

Article

'He said he was going to kill me': Case Studies of Attempted Intimate Femicide in São Paulo, Brazil

by

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Abstract

This article uses a case study design to explore attempted intimate femicide in metropolitan São Paulo, Brazil. We conducted 30 in-depth interviews with adult women on community and personal relationship experiences, health-care services, and national legislation about violence against women. Through a thorough transcript review, we identified two participants, Maria* and Raquel*, whose intimate partners attempted to kill them. We used a modified grounded theory approach to code the entire sample, and further analysed these transcripts to identify missed opportunities for intervention in both the prevention of- and responses to intimate partner violence (IPV), and the antecedents of attempted intimate femicide.

Both women had normalized experiences of violence, and experienced psychological abuse prior to the attempted intimate femicide. Social and familial networks were sources of shame for Raquel and support for Maria. Neither woman expressed confidence in law enforcement's ability to protect women and girls from IPV.

These cases illustrate the need for multi-tiered interventions to prevent femicide in Brazil, which boasts one of the highest global female homicide rates. Although anti-femicide laws exist, better mechanisms are needed to integrate health, legal and social services for IPV and femicide prevention. In addition, community- and interpersonal-level interventions that counteract the Brazilian 'culture of violence' and *machismo* may provide support for at-risk women and girls.

**pseudonyms have been used to protect the identity of the participants*

Keywords

femicide, violence, public health, Brazil, qualitative, case study

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Background

In Latin America, between 25-50% of women experience intimate partner violence (IPV) (Bott, Guedes, Goodwin, & Mendoza, 2013). IPV, defined as physical, psychological or sexual violence occurring between past or current intimate partners, negatively impacts women's physical, sexual, reproductive and mental health (Ashford & Feldman-Jacobs, 2010). The wide-ranging health consequences of IPV include: injury, chronic pain, gastrointestinal problems, gynaecological disorders, anxiety and posttraumatic stress disorder, depression and suicide (Campbell, 2002; Kiss et al., 2012; World Health Organization, 2013). IPV is also the most important risk factor for femicide, the intentional killing of women and girls because of their gender (Nowak, 2012; Racovita, 2015; Russell, 2008).

Intimate femicide - femicide committed by a current or former intimate partner - is the most extreme form of IPV (Garcia-Moreno, Guedes, & Knerr, 2012; Laurent, Platzer, & Idomir, 2013; Russell, 2008; Stockl et al., 2013). Due to a lack of reliable data on femicide, female homicide is often used as a proxy measure (Garcia-Moreno et al., 2012; Meneghel & Hirakata, 2011; Nowak, 2012); femicide is distinct from female homicide in that it acknowledges the influence of unequal power dynamics between men and women (Nowak, 2012; Racovita, 2015; Russell, 2008). Latin America and the Caribbean distinguish themselves as the regions with the highest female homicide rates (Racovita, 2015). Brazil's rate of 4.5 homicides per 100,000 women (Waiselfisz, 2015) is 2.5 times higher than the global average (Racovita, 2015). Between 1980 and 2013, more than 100,000 women were killed in Brazil, many by intimate partners (Waiselfisz, 2015). A 2013 systematic review of the global prevalence of intimate partner homicide found that more than 35% of female homicides were committed by intimate partners (Stockl et al., 2013).

There are diverse contributing factors to this social phenomenon; some attribute it to a 'culture of violence', in which shared social values and practices are used to justify harm (Ceccato & Ceccato, 2017; da Silva, 2009; Debert & Gregori, 2016; Galtung, 1969). Nearly 40% of Brazilians describe feeling unsafe in their homes, and one in eight has been the victim of a crime in the past year (World Values Survey Network,

2014). In addition, Brazil has been described as a *machista* culture (Baldwin & DeSouza, 2001; Barker & Loewenstein, 1997; Pulerwitz & Barker, 2008), one characterized by male hyper-aggression and dominance, particularly in the context of heterosexual intimate relationships (Hernandez, 2002).

