

Abstract

PERCEPTIONS OF VIOLENCE IN A FORMER SLUM IN BRAZIL:

A PHENOMENOLOGICAL INVESTIGATION

By

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June 2010

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Background: This qualitative study focused on violence as perceived by residents of the slum (favela) of Vila Nova located in the outskirts of Brasilia, the capital of Brazil. At the time of this study, Vila Nova had existed for approximately 20 years, its underprivileged residents having come to Brasilia from other states in search of a better life for their families. The researcher conducted a focus group interview in 2008 that revealed residents of the favela lived in a constant state of alert and fear due to the emergence of violence.

Objective: The aim of this study was to gain insight into violence as a shared concern among Vila Nova residents. The researcher sought to explore the question, What is the lived experience of violence among underprivileged residents of the favela of Vila Nova in Brasilia, Brazil?

Methodology: The researcher used a qualitative research methodology informed by a phenomenological approach to inquire about the shared experiences of violence as perceived by residents of Vila Nova. The method of qualitative inquiry was appropriate for this study as the researcher sought to elicit the meaning that favela residents associated with the violence they perceived and experienced. Consistent with a phenomenological approach, the researcher

conducted in-depth, open-ended interviews with eleven favela residents in an effort to understand their points of view, how they related to the phenomenon of violence, and the meanings that such violence held for them.

Results: Data collected as a result of this study provided a rich description of what it meant to live in Vila Nova and the meaning that violence held for participants. Themes that emerged from the interviews were: feeling vulnerable, concern for children's future, contributing factors to violence, and discrimination against the community. Participants' coping strategies included remaining silent; self-imposed isolation; avoidance of going out during night hours; talking to children; prohibiting children from playing in the neighborhood, adapting to one's surroundings, and having faith in a supreme being as a source of protection.

Conclusion: Vila Nova residents learned to adapt to violence since they perceived no other alternative to improving life conditions in the near future. Further research should address coping mechanisms to violence among impoverished and vulnerable populations especially when states are not present.

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A Thesis

Presented To

The Faculty of the Department of Health Education and Promotion
East Carolina University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by

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June 2010

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Dedication

I dedicate this paper to my brother, Akram Qaddomi, for his support, trust, and love.

Acknowledgments

I would like to thank Dr. Sloane Burke for her endless patience, crucial guidance, and long-lasting support through this research study.

Also, I would like to express my gratitude for committee members, Dr. Sharon Knight, Dr. Hans Johnson, and Dr. Stephanie Jilcott for their invaluable assistance and enlightenment.

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CHAPTER 1: INTRODUCTION

According to the United Nations Human Settlements Program [UN – HABITAT] (2009), access to secure housing is a major concern in many countries. Presently about 32% of the world's urban population lives in slums (Bolay, 2006), but estimates are that in the future thirty-year period, slum dwellers will double in size to two billion individuals (ibid). Slums are primarily an urban dilemma. In developing nations, estimates are that 43% of urban residents live in slums, while in least developing nations that proportion can be as high as 78% of the urban population (ibid). Worldwide, almost one billion people in slum tenements experience poor standards of living without access to clean drinking water or proper sanitation.

Slum tenements are prevalent in most developing nations (UN-Habitat, 2007a). The formation of these communities is an outcome of many factors, such as flight from war zones or natural disasters (ibid). Slum communities also arise from the relocation of individuals from rural to urban areas in search of better economic opportunities coupled with an inability to afford rental fees for standard housing.

For the first time in history, the majority of the world's population now lives in an urban setting (UN-Habitat, 2009). This shift in residential status imposes a burden on governmental urban planning and may hinder the effective operation of cities and towns, as is the case in Karachi in Pakistan, Nairobi in Kenya, and Rio de Janeiro (Rio) in Brazil among others (Eaves, 2007). In cities where urban planning and real estate markets have failed to address housing shortages, slums or favelas have continued to thrive in most unexpected ways. In addition to a lack of sanitation and security, slum dwellers must survive the vulnerability of poverty and its consequences.

The Favela of Vila Nova

The focus of this study was the favela of Vila Nova. It was located in the outskirts of Brasilia, the capital of Brazil (location name was changed to protect participants' identity). At the time of this study, Vila Nova had existed for at least 20 years. Its residents came to Brasilia from other states in search of a better life for their families. If they were employed, their occupations required little education such as construction and house cleaning. With few economic resources and no access to a public infrastructure, Vila Nova residents built makeshift houses in the favela. Like most favelas in Brazil, Vila Nova was initially illegal because it was situated on federally owned land and was adjacent to a nature preserve. Since its origin, its residents advocated for government recognition of their favela as a legitimate neighborhood not only to have access to permanent housing, but also to have a more permanent infrastructure that afforded the installation of water and sewer systems and utilities.

Brasilia has a history of offering free housing, which has long contributed to a constant wave of immigrants (Governo do Distrito Federal, 2008). In recent years, Brasilia residents argued that the offer of free housing in the outskirts of the capital city had been used as a political strategy to garner votes by government elected officials (Rocha & Amorim, 2002). Vila Nova, however, experienced a doubling of its population in the five years prior to this study and, according to some residents, the sudden population surge was part of a political strategy to obtain votes for elected officials (Qaddomi, 2008).

At the time of this study, Vila Nova had been granted legal housing status and resettlement was in progress. Most residents, however, continued to live in shacks and other makeshift dwellings while awaiting delayed governmental construction plans. According to the official resettlement plan released by the mayor's office, Vila Nova had a population close to

1,800 residents, with an average of about four residents per household. Seventy-five percent of the households were female-headed and monthly incomes could be as high as 1,400,00 Brazilian Reais or about US \$800.00 for some residents. Although the legal granting of housing did not change the economic situation of its residents, advantages to stable housing resulted from improved water quality and sanitation. All residents of Vila Nova will likely continue to undergo their daily struggle for survival due to extreme poverty and lack of resources. For some residents of Vila Nova, however, making ends meet will become even more challenging due to property taxes and utility charges that did not exist before legalization took place.

In 2008, as part of a qualitative research methods course requirement, the researcher conducted a focus group interview in the community of Vila Nova to assess residents' perceptions about the health challenges they faced (Qaddomi, 2008). In the context of a focus group interview composed of eight adult residents and key gatekeepers, the researcher engaged study participants in addressing a number of questions regarding their health concerns. The findings revealed that Vila Nova residents were satisfied that some of their basic public health needs had been addressed through government endeavors when the settlement was legalized, such as the building of adequate housing and the installation of sewage and water systems. They were deeply concerned, however, about a major increase in violence that had begun during the years leading to the legalization of the favela.

According to the focus group interview participants, violence had not been a problem until government officials considered legalizing the favela. Knowledge about the potential for legalization led to a doubling in the number of squatters who moved to Vila Nova in hopes of receiving free housing. Up until then, Vila Nova residents had lived in relative peace in what

participants described as a “close-knit” community. Some residents stated that they had slept with open doors and did not worry about the well-being of their children while playing in the streets.

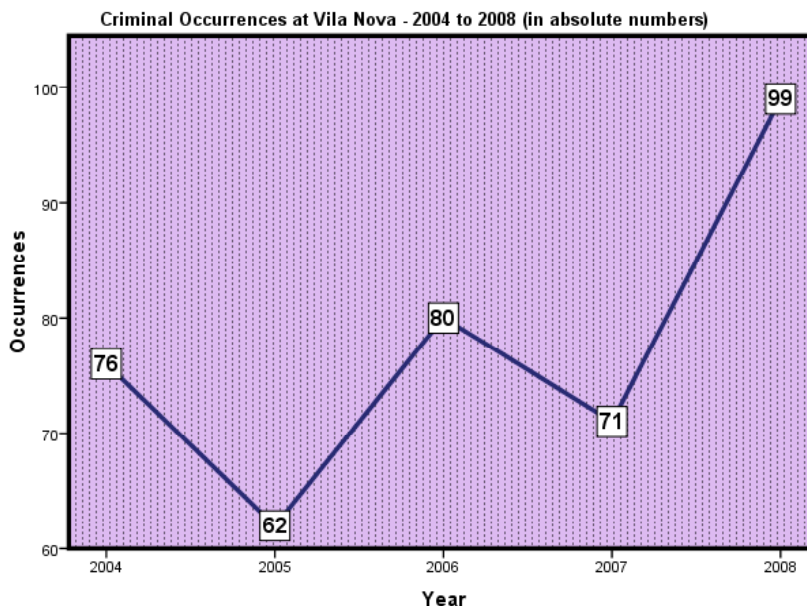
The violence Vila Nova residents experienced ranged from armed robbery to breaking and entering to murder (Federal District Civil Police Department, 2009). According to the 2008 focus group interview participants, Vila Nova residents lived in a constant state of alert and fear. They could not leave their houses after nightfall or leave their homes unoccupied without someone to watch their homes during daytime working hours. Participants indicated that residents kept their children indoors. People felt vulnerable since they lived in plywood shacks that were relatively easy to break into and burglarize.

Crime in Vila Nova

In order to better assess crime rates in Vila Nova, the researcher requested from the local civil police a record of criminal activity occurrences in that neighborhood for a period of five years ending in 2008. The types of crimes listed in the document provided included homicide, bodily harm, mugging, break-ins, theft of property, rape, attempted robbery, and others. The greatest increase in type of crime committed was larceny theft (of passerby) that rose from 4 cases in 2007 to 15 in 2008. Aggravated robbery cases increased in incidence from 16 to 26 during the same years (Federal District Civil Police Department, 2009). Other significant increases in crime in the same period of time included robbery of collective transportation vehicles (0 to 7 cases) and vehicle theft (0 to 3 cases). Homicide and attempted homicide remained unchanged from 2005 to 2007, at two and three cases respectively.

These numerical data may not accurately reflect the actual incidence of crime in Vila Nova. The incidence may be an underestimate because, according to 2008 focus group interview data, participants often mentioned that many crimes were not reported to local enforcement agencies due to fear of retaliation from perpetrators. Despite this issue, the total number of crimes reported illustrated in the graph below reflect a four-year increase in criminal activity at Vila Nova.

Table 1: Criminal Occurrences at Vila Nova from 2004 - 2008



Plot by Qaddomi; based on data provided by the Federal District Civil Police Department (2009)

In one year, from 2007 to 2008, Vila Nova registered a 36% increase in criminal activity.

The Epidemiology of Violence

While homicide rates are universally used to gauge crime rates according to non-accidental deaths, these rates fail to portray all other types of violence that do not involve death of the victim such as rape, extortion through kidnappings, robbery, and all other crimes that are

not lethal but nonetheless generate trauma, insecurity, and fear. Brazil, for example, has one of the highest crime rates in the world, with an average crime rate between the years 2003 and 2005 of 30.8 homicides per 100,000 inhabitants (Rogers, 2009). During the same time period, the United States homicide crime rate was of 5.9 per 100,000 inhabitants (Ibid). When considering the 2005 homicide rate among Brazil's 27 state capitals, Brasilia ranked 14th with about 33.8 homicides per 100,000 and Rio ranked 6th with about 47.7 homicides (Coleção Estudos da Cidade, 2005).

Violence has become a major cause of concern for public officials worldwide. Estimates are that injury resulting from violence and homicide will be in the forefront of the global public health agenda by the year 2030 (Campbell & Campbell, 2007). About 1.6 million people die each year as a consequence of violence (World Health Organization [WHO], 2002). Among males between the ages of 15 and 29 years, violence is the leading cause of death, accounting for 14% of total male deaths worldwide (WHO, 2002). Violence disproportionately affects the poor and occurs more frequently in developing nations. In 2000, deaths related to violence in middle and low-income countries were more than twice that of high-income nations (ibid).

Violent crimes affect the poor disproportionately because these individuals lack the needed economic and social capital to protect themselves. Poverty in developing nations such as Sub-Saharan Africa can reach almost half of the population (World Bank, 2004). Latin American poverty rates have remained stable since the early 1980's where roughly one fourth of the population lives on two dollars a day or less (ibid). In Brazil alone, the number of poor has increased from 35 million to 50 million from 1997 to 2002 (USAID, 2002).

In 2007 a UN – HABITAT report outlined three major threats to safety and security in cities: crime and violence, shelter insecurity, and disasters (man made and natural). According to

the report, crime rates fell in the United States and Western European countries (usually below 10 per 100,000 residents) while the opposite occurred in developing nations such as Latin America, Africa, and the Caribbean, where homicide rates were in the double digits. Urban dwellers were at greater risk for violence. Between the years 2002 to 2007, for example, 60% of city residents in low and middle-income countries were victims of crime. In Latin America in 2007, roughly 80% of the population lived in urban areas. Some large urban cities such as Mexico City, Mexico, Caracas, Venezuela, and Rio de Janeiro and São Paulo, Brazil, were the site of the majority of violent crimes (UN-HABITAT, 2007a) in the home country.

Statement of the Problem

This study explored the problem of violence as perceived by slum dwelling tenants in the capital city of Brazil, Brasilia. Established in 1960 as a modern city and characterized by innovative architecture, Brasilia was a city of 2.5 million people in 2004. Since its inception, Brasilia has been a magnet for immigrants from other parts of the country. In reality, the city owes its existence to relocated government employees and to people, especially the poor, who came to the city in search of opportunities to start a new life. According to the most recent census, 51% of Brasilia's residents were from another state in Brazil (Oliveira, 2004).

Geographically, Brazil is the fifth largest country in the world (CIA World Fact Book, 2009) and one of the biggest global economies (IMF 2009). However, despite all its potential, this "sleeping giant" as it is popularly called, has a serious housing shortage problem (Conceição Gomes, Barbosa da Silva, & Silva, 2003; The Economist, 1999). The shortage in housing has occurred despite a call in the Brazilian constitution for land ownership reforms and equal access to housing for all Brazilian nationals (Constituição Brasileira, 1988).

The city of Rio is a classic example of the housing shortage dilemma. In this city, expensive beachfront properties compete for land with favelas. Rio is the second biggest city in Brazil with over six million inhabitants and one of the world's most famous tourist destinations. It is also notorious worldwide for its favelas and the violence that such living conditions tend to breed, as popularized in movies like "City of God" and in the media (Phillip, 2009). Throughout Brazil, slums have formed on the outskirts of major metropolitan areas, typically in response to poor people moving out of the countryside seeking better jobs and an improved quality of life in the "big cities" (Camarano & Abramovay, 1999). Although this investigation was conducted in a favela in Brasilia, the city of Rio was used to exemplify the problems of violence in Brazilian slum tenements since the research literature regarding favela residents has focused primarily on Rio (Huggins, 2000; Huguet & Carvalho, 2008; Lima, Stotz, & Valla, 2008; Lovisi, Lopez, Coutinho, & Patel 2005; Perlman, 2005; Szwarcwald, Bastos, Viacava, & Tavares de Andrade, 1999; Szwarcwald, Tavares de Andrade, & Bastos, 2002).

Statement of Purpose

The purpose of this study was to gain insight into the lived experiences of violence among underprivileged residents of the favela of Vila Nova in Brasilia, Brazil.

Research Question

This research study sought to explore violence as a shared concern among residents of Vila Nova. The research question to be addressed in this study was, What is the lived experience of violence among underprivileged residents of the favela of Vila Nova in Brasilia, Brazil?

