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Original article

Driven diaspora: intersectionality, differences, and power in the production of violence experiences among Venezuelan refugee women*

Diáspora impulsionada: interseccionalidade, diferenças e poder na produção de experiências de violência de venezuelanas refugiadas*

Diáspora impulsada: interseccionalidad, diferencias y poder en la producción de experiencias de violencia de mujeres venezolanas refugiadas

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Abstract

Objective: to map and analyze the violence experiences faced by Venezuelan refugee women throughout their migration journey, including intersections, social markers of difference, and intertwined power relations. **Methods:** a qualitative study involving ten women from Southern Brazil, conducted through interviews that were subjected to thematic content analysis. **Results:** the *types* of violence were as follows: structural, intrafamilial, by an intimate partner, institutional, in the social sphere, and in the workplace; in moral, psychological, physical, and sexual *forms*; intersected with *markers of difference* such as race, class, gender, nationality, language, culture, generation, body, sexuality, territoriality, and marital *status*; in the *contexts* of the country of origin, migratory process, and reterritorialization. **Conclusion:** the production of violence is articulated on four analytical levels: social phenomena of oppression and discrimination; hierarchical power-knowledge relationships; assignment of identities forged by the intersection of markers; and the sociopolitical, cultural, and linguistic construction of the body, directly impacting the health, quality of life, and fundamental rights of these women.
Descriptors: Violence Against Women; Refugees; Human Migration; Social Determinants of Health; Qualitative Research

Resumo

Objetivo: mapear e analisar as experiências de violência de mulheres venezuelanas refugiadas na trajetória migratória, incluindo intersecções, marcadores sociais de diferença e relações de poder entrecruzadas. **Método:** estudo qualitativo com dez mulheres do Sul do Brasil, mediante entrevistas submetidas à análise de conteúdo temática. **Resultados:** os *tipos* de violência foram: estrutural, intrafamiliar, por parceiro íntimo, institucional, na esfera social e laboral; nas *formas* moral, psicológica, física e sexual; interseccionadas com *marcadores de diferença* de raça, classe, gênero, nacionalidade, língua, cultura, geração, corpo, sexualidade, territorialidade e estado civil; nos *contextos* do país de origem, processo migratório e reterritorialização. **Conclusão:** a produção da violência articula-se em quatro níveis analíticos: fenômenos sociais de opressão e discriminação; relações hierárquicas de saber-poder; atribuição de identidades forjadas pela intersecção dos marcadores; e construção sociopolítica, cultural e linguística do corpo, impactando diretamente a saúde, qualidade de vida e os direitos fundamentais dessas mulheres.
Descritores: Violência contra a Mulher; Refugiados; Migração Humana; Determinantes Sociais da Saúde; Pesquisa Qualitativa

Resumen

Objetivo: mapear y analizar las experiencias de violencia de mujeres venezolanas refugiadas durante la trayectoria migratoria, incluidas las intersecciones, los marcadores sociales de diferencia y las relaciones de poder entrecruzadas. **Método**: estudio cualitativo con diez mujeres del sur de Brasil, mediante entrevistas sometidas a análisis de contenido temático. **Resultados:** los *tipos* de violencia identificados fueron: estructural, intrafamiliar, de pareja íntima, institucional y en los ámbitos social y laboral; manifestados en las *formas* moral, psicológica, física y sexual; en intersección con *marcadores de diferencia* relacionados con raza, clase, género, nacionalidad, lengua, cultura, generación, cuerpo, sexualidad, territorialidad y estado civil; en los *contextos* del país de origen, del proceso migratorio y de la reterritorialización**. Conclusión:** la producción de la violencia se articula en cuatro niveles analíticos: fenómenos sociales de opresión y discriminación; relaciones jerárquicas de saber-poder; atribución de identidades forjadas por la intersección de los marcadores; y construcción sociopolítica, cultural y lingüística del cuerpo, con repercusiones directas en la salud, la calidad de vida y los derechos fundamentales de estas mujeres.
Descriptores: Violencia contra la Mujer; Refugiados; Migración Humana; Determinantes Sociales de la Salud; Investigación Cualitativa