In response to a growing recognition of the problem of violence against women (VAW), '*Delegacias de Defesa da Mulher*' (Police Stations for the Defence of Women), more commonly referred to as '*Delegacias da Mulher*' (Women's Police Stations), were established in 1985 as public agencies whose units are staffed predominantly by women, and are intended to assist battered women and uphold legal protections (Santos, 2010). In addition to these resources, Brazil has since enacted two national laws that address VAW and more specifically femicide. In 2006, the *Maria da Penha Law* (Law No. 11.340), named for Brazil's most famous survivor of an attempted intimate femicide, codified and established punishments for perpetrators of domestic and family violence (Presidência da República, 2006). Despite widespread public knowledge of the law (DataSenado, 2017), it did not prove adequate in curbing the most extreme forms of such violence (Waiselfisz, 2015); instead, the prevalence of physical violence in São Paulo reportedly increased following the law (DataSenado, 2017; Gattegno, Wilkins, & Evans, 2016; Prefeitura de Santo André, 2015). In 2015 Brazil implemented an anti-femicide statute (Law No. 13.104) (Presidência da República, 2015), which altered the extant criminal code, giving special recognition to femicide and stiffening penalties for the killing of women and girls (BBC World, 2015). Nevertheless, Brazil continues to be categorized as a country with limited sanctions for the murder of women (WomanStats Project, 2017).

Given Brazil's 'culture of violence' (Ceccato & Ceccato, 2017; Debert & Gregori, 2016) and the abundance of *machismo* culture (Baldwin & DeSouza, 2001; Barker & Loewenstein, 1997; Pulerwitz & Barker, 2008), more research is needed to understand the risk of femicide that Brazilian women and girls face (Alvazzi del Frate, 2011; Campbell, Glass, Sharps, Laughon, & Bloom, 2007). Since IPV, the main antecedent to femicide, is often mis- and underreported, we used a case study approach to analyse the extreme forms of violence experienced by two women currently residing in metropolitan São Paulo, Brazil. The purpose of this qualitative study is to elucidate the context and circumstances surrounding experiences of attempted femicide, in order to

highlight opportunities for intervention across health, legal and social sectors. Moreover, in settings like Brazil, where VAW is pervasive - and often culturally permissible - and where state action against femicide has been taken, the opportunity for action is ripe.

Methods

Study site

The study was conducted in Santo André, a municipality in metropolitan São Paulo, Brazil. Between 2009 and 2013, the number of reported cases of domestic violence in Santo André increased by 200%, the majority (73%) of which occurred at the hands of male intimate partners and other known individuals (Prefeitura de Santo André, 2015). Among women reporting domestic violence, 79% experienced physical aggression, 87% experienced psychological aggression and 84% experienced sexual violence (Prefeitura de Santo André, 2015). Having recognized VAW as a widespread community problem, the municipality of Santo André was an active partner in this research.

Participants

The study consisted of qualitative interviews among female patients of three public health clinics in diverse neighbourhoods. To account for geographic and socioeconomic diversity across the municipality, clinics were selected by local partners: the Santo André Secretariat of Health, the Santo André Secretariat for Women's Policies and the ABC School of Medicine. Participants were recruited from the waiting areas of the selected clinics and through chain sampling. Eligible participants self-identified as women, aged 18 and older, and resided in Santo André. All interviews were conducted between July–August 2016.

Procedure

Qualitative methods were chosen because they are well-suited for deep analysis into cultural norms, beliefs and experiences (Patton, 2002). Because of the sensitive nature of IPV and the exploration of individual experiences, we opted to use in-depth interviews (IDIs). Written informed consent was obtained from all participants before each interview, and participants were informed that they could withdraw from the study at any time without giving a reason. Participants received a R\$50 gift card to a local

grocery chain in return for their time. All 30 IDIs were conducted in Portuguese by a native speaker in a private room on-site at each public health clinic.