Definition of Terms

Concentration of Poverty –A concentration of people who live in circumstances of chronic, sustained deprivation of resources and who share common urban living space (land, plot, neighborhood, etc.). Also called poverty clustering.

Exposure to Violence – Witnessing domestic or community violence or experiencing through abuse or neglect one or more violent incidents by a person in their home or community (National Center for Children Exposed to Violence, 2009).

Favela(s) – Portuguese term used to describe slum tenements or shantytowns. Shantytowns are units of irregular, self-constructed housing that are typically unlicensed and occupied illegally on either public or private land.

Income Inequality – “The extent to which income is distributed unevenly in a country. It is an important indicator of equity in an economy, and has implications for other social outcomes such as crime and social exclusion” (The Conference Board of Canada, 2009).

Poverty - "A human condition characterized by the sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights" (United Nations Committee on Social, Economic, and Cultural Rights, 2001).

Socioeconomic Status (SES) – “A measure of an individual or family's relative economic and social ranking” (National Center for Education Statistics, 2009).

Slum Tenement – UN-HABITAT defined a slum household as a group of individuals living under the same roof in an urban area who lack one or more of the following: a) durable housing of a permanent nature that protects against extreme climate conditions; b) sufficient living space which means not more than three people sharing the same room; c) easy access to safe water in

sufficient amounts at an affordable price; d) access to adequate sanitation in the form of a private or public toilet shared by a reasonable number of people; and e) security of tenure that prevents forced evictions (UN-HABITAT, 2007b).

Violence – “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (WHO, 2002).

Significance of Study

Gaining knowledge on the collective experience with violence, as it was experienced by Vila Nova residents, was important because it is a recently documented phenomenon that has emerged amongst them. According to a 2008 focus group interview, violence prior to 2004 was not a concern for Vila Nova residents (Qaddomi, 2008). Being able to uncover the lived experiences of community members who have witnessed the surfacing of violence can expand our current understanding on the mechanisms of violence, coping with violence, and factors contributing to the emergence of violence.

Vila Nova is a relatively small favela community with about 450 households. Most studies of Brazilian favelas have focused on larger communities where violence was widespread and ingrained. Insights into the lived experience of residents of a small Brazilian slum may provide insight into quality of life and other health-related concerns. Such insight could assist health professionals and local authorities in acknowledging and addressing such problems. This research may provide methodological protocols for working with vulnerable, at-risk, and hard to reach populations. Findings from this study may deepen the understanding of law enforcement

and health professionals about the security and safety of individuals and families living in slum tenements.

CHAPTER 2: LITERATURE REVIEW

Causes of Violence and Income Inequality

WHO (2002) estimates that about 1.6 million people die each year as a consequence of violence. In 2000, deaths related to violence in middle and low-income countries were more than twice that of high-income nations (ibid). The relationship between violence, poverty, and income inequality has been thoroughly researched and many theories have emerged as a consequence. Such theories include the concentration of poverty (Wilson, 1997) and relative income inequality (Blau & Blau, 1982). A consensus among researchers appears to be that people who live in poverty stricken areas are more likely to be affected by violence than people who live in more economically developed areas. Although all segments of society can be a target for violence, violence has disproportionately affected those of lower socioeconomic status (Wright, 1998). In the United States, for example, income inequality and poverty among minorities is associated with violent crimes, child abuse, and violence in the home. According to Wright (1998), exposure to violence acts as an additional environmental stressor for already vulnerable populations.

Briceño-León (2006) analyzed factors that stimulated and created interpersonal violence in Latin American countries. He suggested that interpersonal violence operated on three social levels: the macro, meso, and micro level. According to Briceño-León, some of the macro-social factors that contributed directly to increased violence in Latin America included increased income inequality and the contradictory relationship between having more years of education but not enough jobs to absorb the better educated. With education came increased expectations that had gone unmet. At the meso-social level, he identified as contributors to violence an increase in

the concentration of poverty and the physical segregation of the poor from wealthier neighborhoods, the drug markets, and cult of masculinity. Finally, alcohol consumption and larger numbers of firearms (rise in availability of firearms is unknown) were major contributing factors at the micro-social level. He concluded that interpersonal violence was a major concern in Latin America, with the possible consequence of a break down in urban life and citizenship as a whole (Briceño-León, 2006).

When attempting to understand the reason that different Latin American countries exhibited different homicide rates, Briceño-León, Villaveces, and Concha-Eastman (2008) compared homicide rates with the percent of the population that was poor, the proportion of the population that lived in an urban setting, and levels of inequality (Gini coefficient) in each country. The data demonstrated that homicide rates in most countries increased as the levels of urbanization and poverty increased (table 2).

Table 2 Distribution of violence by urban population, poverty, inequality; homicide rates per 100,000 population in selected Latin American countries from 2000 to 2007

Country grouping	Country	Percentage of poor population	Percentage of urban population	Index of inequality (Gini coefficient)	Homicide rates per 100,000 population
Low poverty and high urbanization	Uruguay	9.7	91.9	0.45	4.4
	Chile	13.9	86.6	0.52	3.0
	Costa Rica	18.1	62.6	0.48	7.7*
High poverty and low urbanization	Paraguay	55.0	58.5	0.54	12.6
	Nicaragua	63.8	57.0	0.57	12.5*
	Honduras	59.4	47.8	0.59	42.9*
Medium to high poverty and high urbanization	Brazil	29.9	83.4	0.60	23.0
	Mexico	26.8	76.5	0.51	15.9
	Venezuela	47.1	92.8	0.44	37.0 +
	Colombia	45.4	76.6	0.58	61.6

Sources: Poverty urbanization and inequality data obtained from CEPAL10 and homicide rates obtained from WHO.8

*Data on homicides obtained from OCAVI.11

+Data on homicides obtained from PROVEA.12

Table 2 demonstrates that the index of inequality had little effect on homicide rates in most countries. Countries where urbanization was high but percent of people living in poverty was low, homicide rates were also low. In contrast, in countries where urbanization and poverty

were high, - homicide rates were for most high. Concentration of poverty and urbanization levels do not solely explain homicide rates, the authors concluded that violence could be explained by a combination of socio-political, cultural, and economic factors that should be dealt with on a country-by-country basis. But according to the authors, one of the factors that promoted violence was the level of degree to which a city grows and becomes more urbanized. With poor development planning and growing population density, exclusion zones are created that are characterized by poor access to social services where “alternative mechanisms of social control through gangs or subversive groups develop easily” (Briceño-León, et al. 2008: 756).

Living in crowded substandard conditions has shown to have a direct relationship with violence. Szwarcwald, Bastos, Viacava, and Tavares de Andrade (1999), compared homicide rates with regards to income inequality using the Gini coefficient and place of residence in Rio and surrounding municipalities and found that higher homicide rates were in areas of the city with the highest income inequality concentration and where intra-neighborhood poverty clustering occurred (e.g., favelas) versus areas where poverty was scattered. Parker and Pruitt (2000) examined the extent to which poverty and poverty concentration predicted homicide rates between white and black communities in the United States. Although their findings revealed an association between poverty concentration and white homicide rates, both races’ homicide rates were associated with the more traditional measures of poverty. In a different study, absolute deprivation and economic segregation were strong predictors of homicide rates in the United States within racial groups, white or black (Eitle, D’Alessio, & Stolzenberg, 2006). There was no relationship between concentration of poverty and homicide rates, but the overall degree of economic disadvantage and the spatial distribution of income were bigger predictors of homicide rates than race. The previous two articles may have distinct differences in their findings,

nonetheless, they both point to the potential association between economic deprivation and violence within a developed country.

Villarreal and Silva (2006) analyzed the relationship between social cohesion and criminal victimization in a favela in the Brazilian city of Belo Horizonte, about 430 kilometers from Rio. Their findings suggest that disadvantaged neighborhoods continue to suffer from high victimization rates and strong social cohesion among residents was not enough to serve as a buffer to prevent violence or perceptions of it in the favela. Their findings contradict social disorganization theorists whose claims suggest that social networks would suffice to control and prevent crime (Villarreal & Silva, 2006). The opposite was also observed where the lack of social integration, social inequality and shortage of work and/or study opportunities were suggested to breed violence among favela youth residents in Rio (Huguet & Carvalho, 2008). The authors imply that deep feelings of revolt and discrimination of the elite against the poor coupled with weak enforcement of the law (along with police corruption) entice young favela residents to join gangs and work for drug dealers. Young adults see violence and the use of violence as a means of achieving personal goals (Ibid).

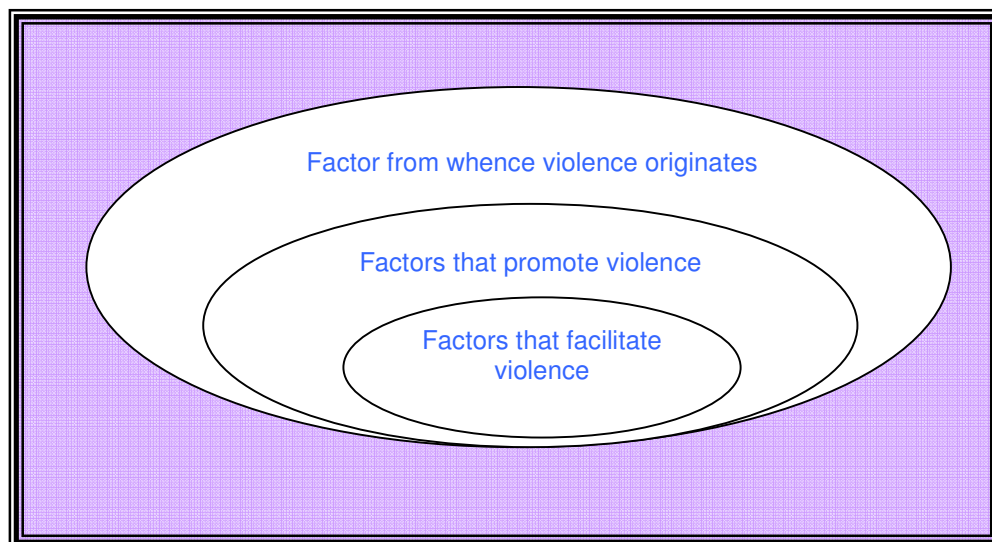
Campbell and Campbell (2007) argued that over the next 30 years, communicable diseases, injury due to violence, and homicide will become a major public health concern due in part to the increase in slums tenements, degree of decentralization, and city growth and sprawl in developing countries. The authors suggested that effective interventions should include other actors from outside the public health sphere, such as city developers to better plan urban growth and public educators to address issues related to violence and community empowerment.

Kawachi and Kennedy (1997) studied the relationship between health and social cohesion and concluded that income inequality was a bigger predictor for homicide, death from cardiovascular

and neoplasm diseases, and infant mortality. Even in wealthy countries such as the United States, poverty accounted for 6% of adult deaths (Kawachi & Kenedy, 1997). In a different study, Kennedy, Kawachi, Prothrow-Stith, Lockner and Gupta (1998) hypothesized that lack of social capital, or social cohesion, was also a predictor of violent crimes and homicide. Their findings suggested that income inequality was the strongest predictor of homicide and violent crimes due to a break down of social cohesion.

Briceño-León (2006) presented a sociological model in an attempt to understand the uneven incidence of homicide in Latin American countries. The author of the framework attempted to establish relationship levels defined as those that originate, promote, and facilitate violence and “that incorporate material, situational, and cultural factors without focusing on the individual *per se*, but rather on the circumstances or context surrounding the person” (Briceño-León, Villaveces, & Concha-Eastman 2008: 755).

Figure 1: Sociological Framework of Violence Levels (Briceño-León, 2006)



The author explained that the “factors from where violence originates” referred to cultural and societal characteristics prevalent in Latin America. According to the author, these factors included high levels of inequality, increased poverty, and youth unemployment. Factors that promoted violence were those associated with the material conditions in which people lived such as the structure of their living environment (urban setting), culture of masculinity (gang formation), illicit drug market that generated an alternative source of income, and impunity fostered by an inefficient judicial system with already overpopulated penitentiaries. Lastly, the authors described as factors that facilitated violence are those related to societal norms that promoted alcohol consumption and carrying firearms (Ibid).

Consequences of Poverty and Violence

The research literature supported the idea that poverty and income inequality fostered an environment of violence. Also well documented were the consequences that arose from violence and how they affected the health of underprivileged communities. Sanders-Phillips (1996) examined the impact of exposure to violence in low-income Latino and African-American communities. She asserted that violence directly contributed to mortality rates and indirectly affected health promotion behaviors. Her study revealed that exposure to violence could result in feelings of alienation, hopelessness, and powerlessness, which, in turn, could affect individuals’ motivation to overcome barriers to health-promoting behaviors.

When combined with violence, poverty is a strong force against collective wellbeing (Allen, 2001). When studying disadvantaged African American families, Allen concluded that racial disparities and poverty were associated with a high-risk life style and led to premature death (2001). Lovisi, Lopez, Coutinho, and Patel (2005) conducted a cross-sectional survey of

the prevalence of depression among 230 women in their third trimester of pregnancy who attended a public hospital in Rio. They concluded that depression was common among the participants and was associated with absence of a partner, socio-economic deprivation, and violence.

Adolescents and children are especially vulnerable to violence. The Southern California Evidence-based Practice Center conducted a review of evidence-based articles on youth violence and prevention. The authors observed a lack of consistency in analyzing violence across different research articles due, in part, to limited research studies on the topic and to the non-standardized classification of terms. Nonetheless, they were able to identify some characteristics related to youth, violence, and the recurrence of violence. They found that youth violence was associated with being male and having a low socioeconomic status (SES), although SES was a dependent variable alongside other risk factors such as poor communication at home, carrying a hidden weapon, and early sexual activity (Chan et al, 2004). Similarly, Beyer, Loeber, Wikstrom, and Stouthamer-Loeber (2001) found that adolescents living in low-SES neighborhoods were more likely to engage in delinquent behavior than adolescents living in high-SES neighborhoods. According to the authors, risk factors for repeated delinquency among low-SES neighborhoods were associated with poor parental communication and early sexual intercourse (Beyer, Loeber, Wikstrom, & Stouthamer-Loeber, 2001).

Mazza and Overstreet (2000) studied the consequences on children and adolescents of exposure to and witnessing of chronic community violence. The outcome of their study revealed that, even under some protective and coping factors such as family and school supports, children and adolescents exposed to violence can develop many mental health problems, including anxiety, depression, aggression, suicidal behaviors, post traumatic stress disorder (PTSD), and

academic difficulties. They suggested that school psychologists should attempt to identify at-risk youth and assist them in developing stronger protective behaviors and mechanisms that would enhance self-esteem in order to help them cope better with violence. In a longitudinal study of adolescents in the United States, Boynton-Jarrett et al (2008) examined the association between cumulative exposure to violence (CEV) and self-rated health status. Their research supported previous findings that suggested that CEV was associated with health risk behavior and depression. They linked fear of crime with poor mental and physical health, while childhood adversities were linked to smoking initiation, alcohol and other substance abuse, and depression (Boynton-Jarrett, Ryan, Berkman, & Wright, 2008).