Introduction

In recent decades, the forced displacement of populations has reached its highest level since the Second World War. In Latin America and the Caribbean, the Venezuelan crisis has become one of the major contemporary migratory phenomena.[1] In 2024, about 8 million Venezuelans left their country, and more than 6.7 million of them settled in neighboring nations.[2] In this context, Brazil has established itself as an important destination and migratory corridor, being among the Southern Cone countries that have received the most migrants since 2016.[3]

The Venezuelan exodus stems from several factors, such as the search for economic stability and flight from violence and political repression. Women and children represent about half of the displaced population, facing increased vulnerabilities during their migration journey.[3-4] Roraima, the main entry point for these migrants into Brazil, presents structural limitations related to its geographic location, its low participation in the national Gross Domestic Product, and the limited availability of resources and services, which affects its capacity for reception, sheltering, and socioeconomic integration.[5-6]

Venezuelan women are particularly exposed to weakened legal protections, precarious living conditions, stigmatization, and various forms of violence.[7] Thus, the migratory experience is configured as an intersectional phenomenon, in which social markers (such as gender, nationality, class, and migratory *status*) are articulated, producing inequalities and intensifying vulnerabilities.[8]

Analyzing these trajectories requires critical reflection on the effects of migration on the social identity of displaced women. Although mobility can foster new forms of subjectivation, it can also reaffirm pre-existing identity patterns, crystallizing reductionist representations in migrants.[9] To better understand these experiences, a theoretical-analytical approach was adopted based on intersectional feminist perspectives; they allow us to examine the violence and violations of rights produced by power-knowledge, non-belonging, and systems of oppression relations that are historically and socially constituted.[9-10]

Intersectionality (originating in feminist activism) questions isolated analyses of social categories, emphasizing the connection between identities, differences, and inequalities.[11-13] This perspective is not limited to identifying various systems of domination, but problematizes the hierarchical structure of axes of oppression and their connection to asymmetrical power-knowledge relations.[10] This makes it possible to better understand how the interaction between different markers defines positions in social, political, and economic spaces, especially when vulnerabilities (related to gender, nationality, class, refuge, and stigmatization) are not recognized.[7,14]

The intersection of these markers can favor contexts of exposure to violence, impacting the living conditions and health of women seeking refuge. Investigating the

unique characteristics of their migratory trajectories contributes to a better understanding of violence as a socially produced phenomenon and its relation to the social determinants of health. Therefore, the objective of this investigation was to map and analyze the experiences of violence lived by Venezuelan refugee women throughout their migratory journey, including intersections, social markers of difference, and intertwined power relations.

Method

This was a qualitative study. The *Consolidated Criteria for Reporting Qualitative Research* (COREQ) checklist was used because it promotes complete and transparent reporting among researchers.[15] The study was conducted in Chapada, Rio Grande do Sul State.

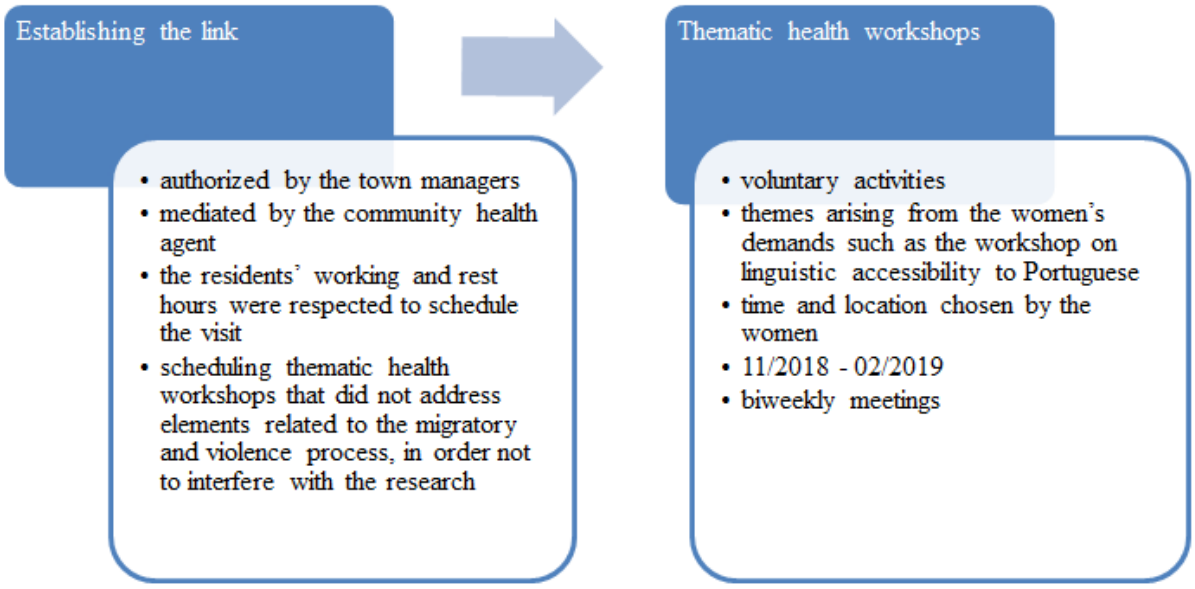
This city belongs to the first Brazilian state that voluntarily presented itself to the Brazilian Ministry of Social Development and the United Nations for the reception and humanitarian aid of Venezuelan migrants through the Interiorization Program.[16]