Following the interview, the interviewer gave participants information on VAW resources, including the name of the individual responsible for addressing cases of IPV in the clinic where the interview took place. The World Health Organization guidance for research on VAW was used throughout the project to minimize participant risk (Ellsberg, 2005).

Apparatus

A sociodemographic questionnaire and original semi-structured IDI guide were developed by team members with expertise in qualitative methodologies, the subject matter and a Brazilian cultural context, which was translated from English to Portuguese by a native speaker. To ensure accurate translation and cultural relevancy, instruments were piloted among Brazilian women who met the study inclusion criteria, but did not attend the public health clinics included as study sites. The domains on the IDI guide included community and personal relationship experiences, attitudes and beliefs about intimate partner violence, health-care service use and views on national VAW legislation. Probes were used to further explore topics that emerged during interviews, including personal experiences of IPV.

Data management and analysis

IDIs were audio recorded and transcribed verbatim by a native Portuguese speaker, and data were deidentified prior to analysis. We used a modified grounded theory approach, which combines deductive coding, *a priori* categories based on scholarly literature, the interview guide and inductive thematic analysis (Hennink, Hutter, & Bailey, 2011). The first author read through all transcripts and developed an initial codebook, which defined both deductive and inductive codes. A second coder then independently coded a subset of interviews, and they met to discuss discrepancies and refine code definitions. Both team members then recoded, and used descriptive memos to identify themes using MAXQDA12 software (MaxQDA, 2017). Following coding, each transcript was summarized to create vignettes that detailed each

participant's personal perceptions and experiences with IPV and national VAW legislation.

To examine specific experiences of attempted intimate femicide, we employed extreme case sampling, a form of purposive sampling used in qualitative inquiry, in which atypical cases are selected in order to explore a particular phenomenon in depth (Patton, 2002). We screened the participant vignettes, and identified two cases that included attempted intimate femicide and flagged them for further analysis. This analysis included identifying common themes that were present in both cases, specifically related to the context and circumstances surrounding these women's experiences of attempted intimate femicide. The two participants selected were given pseudonyms, Maria and Raquel. All quotes were translated from Portuguese into English by bilingual members of the research team.

Study ethics

These data were collected as part of a larger study to examine the influence of VAW laws on women, as well as healthcare providers who deliver support services in public health posts in Santo André, Brazil. These baseline data were collected to inform intervention design for improved health sector services for women and girls who experience IPV. This study protocol was reviewed and approved by the Institutional Review Boards of Emory University, the Santo André municipal government, and *Plataforma Brasil*, the Brazilian National Institutional Review Board (CAAE 57344616.0.0000.5484).

Results

Out of the 30 in-depth interviews conducted, 13 women personally experienced at least one form of IPV, whether physical, psychological and/or sexual, including several accounts of brutal beatings, two accounts of rape and two accounts of attempts on the lives of close family members. Of these, we selected the stories of two participants, Maria and Raquel, who survived attempted intimate femicide, to identify themes that were prevalent across both interviews. The women's reactions to the abuse they endured is instructive in considering the prevention of femicide and responses to IPV by health and legal sector actors in a particular cultural context.

Maria

Maria is a 51-year-old widow of 14 years from her first husband with whom she had four children. In the beginning of the interview, she described their relationship as good. She recalled that they fought *'like all couples fight'*, but were happy, *'autonomous'* and travelled to work together. However, later in the interview, she admitted that he was often physically abusive, and once punched her so hard that he broke several of her teeth. *'He beat me, too, attacked me. [He] wouldn't give me relief, wouldn't give me peace.'* Her first husband drank excessively, ultimately passing away from alcohol-related causes. Despite this, she reiterated that they had a good relationship, and that the violence in their relationship was mainly due to his jealousy.

