

Victimisation from Intimate Partner Aggression among Brazilian Women  
Living Abroad with a Foreign Partner

Master's Thesis in  
Peace, Mediation and Conflict Research  
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Tatiana Eboli, 2001502  
Supervisor: Karin Österman  
Faculty of Education and Welfare Studies  
Åbo Akademi University, Finland  
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## Abstract

**Objective:** The study aimed to investigate victimisation from intimate partner aggression, support received, and psychological characteristics of Brazilian women living abroad with a foreign partner.

**Method:** Brazilian women living abroad who were victims of intimate partner aggression perpetrated by a non-Brazilian partner were interviewed online. The women took part in three different associations formed by Brazilian women offering help to victims of domestic violence. One is a community-based organisation, one is a social enterprise, and one is a collaborative platform.

**Results:** The assistance the majority of the victims had sought in the country of residence during the abusive relationship was not effective. A number of women relived the trauma of the abuse while receiving support from governmental and non-governmental institutions. Narratives of feelings of guilt, rage, shame, and suicidal ideation are presented. Most of the women who had children with their abusers could not return to Brazil and, thus, experienced that they were stripped of their human rights. Seven additional themes emerged from the interviews: psychological, physical, economic, moral and sexual abuse, abuse witnessed and/or suffered by the children and manipulation by the aggressor after the separation, which constitutes stalking practice.

**Conclusions:** Brazilian women living abroad with a foreign partner were victims of intimate partner abuse. Additionally, they were revictimised by the system that removed their autonomy. There is a scarcity of studies on the topic of victimisation of Brazilian women living abroad with a foreign partner.

*Key Words:* Intimate partner violence, Brazilian women, immigrants, mental health, international marriage, transnational marriage.

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# 1. Introduction

## 1.1 Aim of the Study

The study aimed to investigate victimisation from intimate partner aggression, support received, and psychological characteristics of Brazilian women living abroad with a foreign partner.

## 1.2 Definitions of Intimate Partner Aggression and Intimate Partner Violence

Aggression is a wider concept than violence, as all types of violence are aggressive, but all aggressive acts are not violent (Khan, 2021). Intimate partner aggression and domestic aggression can take many different forms, of which physical violence is only the most visible one. Intimate partner aggression can, in addition to physical aggression, include for example verbal aggression, indirect means of aggression, economic aggression, controlling behaviours, sexual aggression, and cyber aggression. Intimate partner violence (IPV) is one form of domestic aggression which does not have one single universal definition. Different definitions of IPV can be found in official reports from international and national organisations. Some offer a universal definition and the implementation of a broader categorisation of the abuses involved.

Domestic violence is also a term without one unified definition. A more general approach defines the term as a set of actions and/or omissions that can provoke harm when infringed by a perpetrator towards a victim in a present or former personal relationship. The victims might comprise children, siblings, partners (men and women) and elderly people (United Nations [UN], 1993). However, IPV and domestic violence are frequently used as synonyms to address violence against women (Krug et al., 2002; UN, 1993; UN General Assembly, 2006; World Health Organisation [WHO], 2021).

From a health perspective, IPV has been considered to be any harmful behaviour perpetrated by a formal or informal partner towards the person they have an intimate relationship with. IPV can be categorised into different types of physical, sexual and psychological abuse. In addition, it includes informal and formal relationships and also both former and current partners (WHO, 2021). The types of abuse include physical abuse, such as hitting, kicking, beating and slapping, emotional or psychological abuse, such as intimidation, humiliation, insults, threats to take children away, belittling, threats of harm and destroying objects, sexual abuse in the form of any kind of sexual coercion and forced intercourse, and controlling behaviours, such as isolating the person from social interaction, monitoring movements, and prohibiting access to financial resources, health care, the

labour market and education (WHO & Pan American Health Organisation [PAHO], 2012). Statistics show that women who are abused physically are frequently also victims of psychological abuse in intimate relationships, and up to one half are also victims of sexual violence (Krug et al., 2002).

Breiding and colleagues (2015) propose a uniform definition of IPV which includes a large number of types of violent and aggressive acts. It also incorporates stalking, characterised as recurrent unwanted attention and contact by the perpetrator, as another form of IPV. The definition also includes exploitation of the vulnerability of the victim related to her immigrant status, the control of her reproductive or sexual health, and gaslighting as types of psychological aggression. The European Institute for Gender Equality (EIGE, 2017) also presents a uniform definition that includes economic violence as another form of IPV, following and complementing the definition proposed by the United Nations which recognises this form of violence (UN General Assembly, 2006) and implements it as another form of IPV in its manual for statistical purposes (UN, 2014). The proposed definition of economic violence comprehends any act which can cause economic harm to the victim as, and not only, restricting access to financial resources, education and labour market, property damage, and avoidance of economic responsibilities, such as financial support ordered by the court during and after the divorce (EIGE, 2017). It is important, however, to mention that economic aggression is considered a type of controlling behaviour (WHO & PAHO, 2012), a tactic of sexual coercion and a type of psychological aggression (Breiding et al., 2015).

Intimate partner violence occurs in every social-economic group and affects people from all cultural and religious groups. It is the most prevalent form of violence against women globally and, for that reason, it is seen as a global public health and human rights issue (Krug et al., 2002; UN, 1993). It can be a phenomenon present in same-sex relationships and the aggressions can also be perpetrated by women towards men. Statistically, however, men, former and current partners, are the main perpetrators of IPV towards their female partners in the world (Krug et al., 2002; WHO & PAHO, 2012), and male partners are also responsible for 38% of all female homicides that occur globally (WHO, 2014). Since IPV is a global health issue originated from gender inequality (WHO, 2021) and violence against women is considered a structural problem at the global level originated from the power disparity between men and women (UN General Assembly, 2006), data reveal that one in three women (30%) worldwide, from fifteen years of age onwards, had been abused physically and sexually at least once by a male partner (WHO, 2021). For this reason, this paper addresses the intimate partnership as only heterosexual and the partner actors comprise only the husband, ex-husband, boyfriend, ex-boyfriend, cohabiting partner, ex-cohabiting partner, lover and ex-lover.

### *1.2.1 Physical Violence*

Physical violence is characterised as any intentional physical act which can induce harm, injury, disability or death. It also includes coercing someone to commit physical harm. The examples can comprise and are not limited to hitting, punching, biting, shoving, throwing, choking, hair-pulling, burning, using a knife, gun or any instrument in order to cause harm, grabbing, pushing, slapping, scratching, shacking, and movement restriction caused by the use of force (Breiding et al., 2015).

### *1.2.2 Psychologic Aggression*

Psychological aggression is divided into expressive aggression, coercive control, the threat of physical and sexual violence, control of reproductive and sexual health, exploitation of the victim's vulnerability, exploitation of the perpetrator's vulnerability and gaslighting (Breiding et al., 2015).

Expressive aggression comprises the expression of anger in a dangerous way, humiliation, degradation and name-calling. Coercive control comprises acts of limitation of access and communication to people related to the victim (family and friends), limitation of access to financial and locomotion resources, exaggerated monitoring of the victim's every movement, interference in the victim's private communication channels without permission, and threats to damage the victim's possessions and hurt the victim and/or someone related to the victim (Breiding et al., 2015).

The threat of physical and sexual violence occurs when, through verbal, nonverbal or using a weapon, the aggressor expresses the intention to cause any physical harm, disability, injury, death or forced sexual act, without the victim's ability or intention to consent (Breiding et al., 2015).

The control of the victim's reproductive and sexual health takes place when the perpetrator withdraws the victim's autonomy to make any decision regarding avoidance, initiation and termination of a pregnancy. It also includes any form of risk promoted by the perpetrator related to the transmission of sexual diseases to the victim (Breiding et al., 2015).

Part of the psychological aggression is also the exploitation of the victim's vulnerability related to sexual orientation, immigrant status and disability, for instance. There are cases in which the aggressor explores his own real or fake vulnerabilities in order to exert control over the victim's choices (Breiding et al., 2015).

Gaslighting, another type of psychological aggression, and perhaps a well-known term within popular culture, is presented by Breiding and colleagues (2015) as mind games in which the aggressor uses false information in order to make the victim have doubts about their sanity.

### *1.2.3 Sexual Violence*

Sexual violence is characterised by any forced sexual experience or use of any alcohol/drug facilitator to engage in sexual acts (physical and non-physical) without a person's full consent or cognitive ability to consent. Sexual violence comprises both the completion of the act and the attempt for the act. Sexual violence also includes coercion to force the victim to any sexual activity with another person. Sexually violent acts can be physically forced and/or non-physically coerced and can occur in the following situations: penetration of the victim, making the victim penetrate the perpetrator or a third person, sexual touching, and non-physical sexual acts. The term penetration in this case is not only related to the introduction of the penis inside the vagina and anus, but also involves activities such as oral sex and the partial and total insertion of a finger, hand or any other object inside the anus, vagina and mouth (Breiding et al., 2015).

A non-physical sexual act can also occur through technology with the unwanted exposure to sexual situations. The non-physical coercion used to force the victim to engage in sexual activity of any kind comes in the form of verbal pressure, intimidation, abuse of authority and misuse of authority. For example, there is the perpetrator who constantly asks for sex and shows unhappiness when not attended to, or the perpetrator who threatens to end the relationship or spread rumours if the victim refuses to engage in sexual activity. One of the tactics the perpetrator uses to coerce the victim to engage in sexual experience is continual verbal pressure. The aggressor continually asks for sexual experience and uses the victim's affection as a weapon. An expression such as: "You would do that if you really love me", is an example of this kind of coercion (Breiding et al., 2015).

### *1.2.4 Stalking*

Stalking is defined as any repetitive unwanted contact forced by the perpetrator which threatens the victim's feeling of safety and the safety of people related to the victim. It is considered stalking when the victim feels an intermittent emotion of fear of being harmed or killed by the perpetrator, or when this intermittent fear is directed to the safety of people related to the victim. This unwanted contact can occur in the physical presence or absence of the stalker (Breiding et al., 2015).

Stalking without the physical presence of the perpetrator can occur through repetitive and unwanted phone calls, hung-ups, text and voice messages, emails and contacts through social media. Spying with electronic devices of any nature such as GPS, camera or listening devices, for instance, is also defined as stalking. The stalker can also send unwanted gifts to the victim or leave any strange or threatening object to be easily found by the victim (Breiding et al., 2015).

The perpetrator can practice stalking when physically present by watching or following the victim at a distance, intentionally scaring the victim by entering the victim's car or house just to have his



presence known, and showing up in the same places where the victim usually goes (Breiding et al., 2015).