The group of Venezuelans arrived in Chapada in September 2018 and were housed in a shelter in its rural area. This location had been structured and prepared by municipal managers to receive a group of 52 people (12 men, 12 women, 21 children, and seven teenagers) with refugee *status*. Thus, data collection occurred in their homes, between February and April 2019.

Ten Venezuelan refugee women from the group participated in the study. Women aged 18 years or older was the inclusion criterion. No refusal occurred, but two of the 12 women in the group moved to another city for work reasons before the research period.

In order to connect and establish a bond with potential study participants, voluntary activities were performed by the interviewer, who is a nurse (experienced in qualitative research data collection) and resided in the municipality where data were collected. Figure 1 summarizes the participants approaching steps for them to establish a bond with the researcher.

Figure 1 - Approach and bonding with participants



Data was generated from in-depth individual interviews; they were scheduled in advance (by phone or in person) and performed according to the appropriate day, time, and location, prioritizing confidentiality. All participants opted for interviews in their homes, at times when they were alone (and after work hours for those who were employed); this allowed the conversation to flow with more in-depth questions and without interruption. The proposal was presented individually, and the women were invited to participate in the research when the Free and Informed Consent Form was read and discussed in accessible language. They all confirmed a full understanding of the ethical process. At this time, they were also informed that they could choose the language (Portuguese or Spanish) during the interview. They all chose to speak in Portuguese as a way of showing progress in their acculturation process.

The interviews were transcribed in full, preserving the participants' original speech and maintaining the terms used in Spanish and Portuguese. The transcripts of the interviews and the respective categorical maps were not submitted for subsequent validation by the participants to avoid a late reinterpretation bias. The reliability of the testimonies was based on exhaustive listening to the audio recordings and rigorous alignment between authors during the categorization phase.

The material was subjected to content analysis, which was structured in three stages: pre-analysis (careful listening and reading of the data, followed by chromatic identification of fragments to group related ideas); exploration of the material (focusing on cataloging words, phrases, and expressions that give meaning to the content of the testimonies and support the definition of thematic categories) and analysis and interpretation of data (in light of the critical theoretical-analytical perspective of Intersectionality).[11-12,14] Data generation ended when the internal logic of the study object was understood.[17]

To preserve the participants' anonymity, they were identified by *flower* codenames.

This study was developed in accordance with the required ethical standards and those present in Resolution 466 of the National Health Council;[18] it was also evaluated by the Research Ethics Committee, being approved under the Certificate of Presentation for Ethical Appraisal (05215318.9.0000.5346) and Opinion (3.108.850).

Results

The participants identified themselves as mixed-race (n=10), aged 18-45 years old; most of them were in a stable relationship (n=6) and had children (n=8). Regarding their level of education, two of them had completed higher education, and four had incomplete primary education. They all stated that they had owned homes and had held stable jobs in their native country. Regarding family, two of them had children in Brazil. In the context of Chapada city, the monthly income ranged from one to two minimum wages per family. They all migrated from different regions of Venezuela; therefore, they did not know each other before the process of internal migration.