Following the death of her first husband, Maria was involved with another man for several years, whom she referred to as her *'second husband'*. This man was extremely possessive, monitoring her whereabouts and restricting her activities: *'I couldn't watch television, or go near the window, I couldn't see anything, and I said, "This right here is insanity!" It's crazy, isn't it?'* Maria explained that this controlling behaviour was *'simply'* jealousy, which often escalated to physical abuse, especially *'when he had one too many Catuaba [a strong alcoholic drink] (laughing).'* She described him physically attacking her repeatedly, adding that he even stabbed her once:

I was attacked, attacked, I was stabbed here (indicating body part), I almost died, but later, I got him, too (laughter). Thus, I stayed. [...] But it was just about jealousy, right...without a real reason, ya know?

When asked if the abuse affected her health, she initially said no, but then stated that she had to undergo surgery and physical therapy to recover from the stabbing. After the stabbing, she told him to leave, but he came back, regretful and repenting, and she took him back. When asked if they continued to have problems, she stated:

We did [have problems], but I got him back [...] I said 'Hold on,' [Interviewer: And you actually hit him?] I did, of course! (laughter) I stabbed him, too, and said 'Ah, wait, you stabbed me, now it's your turn!' (mimics him crying). I said 'It hurts, doesn't it?'

She felt justified in her revenge. Although Maria first stated that she did not share these experiences with others, she later shared that her family knew about the stabbing incident and the general abuse. They took her to the hospital and were *'always by my side...my aunt, my children, my grandchildren...they're always there,*

I'm never alone...' She said there was nothing more that anyone could have done to help her, and that she *'wasn't missing anything'* in terms of support.

Other than the doctor who treated her injuries post-stabbing, Maria did not report any of the abuse to authorities because at the time she felt ashamed. When asked about her opinions regarding the new anti-femicide law and stricter penalties for IPV, she stated that the laws increase awareness but do not do much to actually prevent femicide: *'One day you hear that a woman made a police report, then the next day the woman is dead.'* Maria expressed that such deaths could be prevented if the police intervened sooner and kept the perpetrator away from the survivor. Despite these misgivings, she said that she believes that the laws may help women in need.

She advised women to leave relationships if violence begins. She defined violence against women as starting off with verbal abuse, and then leading to further aggression:

If the fighting and beating starts, it is better to separate because, look, if he hits you once, you lose [his] respect [...] They lose respect and then they will always want to attack you, whatever little thing, they treat you like a punching bag, right?

Although she is currently single, she expressed no desire to find another man, quoting an old proverb *'Better to be alone than in bad company.'* Her repeated experiences of extreme IPV have led her to conclude solitude is preferable to potential abuse.

Raquel

Raquel is a 56-year-old divorcée with three adult children. Raquel described her childhood and adolescence as *'filled with suffering'*: her father, who abandoned the family, was abusive towards her mother, and both her mother and older male siblings controlled her and her sisters. She was only allowed to go to school, church and back, and her older siblings not only monitored her closely, but also regularly beat her:

The older ones felt they had a right to beat on the younger ones. [...] my mother gave my brother, one of the older ones, the responsibility to...discipline us, and my brother came to the house to beat us, us younger ones, and he asked my mother if I was doing my chores right, if I was obeying her, so he went there to beat us.

Raquel prayed to be rescued from this situation. She felt her prayers had been answered when at age 16 she was introduced to her now ex-husband. However, this relief was short-lived. She described her then-boyfriend as jealous and controlling from the beginning of their four-year courtship and throughout their marriage:

The fights were constant, ya know, ever since we were dating, over nothing. If I looked in front of me, I was looking at someone, if I was on a bus, I was looking at the bus driver, right? If I looked to the side, I was looking at whoever was outside.

He then began to beat her. One day he brutally raped her, causing a permanent injury to her external genitalia. Raquel refused to tell anyone what happened to her because of the shame and fear of her family's reaction:

I said that I fell. The doctor insisted that I speak out, for me to tell, but [...] I was afraid to talk, I thought if I did, that my mother would die of grief and that [...] one of my brothers could've killed him.