Stalking can have a more aggressive approach, as noticed in the examples provided by Breiding and colleagues (2015), such as damaging the victim's belongings and property harming the victim's pets, and threatening to physically harm the victim. Since stalking is defined as any repetitive and unwanted act which threatens the safety of the victim and the safety of the victim's acquaintances, we can assume that the examples provided above, even not mentioning people related to the victim, can be applied when the perpetrator stalks the victim's acquaintances.

### *1.2.5 Intimate Partner Violence under Brazilian Law Perspective*

In Brazil, intimate partner violence is called intrafamily violence by the Health Ministry (2002) and is described as every act and omission, which prejudices the well-being, and compromises the physical and the psychological health, the freedom and the development rights of any family member. Intrafamily violence can occur inside and outside the household, and can be perpetrated by a blood-related family member or non-blood-related acquaintance who performs a parental role inside the family.

Domestic violence (DM) and intrafamily violence (IV) do not share the same definition, since DM includes every person who presents harm inside the domestic environment, even if the person does not live there and is not a member of the family. It includes staff, acquaintances and visitors (Ministério da Saúde, 2002).

In Brazilian law, however, the term "domestic and family violence" was adopted because it comprises any abuse against women which may occur inside and outside the domestic environment, in which the perpetrators can be family members, any acquaintance, or even outsiders (Maria Da Penha, 2006).

Maria da Penha is a relatively young federal law. Implemented in 2006, this law criminalises domestic and family violence against women and implements protection and assistance measures for female victims of violence. It guarantees Brazilian women their right to life and their right to have their basic needs attended to; it also guarantees public protection against any form of negligence, discrimination, exploitation, violence, cruelty and oppression (Maria Da Penha, 2006).

Maria da Penha was only implemented thirty years after Brazil having signed the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) in 1984 and the recognition of gender equality in the Federal Constitution in 1988 (Kiss et al., 2012; Roue, J.G., 2009; Spieler, P., 2011). Promoted in 1979 by the UN General Assembly, CEDAW is considered an international bill of women's rights and its agenda consisted of ending all kinds of discrimination against women

and girls (Assembly, 1979). In 1995, the Brazilian government also ratified the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (Convention of Belém do Pará) (Spieler, 2011), accepting the commitment to use public power in order to prevent, punish and eradicate any form of violence against women (Organisation of American States, 1994). The implementation of the Maria da Penha law was only possible with the national and international pressure of the Brazilian women's movement which was inspired by the international recognition of violence against women as a human rights violation (Kiss et al., 2012; Roure, 2009).

Maria da Penha Maia Fernandes, the woman behind the law, is a domestic violence survivor who had her husband as her aggressor. He tried to kill her twice in 1983. First, he shot her in the back during her sleep, provoking an irreversible paraplegic, and after a few days, when she came back from the hospital, he tried to electrocute her while she was having a shower (Dias, 2019; Roure, 2009).

The Maria da Penha law presents forms of domestic and familial violence against women, which are physical, psychological, moral, sexual and patrimonial (Maria Da Penha, 2006).

Physical violence includes any act, which can harm the physical integrity of the victim. Psychological violence includes any emotional and psychological harm and any act, which can decrease a person's self-esteem. It includes the degradation or control of a person's behaviour, beliefs, actions and decisions through humiliation, embarrassment, manipulation, threat, persecution, isolation, blackmail, insults, mockery, exploitation, freedom limitation, constant vigilance, stalking and intimacy violation (Maria Da Penha, 2006).

Moral violence implies any act of injury, calumny and defamation (Maria Da Penha, 2006). Such acts are considered crimes against a person's honour in the Brazilian legislation (Masson, 2020).

Sexual violence involves any non-consensual sexual act which can cause embarrassment to the victim through threat, use of force, coercion and intimidation. It includes any form of commercialisation regarding the victim's sexuality, and any act which can harm the victim's sexual, reproductive and matrimonial autonomy (Maria Da Penha, 2006).

Patrimonial violence includes any harmful conduct towards the victim's economic autonomy through access restriction to financial sources and economic rights, as well as destruction of any of the victim's personal possessions (Maria Da Penha, 2006).

### 1.3 Abuse Witnessed and/or Suffered by the Children

Worldwide, around 275 million children are exposed to domestic violence, and still, there is a lack of understanding about the outcomes of this issue in the long-term (UNICEF, 2006), since further

research is needed regarding the impact of violence and aggression on children's lives (García-Moreno et al., 2005).

Violence against women perpetrated by an intimate partner has been shown to have devastating outcomes not only for the victim's well-being but also for the well-being of their children, who witness the aggressions between the caregivers in the domestic environment (García-Moreno et al., 2005). Intimate Partner Violence is strongly related to child abuse (WHO, 2002) and child maltreatment (WHO, 2006). Because of the severity of the emotional consequences children suffer only by witnessing the intimate partner aggression, researchers decided to refer to this phenomenon as exposure (McTavish et al., 2016). This kind of exposure to violence and aggression is considered a form of child maltreatment, because it can psychologically harm the child. That is the reason why the exposure to IPV is characterised as psychological abuse (Gilbert et al., 2009). According to Gilbert and colleagues (2009), a child exposed to one type of maltreatment is usually also the victim of other types of child maltreatment.

There is a wide range of types and levels of exposure, and the most common are hearing and seeing acts of violence and aggression. It includes not only being present during the intimate partner's aggressions, but also listening in another room and seeing the victim's injuries afterwards. A child experiences a high level of exposure when witnessing the aggression, and hearing it can be considered a lower level of exposure, since the child can only be certain that the abuse is happening by seeing the action (Hamby et al., 2011).

The WHO (2002) defines child abuse and maltreatment as any act of commission and omission by parents or caregivers that can cause any harm to a child, including in regard to his or her dignity and development. Those acts comprise forms of physical abuse, psychological or emotional abuse, sexual abuse, and negligence.

Physical abuse is usually used as a punishment and is defined as the use of force against a child in order to cause intentional harm, which compromises the health, survival, development and dignity of a child. It comprises acts such as kicking, biting, slapping, strangling, shaking, suffocating, scalding, hitting, beating, burning and poisoning. This kind of physical abuse is culturally accepted in several countries for being an accepted form of punishment in order to correct and discipline a child (WHO, 2006).

Psychological or emotional abuse occurs when the parent or caregiver fails to provide a supportive environment that offers to the child a proper physical, emotional, spiritual, moral and social development. The child is psychologically abused when he or she suffers non-physical hostile

treatment, for example, when the movements are restricted, when he or she suffers continuous belittling, rejection, discrimination, blaming, threatening, ridiculing, and frightening (WHO, 2006).

Neglect is defined as a failure of non-poor parents and family members to provide for the child's basic needs, such as proper shelter, nutrition, education, health, safety and emotional development (WHO, 2006).

The consequences of child maltreatment in the long-term are still uncertain, however, studies show that maltreatment negatively influences the development of the child and compromises physical and mental health. Exposure to violence, including IPV, can increase the risk of the child to become a potential victim or violence perpetrator in adulthood (McTavish et al., 2016; WHO, 2006). The exposure also increases the risk of developing mental health conditions such as depression, alcohol and drug addiction (WHO, 2006), anxiety (Gilbert et al., 2009), PTSD (Gilbert et al., 2009; Kitzmann et al., 2003; McTavish et al., 2016), and suicidality (Gilbert et al., 2009; WHO, 2006).

#### 1.4 Victimisation in the Migration Process

It is known that immigrant women have a higher risk of being victimised by an intimate partner than native women. There is an accordance that immigrant and native women are exposed to the same gender-based violence, however, immigrant women are more vulnerable because of their status as immigrants, which carries a vast range of meanings, and goes beyond the status of legality. Factors such as cultural norms, xenophobia, racism and gender roles also affect the adjustment of those women in a new society (Freedman & Jamal, 2008; United Nations Division for the Advancement of Women [DAW], 2003).

The status of illegal immigrant, however, is critical for migrant women since the illegality maintains them in an unprotected position, which increases the risk of victimisation, abuse and domestic violence. For those women, there are only two options, deportation or to keep living with their abuser in order to stay in the host country with their children. The status of illegal immigrant plus the language and cultural barriers diminish the possibility for the women to know about their rights and access services of protection for domestic violence (DAW, 2003; Freedman & Jamal, 2008). Women who are illegal immigrants in the host country and are financially dependent on their abusive partners are more prone to remain in the relationship. It occurs because the abusers keep them trapped threatening to remove their civil rights, if the women decide to leave the relationship. (Freedman & Jamal, 2008).

Changes in the gender roles also increase the vulnerability to violence in migrant women, especially in highly patriarchal societies in which men are the family leaders. In some cases, women are

financially dependent on men due to their immigrant status; however, there are cases in which women are financially dependent due to the social norm that pressures the women to conform to the female roles of that society. In addition, xenophobia, racism, pressure from the family of origin (Freedman & Jamal, 2008) and also lack of connection with the family of origin (Sabri et al., 2022) increase the risk of IPV in this population.

Dasgupta (1998) explains that the victimisation immigrant women suffer in the host country does not occur only at the personal level, but also at institutional and cultural levels. The pressure those women suffer from these three different societal levels is responsible for their permanence in an abusive relationship with their partner. On a personal level, immigrant women can experience feelings of shame for failing in their responsibilities as women and mothers in the eyes of the host country and their natal families. Fear of the unknown, fear of deportation, fear of losing their children and fear of their own safety and the safety of loved ones are also powerful impediments for breaking the violent cycle. The financial issue is an important factor that restrains the autonomy of immigrant women, forcing them to remain in the abusive relationship, mostly when the partner uses control of the family finances to maintain the woman attached to him. Another factor that makes it difficult to leave the aggressor is the lack of a personal support circle, which can be emotional and physical. The lack of survival skills is also an impediment for leaving the relationship mostly when the women have some difficulty using the telephone, bank facilities, public transport or do not know how to drive or find a job, for instance.

At the institutional level, immigrant women suffer a range of difficulties and revictimisation, which makes them go back to the abusive relationship. The fact that the police and institutions, in general, are insensitive to the aggressions those women face daily and fail to facilitate the process of separation from the abusive partner makes it impossible for those women to disconnect from their abuser. Immigrant women are revictimised in domestic violence shelters through acts of xenophobia and racism, and they can face the language barrier in all the instances, even if they speak the host country's language. They are also unable to afford the legal processes and housing involved in regaining their autonomy and cannot bring their children back to their natal country, even in case of deportation (Dasgrupa, 1998).

Most immigrant women are trapped inside rooted cultural ideologies from their natal countries, and those ideologies can be harmful to those who are victims of IPV. The idea that women should keep the family together no matter what for the well-being of their children is commonly expressed as a motivation to remain in the abusive relationship. The aggressions can also be treated as punishment for things the women have done wrong in the past, with the excuse that they are now paying for it. The female societal roles imposed on women force them to be kind, merciful and tolerant. Those

roles present a great risk for immigrants to remain with their abusers. Usually, women are trained to believe that they have the power to change a man for the best with their kindness and love (Dasgrupa, 1998).