Mapping experiences of violence and intersection, social markers, and intersecting power relations

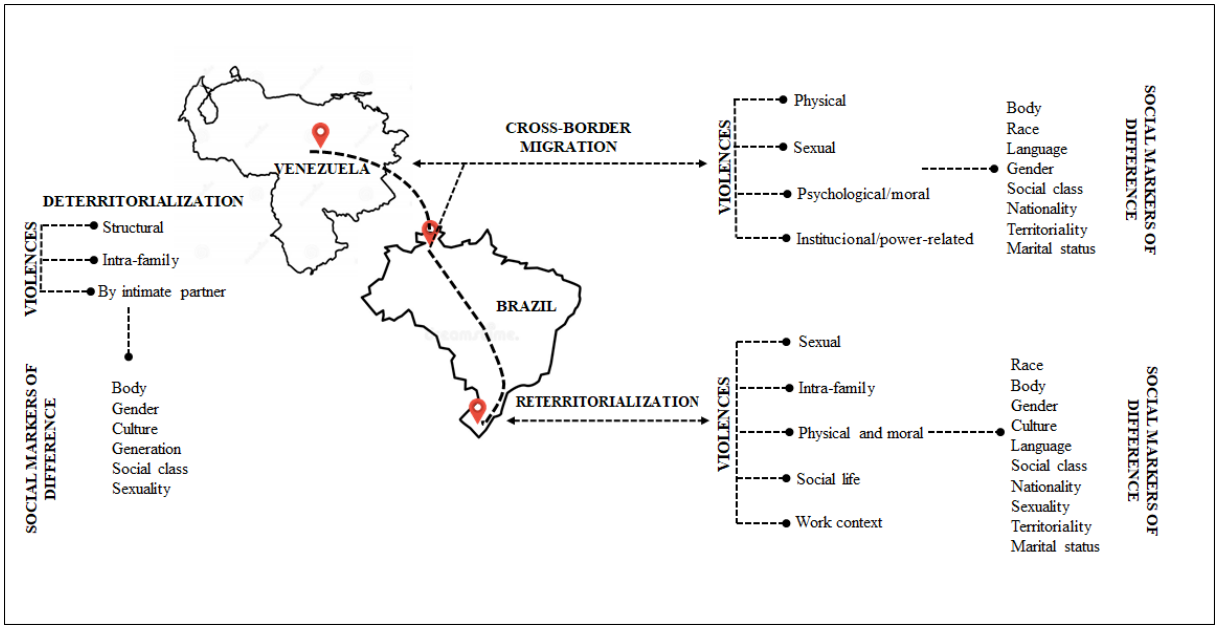
The mapping of experiences of violence revealed three contexts that permeated the migratory trajectory: deterritorialization (leaving Venezuela), cross-border migration (movement and arrival in Brazil), and reterritorialization (Chapada). In this study, the set of these contexts (which constituted the migratory trajectory followed) was called

Driven Diaspora, considering that diasporas are characterized as a phenomenon that highlights the collective aspect of migrations based on experiences of displacement;[19] the displacement of these women was driven by their experiences of violence, both individually and collectively, as well as by the need to break free from such experiences.

Given these experiences, the diaspora began in their native country, but the continuation and accumulation of new violence experiences after their arrival in Brazil continued to lead them to remain in the diaspora within Brazilian territory.

The analysis of the content of the women's speeches (using the critical theoretical-analytical perspective of **Intersectionality**) allowed us to classify these experiences and identify intersections, power relations, and social markers of differences that are articulated in practices of violence (Figure 2).

Figure 2 - Mapping of experiences of violence and intersecting social markers of Venezuelan refugee women in the Driven Diaspora



Experiences of violence in the country of origin

The accounts revealed a context in the native country permeated by structural violence, where the State restricted access to basic rights and dignified life, thus generating a situation of exclusion, vulnerability, and serious violations of Human Rights.

Violence at both the individual and social levels was observed, based on structural gender inequalities, within a society whose laws and principles were clearly deteriorating.

Evidence of domestic and intimate partner violence was also found; they revealed unequal and oppressive power relations that affected the physical and psychological integrity of women, as well as restricting their freedom. In addition, the subjugation of women based on body and sexuality was highlighted, as women were reduced to the mere role of supporting figures to their husbands, with their existence restricted to motherhood. The accounts also highlighted generational conflicts triggered by a patriarchal culture, associated with a hierarchy of knowledge and power in normative heterosexual relationships.