Anthropologist and political scientist Dr. Janice Perlman (2005) conducted a longitudinal study of the dynamics of poverty in three favelas in Rio starting in 1969. Interviews with 750 randomly selected participants resulted in the publication of a book on the topic of urban poverty. Thirty years later Perlman returned to Rio in an ambitious attempt to contact the same people she had interviewed in the early seventies to document what happened to them, their children, and grandchildren. She was able to locate 37% of the original interviewees. The outcome of this work produced a platform for comparing the dynamics of poverty spanning a 30-year period. Among the differences the author observed among the study participants were improvements in their educational levels (although increased education did not translate into financial gain), as well as improved conditions of occupation and consumption. On the other hand, the most drastic change reported in the lives of participants was the development of lethal violence. While in the first survey residents were concerned about governmental attempts to remove them from their squatter homes, thirty years later respondents and their subsequent

generations were afraid of being killed in crossfire between drug dealers, competing gang members and the police (Perlman, 2005).

According to Perlman, the devastating effect of this change was the break down of societal ties and the limited use of public spaces where networking had previously occurred and a sense of community established. On the social level, this change reduced opportunities for favela residents to find jobs, become involved in religious services, and weakened organized community efforts to petition governmental institutions for better living standards. Like Szwarcwald, Perlman (2005) also noted that death rates in the favelas were much greater than the rest of the city and, for the youth that lived in favelas, the number of deaths was higher than that of civil wars. The author concluded by warning that, “This new violence may be the ultimate manifestation of the marginalization of the poor, the reality of marginality” (Perlman, 2005:78).

Lima, Stotz, and Valla (2008) conducted an assessment of the challenges that health professionals faced when working to serve favela residents in the Rio suburb of Leopoldina. They hoped to contribute insights into how to serve similar communities in the future. The researchers hypothesized that barriers faced by residents would include access to food and health services by community members, intensity of endemic disease, expressions of suffering, and death due to external factors. Instead, violence was the most relevant threat that emerged as being detrimental to health accessibility not only to residents of the favela, but also to health professionals who attempted to serve the community. Violence in the study was strongly associated with drug trafficking.

According to Lima et al (2008), violence in the favelas of Leopoldina was determined to be more of a deterrent to health than poverty itself. Fear of lethal violence prevented residents and health workers from moving freely in the favela. Residents with diabetes and hypertension

were fearful of actively engaging in physical activities and those with chemical dependence were afraid to seek medical help. Besides contributing to an increased sense of fear and vulnerability, violence was also responsible for increased discrimination against favela residents, whether or not they engaged in drug use or dealing. Because residents were stereotyped as involved with illicit drugs, they became labeled and “demonized” as agents of violence. This stigma, in turn, made it difficult for residents to get jobs (Lima, Stotz, & Valla, 2008).

Lima et al (2008) pointed out that the World Health Organization’s (WHO) Report on Violence and Health (2002) concluded that violence and its consequences have become one of the main problems in public health worldwide. Lima et al (2008) also mentioned that the “epidemiology of violence” is a product of unsound public policy at social and economic levels outside the sphere of health services. The consequences, treatment, and burden of violence nonetheless fall upon health providers, who generally have little or no input into public policy decisions (Lima, Stotz, & Valla, 2008). The researchers also suggested that the debate on violence and poverty should be integral to school-based education. Rather than focusing solely on reporting numbers of fatalities, they suggested facilitating deep reflection and personal emotion among students in classrooms. Faith in a supreme being was perceived as a coping mechanism in that study.

The burden of violence rests in individual mortality and morbidity and significant healthcare costs. Between the years of 1996 and 1997, the Inter-American Development Bank calculated the economic impact of violence on health care services and the amount that the impact represented as a proportion of the domestic gross product in six Latin American countries. In Venezuela the proportion was 0.3%, in Mexico 1.3%, Peru 1.5%, Brazil 1.9%, El Salvador 4.3% and in Colombia 5% (Buvinic & Morrison, 1999). In addition to the economic

costs of violence, it is estimated that in developing nations youth homicide is above 10 deaths for each 100 000 inhabitants. For every young person killed due to homicide, 20 to 40 individuals received medical treatment (WHO, 2002).

In addition to the medical costs of violence in terms of morbidity and mortality, other factors are important to consider such as lost productivity due to injury, premature death, and long-term disability. Violence can also disrupt daily activities due to fear and, consequently, quality of life is diminished and the capacity that individuals have for self-care and care for others is decreased. In addition, fear of violence can decrease business enterprises and tourism which, in turn, hampers economic development (WHO, 2002).

Summary

The available literature on violence and poverty seems to point in several directions as to why those who live in poverty also experience violence. Some researchers have attempted to narrow the problem down to income inequality (Briceño-León, 2006; Kawachi & Kenedy, 1997; Kennedy, Kawachi, Prothrow-Stith, Lochner, & Gupta, 1998; Szwarcwald, Bastos, Viacava, & Tavares de Andrade, 1999; Wright, 1998). Others point to social inequality (Blau & Blau, 1982; Briceño-León, 2006; Huguet & Carvalho, 2008) as a way to account for the association between violence and poverty. Still others identified living in poverty or economic deprivation as major contributors to violence (Campbell & Campbell, 2007; Eitle, D'Alessio, & Stolzenberg, 2006), while researchers identified neighborhood organization and economic segregation (Eitle, D'Alessio, & Stolzenberg, 2006; Villarreal & Silva, 2006) and poverty concentration (Briceño-León, 2006; Campbell & Campbell, 2007; Parker & Pruitt, 2000; Wilson, 1997) as factors that impacted the relationship between violence and poverty.

Some research focused on the conditions of those who lived in poverty and crime ridden neighborhoods and also pointed to the relationship between being economically deprived and in poor health (Chan, et al, 2004; Lovisi, Lopez, Coutinho, & Patel, 2005; Sanders-Phillips, 1996), while other research highlighted the health-related consequences of being economically segregated (Beyers, Loeber, Wikstrom, & Stouthamer-Loeber, 2001; Lima, Stotz, & Valla, 2008; Perlman, 2005). Regardless of the differing reasons that researchers have suggested as contributors to violence and despite the impact of violence on personal and community well being, researchers consistently observed those who lived in slum tenements to be economically deprived and to disproportionately endure violence in their daily lives. Researchers have also recognized the consequences of living with violence as encompassing a wide range of pathological conditions including illicit substance abuse, alcoholism, PTSD, and other health problems that may result in years of life lost and earlier than expected death.

At the time of this study, Vila Nova residents continued to be vulnerable to crime. Focus group interview data collected in 2008 revealed that participants were conscious of the crime problem and concerned about additional obstacles they faced in order to guarantee secure shelter for themselves. It may be challenging to estimate the consequences of living in a violent environment for Vila Nova residents, but evidence from the literature suggested that the consequences on health and wellbeing were many and often complex. Such consequences included feelings of alienation, hopelessness, powerlessness (Sanders-Phillips, 1996), and development of ill health due to violence and living in poverty (Galtung, 1994).

The researcher anticipated that the results of this study would provide valuable insights that could to inform future studies about the challenges, obstacles, and shared experiences of underprivileged people who lived with violence. The Vila Nova experience, reflecting a newly

legalized slum tenement that faced the relatively recent emergence of violence, was anticipated to offer researchers and others a unique opportunity to understand the development of violence at its early onset and to potentially provide insight into strategies to improve the conditions of those who faced the challenges associated with enduring violence in the context of poverty. Since the available literature on violence pointed in many directions about how and why violence occurred, depending on differing environmental and social conditions, this study was anticipated to identify the specific factors, such as neighborhood organization or poverty concentration, that could interact to influence to improve or worsen an individual's personal life in this and other favelas.

CHAPTER 3: METHODOLOGY

The purpose of this study was to gain insight into the lived experience of violence among underprivileged residents of the favela of Vila Nova in Brasilia, Brazil. This research study sought to expand on insights about violence revealed during a focus group interview conducted two years earlier by the researcher and to further explore violence as a shared concern among residents of a favela called Vila Nova. The researcher used a qualitative research methodology informed by a phenomenological approach to explore and describe the shared experiences of violence as perceived and experienced by residents of Vila Nova.

Rationale for Selecting Qualitative Method

The research method of qualitative inquiry was appropriate for this study as the researcher sought to elicit meaning associated with the six-year emergence of violence in Vila Nova that its residents had experienced. The inquiry began with assumptions revealed during a 2008 focus group interview and, through the use of a theoretical framework, enabled residents of Vila Nova to ascribe meaning to the violent conditions in which they lived (Creswell, 2007). Because Vila Nova was an illegal favela for most of its existence, pre-existing data confirming the presence of violence was non-existent or difficult for the researcher to locate. With some indicators on violence in the neighborhood such as a crime report provided by local civil police, qualitative inquiry was ideal to address the gap in data and provide an in-depth description based on the insights directly shared with the researcher by Vila Nova residents. In addition, qualitative inquiry asks why, how, and under what circumstances phenomena occur, seeks depth of understanding, explores and discovers, is iterative and provides further insight into the meaning

of decisions and actions of a specialized culture or group (Creswell, 2007; Ulin, Robinson, & Tolley, 2004). Thus qualitative inquiry was an appropriate methodological approach for this hard-to-reach population that experienced an emerging violence issue.

Unlike quantitative research that is primarily concerned with numerical data and making generalizable inferences, qualitative inquiry enabled the researcher to construct a detailed understanding of how study participants experienced and made sense of the complex issue of violence (Creswell, 2007). Using a qualitative approach, the researcher was able to contextualize and gain understanding and insight through the perspectives of Vila Nova residents. The researcher achieved understanding and insight through his interactions with participants, observations of their neighborhoods, and the stories that residents shared with him, independent of what he had read or heard about the research setting from other sources.

Since qualitative research designs are emergent, the design of the study allowed the researcher flexibility in pursuing questions and experiences of importance to study participants (Creswell, 2007) related to the environment in which they lived and the violence that was a part of their lived experience. Qualitative inquiry helped to shed light on their lived experiences with violence more effectively than other methods of inquiry. The researcher was thus able to develop results suited for the phenomena under study (Morse, 1994). Data collected were richly descriptive; data analysis and interpretation focused on identifying patterns and themes that emerged from the data and making sense of it all (Crosby, DiClemente, & Salazar, 2006).

Phenomenological Approach

The researcher selected phenomenology as the methodological approach for this research study because the approach focused on participants' understandings and meanings of their

experience of violence and, as a consequence of the researcher's analysis and interpretation, invited the identification of the "essence" of the phenomenon.

In the case of Vila Nova, the researcher investigated community violence as the phenomenon of human collective experience. The researcher's work with participants in this study was informed and guided by the phenomenological perspective of striving to understand the participants' point of view, how participants related to the phenomenon, and the meaning that participants drew from their experience (Crosby, DiClemente, & Salazar, 2006). This approach enabled the researcher to describe what Vila Nova residents shared in common as they experienced violence in their community (Creswell, 2007). The researcher collected data from people who shared the phenomenon of violence and described their lived experiences.

A phenomenological approach is best suited for describing a conscious experience. This meant that the Vila Nova residents who participated in the study had a level of awareness of violence while living through it (Stanford Encyclopedia of Philosophy, 2008). A phenomenological approach enabled the researcher to formulate a collective description about what Vila Nova residents experienced and how it was experienced by them, without requesting that they attempt to provide an explanation or analysis of their experience. Instead, the researcher facilitated their provision of a rich description of their experiences with violence (Creswell, 2007).

Overview of Study Design

The researcher's study design involved a qualitative purposive sample of Vila Nova residents willing and able to participate in the study. Data were collected by means of researcher-facilitated, individual, in-depth, open-ended, face-to-face interviews with participants during the

months of March and April, 2010. He recruited participants by means of snowball sampling (Creswell, 2007), beginning with a well-known resident and community leader who participated in the focus group interview held in 2008.

As suggested by Bogdan and Biklen (1998), the researcher used a qualitative mode of inquiry with five basic components: it was *naturalistic* in that the collected data was in the natural setting of the Vila Nova favela, where participants lived and experienced the phenomena of interest (violence). It was *descriptive* using different forms of data triangulation to facilitate an in-depth analysis on the topic in order to provide a rich account of the subject of interest. The study was *process-focused* in that it concentrated on the perceptions and experiences of violence among residents of Vila Nova rather than on the outcome of the phenomenon. The study was *inductive* where the researcher derived patterns and themes that emerged from observational and interview data. Finally, the researcher aimed to articulate the *meaning* of participants' experiences from their perspectives, using their voices.

The reliability and validity of this qualitative study was guided by Appleton's (1995) work. The researcher addressed the *truth-value* or credibility of the findings by returning to Vila Nova after completing data collection and reading back to two study participants the conclusions that he drew from the data they had provided. This process helped the researcher to verify if indeed the findings accurately portrayed the participants' perceptions and experiences. Participants chosen by the researcher for this process had agreed at the time of the initial interview that the researcher could revisit them on a later date in order to obtain their feedback and possible concurrence about what he had concluded from their statements during the interviews.

Applicability in the research process related to external validity, or fittingness. The researcher engaged in a process that reflected the previous step of confirming that the findings had emerged from the data. This procedure ruled out the possibility of a “Holistic Fallacy,” which might have occurred when the researcher became more and more convinced that his conclusions are correct and sought to confirm the conclusions in the data. In this stage, the investigator returned to his field notes and interview transcripts, and actively searched for reasons to affirm the trustworthiness of the conclusions, while paying special attention to any exceptions to the conclusions that emerged. This process also included the first step of the Stevick-Colaizzi-Keen (Creswell, 2007) method where the researcher had previously recorded in writing his personal understandings of and assumptions about violence.

The researcher conducted an additional step to assure credibility by engaging in a confirmatory analysis of data. This analysis involved the researcher in randomly selecting three transcripts and asking a gatekeeper from Vila Nova, one of the community therapists, to read and identify categories to determine if similar themes emerged. This process yielded a match with the themes identified by the researcher, although the gatekeeper identified fewer themes than the researcher. The researcher then read back the remaining themes he had identified to the gatekeeper and she readily agreed with the identification of those themes.

Consistency in the research process referred to the repeatability and stability of the findings in terms of clarity and accuracy. The researcher addressed the issue of consistency by sharing with one of the gatekeepers in the community details about the study in an effort to verify the decision trail. After explaining all the steps, the gatekeeper was able to arrive at the same conclusion as that of the researcher. The gatekeeper also identified one of the themes where drugs were closely associated with violence by participants as pathological in nature, or when

chemical dependence becomes a disease. This observation did not impact the outcome of the findings. Rather, the comment provided an additional potential explanation for drug use since its consequence was violence in the community.

Auditability, applicability and truth-value were the standard by which *neutrality* was established. The researcher shared with a nurse and gatekeeper from Vila Nova the decision trail concerning how the researcher conducted the study from beginning to end. The decision trail included a list of codes, key words, and themes that had emerged from the study and how the researcher decided upon the themes that emerged from data associated with the study transcripts, field notes, research log, and journal that registered the steps the researcher took to arrive at the findings. This process enabled the gatekeeper to audit the decision trail and, during the discussion of the study, share concurrence with the issue of neutrality.

