay attention to Black women's specificities.

Collaborators

Costa MF (0009-0007-3977-4758)*, Augusto CB (0000-0002-7541-4617)*, and Marques MCS (0000-0003-4156-0939)* contributed to the work's conception and design; data acquisition, analysis, and interpretation; preparation and final approval of the version of the manuscript to be published. ■

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