Thus, it was observed that both structural violence in the country of origin and domestic and intrafamily violence were the main triggers for the decision to begin the diaspora. The women's accounts of the types of violence experienced and the intertwined markers are presented in Chart 1.

Chart 1 - Experiences of violence and intertwined social markers in the context of the country of origin

	Structural violence
Class and/or Gender	*I decided to migrate because of food, medicine, and violence; lots of bullets, gunshots, and bombs* [...]. (Azalea) *The crisis, the inflation, it was impossible to have purchasing power; everything was gradually deteriorating*. (Rosa) *I was coming back from looking for a job* [...] *some men started following me* [...] *they started to get closer, I looked back and could see that two of them had a gun in their hand; I started praying and running, and they started running and shouting: there's no point in running, princess, we're going to get you, you're ours* [crying]. (Angelica)
	Domestic violence

Gender and/or Culture and/or Generation and/or Sexuality and/or Body	*I tried to get a divorce, but my mother wouldn't let me; she said it wasn't something to do, and that I had to think about my children; I continued, until he tried to kill me!* [...] *I thought, 'I want my children to grow up with a father and a mother like I was raised'; I thought the man I married was the one I should live with. I tolerated violence for many years*. (Rose)
	My father [...] *was very strict* [...] *he used to beat my mother, and sometimes us too* [...]; *my brothers went to school, but I didn't, the only girl in the family. My father used to say that I needed to find a husband and stay home taking care of my family, and that I didn't need to study for that. I didn't finish school because my husband didn't like it* [...]. (Orchid)
	My father spoke to his father [the husband's father] *and they arranged our marriage* [...] *When my father came home and said I was going to marry him, I cried a lot, but my mother talked to me and I thought, "I won't find anyone better in this place," so I decided to get married*. (Violet)
Intimate partner violence	
Gender and/or Sexuality and/or Body	*I came to Brazil to escape my ex-husband* [...]; *He was stalking me and threatening my life and the lives of my children* [...] *I suffered all kinds of violence at his hands; physical, verbal, psychological, and even sexual, which is how I got pregnant with my third child.* [...] *He tried to kill me, he tried to strangle me with the belt and couldn't, he tried to throw me out the window*. (Rose)
	I had to come to Brazil with my aunt so I could get away from my boyfriend who wouldn't leave me alone and was trying to force me to get back together. *He was abusive*. (Lily)
	He [boyfriend] *started insulting me every day, insulting me, humiliating me* [...]; *He argued with me about the clothes I was wearing; he didn't want me to have friends anymore* [...] *I was about to start college and he wouldn't let me* [...] *I started talking to my mother in secret because he didn't want me talking to her so much anymore* [...] *I couldn't leave, he wouldn't let me*. (Lily)

Violence in the migration process

The women spoke about the events they experienced during their journey, focusing on their arrival in Brazil in search of social reintegration. Physical, moral, and psychological violence was identified, perpetrated mainly by people from the local community, involving coercion, humiliation, insults, racial slurs, and restriction of the right to freedom of movement.

Places that should be safe (such as religious havens) have also been the scene of moral and sexual violence. In addition, there were events involving abuse of by the police (who coercively employed State power) and hospitals (giving preferential treatment and discriminatory healthcare to refugees). Thus, refugee women experienced situations of devaluation and exclusion due to their race, class, language, and nationality.

Furthermore, discrimination based on gender and marital *status* also stood out in reports about sexist practices and offers of sex work, since for many locals (native Brazilians) this is the only plausible justification for women who migrate single and alone. The construction of material and existential spaces (as a form of control over their bodies) systematically limited their ability to seek coping actions. The women's accounts, highlighting the types of violence experienced and the intertwined social markers, are presented in Chart 2.