Immigrant women are invisible in the European Union, even if the subject has been discussed for decades (Freedman & Jamal, 2008), and immigrant women in the United States are severely affected by IPV and the extreme form of IPV called intimate partner homicide (IPH) (Sabri et al., 2018). Even if countries are starting to address the immigrant vulnerability situation to violence, perhaps more seriously through the Violence Against Immigrants Act in the US, and national programmes of violence eradication promoted by countries in the European Union, these immigrant women remain unprotected and vulnerable (Gonçalves & Matos, 2016).

A proof of this reality can be provided with the example of the child battle custody laws that do not protect immigrant women victims of IPV and their children from abusive fathers. The Hague Convention, which was designed to avoid the international abduction of children by one of the parents, was created to prevent the traumatic experience of the child and the parent left behind. Under the premise that abducted children can suffer severe distress after having been removed from their environment and being forced to live a nomad life, the Hague Convention guarantees the safe return of the children to the country they are habituated in (Kaye, 1999). However, international law does not take into consideration the trauma those children suffer by being exposed to domestic violence (Kaye, 1999; Reynolds, 2020). Immigrant women who are victims of IPV and want to go back to their own countries with their children are seen as manipulative and hostile figures by the court system of the host country. They are usually called “abducting mothers” and have their human rights spoilt (Kaye, 1999).

#### *1.4.1 Victimisation of Brazilian Immigrant Women*

There is a scarcity of studies addressing specifically the Brazilian immigrant women sample and their victimisation by a foreign intimate partner. According to Ministério das Relações Exteriores (2021), the number of Brazilians, males and females, living abroad is around 4.2 million. Of those, 1.3 million live in Europe and 1.9 in North America.

The only data available regarding the number of Brazilian female victims of domestic violence, in general, abroad was provided by the Brazilian government in October 2021. According to the Ministry of Foreign Affairs, there were 750 registered cases in 182 Brazilian consulates around the world regarding domestic violence suffered by Brazilian women (De Mari, 2021). Even if the

Ministry of Foreign Affairs affirmed that the data was preliminary and the official numbers would arrive in the following months (De Mari, 2021), the subject was not further mentioned.

Several independent organisations are working with immigrant Brazilian women, victims of gender-based violence abroad. They are usually created by a group of Brazilians who have lived abroad for a long time and, consequently, understand the laws and cultural codes in different countries. The data collected from the two organisations, GAMBE and REVIBRA, involved in this research, provided an estimation of attendings per year. According to GAMBE, 100 female victims of gender-based violence are attended per year by the organisation, which works with more than 27 countries in America, Europe, Africa, Asia and Australia. Of those 100 women, 97% are victims of IPV (GAMBE, personal communication, April 29, 2022). REVIBRA estimates that 4000 female victims of gender-based violence in general, inside and outside the domestic environment, are attended per year only in Europe. The estimated number of victims of IPV attended was not provided (REVIBRA, personal communication, November 4, 2021).

The data available demonstrates that we are far from knowing the real numbers related to the victimisation of Brazilian women abroad.

Regarding the few studies related to the victimisation of these women, the results demonstrate that domestic violence is one of the major concerns they have and, most of the time, they do not report their abusers to the police for fear of deportation (Rocha et al., 2022) and do not tell their families in Brazil about the abuse they suffer, because they feel ashamed or are worried about the parents' health (Reynolds, 2020). One study demonstrates that even with the majority of those victims being employed, their income is not enough to guarantee their autonomy to initiate a new life away from their aggressors (Reynolds, 2020). In addition, the language barrier makes it difficult for victims of IPV to know about their rights and seek help from institutions responsible for their protection (Reynolds, 2020; Rocha et al., 2022).

Reynolds (2020) also refers to the fact that race, social class and nationality increase the vulnerability of immigrant women to being victimised by an intimate partner. Brazilian women specifically are sexualized since they come from the tropics, and this universal social imaginary promotes a kind of discrimination which goes beyond their skin colour and ethnicity.

## 1.5 Seeking Support in the Host Country

The support network available for victims of IPV, in general, is divided into formal and informal. The formal support is provided, or should be, by state agents such as police, social assistants, agents involved in the justice system, mental and physical health professionals and shelter staff. It also

includes religious clerics and domestic violence advocates. Informal support, in turn, comes from social circles such as friends and family (Liang et al., 2005).

To be able to seek help, female victims of IPV pass through three stages according to their internal cognitive process: problem recognition, decision to seek help and support selection. It is important, however, to mention that these three stages are not linear and any stage can be influenced by the response of the channel the victims choose at that time. For instance, if a chosen channel fails in recognising the process of victimisation, it will probably make the victim think twice to ask for help again (Liang, B et al., 2005).

It is not so simple for a victim to understand that the abuse she suffers is abuse, mostly because of the wide range of different interpretations that surrounds definitions of domestic violence and IPV. Even within the same society, different institutions can have a divergent understanding of the victimisation inside a domestic environment. It is a major challenge for the victim to recognise the abuse in the relationship and take action to leave the abusive partner, mostly because of the emotional involvement present in this situation. Besides the emotional involvement, the victims also have to face the lack of a proper definition of IPV, and are under the influence of close people who can change the victim's perspective of abuse. Thus, before the action of seeking help, the victim has to pass through three cognitive processes which will prepare her for this challenge. There are three stages involved: pre-contemplation, contemplation and preparation. In the pre-contemplation stage, the victim can recognise the abuse she suffers, however, she denies or diminishes the abuse by comparing herself to other women who, in her perception, are suffering from more severe problems. In this stage, the victim also recognises the abuses as isolated events (Liang et al., 2005).

In the contemplation stage, the victim can recognise the abuse as a problem and start to think about seeking help. However, it is only in the preparation stage that the victim understands that the abuse she suffers is not her fault and she starts to choose the help channel (Liang et al., 2005).

Nevertheless, it is important to clarify that every cognitive process that the victim passes through can be directly affected by her emotional state (Liang et al., 2005). For instance, triangulation, which is the coercive control the abuser inflicts on the victim, shifting between aggressive behaviours to provoke fear and demonstrations of love to maintain the bonding (Bonomi & Martin, 2021), can make the victim not recognise the abusive cycle. Another example is the fact that the victim's feelings of shame and guilt, make her to decide not to seek help at all (Liang, B et al., 2005).



### *1.5.1 Support for the Brazilian Immigrant Women Victims of IPV*

Although the research related to the support Brazilian immigrant women seek is almost null and the sample size is not significant, one study addressed the kind of support those women sought in Japan, the US, Germany and Portugal. According to the results found by Reynolds (2020), gathered from victims and professionals such as psychologists, attorneys, interpreters and social workers, Brazilian immigrant women victims of IPV seek support from family members, friends, acquaintances, and formal services. However, there is no definitive result showing in which direction the majority of the sample goes. As Reynolds (2020) observes, there are different challenges experienced by different women in different cultures.

According to Reynolds (2020), the women who seek help from family members and friends, mostly financial help in order to complement their income which is not enough to provide them autonomy, can or cannot receive proper support. They can also decide not to seek this kind of support because they feel ashamed of the situation or are worried about their parents' health. Another reason Brazilian women avoid asking for help from family members or even friends is that they value their independence, mostly when they migrate alone to another country, and this is a cultural trace. For these women, it is important to be able to support themselves financially in order to escape from the abusive relationship. However, Reynolds (2020) also found that women who seek assistance from friends and acquaintances have had good and bad experiences. There were cases in which the victims were negatively judged by friends but could receive proper support from acquaintances, for instance. The opposite, however, also occurred.

The challenges those women encounter as immigrants and victims of IPV at the same time are what matter the most. Challenges such as the language barrier and lack of information to be able to seek assistance from formal channels, the forced migration caused by the Hague Convention which prohibits these women to bring their children back to Brazil, and the stigmatisation and discrimination they suffer for being Brazilian immigrants and victims of IPV at the same time, are factors that influence the choice of asking help and also to receive proper support (Reynolds, 2020).

It does not matter if they seek support from formal or informal channels. If one of those channels fails the victim, she will not seek help a second time (Liang, B et al., 2005). However, victims who sought assistance from formal channels and received proper support were more prone to make plans of action which were successful to change their lives for the better (Reynolds, 2020).

## 1.6 Mental and Physical Health Outcomes of IPV Victims

According to (Krug, et al., 2002), there are long-term consequences of intimate partner violence in women which interfere with their physical and mental health. Besides the risk of injuries and death

promoted by IPV through sexual and physical abuses (Krug et al., 2002), and IPA which also includes psychological, financial or emotional abuses (McLaughlin et al., 2012), victims can adopt risk behaviours which can directly affect their health outcomes related to lack of movement, and practices of smoking, drinking, and drug use. Other risks are the development of chronic pain syndromes, gastrointestinal disorders, disability, and Fibromyalgia which are also related to the IPV outcomes (Krug et al., 2002).

Behavioural and psychological outcomes are also listed such as alcohol and drug abuse, depression, anxiety (Krug et al., 2002; UN, 2014), suicidalness and self-harm behaviour (Blasco-Ros et al., 2010; Ellsberg et al., 2008; Krug, et al., 2002; McLaughlin et al., 2012; UN, 2014), eating and sleeping disorders, feelings of shame and guilt, panic disorders, poor self-esteem, PTSD, unsafe sexual behaviour (Krug et al., 2002), inability to go to work (UN, 2014), and chronic stress (Breiding et al., 2015).

While some studies rely on mental health outcomes related only to sexual and physical victimisation (Ellsberg et al., 2008; Garcia-Moreno et al., 2005; Krug et al., 2002), since these kinds of violence are easier to be registered and counted, others also take into consideration other aggressions, such as psychological (Blasco-Ros et al., 2010; McLaughlin et al., 2012), emotional and financial (McLaughlin et al., 2012). Blasco-Ros and colleagues (2010) and McLaughlin and colleagues (2012) demonstrate in their studies that anxiety, depression, PTSD, suicidal ideation and suicide attempt can be experienced by any woman exposed to any kind of IPV or IPA.

Lagdon and colleagues (2014), however, concluded that psychological aggression should be considered a severe form of intimate partner abuse since this form of aggression interferes with the women's mental health and is responsible for long-term psychological damages. The coercion, domination, intimidation and indoctrination involved in psychological aggression make the victims doubt their sanity, lose their identity and live in a state of constant fear and hopelessness.

Through the revision of the bibliography related to the mental health outcomes as results of psychological, sexual and physical forms of IPV, Lagdon and colleagues (2014) demonstrated that any type of IPV alone, depending on how long the victim is exposed to it, can be responsible for the development of depression, PTSD, anxiety, psychological distress and somatisation. It is important, nonetheless, to notice that the authors recognise that it is not usual to have one form of aggression or violence occurring alone in victimisation from an intimate partner.