In this case, she feared for her then-boyfriend's life, believing her brothers might kill him to defend her, or by proxy the family's honour. Counterintuitively, while she was pregnant possibly as a result of the rape, one of these brothers punched her at the behest of her fiancé:

On the day of my bridal shower, I said something [small], that my brother didn't like and my own ex-husband told him, 'Punch her in the face,' and my brother did! [...] but I went through with the bridal shower anyway, because I thought no one would want to marry me.

Despite her abuse, she felt obligated by both her religious and family upbringing to marry her rapist because of the stigma of no longer being a virgin. She states, '*The two worst days of my life were the day I lost my virginity and my wedding day, days every woman says are [supposed to be] the best days.*'

Raquel went on to describe a loveless marriage with very little communication, constant beatings and infidelity. Not only did her husband abuse her psychologically and physically, he exercised financial control as well, forbidding her to work, saying that working women '*turned into "whores"*'. Thus, she was financially dependent on her abusive husband, who reportedly often let her and their children go hungry:

Almost 17 years of marriage, I continued being beaten, beaten a lot, punched, kicked, being dragged through the house by the hair, starving alongside [...] my three kids, and he brought [other] women to our house when I wasn't home, and spent the money he had [...] everything on [other] women.

Although she wanted a change in her marriage, Raquel did not want a divorce or to be labelled 'a woman left by her husband'. In addition, her husband threatened that she would lose custody of her children if she left him. She felt she had no one to turn to; her sister merely advised her to pray, and her mother, having suffered through marital abuse herself, felt that a woman must stay committed to her husband no matter what:

My family would not accept me with three children, not even my mother. [After attempting to leave her husband] I lived in the basement of my mother's house, beaten, and she sent me to go back after [my husband] saying, 'It is hard to raise a child alone.' And at that time [...], I only had one [child].

Her family was not supportive and, although friends from church and school would comfort her, she did not know how to leave. One of her friends gave her the business card for a divorce lawyer; however, Raquel stated, 'I never had the courage to report him because of the threats. He said he was going to kill me.' Raquel's husband made at least two direct attempts on her life: once by putting rat poison in her food and another by pouring salt water on all the electronic devices in their home. He repeatedly threatened to kill her, and, when she had fallen ill and he believed her to be dying, he even admitted that he was going to hire someone to help kill Raquel.

After discovering her husband's diaries, documenting his abuse and attempts on her life, she brought these to the lawyer, which helped solidify her case. During the divorce process, while they continued living together, her husband hurled a large jug at Raquel, threw her to the ground by her hair, and repeatedly kicked her. He then poured alcohol on her and the mattress she was on and tried to set her on fire, only stopping because of her young son's interference:

[My son] saw me screaming, crying, and he got into the middle of the fight-- poor thing, my children grew up in the middle of a war-- and he said, 'no Dad, no Dad,' screaming, you know, pushing his father. Then I was so desperate, at that moment, I laid down on my bed, holding my son and said, 'You are going to set me on fire together with your son?'

Despite filing a report with the local Women's Police Station, Raquel's husband was still not immediately required to leave their house. When he finally was required to leave, he wrote on the wall, 'I swear on my blood there will never be peace in this house.'

When asked about advice she would give to young women, Raquel stated that one should get to know the person well and leave at the first sign of abuse, verbal or otherwise, because it will only escalate over time:

[D]on't even wait for them to raise their hand to hit... [...] get to know the person well before, look at their character, their personality, what he is like with [other] girlfriends, what he is like with their family [...] Don't even allow them to swear [at you] or offend you.

