



INFLUENCE OF VIOLENCE ON THE MENTAL HEALTH OF BRAZILIAN IMMIGRANT WOMEN IN PORTUGAL

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ABSTRACT

This study aimed to analyze the prevalence of violence against Brazilian immigrant women in Portugal since their arrival, and the consequences of this in their experience, specifically in health, perception of discrimination and loneliness. The sample comprised 682 Brazilian women, migrants, over 18 years old, living in Portugal for more than three months. Data collection was carried out online, through the Limasurvey Platform, and in person at the Brazilian General Consulate in Porto and Lisbon, at More Association (Associação Mais), in which the Discrimination Perceptions, Loneliness (ULS-6) and Mental Health Problems Scales were applied. The results suggest that Brazilian women who have been subjected to violence in Portugal have a worse perception of their health, a greater perception of discrimination, a higher level of loneliness and more mental problems. The study also shows that: the length of stay in Portugal is significantly associated with having been subjected to violence; there is a greater proportion of single women (31.5%) who have been subjected to violence; there is a marginally significant association with whom the immigrants live [$\chi^2(1, 671) = 2.86, p = 0.09$]. Immigrants have some vulnerabilities in the host country, since violence has an adverse effect on their physical and mental health. It is believed to be crucial to create a policy of strengthening the citizen and collective conscience of these immigrant women.

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INTRODUCTION

According to the United Nations (UN), the number of international migrants worldwide has been growing rapidly. In the year 2000, there were 173 million; in 2010, it totaled 222 million and in 2015 it reached 244 million. An important phenomenon has occurred in transnational migrations: feminization.

In Europe, the percentage of women in the year 2000 was 51.6%, rising to 52.4% in 2015 (World Health Organization, 2010). Immigrants face many challenges when they settle in a foreign country. In the case of women, it implies greater vulnerability in situations of exclusion, such as domestic violence, violation of rights, trafficking, sexual exploitation, and female genital mutilation, among others. In migratory contexts, it can mean increased risks in cases of social and economic exclusion, both in pregnancy and in the health of the newborn (Padilla, 2013). Throughout the world, in both rich and poor countries, women are being beaten, trafficked, raped

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and killed. These human rights abuses not only cause great damage, but also affect the fabric of entire societies (United Nations, 2016). Portugal follows this immigrant growth and the phenomenon of feminization. Among the immigrant population, Brazilians are in greater numbers. Regarding this group, the Foreigners and Borders Service affirms that the Brazilian population with official visas in Portugal totaled 87,493 migrants, 53,537 women and 33,956 men (Dias, Machado and Bento, 2014). Such contextualization justifies the object of study proposed in this article: The phenomenon of violence experienced by Brazilian immigrant women since their arrival in Portugal and its influence on health, perception of discrimination and solitude. Based on the above, this research was outlined with two objectives: the first one is to analyze the prevalence of violence against Brazilian immigrant women since their arrival in Portugal; the second seeks to find out the consequences of having been subjected to violence in Portugal, in the psychosocial aspects of women's experiences, specifically in terms of health, perception of discrimination and loneliness. In this scenario, a study question (Q) and four hypotheses (H) are presented: Q1. To what extent do Brazilian women consider that they have been subjected to violence since their arrival in Portugal and in what ways? It is hoped that Brazilian women who have been subjected to violence will reveal: H1: a worse perception of their health; H2: a greater perception of discrimination; H3: a higher level of solitude; H4: more mental health problems.