The Study Setting

This study was conducted in the natural setting of the favela of Vila Nova in Brasilia, Brazil. Brasilia is situated in a plateau of flat lands and has a climate similar to that of the African Savannahs. There are two distinct seasons related to the weather: the rainy and dry seasons.

Vila Nova sits on the outskirts of Brasilia adjacent to a well-established middle-class suburban town. It is a relatively small community that is comprised of about 450 houses that provide shelter for approximately 1,800 residents. A major highway serves as a boundary at one end of the community and a small forest bounds the other end. There are five streets in the favela that are crisscrossed by another four streets in a grid-like style. Most of the houses face one another on either side of the streets. Houses were often made of plywood, junkyard material, and

leftover construction supplies often covered by a tin roof. Usually there are no windows and the floors on the houses are of beaten dirt.

Prior to legalizing the neighborhood, Vila Nova suffered from regular floods during the rainy season because the favela lacked an effective drainage system. During the dry season, people experienced extremely dusty winds because there were no paved streets. Vila Nova residents often joked about having two seasons: “muddy” and “dusty.” Since the soil in Brasília is red in color, it usually stains almost anything that gets in touch with, as a consequence, Vila Nova’s houses, cars, people’s feet and legs, clothes, and street animals all had a reddish coloring to them. After streets were paved, soil stains decreased significantly.

Prior to legalization, Vila Nova residents dug wells for a potable water source and cisterns for wastewater. According to the 2008 focus group participants, the proximity of wells and cisterns posed problems of cross-contamination of water. When the present study was conducted, the researcher noticed telephone lines being installed. Some residents reported signing up for telephone services and many residents had pre-paid cell phones. The installation of telephone cables resulted in the emergence of several “internet cafes” operating from residents’ shacks. There were many antennas on top of the roofs, suggesting that many residents had access to televisions.

Prior to legalizing the favela, residents obtained electricity through pirated connections to electrical poles along the highway. At the time of the study, most residents had electrical cables connected through utility poles also providing light in the streets during night hours. Most people in the favela used public transportation, although the only bus stop next to Vila Nova was on the main highway, about 10 minute walk. The researcher noted some old cars on the streets, as well as motorcycles, bicycles, and carts pulled by working animals.

According to the resettlement plan released by the mayor's office, residents' literacy level was very low (no percentage was given). A community member offered residents adult literacy classes in her home on a regular basis. According to the focus group interview data, most residents worked in construction, house cleaning, and other temporary, non-skilled jobs. Residents once had access to a centrally located community center that was run by a local nonprofit organization. The center offered such activities as therapy; classes in arts, crafts, and music; tutoring for school children, *capoeira* classes (an Afro-Brazilian martial art); among others. The center had also housed a small library and children's toy room. The center was demolished due to resettlement plans and activities have been either decreased or phased out. At the time of the study, some activities previously associated with the center operated out of a shack of one of the Vila Nova residents. The shack has not yet been demolished in preparation for reconstruction. The one-time community center had received book grants for a library but it was still waiting for land grant approval at the time of the study.

There were four recognized religious organizations in Vila Nova, with each occupying a makeshift building structure. One religious group provided soup kitchen services once a week, another provided maternal and infant care services on a regular basis (*Pastoral de Criança*). All four organizations offered religious services, but there was little cooperation amongst them due, in part, to differing belief systems associated with each of the denominations.

Vila Nova had a soccer field of beaten dirt and a handful of makeshift pubs that were located in and run from residents' shacks. There were no schools, health clinics, police stations, grocery stores, drugstores, or other public services available to residents, although resettlement plans for the favela called for the building of public service agencies. Favela children attended school in the suburban town adjacent to Vila Nova. Residents obtained medical treatment in

hospitals and clinics in the same suburban town. Throughout the day and night people are in the streets, either sitting outside their houses, or just standing in a corner talking to a neighbor, possibly due to a lack of employment. Many children run around, stray dogs and cats abound, and trash was almost always found in the middle of the streets.

Procedures for Identifying and Selecting Participants

In this study, the researcher followed Creswell's (2007) suggestion that participants selected for the study had experienced the phenomenon being studied (violence). Participants had to be capable of articulating their opinions about violence, and all were willing to voluntarily participate voluntarily in the study. The researcher used purposive sampling to identify and select study participants living in the Vila Nova community. Eleven residents participated in the study, a participant number consistent with the parameters recommended for phenomenological approach (Creswell, 2007).

Identifying and Selecting Participants

The researcher conducted the first interview with a participant who was actively involved in community affairs in Vila Nova. This participant had also been a member of the focus group interview conducted in 2008. The researcher's first contact with the Vila Nova resident served as the starting point for a snowball sampling procedure, where one interviewee identified the next person who experienced the same phenomenon until the researcher achieved the desired number of participants.

The researcher sought to identify and select a diversity of participants, including a diversity of age, gender, and race/ethnicity in order to obtain a rich depth and breadth of

perspective on violence. All participants lived in Vila Nova at the time of the study and were eighteen years of age or older as specified in the study proposal submitted to the University and Medical Center Institutional Review Board (UMCIRB) of East Carolina University (Appendix A). Participants were selected based on their willingness to be interviewed (their participation was voluntary), their ability to express themselves well enough to share their perspectives and experience, and having witnessed or directly experienced violence in the favela.

Protection of Study Participants

Talking about violence in Vila Nova is a sensitive topic because many perpetrators of violence live in the neighborhood, and participants to the study may be implicated for sharing such information. The researcher took many precautions to protect study participants. In addition to allocating fictitious names to both participants and the study location, the researcher explained the nature of the study and its purpose, benefits, and risks prior to interviewing all participants.

All Vila Nova resident participants consented orally to participate in the study (Appendix A). The researcher employed oral acknowledgment of informed consent for several reasons. First, many residents at Vila Nova were unable to read and write, which made it difficult for them to sign a consent form. Second, since the nature of the study was violence, many participants were reluctant to sign their names due to concerns about retaliation for sharing information that may implicate others in crime. Third, since Vila Nova residents were not accustomed to being interviewed or participating in research studies, the researcher anticipated that reading the consent form would help to evoke trust between him and the study participants. Many potential participants felt intimidated by the consent form and did not understand the need for such a document. Some favela residents expressed to the researcher an eagerness to share

their opinions about violence when the researcher introduced the topic, but then declined to do so after being read the consent form.

To help participants feel more secure, the researcher conducted all interviews individually in their homes. The researcher took extra precautions when interviewing participants to enhance the privacy of the conversation. This included locating a place where the participant was alone and unintimidated by onlookers or passersby. All but one interview was audio recorded with the permission of the participant and the researcher took handwritten notes during all interviews. No real names were used during the taped interviews; a fictitious name was adopted to assist in communication when needed. Any other potentially identifiable information that could link participants to the location were either modified or erased.

The audio-recorded data was transcribed verbatim, omitting location and people's names. Only the researcher had access to the transcribed data from the audio recordings. The researcher stored all material digitally in a folder on a computer that was password protected and under a name not linked to the research. The researcher will destroy all transcripts, audio recordings, and other notes associated with the study upon the expiration of the three-year period for storage requirements as set by East Carolina University.

Data Collection Methods

This study was informed by a 2008 focus group interview with Vila Nova residents that the researcher had conducted. A finding associated with the group interview was participants' identification of violence as their major health concern. The focus group interview methodology in qualitative research was an ideal tool to study the opinion of a homogenous group that shared

a common experience (Grudens-Shuck, Allen, and Larson, 2004). For the present study, the researcher interviewed participants individually.

The researcher conducted all interviews in Portuguese, which allowed participants to better express their ideas and ensured greater comfort as they conveyed information that they may have been otherwise reluctant to share in public or through a translator. Interview questions were guided by a phenomenological approach to the study and followed the suggestions of four expert reviewers in order to accomplish the research objectives.

Prior to conducting each interview, the researcher explained the intention of the study to potential participants. The researcher shared that the study was a part of his master's degree in a university program located overseas in the United States. Because the data collected for the study was not associated with a local university, participants experienced greater comfort in sharing their violence-related opinions and experiences. Once participants expressed consent to participate in the study, the researcher proceeded to find a private place to conduct the interview, although avoiding noise was not always possible.

After obtaining verbal consent, the researcher asked seven open-ended questions with probes (Appendix B). The researcher began by requesting that participants, "Tell me a little bit about living here" as a means of getting a description of what daily life was like in Vila Nova. The question, "What are the biggest issues in this community?", presented another opportunity to identify concerns about the community from the perspective of participants. Participants' coping mechanisms were revealed in response to the question, "How do you deal with violence?", followed by the probe, "Are there any services, organizations, resources that address violence in your community?". The researcher developed the questions with the intent of obtaining information about living under the threat of interpersonal violence and its consequences. The

duration of the interviews ranged from eight to twenty-two minutes. The time duration difference of some interviews was because some participants offered very short, objective answers and probing did not assist them in elaborating on the topic.

In addition to face-to-face interviews, the researcher examined documents such as public records of the region, history of the community, and local crime statistics. The mayor's office provided a master plan of the Vila Nova resettlement project. The plan specified the number of residents, household data, and some demographic data related to Vila Nova. The researcher scanned newspaper articles for topics related to statistics and political issues occurring in the geographical area of interest. The researcher attempted to analyze hospital records related to the Vila Nova community. However, those records proved to be unreliable since there were no data specific to Vila Nova residents because no physical address existed prior to legalization. The lack of address prompted Vila Nova residents to make up an address in order to obtain medical services.

Data Management Plan

As part of developing the data management scheme for the study, the researcher maintained an "audit trail." One of the purposes of the audit trail in this study was documentation of the all aspects of the study, including analytical strategies used by the researcher (Wolf, 2003). Audit trails also serve to establish credibility related to the research study by documenting details about how the data were collected and analyzed (ibid). Having all processes of data management documented served to check and validate the inferences made by the researcher (Wolf, 2003).

Components of the data management plan included maintaining a dated *Research Log* that recorded research activities, procedures, and decision points. It assisted the researcher to

record specific information related to all participants and all decisions and actions related to the study (University of Lethbridge Library, 2009). *Field Notes* were essential in recording observations related to the favela as well as participants' interview data and body language, gestures, and reactions. These handwritten notes served as cues to remind the researcher about a specific situation or behavior and provided a data record in the event of equipment failure. The *Researcher's Journal* enabled the researcher to engage in bracketing by recording his personal opinions, preconceptions, biases and assumptions throughout the study. Maintaining an ongoing record of *analysis and interpretation memos* invited the researcher to record how he was making sense of the data as data collection and analysis progressed. To enhance safety and the protection of data, a copy of the recorded material was also compacted into one file and stored as an email attachment in the researcher's password protected email account.

Raw data were compiled along with field notes, research logs and journals leaving a wide margin for thematic analysis. Once the researcher collected the audio-recorded and hand written data, he first transcribed the recorded material verbatim into Portuguese, and then translated the data into English. The researcher then paired participants' individual transcripts with their respective handwritten notes in order to contextualize the interview and assist in the analytical process.

Data Analysis

In this study, the researcher initiated data analysis at the time data collection began. The researcher continuously immersed himself in the data by reading and re-reading the textual material in an effort to become intimately familiar with the topic. He then began coding or labeling the data by identifying key words, phrases, and significant statements. After data code segmentation, he revisited each set of codes from different participants in order to categorize

them within and across codes followed by a description of the conditions under which the code was applied.

Themes emerged as different groups of codes were clustered and analyzed for similar patterns and meanings. The intent was to develop a rich description of what living in a violent environment meant for Vila Nova residents. Once he achieved saturation of themes, he then gathered the themes to assist him in describing the meaning of the phenomenon in the form of statements (e.g. violence as source of depression and powerlessness). The strategy the researcher used for analyzing the data followed the steps suggested by Creswell (2007) that offered a simplified version of the Stevick-Colaizzi-Keen method for phenomenological analysis.

The researcher's first step in writing the findings was to write a full description of the favela and the meaning that violence held for participants. During the analysis process, the researcher continued to engage in reflexivity in order to identify and set aside any personal understandings that the researcher had about the phenomenon in order to focus the investigation on participants' perspectives.

The second step in the analysis process was to create a list of significant statements that emerged during the research process; these statements portrayed how participants experienced violence. Each statement had equal worth (data horizontalization) assuring that statements were not overlapping or repetitive (Creswell, 2007).

The third step involved the researcher in grouping the list of significant statements into "meaning units," followed by compiling them into larger units of information or themes. The following step included a "textural description" of violence. This involved a description of "what" the participants experienced and what happened. In order to provide a textural description, the researcher included verbatim examples of participants' experiences. The fifth

step was to write a description of “how” violence occurred or a “structural description.” This description assisted the researcher in better understanding the setting context in which the violence occurred. Lastly, the researcher wrote a description of the experience that was both “textural and structural.” The description addressed “what and how” participants experienced violence and the context in which the violence occurred (Creswell, 2007).

Researcher Qualifications and Bias

The researcher was the primary investigator for this study and thus was responsible for all procedures associated with the study. Prior to engaging in this research project, the investigator successfully completed a graduate level course on qualitative research (HLTH 6700). The final project associated with that course was the 2008 focus group interview that informed the present study.

The researcher worked for the U.S. Census 2000 as a bilingual enumerator hired to interview foreign immigrants who were reluctant to provide information. The researcher also conducted a health assessment on sexually transmitted infections and diseases with street sex workers as part of a team hired by the Brazilian Health Ministry. The researcher is fluent in Portuguese and did not require the services of an interpreter for the present study. His language fluency enabled him to personally conduct and transcribe the interviews associated with this study, first into Portuguese and then into English.

There is always a potential for researcher bias when conducting a qualitative study. The researcher employed bracketing to monitor and address assumptions and biases that he recognized during the course of the study. Bracketing was one way of demonstrating that the data collected were valid and underwent an analytic process (Ahern, 1999). Ahern offered

recommendations regarding this process that the researcher followed in order to address personal biases.

Prior to beginning the interviews, he took the first step of identifying any personal interests that he had for undertaking the study. Among them was the interest of the researcher in completing the master's thesis. The researcher also engaged in reflections on underestimated assumptions such as his gender, being a foreigner to Vila Nova, coming from a higher SES, and being white. After clarifying and acknowledging his personal values, the researcher always referred back to them when analyzing the data in order to develop a constant self-evaluation perspective. Then, the researcher outlined potential areas for role conflict, such as types of people or locations that generated feelings of anxiety, annoyance, or ease.

Next the researcher recognized any feelings that might lead to lack of neutrality in the analytical process. This was important to establish because having positive or negative feelings about Vila Nova or any participant or gatekeeper would lead to issues that could impact interactions with participants and the process of analysis. In this case, the researcher engaged in reflexivity through the use of the research journal, which assisted him in gaining insight into the subject matter.

The researcher identified any new or surprising information collected in the data. This led to the collection of additional information from participants, such as the importance that the community centre had for Vila Nova residents and the increase in drug trafficking and its role in breeding violence in the neighborhood as viewed by participants. At that point, the researcher stepped back and reanalyzed the data for saturation. When personal blocks occurred, the researcher attempted to reframe the research process to identify the source of the problem. This process helped in gaining further insight and to document data saturation.