Raquel reported that she is currently seeing a psychologist, and coping with depression. Although she has escaped her husband's abuse, she continues to be physically abused by men in her life, including her own son and a tenant who rented her garage. She reported the tenant to the Women's Police Station, and he was later jailed. However, because his belongings remain in her garage, she is not legally allowed to rent the space to someone else, thereby causing her financial hardship. Her son is also violent towards her, once breaking a broom handle on her head when she asked him to help pay the electricity bill in the home they share. *'He thinks that because I am his mother, he has the right.'* Although her son has a wife and three children, he still believes it is his mother's responsibility to take care of the entire household's needs. Although Maria reported her son to the Women's Police Station as well, she retracted her statement, and stated that he stopped beating her. Though he prevented his mother's demise at the hands of his father while a child, her adult son continues to perpetuate the cycle of abuse he learned from his father.

Limitations

The parent study for the data included in this paper focused on the role of the health sector in preventing and responding to IPV. As such, participants were recruited from the general population attending public health clinics, and were not known to be survivors of IPV. Consistent with the global estimates that one in three women have experienced physical, sexual or psychological violence in their lifetime (World Health Organization, 2013), we found that 13 of our participants had personal experiences of IPV. Because the interviews were not originally intended to collect detailed accounts of IPV, the specific circumstances and outcomes of abuse varied in each interview. However, only Maria and Raquel experienced attempted femicide, where the IPV they experienced required immediate medical attention and represented a

clear threat to their survival, and thus their cases were included in this analysis. These data are not meant to be generalizable; hence, further examination of the experiences of women who have experienced attempted femicide is necessary for transferability.

DISCUSSION

Although Maria and Raquel had very different experiences, their stories shed light on some common issues related to extreme IPV and attempted intimate femicide: a near-constant presence of violence and its normalization; an escalation of IPV over time, which ultimately culminated in attempted femicide; impacts of family dynamics and social support on help-seeking behaviours and mixed reactions of law enforcement to cases of IPV. In the following sections, we will explore the ways in which this violence was precipitated, sustained and dealt with from health, legal and social standpoints.

Norms of violence: Acceptance and expectations of abuse by men

Both women's partners were repeatedly and consistently violent towards them, and they both describe norms of violence and social acceptance of abuse by men, particularly immediate family members. In both cases, the precursor to physical violence was psychological violence that emerged from excessive jealousy and possessiveness – feelings and behaviours which, in the context of *machista* culture, may be interpreted by both men and women as forms of care and protection. Maria goes so far as to describe her first marriage as *'ideal'*, even though her first husband beat her repeatedly. Although the psychological and physical abuse she periodically endured from both partners left her with no tranquillity in her home, because her first marriage was seen as more of a partnership than her second, she described her first husband in a more positive light.

Similarly, Raquel's entire life is marked by the effects of psychological and physical abuse: her mother's acceptance of domestic abuse and eventual complicity based on her own experiences of abuse, her brothers' abuse towards her in the name of discipline and then her husband's extreme violence, culminating in several attempts on her life. Despite her advice to younger women that they discontinue any relationship at the first sign of violence and even after finally leaving her husband, Raquel continues

to experience violence from her own son – a sign of the intergenerational cycle of violence (Cannon, Bonomi, Anderson, & Rivara, 2009).

Although both women stated that it is never right to beat a woman, they are implicitly accepting of generalized violence. Maria, who herself used violence as a means for retribution against her husband, states that aggressors: '*should have done to them the same thing they like to do to women [...] so they know what it feels like to be beaten*'. She also recounted the story of her '*payback*' to her husband with laughter, and continually joked throughout the interview about both of her abusive husbands. Her laughter and making light of her own violence against him may be a coping mechanism, but it also demonstrates a certain level of acceptance of violence as a means to an end.

Raquel's story echoed this sense of violence as retribution, as she recounted her fear that her brothers might kill her then-boyfriend if they found out about her rape. The potential for retributive justice, as well as the controlling behaviour and beatings by Raquel's brothers, were presented to her as sibling duty in ensuring discipline and order. It is important to note that once Raquel was engaged to be married, this level of protection *from* her husband disappeared; her brother was even complicit in her husband's abuse. This idea of ownership or control over women's bodies is common in Latin American cultures, and is indicative of a deeply held sense of *machismo*, which dictates that men are protectors, providers and responsible for their daughters, sisters, girlfriends, wives or even mothers (Barker & Loewenstein, 1997; Hernandez, 2002). As a result, women and girls often transition from situations of control and abuse at the hands of fathers and/or brothers to similar circumstances with their partners and husbands, and even adult sons, as was the case with Raquel (Hernandez, 2002).