MATERIALS AND METHODS

A cross-sectional study conducted in the first half of 2016 in Portugal, with 682 Brazilian immigrant women, over 18 years of age, who had been living in the country for more than three months. The sample size was calculated using the formula for the ratio of infinite populations. In this perspective, based on the population of approximately 53,357 Brazilian women living in Portugal, the minimum number of Brazilians would be 600, considering a 95% confidence interval (95% CI), a significance level of 5% and a relative sample error of 8% (absolute sampling error = 4%). The final sample consisted of 682 participants (Dias, Machado and Bento, 2014). A three-scale survey was used to assess the perception: The Discrimination Perceptual Scale, which includes five items, evaluating the feeling of not being accepted in society because of their ethnicity; the Solitude Scale, which was included in the questionnaire used in Portugal, based on a previous study (Neto, 1992). The Portuguese short version of the Reviewed Solitude Scale²² was used, consisting of six items (ULS-6) (Neto, 1992; Russeal, Peplau and Cutrona, 1980; Neto, 2014); in addition to the Mental Health Problem Scale, which consists of 15 items, which enable the evaluation of depression, anxiety and psychosomatic symptoms, with five items for each of these three areas (Neto, 2009). The survey was presented to the Brazilian General Consulate in Porto, Lisbon, in Faro, at the Brazilian Embassy in Lisbon and the "Mais Brasil Association". Data collection took place from July to September 2016 and two modalities were instituted: online, through the Limasurvey Platform, and in person, at the Consulate General of Brazil in Porto and in Lisbon and at the "Mais Brasil Association". To increase the online approach, a Facebook group was created entitled: Brazilian people living in Portugal. It is important to highlight that this work was developed within the framework of a broader research entitled "State of health and quality of life of Brazilian immigrant women in Portugal", which obtained a favorable opinion by

the Research and Ethics Committee of the Vale do Acaraú State University (UVA), according to No. 1,692,063 (Brazil, 2012). The data was compiled in the Limasurvey Platform and the processing was carried out by the Statistical Package for the Social Sciences, version 24.0. The parametric "t" test was used for the definition of inferential analyses (Stevens, 1996; Marôco, 2011) The Cronbach's alpha was adopted for the analysis of the internal consistency of the scales (Kaltman *et al.*, 2011).

RESULTS

In the sample, 26.9% of women had already suffered or were suffering some type of violence in Portugal, and 73.1% declared that they had not been subjected to any type of violence. One draws attention to the biases of the research: some women may have stated that they did not suffer any type of violence, because they did not remember at the time of the research or even did not perceive themselves as victims of violence.

Table 1. Prevalence of violence in Brazilian immigrant women since their arrival in Portugal. Portugal, 2016. n * = 682

In Portugal, have you suffered or do you suffer any type of violence?	N	%
Yes	182	26.9
No	495	73.1
Total	677	100.0

* There are five non-responses, corresponding to 0.7% of the sample.

In the sub sample of 182 cases, 26.9% who reported having suffered violence in Portugal, the types were also identified, characterizing the situation: 23.6% have already suffered psychological / moral violence; 12.7% have already been bullied; 7.5% have already suffered financial / economic violence; 7.2% have already suffered physical violence; 3.4% have already suffered sexual violence, 1.3% have already suffered torture and 0.4% have already been trafficked. As to who the aggressor was, 11.2% say they were unknown; 6.4% answered the boss/employer; 6.2% indicate the husband; 3.4% indicate police officer / law enforcement officer; 3.1% indicate their ex-husband; 2.4% indicate their ex-boyfriend and 1.6%, their boyfriend.

Table 2. Prevalence of violence against Brazilian immigrant women since their arrival in Portugal due to socio-demographic variables. Portugal, 2016. n = 682

Did you suffer violence?	Yes	No	p value
Age	M=37.2	M=38.3	0.24
Number of hours of work per week	M=38.9	M=39.4	0.74
Length of stay			0.02
Less than twelve months	16.8%	83.2%	
Twelve months or more	28.8%	71.2%	
Marital status			0.03
Single	31.5%	68.5%	
Other situations	23.9%	76.1%	
Children			0.19
Yes	25.5%	74.6%	
No	28.8%	71.2%	
Level of Education			0.45
Complete Highschool or less	28.3%	71.7%	
Frequency of Higher Education	25.7%	74.3%	
Lives			0.09
Alone	34.0%	66.0%	
With someone	25.8%	74.2%	