After having completed the analysis of the data collected, the researcher paid special attention to quotes and references from participants to look for any response bias, since the topic of violence is sensitive and could have enticed participants to give misleading information (Moore, McCabe, & Craig, 2009). For example, on one such occasion, a participant believed that violence had actually decreased, contrary to what other respondents had shared. This comment led the researcher to return to the field to re-interview the participant who had made the comment. The participant suggested that her perceptions about violence may have been influenced by the location of her house. Her plot of land sat in the far-end tip of Vila Nova, facing the highway, which may have shielded her house from witnessing violence that occurred in the heart of the neighborhood. She acknowledged that she was aware of an increase in drug use and selling and commented that drugs were a major problem to favela residents because of the violence their use precipitated.

Summary

In this chapter the researcher presented the research design and data collection strategies, data management and data analysis and interpretation associated with this qualitative study. The researcher had selected a phenomenological approach as best suited for this population and research question. In addition, the researcher presented strategies to ensure the rigor of the study, including articulating his assumptions and biases at the onset and during the course of the study.

CHAPTER 4: FINDINGS

The purpose of this study was to gain a better understanding into the lived experiences of violence among underprivileged residents of the favela of Vila Nova in Brasilia, Brazil. This research study seeks to expand upon the findings of the focus group held in 2008 and further explore violence as a shared concern among residents of Vila Nova. All participants still lived in precarious conditions in plywood shacks while they awaited the conclusion of the housing project. There were no predictions for the housing project conclusion date; recent corruption scandals in local government have delayed all construction plans in the capital city that even resulted in the incarceration of the governor on bribery and other charges (Gusmão & Pimentel, 2010). Some respondents were hopeful that after the conclusion of the housing project things would improve. Especially since many residents would live in a house made of brick for the first time in their lives. Living in a brick house increased their sense of security and gave them a sense legitimacy and ownership. All participants had electricity in their houses and some claimed to have a telephone landline. All paved streets had light poles and some water and sewage pipes were operating.

Participants' Profiles

Of the eleven participants, four women were from the focus group held in 2008. A total of nine women and two men participated in the study, ages ranged from twenty-four to sixty years of age, most were in their mid thirties and early forties. Among the eleven participants, seven identified themselves as black, two were white, and two were *pardos* (Brazilian term that refers to people of black and white mix heritage). Educational levels ranged from incomplete

second grade elementary school to associate degree, although most had incomplete high school. Five female participants cleaned houses for a living, one male was self-employed, another male worked in construction, one woman was on disability, and four other women were homemakers. The youngest participant was born in Brasilia; all others had come from other parts of the country, mostly from the northeastern states of Brazil. Four women were single mothers and head of their respective households. One male was a single father and all participants but one had children. The number of people living in participants' houses ranged from two to seven residents.

Thematic Findings

The data collected provided a rich description of what it meant to live in Vila Nova and the meaning that violence had for participants. Shared themes that emerged from the interviews were feeling vulnerable towards one's surroundings (fear of being a victim of violence), concern for children's future, contributing factors to violence (drugs and alcohol, lack of state presence, unemployment), and discrimination against the community. Participants were also asked how they dealt with and protected themselves from community violence and some of the most common coping mechanisms revealed were remaining silent, self-imposed isolation and not going out during night hours, talking to children and preventing them from playing in the neighborhood, adapting to one's surroundings, and having faith in a supreme being as a source of protection.

Feeling vulnerable towards one's surroundings

Participants expressed vulnerability towards one's surroundings as the absence of security in their neighborhood or dwellings and as a prevalent feeling of being at risk of getting hurt, mugged, robbed, killed, caught by a stray bullet, or simply intimidated by others in their

environment. Living in plywood shacks as most of Vila Nova residents did posed no threat to intruders or if anyone wanted to break-in; a hatchet or even a simple hammer can tear down any of the makeshift homes. Another problem with living in such conditions is the threat of being victim of a stray bullet. As a participant illustrated: “these walls provide little protection, when we hear gunshots my little son lies on the floor and cries for everyone to lay on the floor as well for fear of being hit by a stray bullet, he is only six years old and he already knows that; he does that even with firecrackers.” All but two participants stated that they did not feel safe even when in their houses.

Except for two participants that had built a brick wall around their plywood shack, all others either had plywood or scrap metal put up as a makeshift fence around their homes. Of the eleven participants, eight had dogs chained in the front yard, although none mentioned dogs as a means of warning and protection, it can be deduced that it was used as such as an additional measure of protection. One participant had her house broken into during the day while she and her husband were working; many participants said that even when they left the house for a short period they had to ask other people to watch over it or had a family member housesit. All participants acknowledged and hoped that after the resettlement plan was complete and the brick houses were delivered they would feel much safer in their homes.

Another form of being vulnerable towards one’s surrounding was by feeling insecure and intimidated by other residents of Vila Nova; simple things like going to the bus stop or even just walking down the street were a source of concern. As a participant in her thirties who was married and had a young child put it “the other day I was walking in the neighborhood with my baby and I briefly looked at a girl who was hanging out with two other ones, they started to stare at me and point their fingers and gave me an angry look. I was scared, I lowered my head and

went to my house and didn't go past that street in weeks." Another participant highlighted how residents drink alcohol and make use of drugs in plain eyesight of Vila Nova residents even during daylight hours "See those four over there smoking? They are all criminals and they walk amongst us as if nothing can happen to them," she added.

One of the biggest fears that participants had were stray bullets and of being caught in crossfire between rival gang members, drug dealers and/or the police. All participants had witnessed daytime and nighttime shootings. All participants had stories about crimes committed in their neighborhood; all mentioned a murder of a man that occurred in the middle of the street in the previous month (February, 2010). None of the participant felt safe living in Vila Nova. They recounted that they lived in a constant state of alert and fear. Common recurring quotes from participants were "I don't feel safe here," "we have no security in here," or "I fear for my life and that of my children." All but one respondent believed that life had gotten worse at Vila Nova. Participants also feared being robbed or mugged in the streets or in their own houses. Many were the cases where participants described as having no freedom of movement, freedom to walk in the streets, having one's rights violated, and of living without security

Concern for children's future

Participants in this study were concerned about the future of not only their own children, but also about all children in the neighborhood. The source of their distress was not because participants felt that children would be victims of violence, as in being shot at or killed, but from fears that violence in the neighborhood would negatively affect the upbringing of the children and that Vila Nova's environment would make their children prone to replicate observed social behaviors and use violence as a means to promote personal needs and objectives.

Out of eleven participants nine had small kids living with them, either their own or grandchildren, one had an adult daughter that lived elsewhere and the youngest participant who lived with his parents had no children but had teenage siblings living in the same house. For most participants the concern with regards to violence was associated with drug use and trafficking and their effects and consequences on the future of children at Vila Nova. Parents feared that due to lack of economic and educational opportunities their children would be tempted to engage in drug trafficking or drug use. The concern of bringing up children in such a violent environment was prevalent with all participants. Common quotes were “I fear for my children growing up in this place” or “kids need to be busy with other activities in order not to get involved with drugs.” The fear of losing their children to drugs prompted parents to keep their kids indoors since there were no other alternatives. One mother had a son in a juvenile detention center, she complained about the lack of opportunities for extra curricular activities offered to children “they come back from school and since they are not allowed to work they have nothing to do but to hang out in the streets and learn from other bad elements.” This participant blamed her son’s drug use and eventual arrest for passing drugs on the neighborhood environment at Vila Nova.

Many participants mentioned witnessing children and teenagers either selling or passing drugs and many using alcohol, cigarettes, and drugs, as well. As one parent shared “Kids are influenced by what they see criminals do.” A participant related a story about a fourteen-year-old teenage boy shot dead in the street due to drug related violence. Another participant recalled being stopped by a toddler in the street, still wearing diapers and lifting his hand up as if holding a gun and asking her to give him her purse, “He could barely speak, he couldn’t say the word *bolsa* correctly” (Portuguese word for purse).

Another concern with teenagers was prostitution. Two participants related stories about teenage prostitutes in the neighborhood that worked to bring money home to their parents. Many parents were fearful for the future of their children brought up in that environment. Parents feared that drug dealers could negatively influence their children perceptions of their environment and lure them with material goods that parents could not afford. As one of the former therapists at the community center related:

When I used to arrive at the community center there was always a kid or a teenager saying how nice my shoes were, or pants, shorts, or anything that I had on me, wristwatch, shades, backpack... anything that I had was somehow something that they lacked. I often tried to play down the importance of material things. At the end of my work there I was dressing down and carrying almost nothing on me except the essential.

Contributing factors to violence

When participants were asked what violence meant for them the most common definitions were: aggression, fights, beatings, theft, robbery, assault, death, murder, rape, and child physical abuse by parents. According to participants, contributing factors to violence had many dimensions, and were closely associated with alcohol and drug trafficking and/or consumption, lack of the state presence, and unemployment.

Drugs and alcohol as a source of violence – Almost all participants believed that drugs were a major cause for violence in their community. Participants believed that drug addicts committed crimes, such as theft and burglary, in order to sustain their addiction. Also, money owed to drug dealers by drug users was perceived as a major source of violence in the community, many examples were used to describe this relationship, including death caused by drug debt. One participant pointed to her neighbor and said “you see that woman over there? She

was here a few minutes ago and was desperate because her son had a death threat against him for not paying back a drug debt.”

All participants believed that drug consumption and dealing had increased in recent times. Common quotes were “there are a lot of drugs here,” or “a lot of people are using and selling drugs” and “drugs are the cause of violence in our community.” Drugs were also associated with police incursions in the community and causing exchange of bullets between officers and drug dealers, which led to fears of stray bullets. Two respondents commented on the increase in the number of households that sold drugs. Drugs dealt in the neighborhood as reported by participants included marijuana, cocaine, crack-cocaine, and *merla*, a cocaine based paste that is mixed with tobacco or marijuana and smoked.

Alcohol consumption was also associated with violence. Participants believed that many people who drank alcohol got into fights when intoxicated. They reported accounts of murder related to alcohol consumption. During any time of the day one could witness alcohol consumption in the streets of Vila Nova. A participant recounted the story of a man who came to her house looking for her husband “when my husband arrived at the gate the man asked for some money of which my husband handed him and right afterward he punched my husband on the face, which caused his nose to bleed.” She later commented that the man hit her husband because her husband had a drinking problem and owed him money.

The existence of many makeshift pubs in the neighborhood makes alcohol consumption accessible and a potential vehicle for violence. A participant once witnessed a crime in front of a pub in Vila Nova, he was a teenager at the time, he recounted that “I saw the murder, I saw the person who had done it and I ran back home. My dad and mom were afraid for my safety and sent me away to my aunt’s house in another town and I lived with my aunt for almost a year

before coming back here. Luckily no one came after me. I no longer hang out around Vila Nova.”

Lack of state presence – Most shared the opinion that the state did not do enough for them. Quotes like “government doesn’t pay attention to our needs” and “the police doesn’t care about our safety” were most common. Often mentioned, as evidence of the state’s absence was the lack of security. When talking about violence and crime, participants often said “they (the police) come here and do nothing about it (violence)” or “the police has no control over the situation here.” Frequent use of drugs and alcohol in the streets at any given time of the day and the increase in number of crimes as reported earlier attested to that. Most participants believed that the police did not care about them, or that law enforcement agencies knew about everything but did little to stop it. One participant even said “they know what goes on in here, they see it, and choose to ignore it, because they prefer to have all drugs concentrated here so it will not spread to better neighborhoods” although difficult to verify, this participant’s comment suggested that since Vila Nova was already known for its drug dealing, it was more convenient to keep it limited to that neighborhood as a measure of control. When talking to a law enforcement agent, he suggested that Vila Nova residents who sold drugs actually went to other neighborhoods to sell them; although also possible, this comment went contrary to what participants witnessed. Nonetheless it established an accepted drug-ridden neighborhood profile for Vila Nova.

An example of the lack of governmental presence in Vila Nova was the delays in rebuilding the houses. The original resettlement plan released by the mayor’s office predicted the conclusion of the construction of the neighborhood by June of 2009. Almost one year later, nothing had been delivered and many community members who were asked to move out in order

to have their houses built were still scattered around different places in the state waiting to come back. As one participant questioned, “What about the children and their school year? They were forced to relocate, and interrupt their school semester and now we have no idea when construction will be completed, what will happen to them?”

In addition to rebuilding the houses, the original resettlement plan calls for the building of four churches, a health clinic, a police station, and a daycare center. If indeed these services are installed in the neighborhood they can potentially improve the living conditions in there. There are no official plans for the community center. Some Vila Nova residents have been trying to petition the local government to allocate a space for that purpose but so far nothing has been granted.

Unemployment – Life at Vila Nova is difficult; and according to participants much of the difficulty had to do with residents’ inability to secure a source of income. Many said, “we need jobs” or “people need work,” although this is a given in any situation where poverty exists, participants identified the lack of employment opportunities with the increase in violence, alcohol and drug consumptions and drug trafficking.

According to participants, the major reason why many people were selling drugs was because they had no jobs or any other prospects in improving their living conditions. Many of the fear that participants had was that their children too would end up selling drugs unless parents were able to provide them with alternatives. As a participant commented: “I have been here for 14 years and I saw many of these kids grow into drug dealers, some have been killed and to some I was present at their first communion in church, I never thought they would grow up to be criminals. If only they had other opportunities, but for most of them there is none.”

Some participants believed that many people used drugs and alcohol as a form of “escape” from reality and that if jobs were available none of these problems would be present. When a home improvement and construction supply store opened on the other side of the highway that faces Vila Nova one of the participants in the study went there to apply for a job just to be turned down, and according to her, because of where she lived, “they built this huge store and not a single employee is from Vila Nova; you would think that the company would be looking to improve the living conditions of those that live next to it, but no, they don’t want us working there, we are dangerous” chuckling as she finished her sentence.

Discrimination against the community

Discrimination as reported by participants was not because of race, but instead for living in a slum and for belonging to a class of low-SES status. Favelas in the mainstream media is often portrayed as harboring criminals and drug traffickers and are commonly seen as being *boca de fumo*, place where one goes to get drugs (Phillip, 2009). Discrimination was reported as coming from people who lived in the suburbs and from people who lived inside Vila Nova.

All participants complained about how they felt discriminated against by outsiders; according to them, outsiders believed Vila Nova was a breeding ground for criminals and drug dealers. Frequent comments were “we are discriminated against” and “nobody likes us” (referring to outsiders). Many respondents said that discrimination caused their children to be bullied and marginalized in school because of where they lived prompting some of children to lie about their place of residence. Discrimination also prevented members of the community from getting jobs, as one participant said, “When we apply for jobs we have to say that we live in the neighboring town, otherwise nobody will give us a job.”

Discrimination towards Vila Nova residents was observed whenever the researcher approached outsiders for their opinion on the community, such as social workers, civil servants at the mayor's office, or law enforcement agents. Common expressions were "There are only criminals and drug dealers there.", or "These are ignorant illiterate people." An epidemiologist at a local hospital even asked: "why do you want to study Vila Nova? There is nothing good to be learned from it; you should do your research in other places like... (providing two other location names)."