Psychological and emotional abuse escalates to physical violence

Both women's stories involved the escalation of jealousy, leading to verbal, economic, physical, and, in the case of Raquel, sexual violence. Raquel describes irrational jealousy and controlling behaviour, such as a refusal to allow her to work, and restricting her access to money. Maria describes restricting her movements and arguing over jealousy prior to physical abuse. Both women diminish the meaning of such behaviour as '*simply*' or '*just*' jealousy. Such a view of jealousy is perpetuated in

Brazilian pop culture, where samba lyrics explain, *'It's just jealousy, a disease that I have contracted because I love you too much. But it's also madness, madness has a cure, and jealousy, too. And passion, that what makes me better'*

(Mart'nalia/Mombaca, 1995). Thus, jealousy is linked to passion and love, rather than being viewed as a risk factor or warning sign of abuse (Mayorga, 2012).

Maria and Raquel's responses to how to help women were very similar, both cautioning women to get out of abusive situations before they escalate. Maria stated that she would tell her daughter that *'if he begins to fight, separate,'* and Raquel cautioned women to notice warning signs before marriage, to observe how they were with other women prior to your relationship, and to leave when *'there is any sign of disrespect.'* Both women seemed to demonstrate an understanding of the cycle of abuse, and the complexities in breaking that cycle once it has begun within a relationship. Peer-to-peer programmes with older women teaching younger women to recognize and acknowledge potential warning signs and behaviour patterns may be beneficial in encouraging women to leave abusive situations before they escalate to extreme violence.

Social Support

While familial attitudes and dynamics, as well as social stigma, may exacerbate women's experiences of violence, as relationships that offer social support, whether through emotional, informational, or instrumental support, may play an important role in a woman's ability to cope with and leave a violent relationship (Albuquerque Netto; Araujo; do Nascimento Souza, 2017). Isolation from family and friends is a tactic often used by abusers to increase dependency and weaken a woman's support network (Albuquerque Netto, 2017). This social isolation may increase depression, as was the case with Raquel (Kendall-Tackett, 2007; Wu, 2000). In contrast, although women with strong social support are less likely to experience violence, informal support networks do not reduce the risk of ongoing violence for women experiencing extreme violence (Goodman, Dutton, Vankos, & Weinfurt, 2005). For various reasons, including embarrassment, shame and fear, women experiencing violence often rely on a range of coping strategies instead of accessing available resources through formal or informal social support (Goodman, Weinfurt, & Cook, 2003).

Family and friends primarily provide informal social support, while formal social support is provided by members of the health, legal and social services sectors, in addition to clergy and teachers (Liang, Goodman, Tummala-Narra, & Weintraub, 2005). The health and legal sectors played a stronger role for Raquel than Maria, who described a stronger informal social network—her family being depicted as supportive. Maria did not seek aid or assistance from formal social support; instead, she shared that her family's support was integral in helping her after she was stabbed, though not in escaping the violence.

In contrast, Raquel's abuse began in her family, first with her father's abuse of her mother and then her brothers' abuse of her. Because of the generational cycle of abuse in her family, it was no surprise when neither her mother nor sister were supportive of her leaving her husband. As deeply religious survivors of psychological and physical abuse themselves, both women felt that it was a woman's place to bear such abuse. Out of fear, Raquel '*was not strong enough*' to report her husband. Yet, the informational support she received from her friend, the business card for a divorce lawyer, eventually led her to initiate the divorce process. She was also able to utilize services such as the Women's Police Station to assist her in leaving the abusive situation.