Depression was found to be the most common outcome, and it is frequently accompanied by other conditions such as PTSD, anxiety, suicidal ideation and attempt, sleep disturbance and drug abuse (Lagdon et al., 2014).

Postpartum depression was found to have a strong correlation with IPV according to a systematic review of studies related to the theme made between 1980 and 2010 (Beydoun et al., 2012). The systematic review, however, indicates that the studies in question investigated mostly the correlation between physical abuse and postpartum depression. This fact demonstrates that further research is needed to investigate the correlation between the types of aggression, duration of the aggressions and the stage of gestation, as noted by Islam and colleagues (2017). Nonetheless, it is interesting to observe that in the study made by Islam and colleagues (2017), physical, sexual and psychological aggressions during and after pregnancy were associated with the postpartum depression outcome. Both studies show that the causality involved between IPV and postpartum depression is not yet clear in the eyes of science.

Somatisation, another health issue related to IPV (Lagdon et al., 2014), is the manifestation of psychological distress into physical conditions. Somatisation, briefly explained, can be an unconscious or unintentional defence mechanism against unbearable emotions, or the only way the person finds to communicate his or her feelings in a familial environment in which this kind of communication is not encouraged. Somatisation can be triggered by trauma events and internal conflicts that are not yet known by the individual (Busch, 2014). Thus, conditions such as fibromyalgia, chronic pains, gastrointestinal disorders, disability indicated by Krug and colleagues (2002) and other conditions can serve as examples of somatisation only if they are not caused by physical injuries. Nonetheless, further research is needed to investigate other health outcomes related to the somatisation in IPV such as autoimmune diseases, for instance.

## 1.7 Research Questions

The study focused on three main areas: victimisation from intimate partner aggression, support received by the victims, and psychological characteristics of the victims. The following research questions were investigated:

- (a) What were the details of victimisation from intimate partner aggression?
- (b) Did the victims receive any support?
- (c) What was the psychological status of the victims?
- (d) Could any additional themes be developed from their stories?

## 2. Method

### 2.1 Sample

The sample consisted of eleven Brazilian women who lived abroad with a foreign partner. Current age, current country of residence, and current number of children are presented in table 1, as well as background information about the social status of origin and the educational level they could achieve at the moment.

Table 1  
*Characteristics of the Interviews (N = 11)*

Pseudonym	Age	Country of Residence	Social Status of Origin	Educational Level	Children
Deborah	48	Netherlands	Upper middle class	Bachelor's degree	2
Tarsila	46	Italy	Middle class	Bachelor's degree	2
Marielle	37	Brazil	Unknown	Master's degree	1, not from the aggressor
Leticia	46	England	Middle class	Incomplete high school	1 teenager and 1 adult
Clarice	30	Portugal	Middle class	Bachelor's degree	1
Dandara	39	Canada	Upper middle class	Master's degree	2, not from the aggressor
Madalena	30	Luxemburg	Working-class	High school	3
Maria	45	Brazil	Middle class	2 Bachelor's degrees	1
Bertha	44	Belgium	Working-class	High school	1 teenager
Alessandra	58	Portugal	Middle class	Doctoral Degree	4 adults, not from the aggressor
Caroline	38	Japan	Lower middle class	High school	No

### 2.2 Instrument

The interviews were conducted according to a semi-structured interview scheme containing ten open-ended questions. Three main themes were analysed: victimisation from intimate partner aggression,

support received by the victims, and psychological characteristics of the victims. Single items are presented below. Additional follow-up questions were asked.

#### *Victimisation from Intimate Partner Aggression*

- (a) What types of abuse were the women victims of at the time?
- (b) How long did the abuse continue? In which country?
- (c) Did the children witness or suffer the abuse?

#### *Support Received by the Victims*

- (d) Did the women seek help in the country where they were living? If yes, how did the case develop? If not, why not?
- (e) Did the women receive any support from any institutions in the country where they were living while staying in the abusive relationship?
- (f) What was the reaction of people from their social circle in the country of residence when they noticed or had knowledge of the abuse?

#### *Psychological Characteristics of the Victims*

- (g) Are the women feeling welcome or belonging living in another country?
- (h) Were any of the women diagnosed by a specialist regarding any psychological condition which may appear during or after an abusive relationship? If yes, did they receive any therapeutic support?
- (i) What is their main fear(s)?
- (j) What is their goal(s) in life?

## 2.3 Procedure

The participants were contacted by three organisations: a) GAMBE, a social enterprise that attends Brazilian female victims of domestic violence living abroad, b) REVIBRA, a community-based organisation that attends the same kind of public in Europe, and c) Grupo Sórora (Sórora Group), a collaborative platform that provides a channel to Brazilian-Japanese community meet and also provides guidance for Brazilian-Japanese female victims of domestic violence in Japan. All the organisations mediated the contact between the interviewees and the interviewer. The interviews were conducted in Portuguese language via Zoom with audio and video, transcribed and translated into English by the researcher. All of the participants accepted to be recorded.

Initially, seventeen women agreed to participate in the study. However, six of them declined before or during the interview. Four who declined before the interview agreed to be contacted by the researcher but did not respond to text messages. Two participants who declined during the interview could not deal with the emotions the memories evoked.

## 2.4 Ethical Considerations

All the participants signed a form of consent in which the protection of their identity and their freedom to abandon the study at any point were guaranteed. Each one of them approved that the content of their interview could be presented in this study.

The study is consistent with the principles concerning human research ethics of the Declaration of Helsinki (World Medical Association, 2013), as well as follows the guidelines for the responsible conduct of research of the Finnish Advisory Board on Research Integrity (2012).

## 3. Results

### 3.1 The Interviews

Eleven Brazilian women who had lived in an abusive relationship with a non-Brazilian intimate partner abroad were interviewed. At the time, none of the interviewees was in a relationship with their aggressor. The respondents are presented below.

#### *3.1.1 Deborah*

Deborah came from an upper-middle-class family and studied in a private school only for girls. She has been living abroad for twenty years. Deborah said she has never had the feeling of belonging in Brazil and that is the reason she left to live in another country. She is in her third marriage, and the previous two were abusive relationships. The last abusive relationship she had was with an American; it lasted fifteen years. Deborah has two children with him and both are living with the father. Currently, she lives in Europe and has a healthy relationship with her husband, but had to leave her children behind in Canada with their father. At the beginning of the abusive relationship, Deborah said she did not recognise the abusive acts perpetrated by her ex-husband. During the relationship, she developed two autoimmune diseases because of the stress, and one of them went into remission after the divorce. For almost ten years, she has been devoting her life to working full time, free of charge, helping Brazilian women, victims of domestic violence who live abroad.

#### *3.1.2 Tarsila*

Tarsila is divorced and has been living in Italy for ten years. She was married to an Italian husband and had two children with him. She has a university degree. Currently, she is living with her children in her own apartment and is sharing custody with her ex-husband who pays a small amount of child support. After the divorce, he physically assaulted her. When she started to record his behaviours and came into contact with organisations that deal with victims of domestic violence in Italy, he stopped being physically aggressive towards her. However, he still assaults her psychologically. Tarsila thinks her ex-husband is sexist because of the Italian culture. In her opinion, it is normal for Italian men to be rude toward women, since she saw his father treating his mother in the same way. Tarsila wants to move back to Brazil with her children, but this is not possible since the children's father does not authorise her to move the children to Brazil.

### 3.1.3 Marielle

Marielle moved back to Brazil twelve days before the interview. She had previously moved to Spain to study at the university. Marielle met her Spanish husband online and initiated a virtual relationship with him before going to Spain. She stayed one year in an abusive relationship with her partner. Marielle was married one month before moving back to Brazil and remained legally married at the time of the interview. She has a teenager from a previous relationship who did not move to Spain with her. Marielle said she is still suffering from psychological abuse, because she cannot cut the communication with her ex-partner. She still has romantic feelings towards him and thinks that it is absurd. Today, Marielle is living with her mother and, at the time of the interview, her family and friends think that she is vacationing in Brazil. Marielle feels ashamed of her current situation.

### 3.1.4 Leticia

Leticia lives in England and is separated but still legally married. She is still sharing the apartment with her ex-partner, although she has been romantically disconnected from him for almost three years due to her inability to afford her own place. Leticia has been in an abusive relationship with her English husband for more than twenty years, and she thinks she is still in a toxic environment because she lives with him and, consequently, still experiences abuse. She met him when she was under twenty and believes that the abuse occurred from the beginning of the relationship, because he used to be jealous of her. Leticia has two children with her ex-partner who live with them. The abuse happened in four different countries: Russia, the Philippines, Thailand and England, places where her ex-partner had worked. Leticia's mother died when she was a child, and the father was often absent. She was raised by her grandmother who was a submissive woman but could provide her with good school education. However, she was used as a maid by her family and felt enslaved by them. Leticia was a needy child, because she did not receive maternal care. She started working early in life in order to get away from the life she was living. Leticia then travelled to Germany where she met her (ex)partner.

### 3.1.5 Clarice

Clarice moved from a Brazilian countryside city to Portugal. She has a bachelor's degree, education provided by her parents who could attend to her necessities and gave her enough freedom in life. While in high school, she could do an internship in England for one year to study English. Clarice is legally single and met her Portuguese partner on an online platform while doing her degree in Brazil. She moved to Portugal and stayed in an abusive relationship for eight years. Clarice and her ex-partner have a child who currently lives with her. Clarice lives in a friend's apartment and shares it with the friend's mother who pays all the bills. Clarice cannot afford to pay the rent at the moment,



because her job as a cleaner does not provide her with enough money. She shares a single bed with her child and keeps her address hidden from everybody, including her acquaintances. She is afraid that her ex-partner will find out where she lives. Clarice believes that the abuse occurred from the beginning of the online relationship, when the ex-partner pressured her to undress for the webcam during every Skype call.

### *3.1.6 Dandara*

Dandara is legally divorced and lives in Canada. She comes from a family with a good financial situation that could provide her with education at private schools. Dandara said that her mother used to be extremely submissive towards her father but one day, when Dandara was a child, she decided to leave the family and live on her own for one year. When Dandara's mother came back, she was a different woman. Today, she understands why her mother had to escape from home at that time. Dandara was sexually abused in childhood, and during the adolescence she and her sister were sexually abused by their uncle. The whole family knew about it but decided to keep the situation hidden. Dandara only decided to have her first boyfriend, because she had to see herself as something more than "a crap". She said that being sexually abused in childhood made her feel not valued. As a consequence, she used to accept anything coming from people. During adolescence, she was sexually abused by a school peer, and nobody did anything about the case. Dandara never saw herself as a beautiful woman and always had difficulty finding something valuable in herself. When she was a young adult, she had a possessive and jealous boyfriend who killed himself when she decided to terminate the relationship. When she obtained her bachelor's degree, she met her Canadian ex-husband. After five years of marriage, she was divorced. Dandara met her second Canadian partner and stayed with him for three years. Both were abusive relationships and, according to Dandara, she has always had abusive relationships in her life. Today, she has a healthy relationship with her current partner and two children from this union.