The effect of the age of these women was not statistically significant [$F(1, 672) = 1.41, p = 0.24$]. In relation to the women who reported the number of weekly hours of work, their effect was also not significant [$F(1, 324) = 0.11, p = 0.74$]. The length of stay in Portugal is significantly associated with having been subjected to violence [$\chi^2(1, 675) = 5.90, p = 0.02$]. There is a lower proportion of women who have lived in Portugal for less than a year (16.8%) than a year or more (28.8%) who reported being subjected to violence. There is also a significant association between marital status and violence [$\chi^2(1, 675) = 5.90, p = 0.02$], since there is a greater proportion of single women (31.5%) than in other situations (married, de facto union, divorced, widowed) (23.9%) who were subjected to violence. There is no significant association between having children [$\chi^2(1, 673) = 0.92, p = 0.19$], schooling level [$\chi^2(1, 675) = 0.57, p = 0.45$] and having been subjected to violence. Finally, there is a marginally significant association with whom immigrants live, [$\chi^2(1, 671) = 2.86, p = 0.09$], there is a tendency for women living alone (34%) to have been more targeted for violence than those living with someone (25.8%).

Table 3. Perception of the general health status declared by Brazilian immigrant women living in Portugal. Portugal, 2016. n* = 682

In general you would say that your health is...	N	%
Excellent	101	14.9
Very good	223	32.9
Good	317	46.8
Bad	34	5.0
Very Bad	3	0.4
Total	678	100.0

* There are four non-responses, corresponding to 0.6% of the sample.

The results of Table 3, indicate that 14.9% of them said that their health is excellent; 32.9% that it is very good; 46.8% that it is good; 5% that it is bad and 0.4% that it is very bad. Consequently, the findings indicate that the Brazilian women surveyed, positively evaluated their health status, where 94.6% said they were healthy.

Table 4. Influence of violence on the perception of health, discrimination, solitude and mental health on Brazilian immigrant women living in Portugal. Portugal, 2016. n = 682

In Portugal, did you suffer violence?	N	Mean	SD	t	p	
Perception of Health	No	494	2.34	0.81	-4.87	**0.000
	Yes	181	2.68	0.79		
Perception of Discrimination Scale	No	494	2.51	1.11	-14.0	**0.000
	Yes	181	3.84	1.05		
Solitude Scale UCLA	No	494	1.92	0.65	-8.97	**0.000
	Yes	182	2.44	0.74		
Mental Health Scale	No	494	2.09	0.83	-5.45	**0.000
	Yes	182	2.51	1.00		

The influence of violence on health perception is statistically significant [$t(674) = -4.87, p < .001$], the mean of the Health Perceptions Scale is higher for those who have suffered some type of violence in Portugal ($M = 2.68$) than for those who did not suffer any type of violence ($M = 2.34$). It is concluded that the perception of health is more negative for those who have already suffered some type of violence in Portugal. The effect of having suffered violence, in the perception of discrimination, is shown to be statistically significant [$t(673) = -14.0, p < .001$], the mean of the Discrimination Perceptions

Scale is higher for those who have already suffered some type of violence in Portugal ($M = 3.84$) than for those who did not suffer any type of violence ($M = 2.51$). It is concluded that the perception of discrimination is higher for those who have already suffered violence. The effect of having suffered violence, at the level of solitude, is statistically significant [$t(674) = -8.97, p < .001$], the mean of the Loneliness Scale (ULS-6) is higher for those who have suffered some type of violence in Portugal ($M = 2.68$) than for those who did not suffer any type of violence ($M = 2.34$). It is concluded that loneliness is higher for those who have already suffered violence. The effect of having experienced situations of violence was significant in the reduction of mental health [$t(674) = -5.45, p < .001$], the mean of the Mental Health Scale is higher for those who have already suffered some type of violence in Portugal ($M = 2.51$) than for those who did not suffer any type of violence ($M = 2.09$). It is concluded that mental health is inferior for those who have already suffered violence. The results show that the group of Brazilian immigrants living in Portugal, who reported having suffered some type of violence, had lower health perception, higher perception of discrimination, higher level of solitude and more mental health problems, when compared to those who did not suffer violence.