Discrimination was not coming solely from outside Vila Nova residents, as one of the former therapists at the community center who worked with teenagers commented, "when I began working here, children would often curse at each other using names such as *favelado* (demeaning word for someone who lives in a *favela*), and calling each other *marginal* (criminal) and *traficante* (drug dealer)." According to the same therapist, problems with low self-esteem were so prevalent that "many group therapy activities had to be changed and directed towards improving self-worth and guided towards establishing a sense of community and belonging."

Another common source of inside discrimination came from longtime residents of Vila Nova towards the "newly arrived", or those that had arrived in Vila Nova after 2003. Common expression that portrayed this behavior towards the more recent settlers were, "Our problems started after these people began to move in.", or "They are the ones that brought drugs to Vila Nova.", and comments such as "Those people there are to blame for the violence" were often done with a frown or an angry face. Although some of these statements might have been true, only five out of eleven participants in the study were living in Vila Nova for over 10 years, the remaining participants had been living there for about five to seven years and they too had the same concerns as older residents and were attempting just as much to live in a safer place.

Coping with Violence

When asked to describe living conditions in Vila Nova, almost all of the respondents had at least one good thing to say. One of the biggest advantages of living there was its proximity to the capital city and the suburban town adjacent to Vila Nova. Some participants mentioned having many friends and family members living in Vila Nova as a positive advantage. Among eleven participants only two suggested that they would move out of Vila Nova if they had the chance because they were extremely worried about living under such violent conditions. Although most believed that violence would continue to be the same after the conclusion of the resettlement project, they wanted to remain at Vila Nova because of its location and their own personal history and attachment to the neighborhood. Some were at Vila Nova for almost 20 years and it had been the only residence that they had ever known since migrating to Brasilia. Since most participants were going to continue living at Vila Nova and violence was expected to be a daily reality, this study was interested in finding out what were some of the mechanisms that residents had developed to cope with violence; the following were participants' most common shared strategies:

Remaining silent

Staying quiet for most was the number one method of self-preservation and the best way to protect oneself and one's family. This meant that if residents witnessed a crime they preferred to remain quiet rather than to risk their own personal safety and denounce it to the authorities. The interviews revealed that participants knew where the criminals lived, crimes committed by them, their kind of activities, and their family members. As one participant put it "the best way to protect myself and my family is to turn my face to the other side."

Another participant put it, “no pointing of finger, we play it dumb.” Fear of retaliation from drug dealers and other suspected criminals that lived in Vila Nova was prevalent. None of the respondents dared call the police when seeing something wrong, even though the law gives them the right to anonymity. Deep mistrust existed between Vila Nova residents and the police. One participant claimed to have worked as an informant for the police in the past only to quit after the participant’s life was threatened by one of the drug dealers. In one such occasion, a participant mentioned a woman’s shack that was burnt down because she had denounced a crime. The 2008 focus group recounted this same event as well. Although many stated that police patrols had increased after pavement of the streets, none saw this as a deterrent to crime. Many respondents recounted how police always arrived late at the crime scene and that witnesses were never around to assist. Participants mentioned feeling helpless because they could not rely on the police.

Self-imposed isolation and not going out during night hours

When asked how they dealt with violence, participants almost always shared that they tried to stay indoors as much as possible. Reclusion was a method used for protection. Common quotes were: “I stay in my house as much as I can” or “I don’t interact with people here.” This meant that participants only left their houses to go to work or perform other routine activities. This self-imposed isolation prevented most residents from developing strong social ties further weakening their sense of community and fomenting deep mistrust amongst them. Some respondents said that they only lived in Vila Nova because it provided them a free shelter, and that their social lives occurred outside the neighborhood so as not to have to deal with the violence around them.

Going outside the house during the night was especially dangerous. Even though light poles already existed by the time this study was being done, still none of the participants claimed to go outdoors at night. Since the pubs in the neighborhood were seen as a point of gathering for people who drank and made use of drugs, none of the participants frequented the pubs since they were associated with drug trafficking, fights, and other crimes.

Talking to children and preventing them from playing in the neighborhood

Another way parents prevented their children from being exposed to violence in the community was to have their kids engage in sports and other extracurricular activities outside Vila Nova; activities like the ones that were held in the community center prior to it being demolished. Participants also mentioned that communication with their kids played a major role in protecting them, “I talk to my children about what they witness here” or “I warn them about the dangers of street;” having honest and open conversations about everything that happened in Vila Nova was seen as a way to prevent that their children got involved with crime and drugs. “I get involved in all of my kids activities” as one parent suggested as being the best way to protect them. Parents often talked to their children about the dangers of using drugs and some even made an effort of participating more actively in their children’s school activities. The need to keep kids busy as a way of shielding them from violence was prevalent among participants.

Adapting to one’s surroundings

Despite the increase in crime in their neighborhood, many participants concluded that their only solution was to adapt, since they had no money to rent or buy a property somewhere else and since they had been granted that plot of land and a house at Vila Nova, as one participant put it “I have no where else to go.” Adapting meant finding alternative activities and personal relations outside of Vila Nova, maintaining a low profile and isolating oneself and

family, or interestingly enough, becoming even more engaged in community life. Three respondents who participated more actively in community affairs saw their role as being actively engaged in the community life as a deterrent to crimes committed against them and their family members, “I talk to everyone in the street, I make a point of knowing every single person there is in here, when people know you and you know them, they are less likely to harm you or your family.” One such participant even mentioned that she encouraged her children to play outdoors for two or three hours a day in order for them to be well known in the neighborhood so as to not be seen as a threat to potential criminals. This behavior was in contrast to most participants who preferred keeping their kids indoors.

Faith in a supreme being as a source of protection

Lima, Stotz, and Valla, (2008) reported that faith in a supreme being was perceived as a coping mechanism in that study. Likewise, two respondents mentioned god as a source of hope and strength, since they felt abandoned and discriminated against by the authorities. Common quotes included “I trust in god” and “I pray a lot” were seen as protective measures against community violence. Since there were four churches in a community of less than two thousand residents, one can presume that religion played an important role as a coping mechanism in the community as a whole, even though the majority of participants in this study did not mention anything to this matter.

The Community Center

The community center hosted the focus group in 2008 before it was demolished, and its importance for Vila Nova residents was greatly perceived in this round of interviews. Although the community center was not mentioned as a coping mechanism to violence, perhaps because not all participants directly participated in the activities offered there, but for many participants it played a major role in their lives and it served as a positive influence for Vila Nova residents. Participants saw the community center as a venue to advance the education of their children by keeping them busy with guided activities, and as an alternative to letting kids just play in the streets.

The community center was built by a local non-governmental organization (NGO) that aimed at expanding the access to psychological therapy to impoverished populations. Initially operating out of two different makeshift church compounds, the NGO started working with community therapy for adults, adolescents, and children. From the initial objective of providing free community therapy for Vila Nova residents other ideas for different activities started to emerge such as tutoring classes for elementary and primary levels, adult literacy classes, and the creation of a public library. With no place of its own, the NGO then decided to build its own place to host all of the activities that were needed. Since Vila Nova's legal status as a neighborhood had not been settled by the local authorities yet, the NGO representatives believed that the benefits of building a community center without governmental approval was worth the risk of potential future demolitions. According to the NGO representatives and participants to this study, the building of the community centers used funds from businesspeople and individuals that donated construction material and supplies. Half of the labor costs for the construction of the community center was paid by the NGO and the other half was voluntary

work from community members (which during its existence was the sole brick structure for public access in Vila Nova). One architect donated her work and a librarian volunteered to categorize and organize the library.

The community center operated for about a year before it was demolished in 2009. At the highlight of its operations the community center had a busy all-week long calendar of activities. Besides using the space for community therapy for children and adults, the community center hosted a small library and a toy room, and its activities included: literacy classes for adults, tutoring classes for elementary and middle school students, music classes for classical guitar, flute, and violin, yoga classes, and sewing and embroidery classes. The space was also available for local community members to use for *capoeira* classes, and for a hip-hop group of adolescents to rehearse their songs and dances. The community center was seen as a positive alternative to educating the children outside of the school setting. “They learned social skills, they had a library, they were even given a snack” as one parent remembered.

While operating, the community center also invited other professional to hold workshops in different areas. Including self-care and oral hygiene, food waste reduction cooking techniques, miscellaneous arts and crafts, and one in specific, candy making workshop that prompted a number of women from Vila Nova to form a cooperative that began to produce and sell candy as a source of income. The community center also held a once community meeting once a month to discuss the operations of the center, future activities and actions that could improve the living conditions at Vila Nova. The researcher participated in three of these sessions and community members were at the time planning on another collective effort to petition the local government for the settlement rebuilding.

Participants saw the community center as a venue to advance the education of their children by keeping them busy with guided activities, and as an alternative to letting kids just play in the streets. Often mentioned by participants to this study when referring to the upbringing of children was the community centre, “When I sent my daughter to the community center I had no worries about her safety, that was a safe place, they always had someone in charge there that made sure kids were doing activities.”, community members had also devised a schedule with local volunteers in a rotational basis that would supervise the activities and children. Three different members in the community kept the keys to the community center and they also did the upkeep of the space.

In 2009 the community center won two separate prizes, ironically by the Brazilian Ministry of Culture and Arts and the other by the Ministry of Education. The prizes were four computers for an Internet station, as part of the government’s effort to increase Internet accessibility, and a basic collection of books for the library. Despite having won these prizes by two separate governmental entities, it was not enough to prevent the demolition that took place in the same year, even before the prize was to be delivered, which prompted one of the community members to open her makeshift home for the library and internet station. According to the resettlement project, there is no prospect for a community center since it existed for less than the five-year requirement for a land grant. In other words, for a land to be granted to a person or entity (business, organization, or church), they must have been living or operating in Vila Nova for at least five years prior to the resettlement project.

Community centers are non-existing in any other neighborhoods visited by the researcher in the capital city, regardless of SES. There are neighborhood sports clubs, churches, and public library that can host an Internet stations, but the concept of a community center with multiple

uses for support, care, and job creation opportunities is not known to exist in Brasília. Perhaps the difficulty in establishing one may in part come from the fact that none has existed in the past in other communities to serve as a precedent. Presently, the community center is being operated from a community member's home which has not been demolished yet, most activities had to be suspended due to space limitations.

Community members and the NGO responsible for starting the community center are trying to formally request governmental officials to have a space allocated to a community center or public library in order to continue with the activities.

Most participants lamented the demolition of the community center and viewed it as a negative point in Vila Nova's history since the community center offered so many extracurricular activities. Many participants questioned the government's decision to demolish the community center that served so many purposes for the residents of Vila Nova. One mother asked, "why not build a space and then have the center relocate after it has been built? Why did they interrupt the activities that we had there? Now kids have nothing to do and we have to lock them up again in the houses!" One participant went as far as saying "demolishing the community center was a violence committed by the government."

Summary

The findings suggest that violence at Vila Nova was closely associated not only with drugs and alcohol, but also with the fact that many residents could not find jobs. Not being able to secure an income may have enticed many residents to turn to selling drugs as a source of income. Many participants believed that if outsiders did not see Vila Nova residents as criminals things would be better and their opportunities in life would improve. Because they felt

discriminated against by people from outside and inside the community, participants in the study suggested that the delay in completing the resettlement project was only allowed to continue in this stalemate because Vila Nova was not a state priority and that the governing bodies did not care about them.

Since most participants intended to remain in Vila Nova for the long run, many had chosen to adapt to violence and wait for better days in the future. Among some of their strategies to coping with violence was to remain silent about what happened in Vila Nova and to isolate themselves and their families from the neighborhood. Children were seen as most vulnerable to the violence that surrounded the community and this prompted many parents to keep their children busy all day with extracurricular activities outside Vila Nova.

CHAPTER 5: DISCUSSION AND CONCLUSION

Introduction

The purpose of this qualitative study was to gain a better understanding into the lived experiences of violence among the residents of the favela of Vila Nova. This research study sought to expand upon the focus group held in 2008 and further explore violence as a shared concern among study participants. Vila Nova is a relatively small community with about 450 households, and according to participants in the study, violence had only become a problem six or seven years ago. This chapter will examine the outcome of the findings and elaborate on themes that emerged from the interviews. But first, the profile of the population will be discussed since many of its characteristics are factors that facilitate the emergence of violence (Briceño-León, 2006).

According to the resettlement plan provided by the mayor's office, besides being extremely poor, Vila Nova residents are individuals who do not have many years of education. In this study, one participant had not completed second grade and only one had an associate degree. Two other participants had either a high school or GED diploma. Most had incomplete high school, and three others did not have 6th grade complete. Evidence to this is the regular attendance of adults in the literacy classes that is held in the neighborhood. According to the adult literacy teacher, every semester there are about ten to fifteen adult students. Having less years of education directly affect Vila Nova residents' capacity of being able to petition their government for better services; such as to request more policing and the construction completion of the resettlement (resettlement was to be complete by June of 2009, and so far nothing has been

delivered). One participant highlighted how politicians were not interested in Vila Nova's problems because it was too small to elect any official.

Discussion of Findings

Among the themes that emerged from this study at Vila Nova, alcohol consumption and drugs use and selling, lack of state presence, and unemployment were major problems that participants suggested to be associated with the emergence of violence in their neighborhood. Likewise, In the study developed by Briceño-León (2006) on the increase of interpersonal violence in Latin American countries, he suggested that factors that facilitated the development of violence operated in three levels, and among the factors that contributed to the increase of violence in the macro-social level was income inequality and not having enough jobs in the market. At the meso-social level Briceño-León (2006) included concentration of poverty, neighborhood segregation along with the drug market as reasons for the increase in violence. At the micro-social level, the increase in alcohol consumption was one of the factors.

Absence of the state in the Huguet and Carvalho (2008) study, as in law enforcement or police, was also a contributing factor that enticed the youth to join gangs. Likewise, Vila Nova residents observed the absence of the state in the actions of the local law enforcement agencies that according to participants "allowed crime to run free." This was especially noticed in comments as "the police is aware of it (drug trafficking), but does nothing to stop it." One participant even suggested that the police preferred to allow drug dealing to occur at Vila Nova as a means of control of its spread, in order that other neighborhoods in the area would be free of such problems. Again, the study demonstrated that lack in trust towards the state was high among participants.

In the view of study participants, besides law enforcement officials and the authorities allowing crime to run unchecked, the state was absent by the long period of time that it took to recognize Vila Nova as a legitimate neighborhood and in the delays of the construction of the resettlement project. Two participants even saw the government as perpetrator of violence for having uprooted families and scattered them around in different towns disrupting their daily routines while awaiting construction of houses that were delayed. Another participant saw the demolition of the community center as a major violence committed against the children in the neighborhood. Another example that illustrated how participants felt disenfranchised was that local officials, senators, and representatives ignored Vila Nova altogether. Four participants claimed to have attempted to talk to the mayor, and other local representatives about the delays in construction and/or the prevalence of violence and drugs in their neighborhood but to no avail. As one put it, “we are few in numbers, we don’t elect anyone;”

Another major theme that participants in the study identified was that of being discriminated against for living in Vila Nova. Similarly, when Lima, Stotz, and Valla (2008) conducted an assessment of the challenges that health professionals faced when working in favelas in the suburb of Leopoldina in the city of Rio, participants in that study mentioned that they were “demonized” as being agents of violence, which in turn caused them to be discriminated against and prevented them from getting any jobs. Huguet and Carvalho (2008) observed that deep feelings of revolt and discrimination of the elite against the poor in Rio contributed to young favela residents to join gangs and work for drug dealers.