### *3.1.7 Madalena*

Madalena lives in Luxemburg and has never been legally married. She has three children with her Portuguese ex-partner who abused her for ten years, nine of which were in France and one in Luxemburg. According to her, she was tortured almost every day during the whole relationship. During the month in which the interview was held, she was living in a shelter for victims of domestic violence with her three children. Madalena came from a working-class family and had the high school completed. She has siblings living in Luxemburg who did not offer her the support she needed when she sought help during the abusive relationship. Even though having lived in France and Luxemburg for a long time, she does not know the places and could not learn the language. During the

relationship, Madalena had to seek help from NGOs and family members who were living in France, in order to buy food and baby diapers, since her partner did not provide for the family's basic needs. There was no furniture in the apartment, and the family clothes were stored in plastic bags. Today, her goal is to live a decent life with her children.

### *3.1.8 Maria*

Maria had an abusive relationship fifteen years ago with her Italian husband and affirmed that she is still suffering abuse from him, since he keeps contacting her friends on social media to check their identity. She moved back to Brazil with her child ten years ago, and for all this time, she has been in a judicial battle with her husband for the full custody of the child they have together. She is still legally married for legal reasons. When Maria was a degree student, she decided to study the Italian language in Italy. She already had Italian citizenship at that time. Maria enjoyed the experience so much that she decided to interrupt her studies in Brazil to continue them in Italy. Maria had to do the degree from the beginning. She met her ex-partner, married him and found a job in a multinational company in which she worked for several years. Maria affirmed that she had always been an independent teenager and young adult. The abusive relationship lasted for five years: four in Italy and one in Brazil, in this order. Maria could not afford to pay the lawyers during the litigation initiated around ten years ago, so she decided to take a study loan to study law and be her own lawyer. Today, she advocates for her cause and gives legal advice, for free, to other victims of domestic violence at a social enterprise.

### *3.1.9 Bertha*

Bertha lives in Belgium with her child. She is still legally married, but her divorce process is almost completed. Bertha has been married to her Belgian aggressor for eighteen years. They started the relationship in Brazil, but he had to move back to Belgium. After a time, he found a job in Germany and Bertha moved there to stay with him after having their child. The abuse she suffered occurred in Germany and Belgium. Bertha was raised by a single mother who worked as a cleaner, and she decided to meet her father when she was fifteen years old in order to form her identity. She had one psychological abusive relationship as a child, so she thinks that is the reason she married an abusive man. While in Brazil, Bertha began studying for a degree but stopped in the middle, because she married and became a housewife. Today, she feels welcome in Belgian society. Bertha said she does not act like an immigrant, but like a person who is trying to fit in.

### *3.1.10 Alessandra*

Alessandra lives alone in Portugal and has four children, all adults. She is retired and carries a doctoral degree which she earned in France. About almost ten years ago, she moved to Portugal and published a book. She discovered her passion for sculptures and has been devoted to it. She was married three times in total, and the last husband was her Portuguese aggressor with whom she stayed for almost three years. Most of the abuse occurred in Portugal. Alessandra thinks she is resistant to all kinds of pain, even psychological ones, because she suffered a lot during her childhood. She had learned how to be strong, however, the moral pain for her hurts more than the physical. She thinks the reason for being more resistant to physical pain is that, during her childhood, she used to participate in beat sessions promoted by her father who used to beat her three hundred times per session, with a belt. Alessandra said that she likes to get married, because she has always been looking for her ideal partner. She is romantic and becomes deeply involved in her romantic relationships. She thinks that getting married is her habit.

### *3.1.11 Caroline*

Caroline is divorced and lives in Japan. She does not have children and her background is Japanese-Brazilian. Caroline was raised in a traditional Japanese environment in which the family members are reserved and do not expose their private life to anyone. She describes her home environment as restrictive and disciplined. Her father is Japanese and migrated to Brazil because of the consequences of the Second World War. He got married to her mother who is Brazilian. At the end of 1980, Caroline's father moved back to Japan to provide a better life for the family, since Brazil was experiencing an economic crisis. Years later, the whole family moved to Japan. Caroline spent her adolescence and young adult years moving between Brazil and Japan. While she was in Brazil for the last time, she met her Japanese abuser whom she married and spent eight years with. They stayed together in Brazil for a period of time and moved to Japan for good. Caroline said that she suffers discrimination within the Japanese-Brazilian Community and also within the Japanese society because of her physical appearance. According to her, both communities have difficulties accepting foreign-looking people, e.g. in Japan, lacking the classic Japanese appearance. Caroline feels comfortable in her solitude, and does not feel like belonging in any place.

## 3.2 Themes Related to the Victimization of Intimate Partner Aggression

### 3.2.1 Theme 1: Psychological Abuse during the Relationship

Psychological abuse was a theme mentioned by all the victims, who experienced it from their partners at the time. Humiliation, intimidation, body depreciation, yelling, manipulation, maltreatment, controlling behaviour, disrespect of privacy, lack of respect, threatening to kill the victim, threatening to commit suicide, verbal threat to take the children away from the victim, object breakage, grounded discipline, isolation practices, verbal aggression, indoctrination, depreciation of the mental and intellectual capacity of the victim, depreciation of the victim's sanity, interrogation practices, door slamming, punishments, usage of the victim's fragility against her, criticism, terrorising techniques during the night, denial to provide health assistance in emergencies, scaring tactics of pretending to run away with the child in a public place, making jokes about the victim to people in front of her, locking the victim out from the couple's bedroom, limitation of freedom, rudeness, disqualifying adjectives, and threatening to hit the victim's boyfriends were the quoted examples provided.

“Once he broke the whole room, the things, threw all the books on the floor. An intimidation process, right?” (Deborah)

“My ideas were always bad and there was no way to go forward with them. It was a waste of time. Everything was pruned. I didn't have even one incentive.” (Deborah)

“He blocked me from contact with my friends. He gradually took everything away from me, right? He was pulling me away from everything and everyone. I didn't realise. When I realised I was already deeply involved.” (Maria)

“I suffered a lot of psychological violence, almost like brainwashing. It's not that he was God, but there was his doctrine instilled in me in a very subtle way, and I didn't notice it. So much so that my way of dressing had changed, my way of speaking, my accent I soon lost. He said that I had to learn to speak properly, to be more elegant. I sometimes feel like Little Red Riding Hood, but it wasn't because my mother didn't warn me. My mother warned me, but I was seduced into listening to someone else. And to this day it still happens sometimes. When I have to come face to face with him, it's like my guard is down. It's not because I want to, but it ends up happening like that.” (Clarice)

“I suffered psychological violence, but there was also physical violence, but towards the children. Because he said he wasn't stupid to beat me because he knew he could go to jail.” (Madalena)

“He made it very clear that he was the European, that he was in charge. Because I was a Brazilian and I was nothing there. I was worth zero, so I had to accept what he said.” (Madalena)

“He said that if I said anything to someone or if I asked for help, they would take my son away from me.” (Madalena)

“There are the cliché words that are: "nobody understands you"; "It's only me who understands you". With that he managed to keep my friends away, my family away from me. So, I was totally isolated. As if it was a brainwashing that he was doing to me. He would say: "I'm the only one you have to believe, because nobody understands you more than I do.” (Caroline)

### *3.2.2 Theme 2: Physical Abuse during the Relationship*

Physical abuse was experienced by almost all the victims; ten in total. Deliberate violent acts such as beating, headbutt, slap and punch in the face, pulling arm, pushing the victim towards the floor, throwing objects towards the victim, choking, grabbing the hair and rubbing victim's head on the floor and stepping on the victim's foot were described. In only one case the aggressor used physical violence only after the termination of the relationship (see theme 7).

“There was physical abuse. It happened twice, actually. But one I don't remember how it was. I was so shocked that I don't remember. The second (time) I don't remember the reason, but I know that I answered something that he said and then he grabbed my hair like this (she demonstrates the movement), threw me on the floor and rubbed my head on the floor. And then, when he rubbed my head, I smacked my mouth. Then blood started to come out of my mouth.” (Caroline)

“He hit me several times. He hit me in Sicily. I bought a kind of honeymoon for us to spend there, and he hit me there. He hit me in the face, in the middle of the street. The aggressions happened more than ten times, and then he apologised.” (Alessandra)

“The physical violence was more like slaps, slaps in the face. He once head-butted me. He slapped me in the face with all his might and then headbutted me. He pulled me, threw me to the ground.” (Alessandra)

“I remember that that day he lifted me up here (she wraps one hand around her neck), and I blacked out.” (Bertha)

“He once punched me in the face. It was the first punch of my life.” (Letícia)

### 3.2.3 Theme 3: Economic Abuse during the Relationship

Ten of eleven speakers affirmed they suffered economic abuse from their partners at the time. Practices of damaging the victim’s belonging, full control of the victim’s income and restricting access to education and the labour market were reported by almost all of the victims. In one case, the aggressor still had control over the victim’s income after the termination of the relationship. There was only one case in which the abuser refused to attend to the family’s basic needs, such as food, health assistance, clothing and furniture.

“The money I received went to a joint account, and I had to ask for authorisation to use it. I couldn't use it where I wanted, when I wanted.” (Maria)

“We moved. In the apartment there was no wardrobe, no bed, only a sofa. He took me to the furniture store to buy a bed, wardrobe, but it never arrived. These furniture never appeared.” (Madalena)

“I asked NGOs for help with food, to buy milk and diapers.” (Madalena)

“I worked with anything: babysitting, cleaning, everything. And all my money, he used to say: "ah, you need to help me because I don't have money, I'm poor".” (Letícia)

“If I bought something for myself: an outfit, a sweater...because I didn't have clothes to wear in Russia, I didn't have shoes to wear, so I had to make money to buy my little things, he would cause a scandal. He used to throw me out of the house because I was spending a money he didn't have. But the money wasn't his, it was mine, and he thought my money was his.” (Letícia)

“He used to say: "You're not very good at math, but I am. So, you get your money and transfer it to my bank account and I'll do everything." So, he had one hundred per cent of the finances in his hand.” (Caroline)

### 3.2.4 Theme 4: Moral Abuse during the Relationship

Moral abuse was a theme mentioned by seven survivors. Practices of insult, defamation and calumny were present in the relationship. Calling the victim depreciative names, talking bad about the victim to other people, accusing the victim of being unfaithful without proof, and accusing the victim of being a thief were part of the survivor's report.