DISCUSSION

From the analyses, it was possible to characterize the types of violence suffered, the aggressors and the forms of support sought. Just like in this one, few women have reported sexual violence in intimate relationships. Women's stories suggest that sexual violence, in the context of an intimate relationship, is not often discussed, especially in specific research surveys on the subject (Kaltman *et al.*, 2011). Emotional abuse and psychological violence were the main types revealed by women. In relation to interpersonal violence against immigrant women, it occurs in all ethnic, racial groups, and affects women of all ages and socioeconomic backgrounds. Battered women of Latin American descent are less likely to seek formal help, they tend to spend more time in abusive relationships before seeking help (Pitts, 2014). Violence is a scourge that affects both developing countries and nations and the most privileged populations. In Portugal, it is estimated that one third of women have already suffered some type of violence, be it physical, sexual or psychological. When it comes to immigrant women, this context becomes more complex. Fear of reprisals, feelings of shame, economic dependence, fear of losing children, and other equally relevant aspects, contributes to the violence remaining in the family space and not being reported. In the case of immigrant women, the path to denunciation may be even longer (Duarte and Oliveira, 2012).

The context in which these immigrants live can make it difficult to deal with any type of violence. Many will have difficulties in dealing with the cultural patterns of the host country, which makes them more vulnerable to various situations of violations of rights (Alencar and Espinosa, 2014). Regarding the self-perception of health, the findings indicate that the Brazilian women surveyed positively evaluated their health status, since most claim to be healthy. Barreto, Coutinho and Ribeiro, (2009). In a study about quality of life in the migratory context, with self-assessed health, the immigrants surveyed have a positive self-assessment of their general conditions (Barreto, Coutinho and Ribeiro, 2009). It is worth

inferring that the quality of life and health is reflected in the evaluation that each one makes regarding their conditions, involving subjective and objective elements. The World Health Organization draws attention to a broader context: migration and health issues associated with it are crucial challenges for governments and societies. It is known that approaches to managing the consequences of migration and health care are increasing challenges associated with the volume, speed, diversity and disparity of modern migration (World Health Organization, 2008).

Prejudice generally has a negative attribution, of disrepute in society, linked to discrimination and exclusion. Much discrimination becomes normative, and some are already affirmed as rules, for example, the preference for non-immigrant women to enter the labor market (Bandeira and Batista, 2002). Regarding the various forms of violence against immigrant women, today a significant number of women working as domestic workers or in poor conditions in Europe have a university education and find the best alternative for income generation in these occupations (Lisbon, 2007). Some are married and leave their children in countries of origin that have a government that enjoys great advantages with the remittances of money entering their territories through these migratory flows. The phenomenon of migration deserves monitoring in relation to the health-illness process of immigrants, since it can influence the appearance of physical and mental illnesses. In the case of the Brazilian women, the determinants that influence the quality of life and health in Portugal became evident.

Conclusion

Violence suffered by Brazilians living in Portugal has influenced negative levels of health perception, higher perception of discrimination, higher degree of loneliness and more negative levels of mental health. The result suggests that this group of immigrants has some vulnerabilities in the host country, since violence generates harmful effects on physical and mental health. Some particularities of the situational context, for example, the types of violence suffered and the aids activated are important diagnoses for the construction of strategies of support and protection to this population group. It is understood that all these aspects need further analysis, but it is also considered that the material presented in this article can be a starting point for the reflection and production of knowledge on the issue of immigrant women, mainly related to migration and violence. The limitations of this study can be considered because it has not included a qualitative deepening where the context of situations of violence, loneliness and discrimination could be a counterpoint, enriching the presented diagnosis. Finally, it is believed to be crucial to create a policy that aims at transforming actions aimed at strengthening the citizen and collective awareness of these immigrant women against the various forms of violence, not reducing them to the category of passive victims, nor subjecting them to stigmatization and exclusion in the country they have chosen to live in.

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