Concern for children’s future as expressed by participants to the study was well founded, not solely with regards to children’s prospects in life, such as becoming involved with drug trafficking or use (Boynton-Jarrett, Ryan, Berkman, & Wright, 2008; Huguet & Carvalho, 2008),

but also in what Mazza and Overstreet (2000) reported as the consequences of children and adolescents being exposed to violence resulting in academic difficulties and many mental health issues, such as PTSD, aggressive and suicidal behaviors, anxiety, and depression.

Vila Nova had in the past years experienced an increase in residents moving in, and all were very poor people that saw themselves confined to one specific area, separated by an interstate highway from the middle-class suburban town that sits right next to them. Although none of the participants in the study at Vila Nova made the association between neighborhood organization, discrimination, and violence, the economic segregation could have contributed to the development of violence in their communities as other studies have shown (Eitle, D'Alessio, & Stolzenberg, 2006; Villarreal & Silva, 2006). Opportunities for conflict and frustrations can easily occur among Vila Nova residents since they send their children to the same public schools as their better off neighbors.

Coping with Violence

Once Vila Nova residents noticed that violence had settled in, instead of attempting to fight back, they just adapted to the new circumstances. This behavior promoted self-isolation, adopted by most participants. Participants tried to stay indoors for fear of violence and only three participants who were active in their community mentioned that interaction with members of the neighborhood provided them with a protection against interpersonal violence. Similarly, in the favela of Leopoldina in Rio fear of lethal violence prevented residents and health workers from moving freely which caused residents with diabetes and hypertension not to engage in physical activities outside their homes (Lima et al 2008).

Perlman (2005) in her longitudinal study of the favelas in Rio mentioned that one of the biggest changes in behavior was the breaking down of societal ties due to violence; according to her the consequences were devastating since it limited public spaces where networking occurred and decreased opportunities for residents to find jobs, organize community events, and develop a sense of community. Likewise, Vila Nova experienced the same phenomenon due to the increase in violence and drug trafficking. This is mostly due to the self-imposed reclusion participants adhered to as a means of protection. Although some participants were actively engaged in activities at Vila Nova, like the adult literacy teacher and others involved with church affairs, the majority of participants did not interact with their neighbors, and did not leave their houses very often, except when visiting family members who lived there as well. Most participants restricted their movements to go to work and back. Others preferred to have a social life outside Vila Nova.

Another common adjustment to violence was turning a “blind eye” to what was happening in their surroundings. Common expressions such as “you don’t point fingers” and “you look the other way” were recorded. The practice of “see and don’t tell” was prevalent as a mechanism to adjustment, self-protection, and survival to the current situation of violence and drugs. This behavior was obvious due to the fact that many of the interviewed knew the perpetrators of crimes and drug dealers, but had no intentions of denouncing anyone for fear of the consequences. Even though the law guarantees the right to anonymity, Vila Nova residents were weary of law enforcement agencies and trust in government officials was very low.

Talking to children about what occurred in their neighborhood seemed to be a prevalent form of protecting and informing them of the dangers of living in Vila Nova. The opposite, or poor communication in the home was one of the variables associated with youth male violence in

Chan et al (2004) and the same was observed with adolescents in low-SES neighborhoods where poor parental communication was a risk factor for youth violence (Beyer, Loeber, Wikstrom, & Stouthamer-Loeber, 2001). The importance of having an open communication with parents about violence witnessed in their neighborhood might spare many Vila Nova adolescents of early initiation in smoking, alcohol, and substance abuse (Boynton-Jarrett, Ryan, Berkman, & Wright, 2008). Also, Lima, Stotz, and Valla (2008) in their assessment of challenges that health workers encountered while working in the favelas of Rio recommended as a mechanism of protection that the debate on violence and poverty become an integral part of education in school as a way to elicit deep reflection and personal emotions of those involved.

One last coping strategy to deal with violence that Vila Nova residents had for their children was the community center demolished in 2009. It provided for a vibrant interaction between children and residents of Vila Nova. According to participants, it was seen as a “safe space for kids” to go. Children of the neighborhood now had no other local alternatives to engage in productive and goal oriented extracurricular activities. Besides activities for children, the community center also provided for local women to engage in income generating activities, such as sewing, arts, chocolate candy making, and crafts. Teenagers practiced hip-hop dance, music classes, and *capoeira* as well. Most importantly, the center also held regular community therapy sessions for children and adults, and this too was seen as a big loss for participants since therapy sessions were a major venue for some of them to interact among each other, vent their problems, and share common concerns with community members.

Vila Nova has a long history of exclusion and living on the margin of society. After more than twenty years of existence only now it will become a recognized and legal neighborhood, but urbanization in itself will not be enough to improve the living conditions on the ground nor will

it hamper violence or drug trafficking in the neighborhood. Moreover, the fact of living in an area where there is a high concentration of poor people may have played a role as in the emergence of violence (Briceño-León, 2006; Campbell & Campbell, 2007; Parker & Pruitt, 2000; Wilson, 1997). Other factors will have to change or evolve in order to make life in Vila Nova safer

Implication for Health Educators and Policy Makers

Findings from this research study can help to better understand the dynamics of violence in poor neighborhoods in developing countries and how underprivileged, vulnerable populations cope and develop mechanisms of protection. This study may also inform health educators on the challenges that they face when attempting to begin qualitative studies in Brazil, or other developing nations where people are not used to participating in studies. One important aspect was the difficulty to have potential participants agree to be interviewed after being read a document of consent. As related earlier in this study, oral consent was better suited for a population with low educational level as well as low-SES and the importance of creating a consent letter that is easy enough to be understood by the target population while not falling short of any of the IRB requirements.

Although it may be specific to countries where land grants exist for its citizens, any resettlement plans for slum dwellers should take into consideration the opinion of its residents. Vila Nova residents had little say in the decision process of rebuilding their community. According to participants in the study, if they had an opportunity to voice their concern they would have asked for the construction of a school and a community center, for example. Any

project that aims at relocating squatter populations should be a collective decision-making process involving, government officials, urban planners and the target population.

There is no easy way of dealing with violence, in particular when there are signs of an absent state; and especially when law enforcement agencies do not have the trust of the public they serve; populations that are vulnerable to interpersonal violence have not many options. Isolating oneself and family members from the neighborhood may seem like a form of prevention against community violence, but on the other hand it can harm the development of community ties and collective activities.

One plausible solution as expressed by many Vila Nova participants is the creation of a community center where adults and children are able to interact in a safe space even when the neighborhood seems to be violent. By providing a common space for people to come and exchange ideas and talk about their troubles may greatly improve their chances of organizing themselves in order to come up with creative ways for finding solutions to their common problems. Although study participants did not trust governmental officials, when dealing with community violence, there is no other way of improving the living conditions unless there is a combined effort between community members and governing bodies to address any problem that deals with personal safety. This includes putting efforts into developing better ties with law enforcement agencies in order to create mutual trust and respect. Violence is a problem that must include other participants from outside the public health sphere, such as city planners, local enforcement agencies, and community members that are affected by the phenomenon.

Brazil has enjoyed the benefits of representative democracy for almost 25 years now and education on the processes of democracy building are essential in advancing the rights and giving voice to vulnerable populations. When a common space exists for people to interact and

share their concerns, there is also a great potential for educating and organizing people to petition their government for better services and security. If health educators and other public officials intend to address violence in an effective manner, interventions should include a number of actions that are within the reach and control of regular citizens, regardless of SES background. An example of a feasible and simple intervention was how participants in the study talked to their children and youth about violence, which in turn gives the children the opportunity to share their thoughts and express their frustrations since adolescents seem to be an easy target for violence.

Another area identified as being associated with violence was drugs and alcohol. If community members are able to organize themselves, they can make access to alcohol more difficult; also they could invite outside organization that deal with substance abuse to implement an intervention program specific for that population. One of the nurses in a local health clinic that was interviewed for this study commented on a diabetes campaign held at Vila Nova that was quite successful in bringing people to participate in biweekly meetings on self-care and exercise. Similar campaigns can be done to target substance abuse. Also, as a way of making the sale of illicit drugs less attractive to residents, governmental agencies and nonprofit organizations could develop and offer skill training and education for unemployed residents of Vila Nova to increase their employment opportunities.

Lastly, based on the experience of some participants in this study, maybe community members could attempt to interact more actively with one other, maybe by becoming more familiar with their neighbors and other community members can indeed serve as a mechanism of protection against interpersonal violence. The creation of neighborhood events can provide a

space for people to get to know each other and maybe this too can increase mutual respect and cohesion and decrease in violence.

Health education can be a challenging task in developing nations due to the lack of resources, lack of governmental support, understanding of its purpose, and especially lack of good will from community members and other health professionals alike. An intervention that deals with such a sensitive issue like violence has to take into consideration the environment and cultural aspect of the target population. Some of the suggestions for intervention presented here might seem too simplistic and lacking of a preexisting theoretical framework, but when working under the previously described conditions, health educators need to devise creative and reasonable solutions to health promotion and education.

Implications for Future Research

This study attempted to provide detailed information about the lived experiences of violence among Vila Nova residents. Although this discussion does not aim to discover its origins or solutions, additional research should be implemented to better understand why violence is prevalent in one community and not the other. Poverty in itself is only one of the variables that contribute to the development of violence, as observed in the fact that six years ago Vila Nova was poor but not violent.

Future research on the field of interpersonal violence in disadvantaged communities should focus on better understanding the motivation and enabling factors behind a group of people or a family that is able to thrive in such environment and manage to keep their children from engaging in self-destructive behavior. Other potentially rich area of interest is examining the relationship between being active in a community as a measure of personal safety versus

isolating oneself. Although this research studied the emergence of violence in a relatively small community the same might not be possible when dealing with mega slums like the ones that exist in Rio and Nairobi for example.

Women were a majority in this research and it would be important to understand the role that they play in community building while living under the threat of interpersonal violence. Another topic of importance is how to address the question of low-self esteem in slum dwellers and how to assist them in advancing their plight despite having to face discriminations and unequal access to information and public services.

Furthermore, the need is clear for additional research development on how to improve the levels of trust that law enforcement agents have with the communities that they serve. Including studies about how to better assist law enforcement agents on changing their own perceptions, biases, and preconceptions about population that live in crime-ridden neighborhoods and that need their services. Again, this may sound at times unrealistic depending on the city and population served. An important factor in violence emergence is urbanization. Future research efforts should also focus on how neighborhoods should develop and the role that SES and neighborhood segregation have in promoting and/or preventing the emergence of violence.

Lastly, research in any subject should address and develop methodologies on how to perform assessments in populations that do not have many data on them or that at times might even have corrupted data. Vila Nova is a good example, but most likely there are many other places in developing nations where data is difficult to get on a specific population and this should not pose a threat to the reliability of the work of health educators, especially when working with large and marginalized populations.

Conclusion

Vila Nova has gone through and continues to undergo many changes, from its origins of a small favela to becoming recognized as a legal settlement. Much of its characteristics are unique, such as the population demographics, history, and political gains which may also limit the scope of this study. But what this study attempted to demonstrate is how people who live under the threat of interpersonal violence are able to do so despite being poor and with a low literacy level.

For many residents of Vila Nova the resettlement plan was the only solution to safeguarding their hopes of home ownership, even if this meant having to cope with violence and its consequences. Most participants to this study chose to isolate themselves while others preferred the opposite direction as means of self-protection from violence, but one aspect that all shared in common was their concern for the future of the children that were exposed to that environment. This meant having to turn a blind eye to illicit substances, addiction, crime, and remaining silent and not denouncing any of it to the proper authorities; all the while keeping an open line of conversation with their children in the hopes that this would provide for a distinguishing factor against Vila Nova's violent atmosphere and provide their children a better chance of becoming more successful than their parents in the difficult task of making ends meet.

REFERENCES

- Ahern, K. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9 (3), 407-411.
- Allen, J. A. V. (2001). Poverty as a form of violence: a structural perspective. *Journal of human behavior in the social environment*. 4 (2,3), 45-49. Retrieved from EbscoHost database.
- Appleton, J. V. (1995). Analysing qualitative interview data: addressing issues of validity and reliability. *Journal of Advanced Nursing*, 22, 993-997.
- Beyers, J., Loeber, R., Wikstrom, P., & Stouthamer-Loeber, M. (2001). What predicts adolescent violence in better-off neighborhoods? *Journal of Abnormal Child Psychology*, 29(5), 369. Retrieved on December 20, 2009, from SocINDEX with Full Text database.
- Blau, J. R., & Blau, P. M. (1982). The cost of inequality: metropolitan structure and violent crime. *American Sociological Review*, 47, 45-62. Retrieved on 25 of November, 2009 from EbscoHost database.
- Bogdan R.C., & Biklen, S.K. (1998). *Qualitative research in education: an introduction to theory and methods*. Boston: Allyn and Bacon.
- Bolay, J. C. (2006). Slums and urban development: Questions on society and globalization. *The European Journal of Development Research*, 18, 2, 284 – 298.
- Boynton-Jarrett, R., Ryan, L. M., Berkman, L. F., and Wright, R. J. (2008). Cumulative violence exposure and self-rated health: longitudinal study of adolescents in the United States. *Pediatrics*: 122. <http://www.pediatrics.org/cgi/content/full/122/5/961>
- Briceño-León R (2006) Urban violence and public health in Latin America: a sociological explanatory framework. *Cadernos De Saúde Pública*, 21, 6. 1629-48. Retrieved on 14 of November, 2008 from EbscoHost database.

- Briceño-León R., Villaveces, A., and Concha-Eastman, A. (2008). Understanding the uneven distribution of the incidence of homicide in Latin America. *International Journal of Epidemiology*. 37, 751-757.
- Buvinic M, Morrison A. (1999). *Violence as an obstacle to development: Economic and social consequences of violence*, 1 – 8. Washington, DC: Inter-American Development Bank.
- Camarano, A. A., Abramovay, R. (1999) Rural-urban migration and aging in rural areas: an overview of the last 50 years. IPEA working paper No. 621. *Social Science Research Network*. Retrieved on November 25, 2009 from:
http://papers.ssrn.com/sol3/papers.cfm?abstract_id=159670
- Campbell, T., Campbell, A. (2007) Emerging disease burdens and the poor in cities of the developing world. *Journal of Urban Health*, 84, 1.
 Retrieved on 24 of November, 2008 from EbscoHost database.
- Chan, L. S., Kipke, M. D., Schneir, A., Iverson, E., Warf, C., Limbos, M. A, & Shekelle, P. (2004). *Preventing violence and related health-risking social behaviors in adolescents*. (Evidence Report/ Technology Assessment No. 107). Agency for Healthcare Research and Quality.
- CIA world factbook (2009). *Country comparison: area*. Retrieved on October 5, 2009 from:
<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2147rank.html?countryName=Brazil&countryCode=br®ionCode=s&rank=5#br>
- Civil Police of the Federal District (2009). Crime Report (2004 – 2008) Departamento de Estatística. Retrieved in person on November 9, 2009.