“He accused me of dating his boss. He was very manipulative. He used to do a psychological involvement for me to confess things and admit things I hadn't done.” (Leticia)

“He used to throw in my face a lot these betrayal things, as if he hadn't done anything, as if he was just a hardworking man, a worthy man.” (Leticia)

“In discussions, he told me to shut up and said that I didn't even know what I was talking about, that I was crazy. It got to the point where I walked around the University asking people if I was crazy.” (Clarice)

“He said I was crazy, mentally retarded, that I was a whore.” (Clarice)

“The tipping point, what made me take the plane and leave with 10 days of marriage, was that, in an argument, he said that I wanted his house, that I got married because of the visa papers. He put a padlock on the bedroom door and took me out of the room. I slept in my daughter's room and he went to work. When I woke up, the door of our marriage room was padlocked.” (Marielle)

### 3.2.5 Theme 5: Sexual Abuse during the Relationship

Five speakers reported being sexually abused during the relationship. The abuses were characterised as victim coercion for intercourse, victim coercion to undress online, victim coercion for making abortion and marital rape.

“When that thing touched me it was a nightmare because I couldn't stand when he touched me. And he threatened me, saying that if I didn't have sex with him he would look for other women on the street.” (Madalena)

“When we went to bed, and I didn't want to have sex, he used to say: "we're going to get married. How can you not want to have sex with me when we're going to get married? You're going to be my wife. You're already my wife. So, you have to give in when I want to. Would you rather I betray you

as other men do?" So, it was a psychological pressure and I had to give in because I didn't want him to go looking for other women." (Caroline)

"Today I see it, I think the first abuses were sexual. Because I used to say: "I don't want to" and he used to say: "No, but it's just a little bit". Or I was sleeping, I was exhausted, tired, and he wanted to. Like, we were sleeping in a spooning position, then he used to start to take my panties off and I said: "no, I'm sleepy, stop". And he did what he had to do, and it was over. It was like that." (Caroline)

"Then, when I find out I'm pregnant, I talk to him and he wants to take the child out. It's legal here, right? Then I say: "no, it's not like that". And he says: "you have to take it out because we can't afford it." And I say like this: "no." And his mother said: "you have to take the child out because you can't afford it, but we can't interfere with what you want either". She just wanted to see the problem going away, which was me going to Brazil." (Clarice)

### *3.2.6 Theme 6: Abuses Witnessed and Suffered by the Children*

Of all the survivors, four of them do not have children with their aggressor, and only one does not have a child at all. Those who have children with their aggressor reported that their children witnessed the abuses the mothers suffered or suffered themselves the abuses. Reports of abuse towards the children such as beating, deprivation of basic needs, locking a child in a dark room for a short period of time, shaking the child violently, calling the child names to disqualify their mental capacity, intimidation and manipulation of the child were present in the reports.

"He disqualified me and disqualified my child. But of course, who suffered the most was the child who was unprepared." (Bertha)

"We (me and my child) had to go out (from home) a few times, so he could breathe and we could go back home. As incredible as it seems." (Bertha)

"He used to beat (the children); he had no pity. He used to hit the head really hard and I have pictures. Because a child is a child, right? The children couldn't talk at the table when it was time to eat. The children couldn't say anything, and they couldn't have those children's things. Everything was a reason to hit. Once, I was in the shower pregnant with my daughter and I was taking a shower because I was going to go out with them (children). And suddenly my oldest child arrives with a cut on the forehead spurting blood. And I came out of the bathroom desperate and asked the child what happened. The child shouted that it was the father's doing." (Madalena)



“The moment the father stepped into the house, nobody knew what was going to happen. Even though he never hit my children, he would come into the house, and when he was in a bad mood and anyone breathed a little louder, there was a punishment.” (Deborah)

“Last year I was visiting my children (in Canada) and my youngest child wanted to stay with me the whole time I was there, for 3 months. The child didn't even want to visit the father for the weekend. While I was there, he attacked my oldest child, he physically intimidated the child and the child said it wasn't the first time. My oldest had already called the police before, but the police discouraged from filing a police report. My oldest was away from the father's house for seven months, with my friends or with me. This child stayed 3 months in Europe with me. The youngest child, he (father) holds and controls.” (Deborah)

“I ended up losing the custody of my children in March and I only moved in August (to another continent). Even so, my youngest didn't want to stay with the father, only stayed with me while I was there. But my youngest, I have pictures, was eight years old at the time and was always looking dirty, looking like a homeless child. The nails were always long, always dirty. The hair, dirty.” (Deborah)

“He is violent with the children like hitting them, because for him it is normal to hit children, or threatening to hit them. He always threatens that he's going to beat them. This morning he took the children, came here and took them (Pause). Gosh, this is very heavy because he is a heavy person. He is very demanding, you know. So, one of the children here couldn't find the branded sweatshirt he (father) had bought. Didn't find it. Wow, then it started. That heavy thing.” (Tarsila)

“I remember once that he trapped the child in the bathroom and turned the lights off. The child was two years old. "No, for God's sake! You're not going to do that!" I had to scream to not let it happen, you know.” (Tarsila)

### *3.2.7 Theme 7: Stalking After the Separation*

Continuous manipulation from the aggressor after the separation was experienced by nine victims. Seven of them are still suffering stalking from their aggressors in the form of unwanted following, unwanted contact, manipulation, physical aggression and monitoring of their movements. One victim could stop the stalking through a Restrictive Order, while another stopped being stalked after pressing charges at the Police Station.

“...he pushed me, stepped hard on my foot and squeezed my arm too, because I defended my child. I didn't want him to hit my child. Then I went to report it. I went to the hospital, made a corpus delicti and denounced him.” (Tarsila)

“For example, if he knows I'm seeing someone, he gets terribly upset, or if I don't do what he's expecting. For example, now during the pandemic, I'm staying at home a lot. I don't have a boyfriend at all, so I stayed with the children a lot and it's okay for me. When he needs to work, I'm fine staying with the children, but once I say "no", wow! He becomes like a hurricane, you know? I try to avoid contact as much as possible because I saw that it's no use trying to talk. It's better to have less and less contact and, unfortunately, that's how it is. He isn't a nice person to me anymore, he's super rude. Always short with me, rude, cold.” (Tarsila)

“He thought I had a boyfriend, that I had someone. So, he started inquiring my child to know if I had a boyfriend, if I had someone. He began to spy on me, to control me.” (Maria)

“So, he does that, he starts to surround the people I know. He gets in touch with people I know. A friend of mine who has the same Italian surname, she told me these times: "Look Maria, someone called me wanting to know what I was yours". I mean, he's surrounding everyone I know. He surrounds and approaches people and then tries to turn those people against me. That's his goal, right?” (Maria)

“Last time he contacted me, he managed to find me in an app that I no longer have, but I think my record is still there. So, he sent me an invitation from that app. By the time I saw it, I was already frozen. I was panicking. I already have a problem with Depression and sometimes I also have problems with Panic Syndrome, you know, and I get a bit flustered. I was frozen. There's no way he can find my address. He does not know I live here. But even so, I felt coerced.” (Caroline)

Table 2

*Relationship of Themes among Survivors (N = 11)*

Pseudonym	Themes (1-6) experienced during the abusive relationship	Themes (1-7) experienced after separation
Deborah	1,2,3,4,5,6	1,6,7
Tarsila	1,3,6	1,2,6,7
Marielle	1,2,3,4	7
Leticia	1,2,3,4,5,6	1,6,7
Clarice	1,2,4,5,6	7
Dandara	1,2,3	7
Madalena	1,2,3,4,5,6	-
Maria	1,3,6	1,7
Bertha	1,2,3,4,6	-
Alessandra	1,2,3,4	7
Caroline	1,2,3,5	7

### 3.3 Themes Related to the Support Received by the Victims

#### 3.3.1 Theme 1: Support Received by the Victims when they Attempted to Seek Assistance from National and International Governmental Institutions and Services

A number of the interviewees mentioned the support they received when they sought assistance from police force, Brazilian consulates and embassies, state lawyers, social assistants and shelters for domestic violence victims in the country where they needed support. Of those who sought assistance from the police, only three were effectively protected from the aggressor at the time. Of eight survivors who did not receive support from the police, only three did not seek at all national and/or international support, and five received inexistent or inefficient aid. Those victims mentioned the lack of police support after suffering physical violence, being stalked after the separation, and after pressing charges of psychological aggression and physical violence. Of those five, three victims could not communicate with the police in the official language of the country, and two did not have a residence permit to live in the host country. The three victims who did not seek support at all from national or international institutions mentioned they acted that way because of the humiliation of the process, the lack of language skills, the lack of awareness within the society regarding the domestic violence subject, lack of credibility in the justice system, the implementation of social isolation promoted by the aggressor, feelings of shame and guilt, and trauma after seeking assistance and not receiving support.

Of eleven interviewees, only two sought assistance from a Brazilian embassy and consulate, one in Thailand and the other in Portugal. The victim who was living in Thailand did not receive support

from the embassy after having been beaten by her aggressor. Since she could not receive support from the police or the Brazilian embassy, she was forced by the aggressor to drop the charges against him. The victim who sought assistance from the Brazilian consulate in Portugal received psychological support and legal orientation. However, the interviewee mentioned that the consulate could not do much for her case at the time.

Of all interviewees, three sought judicial support from state lawyers in Portugal and Canada. In two cases, both occurred in Portugal, the state lawyers allowed the domestic violence court cases to be archived since they did not inform their clients of the date they should appear in court. In Canada, the estate lawyers representing two underage children and the victim in a court case related to a custody battle did not support the victim, accordingly, making her choose between staying in the country to stay near the children or leaving to another continent with her current husband without the children. The victim in question left the country and can only see her children when travelling to Canada.

Only four victims sought support from social assistants, two in Portugal, one in Luxemburg and one in Canada. Of all four, only one survivor affirmed that the social assistant offered effective support in Portugal. The survivor in Canada did not receive support at all from the social assistant, when one of her children was physically assaulted by the father. The Brazilian victim in Luxemburg sought support from seven different social assistants, and only three offered a certain amount of assistance. The remaining four assistants declared they could not help her since she did not have legal documentation, or advised her to start a couple's psychotherapy with her aggressor.

Of all survivors, three were moved to a shelter for victims of domestic violence and two of them, one in Portugal and the other in Canada, mentioned they had negative experiences there. The survivor in Portugal stayed nine months in the shelter and affirmed she was revictimised after suffering abuse by the social assistant. The victim in question made a formal complaint to the National Commission for Human Rights in Portugal and the abuses grew worse since all the shelter's employees and the social assistant could know about her formal complaint through the commissioner's phone call, which exposed the situation to the shelter's staff. The same social assistant also failed to let her know that she had the right to receive financial support from the government at the time she was living in the shelter. The survivor in Canada mentioned the presence of micro violence in the shelter. She affirmed she did not feel welcomed and the personnel were serving expired date food to the victims. She then decided to leave the shelter after one week. Only one of the three, who was still inside the shelter at the time of the interview, affirmed she was receiving proper treatment.