Chart 2 - Experiences of violence and intertwined social markers in the migration process

	Moral and psychological violence
Gender and/or Nationality and/or Race and/or Language and/or Class and/or Body and/or Marital *Status*	*I experienced a lot of xenophobia and discrimination because I am a migrant woman, because I don't speak Portuguese, and because of the color of my skin. They called me a dirty black woman back in Boa Vista*; *And I'm not even that black*. (Rosa) *I went door to door and asked, 'look, I need work, I can clean your house', and they would shout, 'not here, go back to your country', 'dirty Venezuelan, I don't want you here'* [...] *and they slammed the door in my face* [...] *There was another woman who wanted to pay me with a plate of food to clean the whole house!* [speaks loudly] [...] *I am from another country, but I am a person just like them; why would they treat me like this?* (Sunflower) *We slept on the floor because there was no money to go anywhere else, and I was holding onto my suitcase because I didn't want what little remained of everything I had to be stolen from me; and people were saying we were going to get shot in the face*. (Orchid) *We went through a lot of humiliation, hunger, we slept en la calle* [on the street] [...] *without showering, eating what her aunt brought from Venezuela* [...] *I suffered a lot of verbal abuse and discrimination* [...] *If we are beautiful and we migrate, it's because we are prostitutes. They don't respect our bodies, they don't respect anyone*. (Lily) *My niece and I were sitting on the sidewalk when some men drove by and started shouting very unpleasant things at us, asking how much the hookup cost and saying they would pay with food* [...] *it was very sad*. (Violet)
	Sexual and physical violence
Nationality and/or Gender and/or Territoriality and/or Class and/or Body	*We met a man at a church who said he was a Christian and had a shelter* [...] *he deceived us; he wasn't a Christian at all* [pause] *at night he showed who he really was, he attacked me in the kitchen* [...]; *my husband, who was already jealous, came looking for me because I was taking too long and caught him trying to rape me*. (Narcissus) *We also suffered physical violence; they threw things at us, drove by in cars and threw things, food, liquids; there was a family that, one day, got hit by a bag of poop* [phrase said with great emphasis]. (Sunflower)
	Abuse of institutional power

Nationality and/or Class and/or Race and/or Body and/or Territoriality	*My son and I went there to shelter from the rain, in the area outside the restaurant, you know* [...] *The restaurant called the police. Just imagine, as if I were a criminal, a thief, and they showed up with these things, you know, with weapons and stuff* [...] *batons* [...] *and she started yelling: 'Get out of here, you filthy, disgusting blacks! Get out!' And we spent the night like that* [...] *wet, my son and I got sick afterwards*. (Tulip) *When I went to have my baby in Boa Vista, I was afraid of the delivery because I'm small and thin, I was scared. But they don't perform cesarean sections on immigrant women,* [...] And *they don't treat us* [in the hospital] *the way they treat Brazilian women*. (Narcissus)

Cyclical events of violence, vulnerabilities, and human rights violations were prominent in the displacement of Venezuelan women. Language barriers, lack of a social support network and economic resources to rent housing or buy food, inability or difficulty accessing resources (such as shelters, healthcare, and documentation) were some of the barriers they encountered. In these situations, they suffered stigmatization, segregation, and stratification by a large segment of society.

Participants also experienced restrictions in accessing employment. Even for those who managed to get temporary jobs, the salary was incommensurate with the work performed; often, employers offered food as payment, understanding that (given the migrants' needs) any form of exchange should be accepted. Thus, class exploitation and serious human rights violations were observed.

In addition, the women and their families did not have the financial means to rent a property. Rent for the migrant population required daily payment; therefore, they could only pay the rent when they were able to work; otherwise, if payment was not made, they would be evicted from the property. Consequently, they depended on government and church shelters and refuges for food and security for themselves and their families. In turn, the shelters (which should be places of safety and protection) have also been the scene of abusive practices.

Violence in reterritorialization

Once reterritorialized in Chapada, the women and their labor and social contexts also became targets of intersectional violence through power-knowledge relations and a sense of non-belonging. The following interwoven markers shaped the situation: nationality, language, race, culture, gender, marital *status*, class, sexuality, territoriality,

and body. The connection between culture, generation, body, and sexuality was found within the family context (including the subjectivity of conflicting personal values), as the women recognize the abusive situation but maintain the relationship to preserve their families in the new society. Thus, the accounts were permeated by cultural beliefs and symbolic values. Violence against the body was also observed in reports of sexual abuse perpetrated by the same person (such as a church pastor), who used his position as a religious leader to approach women under the pretext of helping them.