- Coleção Estudos da Cidade (2005). *As cidades brasileiras e a violência (1) Rio estudos 158*. Prefeitura de Cidade do Rio de Janeiro. Retrieved online on December 28, 2009 from http://www.armazemdedados.rio.rj.gov.br/arquivos/1418_as%20cidades%20brasileiras.PDF
- Contituição Brasileira (1988). *Artigos 189 e 190*. Retrieved on December 2, 2009 from; http://www.dji.com.br/constituicao_federal/cf184a191.htm
- Creswell, J. W., (2007). *Quatitative inquiry & research design: Choosing among five approaches*. 2nd ed. London: Sage Publications, Inc.
- Crosby, R. A. DiClemente, R. J., & Salazar, L. F. (2006). *Research methods in health promotion*. San Fransicso: Josey-Bass.
- Eaves E. (2007). Two billion slum dwellers. *Forbes*. Retreived on September 26, 2009, from: http://www.forbes.com/2007/06/11/third-world-slums-biz-cx_21cities_ee_0611slums.html
- Eitle, D., D'Alessio, S. J., & Stolzenberg, L. (2006). Economic segregation, race and homicide. *Social Science Quarterly*, 87, (3), 638- 657. Retrieved on 20 September, 2008 from EbscoHost database.
- Favela. (2009, December 28). In Wikipedia, The Free Encyclopedia. Retrieved 11:58, December 31, 2009, from <http://en.wikipedia.org/w/index.php?title=Favela&oldid=334602687>
- Galtung J (1994). Poverty, violence and health. *World Health*, 47, 6. Retrieved on 24 of November, 2008 from EbscoHost database.
- Governo do Distrito Federal (2009). História do Centro-Oeste. *Portal do Cidadão*. Retrieved on October 5, 2009 from: <http://www.gdf.df.gov.br/045/04501020.asp>
- Gusmão, L., & Pimentel, C. (2010). *Pandora's box: Arruda and five others are jailed*. Agência

Brasil. Retrieved on March 22, 2010 from:

http://agenciabrasil.ebc.com.br/thenewsinenglish;jsessionid=29D763D3746B2740741305D728F41302?p_p_id=56&p_p_lifecycle=0&p_p_state=maximized&p_p_mode=view&p_p_col_id=column-1&p_p_col_count=1&_56_groupId=19523&_56_articleId=179377

Grudens-Schuck, N., Allen, B. L., & Larson, K. (2004). *Focus group fundamentals*.

Retrieved October 30, 2008 from East Carolina University, Department of Health Education and Health Promotion Website HLTH 6700:

https://blackboard.ecu.edu/webapps/portal/frameset.jsp?tab_id=_2_1&url=%2Fwebapps%2Fblackboard%2Fexecute%2Flauncher%3Ftype%3DCourse%26id%3D_104948_1%26url%3D

Heitmeyer, W., Hagan, J. (2003). *International handbook of violence research*. Retrieved

on December 5, 2009 from:

<http://books.google.com/books?id=sMNbcU7UnywC&lpg=PA67&ots=964ImxGHOV&dq=poverty%20and%20violence&lr=&pg=PA70#v=onepage&q=poverty%20and%20violence&f=true>

Huggins, M. K. (2000). Urban violence and police privatization in Brazil: Blended

invisibility. *Social Justice*, 27, 2, 113 – 134. Retrieved on July 10, 2009, from EbscoHost database.

Huguet, C., & Carvalho, I. S. (2008). Violence in the Brazilian favelas and the role of the police.

New Directions for Youth Development, 119. Retrieved on November 2, 2009, from EbscoHost database.

IMF (2009). *World economic and financial surveys*. Retrieved on December 10, 2009

from: <http://imf.org/external/pubs/ft/weo/2009/02/weodata/weorept.aspx>.

- Kawachi, I., Kennedy, B. P. (1997). Socioeconomic determinants of health: health and social cohesion: why care about income inequality? *British Medical Journal*, 314. 1037-1040. Retrieved on 20 of November, 2008 from EbscoHost database.
- Kennedy, B. P., Kawachi, I., Prothrow-Stith, D., Lochner, K., & Gupta, V. (1998). Social capital, income inequality, and firearm violent crime. *Social Science and Medicine* 47, 1, 7 – 17. Retrieved on July 12, 2009, from EbscoHost database.
- Lima, C. M., Stotz, E., Valla, V. (2008). Poverty and violence: Challenges for health professionals. *Revista de Atenção Primária à Saúde*, 11, 3, p. 273-284. Retrieved on July 12, 2009, from EbscoHost database.
- Lovisi, G, Lopez, J., Coutinho, E., & Patel, V. (2005). Poverty, violence and depression during pregnancy: A survey of mothers attending a public hospital in Brazil. *Psychological Medicine*, 35 (10), 1485-1492. Retrieved on December 20, 2009, from EbscoHost database
- Mazza, J. J., Overstreet, S. (2000). Children and adolescents exposed to community violence: a mental health perspective for school psychologists. *School Psychology Review*, 29, 1, 86 – 101. Retrieved on August 9, 2009, from EbscoHost database.
- Moore, D. S., McCabe, G. P., Craig, B. A. (2009). *Introduction to the practice of statistics*. New York , NY: W.H. Freeman and Co.
- Morse, J. (1994). Designing funded qualitative research. In N.K. Denzin and J. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 220 – 235). Thousand Oaks, Ca: Sage
- National Center for Children Exposed to Violence (2009). *Glossary of Terms*. Retrieved on December 13, 2009 from: <http://www.ncccev.org/resources/terms.html>
- National Center for Education Statistics, (2009). *Glossary: Socioeconomic status*. Retrieved on

- December 12, 2009 from: <http://nces.ed.gov/programs/coe/glossary/s.asp>
- Oliveira, M. A. (2004) *Distribuição especial da população no Distrito Federal, características dos movimentos migratórios inter-regionais*. Retrieved on December 1, 2009 from: http://www.abep.nepo.unicamp.br/docs/anais/outros/5EncNacSobreMigracao/public_dis_e_sp_pop.pdf
- Parker, K. F., Pruitt, M. V. (2000). Poverty, poverty concentration, and homicide. *Social Science Quarterly* 81, (2), 555- 570. Retrieved on 28 of October, 2009 from EbscoHost database.
- Pattie F. A., & Cornett, S. (n.d.) *Unpleasantness of early memories and maladjustment of children*. Retrieved on 28 of November, 2008 from EbscoHost database.
- Perlman, J. E. (2005) Drugs and violence: The new reality of marginality. A research note. *Journal of Contingencies and Crisis Management*, 13, 2, 76 – 78. Retrieved on November 12, 2009, from EbscoHost database.
- Phillips, T. (2009). Twelve dead and helicopter downed as Rio de Janeiro drug gangs go to war. *The Guardian*. Retrieved on November 26, 2009 from; <http://www.guardian.co.uk/world/2009/oct/17/rio-favela-violence-helicopter>.
- Qaddomi, A. (2008). *Health challenges in a former slum in Brasília, Brazil – a focus group study*. Unpublished student paper assignment, East Carolina University, Greenville, NC.
- Rocha, M., Amorim, R. (2002). Roriz promete mais lotes para eleitores. *Correio Braziliense*. Retrieved on August 4, 2009 from: http://www2.correioweb.com.br/cw/EDICAO_20021011/pri_tem_111002_308.htm
- Sanders-Phillips K (1996). The ecology of urban violence: its relationship to health promotion behaviors in low-income black and Latino communities. *American Journal Of Health Promotion*, 10, 4, 308-17. Retrieved on 24 of November, 2008 from EbscoHost

database.

Stanford Encyclopedia of Philosophy (2008). *Phenomenology*. Retrieved on September 5, 2009 from <http://plato.stanford.edu/entries/phenomenology/>

Szwarcwald, C. L.; Bastos, F. I., Viacava, F; & Tavares de Andrade, C. L. T. (1999). Income inequality and homicide rates in Rio de Janeiro, Brazil. *American Journal of Public Health*, 89, 6. 245 – 250. Retrieved on August 10, 2009, from EbscoHost database.

Szwarcwald C. L., Tavares de Andrade, C. L., & Bastos F. I. (2002). Income inequality, residential poverty clustering and infant mortality: a study in Rio de Janeiro, Brazil. *Social Science and Medicine*, 55, 2083 – 2092. Retrieved on August 12, 2009, from EbscoHost database.

The Conference Board of Canada, (2009). *Society: Income inequality*. Retrieved on December 1, 2009 from: <http://www.conferenceboard.ca/HCP/Details/society/income-inequality.aspx>

The Economist (1999). *Brazil's (pre)occupying housing problem*. 353, 8148, 38-38. Retrieved on July 12, 2009, from EbscoHost database.

Ulin, P.R., Robinson, T.E., & Tolley, E.E. (2004). *Qualitative methods in public health: A field guide for applied research*. San Fransisco, CA: Jossey-Bass.

UN-HABITAT (2007a). *Enhancing Urban Safety and Security: Global Report on Human Settlement 2007*. Retrieved on August 28, 2009 from: <http://www.unhabitat.org/content.asp?cid=5212&catid=7&typeid=46&subMenuId=0>

UN-HABITAT (2007b). *State of the world cities 2006-2007*. Retrieved on January 10, 2010 From: <http://ww2.unhabitat.org/mediacentre/documents/sowcr2006/SOWCR%205.pdf>

UN-HABITAT (2009). *Planning sustainable cities: policy directions. Global report on human settlements 2009*. London: Earthscan USAID (2002). *Brazil: the development challenge*.

- Retrieved online on December 12, 2009 from:
<http://64.233.163.132/search?q=cache:r7zXnbZJBbYJ:www.usaid.gov/pubs/cbj2003/lac/br/+poor+in+brazil&cd=9&hl=en&ct=clnk&client=safari>
- United Nations Committee on Social, Economic, and Cultural Rights (2001). Retrieved on December 1, 2009 from <http://www.fao.org/docrep/008/j5129e/j5129e01.htm>
- University of Lethbridge Library, (2009). *Research log*. Retrieved on January 6, 2010 from <http://www.uleth.ca/lib/guides/research/display.asp?PageID=30>
- Villarreal, A., & Silva, B. F. A. (2006). Social cohesion, criminal victimization and perceived risk of crime in Brazilian neighborhoods. *Social Forces*, 84, (3), 1725- 1752. Retrieved on 24 of November, 2008 from EbscoHost database.
- WHO (2002). *World report on violence and health: summary*. Geneva: World Health Organization.
- Wilson W. J. (1997). *When work disappears: the world of the urban Poor*. 17.523 / Lecture Notes. . Retrieved on 24 of November, 2008 from EbscoHost database.
- Wolf, Z. (2003). Exploring the audit trail for qualitative investigations. *Nurse Educator* 28 (4), 175-178.
- World Bank (2004). Dramatic decline in global poverty, but progress uneven. Retrieved on December 5, 2009 from: <http://go.worldbank.org/84RMEOWD20>
- Wright, R. J. (1998, October). *Psychosocial notebook: Exposure to violence*. Retrieved on November 25, 2008, from <http://www.macses.ucsf.edu/Research/Psychosocial/chapters.html>

APPENDIX A: IRB APPROVAL LETTER

UMCIRB #: 08 - 0592

UNIVERSITY AND MEDICAL CENTER INSTITUTIONAL REVIEW BOARD
REVISION FORM

RECEIVED
MAR 09 2010
UMCIRB

UMCIRB #: 08 - 0592 Date this form was completed: 03/09/2010
Title of research: Health Challenges in a Former Slum in Brasilia, Brazil
Principal Investigator: Amir Qaddomi
Sponsor: *Unfunded*

Fund number for IRB fee collection (applies to all for-profit, private industry or pharmaceutical company sponsored project revisions requiring review by the convened UMCIRB committee):

Fund	Organization	Account	Program	Activity (optional)
		73059		

Version of the most currently approved protocol: IRB # 08 - 0592
Version of the most currently approved consent document:

CHECK ALL INSTITUTIONS OR SITES WHERE THIS RESEARCH STUDY WILL BE CONDUCTED:

- East Carolina University
- Pitt County Memorial Hospital, Inc
- Heritage Hospital
- Other *Brazil*
- Beaufort County Hospital
- Carteret General Hospital
- Boice-Willis Clinic

The following items are being submitted for review and approval:

- Protocol: version or date: ~~9-14-08~~ KK
- Consent: version or date: ~~9-14-08~~ KK
- Additional material: version or date

Complete the following:

1. Level of IRB review required by sponsor: full expedited
2. Revision effects on risk analysis: increased no change decreased
3. Provide an explanation if there has been a greater than 60 day delay in the submission of this revision to the UMCIRB. This revision requests changes in the title and the questionnaire to participants in the study in accordance with suggestion by the thesis proposal committee. The focus of the research will remain the same.
4. Does this revision add any procedures, tests or medications? yes no If yes, describe the additional
5. Have participants been locally enrolled in this research study? yes no
6. Will the revision require previously enrolled participants to sign a new consent document? yes no

Briefly describe and provide a rationale for this revision First, this revision requests that the title of the study be changed from: "Health Challenges in a Former Slum in Brasilia, Brazil" to "Perceptions of Violence in a Former Slum in Brazil: A Phenomenological Investigation". This change is being requested because it better reflects the interest of the research question. The second request for revision is in reference to the questions that participants will be asked. These newly revised questions were part of changes suggested by the committee which should better assess the living conditions in the ground. The following are the questions to be asked instead of the ones listed in the original IRB approval:

1. Tell me a little bit about living here?
(Probe: What is it like to live here?)
2. How safe do you (and your family) feel living here?
(Probe: What concerns do you have about safety living here?)
3. What are the biggest issues in this community?
(Probe: Is violence an issue in this community?)
4. Explain what violence means to you.
(Probe: Tell me some things that come to mind when I say violence.)
6. How do you deal with violence?
(Probe: Are there any services, organizations, resources that address violence in your community?)

UMCIRB #: 08 - 0592

7. Is there anything else you would like to add regarding the issue of violence and what can be done about it?

8. Demographics

Amir Qaddomi Amir Qaddomi 03/09/2010
Principal Investigator Signature Print Date

Box for Office Use Only

The above revision has been reviewed by:		
<input type="checkbox"/> Full committee review on _____	<input checked="" type="checkbox"/> Expedited review on <u>3/9/2010</u>	
The following action has been taken:		
<input checked="" type="checkbox"/> Approval for period of <u>3/9/2010</u> to <u>10/27/2010</u>		
<input checked="" type="checkbox"/> Approval by expedited review according to category <u>45CFR46.110</u>		
<input type="checkbox"/> See separate correspondence for further required action.		
Signature <u>S. Wesley Wilson MD</u>	Print	Date <u>3/9/2010</u>

APPENDIX B: INTERVIEW GUIDE

1. Tell me a little bit about living here?

Probe: What is it like to live here?

2. How safe do you (and your family) feel living here?

Probe: What concerns do you have about safety living here?

3. What are the biggest issues in this community?

Probe: Is violence an issue in this community?

4. Explain what violence means to you.

Probe: Tell me some things that come to mind when I say violence.

6. How do you deal with violence?

Probe: Are there any services, organizations, resources that address violence in your community?

7. Is there anything else you would like to add regarding the issue of violence and what can be done about it?

8. Demographics