Table 3

*Effective Support Received by Governmental Institutions and Services (N = 11)*

Pseudonym	Country	Police Force	Brazilian Embassy / Consulate	State Lawyer	Social Assistance	Shelter
Marielle	Belgium	No	-	-	-	-
Bertha	Germany and Belgium	-	-	-	-	-
Deborah	Canada	No	-	No	No	-
Dandara	Canada	Unknown	-	-	-	No
Tarsila	Italy	No	-	-	-	-
Maria	Italy	-	-	-	-	-
Caroline	Japan	-	-	-	-	-
Madalena	Luxemburg	No	-	-	No	Yes
Clarice	Portugal	Yes	No	No	No	No
Alessandra	Portugal	Yes	-	No	Yes	-
Leticia	Thailand	No	No	-	-	-
Leticia	UK	-	-	-	-	-

*Note. Yes and No responses. Hyphen means “did not seek support” or “did not mention in the interview”.*

### 3.3.2 Theme 2: Support Received by the Victims when they Attempted to Seek Help from Domestic Violence NGOs and Domestic Violence Independent Brazilian Associations

Of all the interviewees, four sought support from domestic violence NGOs and only two of them received some kind of assistance. The two remaining victims who sought NGO assistance did not receive support at all. One of them declared that the NGO from the UK refused assistance affirming that her life was not at risk, and the other affirmed that she simply did not receive support at all from the Italian NGO. Of the two survivors in Portugal who received some assistance from the NGOs, one was moved to a shelter, and the other is still receiving, free of charge, psychological care in the form of psychotherapy, for more than one year already.

In total, seven survivors were having their cases followed by independent Brazilian associations that act abroad in order to offer support to Brazilian immigrant females, victims of gender-based violence. Of seven, four mentioned the support they received. The kinds of support mentioned were psychological, legal, escort to a shelter, group support and brief shelter provided by one association's volunteer who allowed the victim to stay in the volunteer's house.

Table 4

*Effective Support Received by Non-Governmental Services (N = 11)*

Pseudonym	Country	Domestic Violence NGO	Independent Brazilian Association
Marielle	Belgium	-	Yes
Bertha	Germany and Belgium	-	-
Deborah	Canada	-	-
Dandara	Canada	-	Yes
Tarsila	Italy	No	-
Maria	Italy	-	-
Caroline	Japan	-	-
Madalena	Luxemburg	-	Yes
Clarice	Portugal	Yes	-
Alessandra	Portugal	Yes	-
Letícia	Thailand	-	-
Letícia	UK	No	Yes

*Note. Yes and No responses. Hyphen means “did not seek support” or “did not mention in the interview”.*

### 3.3.3 Theme 3: Support Received by the Victims from Personal Social Circle

The majority of the survivors mentioned the support they received from people living in the country where the abuse occurred. Of eleven victims, seven received support from Brazilian friends. Of all survivors, only two have family members living in the same host country. One does not have any contact with her father who lives in the same territory, and the other has also family members in the country who share a land border with the host country she has been living in. In this particular case, the victim in question received some support from a few family members, however, she mentioned that the support was not enough at the time. Three victims mentioned receiving support from native friends, and only one of them affirmed receiving just an expression of solidarity from her native male friends. Of eleven, one survivor received effective support from native co-workers, and another received assistance from native teachers. Of all interviewees, two received some kind of support from foreign acquaintances. Only one survivor sought assistance from a local evangelical church which refused to help. Of all victims, three mentioned to the aggressor’s family the abuses they were suffering from the aggressor. In all three cases, the aggressor’s family members did not provide any kind of assistance.

### 3.4 Themes Related to the Psychological Characteristics of the Victims

#### *3.4.1 Theme 1: Diagnosis and Therapeutic Support Received by Psychologist and/or Psychiatrist During and After the Abuse*

Keeping in mind the traumatic events the survivors crossed during the abusive relationship, and in order to investigate the psychological status of those survivors, they were asked if they received any diagnosis related to their mental health during and/or after the abusive relationship. They were also asked if they received or are receiving proper mental health support. Eight victims affirmed they did not receive any diagnosis, and only three survivors were diagnosed with the following mental disorders: depression, generalised anxiety disorder, postpartum depression and binge eating disorder. Of all the victims, two developed medical conditions during and after the abuse; one victim developed fibromyalgia, and the other developed anaemia, asthma and sarcoidosis. Of eleven survivors, only three received confirmation that they were victims of domestic violence from healthcare and mental health professionals; one received the confirmation from her family doctor in Canada, one received it from a psychologist in the UK, and one from a psychiatrist in Portugal.

Eight survivors mentioned they received some amount of mental health support during and after the abusive relationship, in the form of psychiatric treatment, psychotherapy, crisis intervention through emergency psychological care, and not evidence-based therapeutic approaches such as Past Life Therapy and Family Constellation. Two of eleven survivors, both located in Italy, mentioned they did not receive any support when reporting the abuse they were suffering to the mental health professionals. One of them reported to the psychologist the abuses she and her children were suffering, but was told that the abuses were just discordances between the couple. The other victim who was diagnosed with postpartum depression told her psychiatrist that she was suffering abuse from her husband and his family, but was told that the situation she was describing was a fantasy created in her own head.

Of the eight survivors described above, four still receive mental health support. Three have been under psychiatric, psychological and psychoanalytic treatment, and only one has been attended by a Family Constellation therapist. Of the three victims who have been under evidence-based treatment, one has been receiving therapeutic support from a psychiatrist and a psychoanalyst in Japan, one has been under psychotherapy treatment in Portugal, and one has been under psychotherapy treatment in Canada.

All the three survivors who were placed in a shelter for victims of domestic violence mentioned they did not receive proper support or any support at all from the shelter's psychologist.

Of eleven, three survivors did not receive any diagnosis during and after the abuses, and neither received any therapeutic support.

Table 5

*Diagnosis and Therapeutic Support Received During and After the Abusive Relationship (N = 11)*

Pseudonym	Country	Diagnosis	Effective Support Received by Recognised Mental Health Professional
Marielle	Belgium	No	-
Bertha	Germany and Belgium	No	-
Deborah	Canada	No	-
Dandara	Canada	Generalised Anxiety and Depression	Yes
Tarsila	Italy	No	No
Maria	Italy	Postpartum Depression	No
Caroline	Japan	Binge Eating Disorder	Yes
Madalena	Luxemburg	No	Yes
Clarice	Portugal	No	No
Alessandra	Portugal	No	Yes
Letícia	Thailand	No	-
Letícia	UK	No	Yes

*Note. Yes and No responses. Hyphen means “did not mention” and “did not seek support”*

### 3.4.2 Theme 2: Psychological Status of the Victims at the Moment While living in Another Country and Sense of Belonging to the Country of Residence

The majority of the victims mentioned the way they felt during and after the abusive relationship. Of eleven, six survivors mentioned feelings of shame, guilt, fear, anxiety, rage, regret and hopelessness. Two victims mentioned they experimented suicidal ideation during the abusive relationship.

The interviewees were also asked about their main fears at the moment of the interview. The listed fears were of being alone, of dying, of dying alone, confrontation with the aggressor, encounter with the aggressor, the romantic reconnection with the aggressor, the perpetuation of the cycle of violence by their children in the future, the aggressor taking the child away, losing their children, being judged by their children, their children suffering the same abuses when they grow up, the impossibility to find a job when back in Brazil, and the impossibility to financially support themselves in another country. One victim who was still living with her aggressor in the UK mentioned she was dreaming constantly of being persecuted by him. She also mentioned that sometimes she used to dream that the aggressor was persecuting her child. Another victim who was living in the shelter for victims of



domestic violence in Luxemburg, at the time of the interview, affirmed that she kept seeing her aggressor everywhere when going out.

Of all the victims, only two, one living in Canada and the other living in Belgium, affirmed they felt welcome in the country of residence at the time of the interview. Four survivors did not mention the subject, and four said they did not feel welcome at all while living in another country. Only one victim in Japan mentioned she did not feel welcome or not welcome. The victims who did not feel welcome in the country of residence mentioned feelings of isolation, loneliness, being out of their element and not feeling at home. Two victims, one living in Portugal and the other living in Japan, mentioned they had suffered ethnic discrimination. Of the interviewees who did not feel welcome, one mentioned that the country of residence could provide her with better opportunities than she had in Brazil. The other victim mentioned that the country of residence could attend to her children's needs for security, health and education. The same victim made it clear that if she did not have children, she would have gone back to Brazil a long time ago.

Five survivors are having issues with the agreement related to the child's custody between them and their aggressor. Of those five, only one tried to flee the country with her child two times without the father's authorisation, and was stopped by the immigration agents at the airport. One victim moved to another country without her children, who stayed with the father, and one is still trying to go back to Brazil with her children. This victim in question did not receive the father's authorisation to move their children to Brazil. One victim was in the middle of a judicial custody battle which has been going on for ten years with her aggressor, and one victim who was living in the shelter for victims of domestic violence at the time of the interview, tried to go back to Brazil with her children but was not allowed to do so.

## 4. Discussion

### 4.1 Summary of Findings

The sample for the study was formed by eleven women from different backgrounds, living in different countries who accepted the challenge to tell their stories. However, differently from the findings of other studies which showed that women with a lower social level, or lower level of education are more vulnerable to being victimised by intimate partners, this study found that women with a high degree of education and coming from a high social status background, are also vulnerable to IPV, because they are the majority in this study. It was also found that only women from thirty to fifty-eight years of age agreed to participate in the study. These findings create further research questions related to the age and background of the Brazilian victims who live abroad. It is not clear if there is a high number of victims from 30 to 60 years old abroad, or if women in this age group are more prepared to talk about their experiences of victimisation. The general finding in this study demonstrates that Brazilian immigrant women who had or have been victimised by a foreign partner have suffered similar victimisation and a similar level of support from formal and informal channels. Even living in different places around the world, the victims experienced similar feelings and symptoms related to mental health outcomes. The majority of them are still suffering from some kind of abuse after the separation and only one victim received court protection under a restraining order against her abuser. Almost all of the victims who have children with their aggressors are having disagreements or custody battles in order to move with their children to another country.