In addition to sexual violence, moral violence was also used to demean women, thus discrediting them in the eyes of society and the health institution. Furthermore, the reports showed that the women omitted the violence they suffered, believing that their refugee *status* would disqualify them from reporting it or seeking help. The accounts from women highlighting the types of violence they experienced and the intersecting social markers are presented in Chart 3.

Chart 3 - Experiences of violence and intertwined social markers in the context of reterritorialization

	Social life
Nationality and/or Race and/or Language and/or Culture and/or Sex and/or Marital *Status* and/or Territoriality	*They discriminate against us because we are from another country and speak another language* [...] *it's also because of the color of our skin* [...] *back then* [in Venezuela], *there is no discrimination based on the color of your skin at birth*. (Lily) *There is a lot of prejudice against us women who migrate without a man, without anyone. Often, people don't understand why we go through this; some people see us as enemies*. (Angelica) *There are many people who think we're going to steal from them, who hide their phones thinking we're going to steal them, who want to stay away from us; but we don't want to betray the trust of those who helped us get here*. (Azalea) *Not everyone accepts us migrants well, because they think we came here to take their jobs, and some think we're going to bring the wrong cultures to ruin their city, you know? And migrants are always blamed for everything that happens*. (Rose) *There's a lot of prejudice here* [...] *when we walk down the street* [...], *they cross to the other side of the street and don't include us* [...]; *they don't invite us to anything; we know there's a lot of discrimination*. (Camellia)
	Work context

Nationality and/or Language and/or Gender and/or Territoriality	*We feel there is a lot of discrimination at work. They say things like, 'Oh, those Venezuelans are here to steal our jobs,' or 'They're protected,' or 'They can't do anything, they don't know how to work and earn the same as us.' They discriminate because we don't know how to speak Portuguese properly, and whatever happens, they think, 'Oh, it had to be a Venezuelan'; it is at work where we suffer the most discrimination*. (Orchid) *I was working at the supermarket* [...] *but he* [the owner] *yelled at us, swore in front of the customers, treated us badly* [...]; *he fired me out of the blue* [...] *he said I wasn't good at working there, that my Portuguese wasn't good* [...]; *he didn't yell at everyone, it was mainly at women*. (Lily) *There is a lot of prejudice involved in getting a job*. (Violet) *I tried working in private homes and cleaning* [...] *but nobody accepted me because I don't speak Portuguese well and they don't trust us*. (Sunflower)
Physical and moral violence	
Nationality and/or Gender and/or Body type and/or Social class and/or Culture and/or Sexuality	*I managed to get a job at one of the water and drinks stalls at the fair.* [a typical city fair that takes place in January]. *I was alone on the bench at that moment* [...] *a man stopped at the booth, stared at me* [...] *he asked for a bottle of water* [...] *opened it, and threw it all over me* [...] *and said* [pause to remember] *'go back to the garbage country* [...] *where you came from, you socialist scum, this is not your place'* [...] *I'm just like him, flesh and blood, and he's no better than me just because I'm working at a booth.* (Narcissus) *Here* [in Chapada*] it's worse, we're having more difficulties and he* [husband] *hasn't stopped drinking, being a violent man, hitting me and my children* [...] *after my parents passed away; I felt like I no longer had an obligation to get married, you know? But I have children, how could I stay alone with them, without studying* [...] I*'m holding on, and I'm old* [laughs] *nobody would ever want me, it's better to just leave it at that. Women were made to suffer; at least that's what I always heard from my mother.* (Orchid) (emphasis added)
Sexual violence	
Gender and/or Nationality and/or Body	*There was a pastor* [...] *who often came to my house, I trusted him very much* [...] *he would hug me, he always touched me* [...] *one day I called him to pray at my house and that day he crossed the line with me* [brief pause] *he hugged and caressed me and put his hand on my chest, dear God! And I didn't know what to do, and I just stood there thinking he was going to stop, and when he put his hand on my leg, I jumped off the couch and yelled, 'What are you doing?' "Are you abusing me? Go away!" and I cried a lot. He went to tell the city hall that I needed psychiatric help because I was crazy.* (Sunflower) *There's a pastor who helped many Venezuelan women, and one day he came to my house and started saying things* [...] *that I was beautiful and that I should find a man for myself in this city, and he started* [...] *running his hand through my hair and caressing my face, and I started saying, 'Look what you're doing?' 'And he said, 'No, I want to make you feel good,' and I kicked him out of my house and told the other women to be careful because he was not a man of God.' I got really angry because just because I'm alone doesn't mean he can abuse me.* (Camellia)