Both women discussed the need for better formal support mechanisms for women in similar circumstances. Although Raquel's doctor urged her to report her rape when it first happened, the fear of how the rest of her social and familial circles would react prevented her from doing so. She stated that she may have not suffered for as long if she had a place to go immediately after the rape, or a group to turn to for support. In Maria's case, she had little trust in the health sector, stating that healthcare providers in some clinics do not even believe their patients.

Although faith communities, family, friends and health and legal professionals may all be important sources of informal and formal social support, these same sources may also reinforce gendered stereotypes, deter survivors from speaking up or reporting to authorities, and encourage survivors to remain in abusive relationships. Family support may be necessary, but it is not sufficient to prevent violence. There is a strong need for an increase in public sector resources such as shelters, which are virtually non-

existent in Brazil (de Albuquerque, 2017). It is also vital that interventions focus on diverse types of social support, including emotional, informational and instrumental, and that community-based efforts address the larger issue of dismantling misogynistic views of ownership and control that maintain unequal gender dynamics.

Violence against Women laws/Legal enforcement

Although the abuse described in these cases predated the enactment of national legislation about VAW in Brazil, both women had strong opinions about the current laws and their effectiveness. Maria stated that, although the laws *'helped those that suffer'* in many cases, impunity is the most common response that women face when reporting their abusers. Perpetrators may be arrested with little to no recourse afterwards and no provision for protections from retaliatory violence, as was the case for Raquel, whose husband was not forced to vacate their home even after filing a police report. Such an outcome may have been expected given that Raquel's report occurred prior to the more recent laws, but Maria's scepticism about the laws' effectiveness indicates that the same outcome may be quite common today, due to a perceived or real lack of legal enforcement.

In the absence of faith in the laws, some women may take the law into their own hands (Fanslow, Gulliver, Dixon, & Ayallo, 2015). This was certainly the case for Maria, who in retribution for her husband's abuse, stabbed him. This may be more frequent in Brazil, where a culture of violence is prevalent in media portrayals and diverse social settings, including families, schools, communities and political contexts (Caldeira, 2002; d'Avila et al., 2016; Melanda et al., 2017; Penglase, 2007; Ralo, Schor, Tavares, & Silva, 2016). Violence in the name of revenge or the notion of vigilante justice is also apparent in Maria's belief that abusers should experience the same abuse that they imparted on their partners while in jail. It may also represent a general lack of trust in Brazil's formal legal protections and government systems, particularly as women may not feel that these laws –and the individuals responsible for upholding them– can or will protect them to the fullest extent possible.

Because both of the women are in their 50s, and these femicide attempts predated the current VAW laws, we were unable to ascertain whether the new laws would have had a positive impact on their experiences. However, given their strong reservations about

the laws' ability to protect women, and the difficulty they experienced in initially reporting their partners due to familial pressure, stigma and shame, we can assume that many of the barriers that existed for them persist today. That said, with the growing attention on femicide in Brazil, and the recent adoption of anti-femicide legislation, there may be a culture shift in the younger generation of women. More research is needed with younger women, especially those who have experienced violence after the implementation of the laws to ascertain their effectiveness in preventing extreme IPV and femicide.

Conclusion

In order to effectively prevent femicide and its antecedents, it will take a multi-tiered approach that involves community engagement around the de-normalization of VAW, increased social support, and individual, community-based and institutional interventions aimed at recognizing and reporting abuse before it escalates. In addition, although VAW laws exist, Brazilian women are still distrustful of government and the efficacy of legal mechanisms to truly protect them. This distrust, as well as stigma, may deter women from reporting violence in both healthcare and legal settings, particularly if they feel they will not be believed, or there is no legal recourse for protection from their abusers (i.e. restraining orders) as evidenced by these two women's experiences. Finally, more research is needed on women's experiences, utilizing the Brazilian laws and the role of social work and justice sector professionals (police, lawyers and judges) in enforcing laws intended to protect women from violence and femicide at the hands of their intimate partners.

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