#### *4.1.1 Details of Victimisation from Intimate Partner Aggression*

Keeping in mind that there is no agreement yet within academia about a universal definition and categorisation of the types of aggression involved in IPV, the victims in this study categorised the types of aggression and violence under the Maria da Penha law perspective, and the others who did not have the knowledge about all the types of aggression, were informed about them under the Brazilian's law perspective in order to follow only one categorisation of IPV. The results show that all of the victims suffered psychological aggression, which was accompanied by other types of aggression and violence. Ten victims suffered physical and economic abuse, seven were victims of moral aggression and five of sexual violence or coercion.

Reproductive coercion was also a theme that emerged during the interviews, showing that the women's autonomy regarding their own reproductive decisions can be at risk in an abusive relationship. Although not broadly discussed, it is important to make clear that the coercion of termination or initiation of pregnancy is considered sexual violence in Brazil (Maria Da Penha, 2006)

and as psychological aggression by the Centers for Disease Control and Prevention in the US (Breiding et al., 2015). Breiding and colleagues (2015) also address non-contact unwanted sexual experiences as a form of sexual violence. The experience of one of the victims of being coerced by the aggressor to undress in every online encounter is an example of it.

Even though the researcher did not mention the information about stalking as a form of IPV proposed by Breiding and colleagues (2015) in the interviews, the victims mentioned the continuous manipulation they had suffered or were still suffering from after the separation. The forms of manipulation used by the aggressors and described by the victims fit into the stalking description.

The results also show that the aggressors exploited the victim's vulnerability related to their immigrant status, which falls under the psychological aggression according to Breiding and colleagues (2015).

The results demonstrated that the victimisation, physical or non-physical, can occur through direct harm inflicted by the aggressor, or through the use of coercion tactics to convince the victim to act in ways she is unwilling to. The study also demonstrates that the vulnerability those women experience as foreigners in a strange country contributes to the long-term experiences of an abusive relationship as found by Dasgrupa (1998), Freedman & Jamal (2008) and DAW (2003). The vulnerability the victims in this study faced because of their status as immigrants, which went beyond the illegality, made them easy prey for victimisation, mostly because their abusers were citizens of the host country or citizens from a developed country. Beyond the illegal status as a vulnerability factor, there were cultural norms, xenophobia, racism and gender roles mentioned by Freedman & Jamal (2008) and DAW (2003) which victimised the immigrant women not only on the personal level, but also on the cultural and institutional levels as well, as mentioned by Dasgrupa (1998). The fact that the majority of the interviewees have had a long abusive relationship in the host country they were living in demonstrates this reality. The feelings of fear, mostly of losing their children, and shame mentioned by some interviewees made some of them stay longer in the abusive relationship. Others mentioned the lack of financial autonomy they faced or were still facing, which was an obstacle to breaking the cycle of violence. The lack of a supportive social circle and survival skills were also present in some reports, and also represented an obstacle to leaving the abusive relationship.

In some reports, there is a clear presence of discrimination the victims suffered by their partners and the partner's family members.

#### *4.1.2 The Support Received by the Victims*

As the results show, almost all the victims sought what Liang and colleagues (2005) called formal and informal support. Only one victim did not seek any kind of support, because she was isolated

from everyone and thought that nothing would happen if she reported the abuse. Two other victims, living in different countries, sought support only from an informal channel (a friend) in order to receive financial aid to leave the abusive relationship. One of them revealed that she did not seek help from formal channels, because psychological aggression was not considered a type of domestic violence in the host country's culture, and the other lives in a highly patriarchal society in which domestic violence is not treated as a public health issue. The results also show that the majority of the victims who have sought help did not receive proper support from any channel, except the cases in which they received moral and financial support from family members, friends and acquaintances. However, it seems that some of the victims had a certain resistance to telling their family members about their situation, since they did not mention telling them about the aggressions they suffered. Only in two cases did the victims express that they felt ashamed and guilty about their situation, so they decided not to expose it to the family, corroborating the findings of Liang and colleagues (2005). Another reason for this resistance can be what Reynolds (2020) describes as the independent characteristic to deal with their own problems, which is a trait Brazilian women present when living abroad, or the fact that they worry about the health of their elderly parents.

The results demonstrate that the support provided by domestic violence NGOs was successful in only half of the cases and that the Brazilian independent associations, which intermediated the contact with this research, were the only channel able to provide some kind of effective assistance. It is not clear if the reason for this result is the fact that the communication in the mother tongue between victims and agents from the independent associations was a facilitator for more efficient assistance, or the fact that these Brazilian philanthropic associations were created to fill the hole of the formal channel's inefficiency. It is also important to notice the negative experience that two out of three victims had when living in a shelter for victims of domestic violence. Their report exposed that the unprepared professionals might create a scenario of revictimisation that is experienced by the victims who are in an extremely vulnerable state, which Dasgrupa (1998) describes as a phenomenon of institutional revictimisation. It is not clear if the motivation for this revictimisation is based on any kind of discrimination, as Dasgrupa (1998) suggests. However, it can be possible.

The formal channels in the host countries were demonstrated to be inefficient in the majority of the cases. The state agents, in general, who failed in providing proper assistance showed a lack of understanding regarding IPV and insensitivity towards the aggressions the victims suffered, which confirms the findings of Dasgrupa (1998).

The results make it clear that of eleven victims interviewed for this study, nine are still being victimised by their ex-partners with the knowledge of at least one of the formal support channels which, in some cases, are responsible for their security, well-being and guarantee of autonomy. Five of those who have children with their aggressors cannot leave the country with the children because

of the Hague Convention, and are still suffering psychological distress because of their present situation and the past traumas related to the aggressions they suffered.

The victims interviewed did not have a job in the host country or did have a job that could not provide the necessary income for them to regain their autonomy, which corroborates the findings of Dasgrupa (1998) and Reynolds (2020).

#### *4.1.3 Psychological Status of the Victims*

The results show that three victims who received a mental disorder diagnosis experienced the mental health outcomes related to the findings of Blasco-Ros and colleagues (2010), Ellsberg and colleagues (2008), García-Moreno (2005), Krug and colleagues (2002), McLaughlin and colleagues (2012) and UN (2014). One was diagnosed with Depression and Generalised Anxiety Disorder, another with Postpartum Depression and another with Binge Eating Disorder. Additionally, two of the victims interviewed mentioned the suicidal ideation they experienced during the abusive relationship. Feelings of shame and guilt, PTSD symptoms of dreaming about being persecuted by the aggressor, seeing the aggressor everywhere and fear, poor self-esteem and chronic stress were also reported by the victims who did not receive any diagnosis. One victim reported feelings that are not described in the IPV literature, such as rage, desperation and regret that she experienced during the abusive relationship.

Two victims who developed medical conditions during and after the abuses demonstrated the possible somatisation process involved in the health outcomes of intimate partner victimisation mentioned by Lagdon and colleagues (2014). One victim developed fibromyalgia, a condition reported in the Krug and colleagues (2002) study. However, the results in this study show presence of autoimmune diseases as possible somatisation. One victim who developed asthma and sarcoidosis during the abusive relationship reported that sarcoidosis went into remission after she divorced her aggressor. At this time, however, there is no study correlating the presence of autoimmune diseases and IPV victimisation.

The results demonstrate that the victims need a proper diagnosis in order to understand their psychological status during and after the abuse to receive proper treatment. Well-prepared doctors, psychiatrists and psychologists are needed at the institutional level to properly investigate the victim's mental and physical health. The professionals who attended the victims interviewed for this study demonstrated that they need deeper knowledge related to the victimisation from intimate partner aggression to give a real diagnosis and also to follow up on the cases closely. This knowledge is needed to avoid misdiagnosis promoted by misinterpretation of the reality of the situation, something that occurred with some interviewees when their health professionals did not recognise them as

victims, or did recognise them as victims but did not follow up on their cases, underestimating the risks those women were at.

#### *4.1.4 Additional Themes Developed from their Stories*

Some themes emerged from the victims' reports, such as the children's exposure to the abuse. The exposed children were victimised by their father physically and psychologically or were victimised from witnessing the abuse their mother suffered. Thus, the development of those children is already affected by the exposure to the aggression. This study did not investigate the mental health status of the children involved, however, it is known that any kind of exposure to intimate partner violence and aggression that a child suffers is considered child maltreatment (WHO, 2006), due to the severity of the emotional and physical harm involved (Gilbert et al., 2009; McTavish et al., 2016; WHO, 2002).

Another theme was the custody battles or disagreements that five victims of this study were facing at the time of the interview. This theme is strongly connected to the previous one, since the children who were victimised by being exposed to the aggressions related to IPV were forced to live in the country where the aggressor, their father, lives because of the international laws promoted by the Hague Convention. There is a contradiction, as exposed by Kaye (1999) and Reynolds (2020). At the same time that the Hague Convention was created to prevent the traumatic experience suffered by the children and the parent left behind caused by the abduction of the child, it allows the children to be traumatised by the intimate partner victimisation. Thus, this study can be used as another example that the Hague Convention does not take into consideration the traumatic experience suffered by the children and the immigrant mothers who are victims of IPV. The Hague Convention strips immigrant mothers and their children from their human rights, since it does not protect them from the abusive husband and father.

It is important to notice in this study that even the victims who showed the severity of their traumas to agents from formal channels were still trapped in their country of residence, because they do not want to leave their children behind. For example, one victim tried to flee the country twice with her child, and another was living in the domestic violence victims' shelter with her three children and was still in the country of residence against her will.

## 4.2 Limitations of the Study

The sample in the present study was not representative of all the Brazilian female victims of IPV living abroad. Quantitative studies are also needed to know the rates. Far-reaching conclusions can, thus, not be drawn and a mix of methodologies could be applied to understand the long-term

implications of intimate partner victimisation for victims in general (partner and children), and the causal correlation between IPV and mental health outcomes in this population.

### 4.3 Implications of the Study

This study focused on the victimisation, support received and well-being of Brazilian immigrant women who had an abusive relationship with a foreign partner. With further research and a wider sample, it would be possible to develop awareness campaigns for formal and informal support channels and create public policies in order to protect the victims of IPV and the children exposed to it, taking into consideration the extra vulnerability the victims face only for being immigrants.

### 4.4 Suggestions for Future Research

Further research related to the victimisation, mental health outcomes, cultural factors and public politics of immigrant women who suffer intimate partner aggression from a foreign partner is needed. Most of all, there could be a universal agreement related to the definition and categorisation of IPV in order to organise the knowledge and make it public. Even though there is a lack of data and knowledge regarding this kind of victimisation, the uncovered number of 750 registered cases of domestic violence in general suffered by Brazilian immigrant women around the world is not in accordance with the reality, as shown in the present study by the numbers gathered by only two organisations which intermediated the communication between victims and researcher. There are victims who want to talk about their stories and only need someone who listens to them without judgment. They can be found in shelters for domestic violence victims, in NGOs and independent organisation groups which can be easily found online. For those victims who would prefer to protect their identity, anonymous surveys can be applied.

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