Discussion

From the decision to launch the Driven Diaspora project, the identity construction of Venezuelan refugee women was grounded in the intersection of different markers, such as the structural impact of society. This produced exclusion

and tension experiences on the social map,[20] because the assignment of an intersectional identity conditioned them to live under a stigma (deteriorated mark) in various situations.[21] This scenario of constructed and stigmatized identities is formed in the social sphere in the face of otherness, which presents itself as a threat (and directly impacts the mental and emotional health of women), generating psychological suffering, insecurity, and social withdrawal.

In this context, it is relevant to consider that societies construct boundaries between those who represent a norm (aligned with cultural standards) and those marginalized outside of it.[22] In the present study, women were perceived by the local inhabitants as subjects who do not share the same social attributes; this perspective stems from the social position they occupy and, then, from the hierarchical power-knowledge relationships. Thus, refugee women are not defined by themselves, but by the external gaze that determines their belonging. This perception affects social reintegration and negatively impacts their effective access to care (especially in social and health services), particularly in situations of violence and vulnerability.

Regarding experiences in the intrafamily and interpersonal spheres, gender is not the only element of tension and aggravation that perpetuates violent scenarios (although it is relevant). There is a performative violence that affects the existential and physical women's bodies and territories, treating them as objects of possession, control, and oppression. In this sense, the body is more than just a recipient of violence: it is a category of subjectivity, symbolic space, and political territory. When this bodily dimension is ignored, it contributes to illness and the invisibility of these women's specific needs.

Given this broader understanding of corporeality and various social intersections, the use of gender as the sole axis for explaining violence situations is questioned. The field of intersectional feminism criticizes approaches that analyze only social markers, ignoring their simultaneous and articulated action.[11-12,14] The production and reproduction of violence in the individual, social, and programmatic areas must be understood from the intersection of these markers, which influence living conditions

and operate as social determinants of health. Ignoring this complexity can contribute to reproducing inequalities and providing insufficient or inadequate care, especially in health services.

Considering the institutional barriers, gender-based violence and xenophobia reported in the present study, questioning the hegemonic practices of traditional, biomedical, and fragmented practices of healthcare for Venezuelan women migrants is necessary. This highlights the need to reclaim the ethical and political imperative prescribed in the guidelines and regulatory frameworks of the Unified Health System (SUS). For comprehensive care to cease being an abstraction and become a reality for this vulnerable population, developing intercultural skills within the multidisciplinary team, overcoming language barriers, and systematically combating institutional discrimination and xenophobia is essential, translating legal "guarantees" into effective flows of reception and social protection.

The various identities constructed were transitory and contingent, shaped by the material and symbolic territories these women traversed in the Diaspora. Thus, the universality of identity (which is often imposed on specific groups) is rejected. In this context, recognizing one's *status* as a subject implies establishing a sense of belonging to a reference group. There is nothing simple or stable about it, as we are multifaceted individuals with distinct, divergent, or even contradictory loyalties.[21] From a social perspective, these various identities can be temporarily attractive or rejected and abandoned.

These identity constructions and their differences emphasize the existence of mechanisms of oppression, stratification, and discrimination, materializing the restriction of human rights regarding the exercise of freedom and the preservation of dignity. Throughout the Driven Diaspora, new markers have intensified and/or catalyzed situations of vulnerability and violation of rights, with direct impacts on physical and mental health. The greater the articulation between these markers in intersecting and stigmatized identities, the greater the exposure to violence and illness. This scenario of intersectional vulnerability indicates the need to incorporate risk assessment of

potential situations of violence into health services, considering the markers as "cause and effect" operators, also guiding specific public policies that prevent the reproduction of exclusions.

To understand the connection between these differences, we resort to the analogy between paths and axes.[14] The path corresponds to the Driven Diaspora, whereas the axes represent different social markers that intersect in violence experiences. These axes (constituted by social markers and their simultaneous intersections) shape intersecting identity positions, producing differentiations that permeate violence experiences, social stratification, and thus, inequalities in the individual and collective spheres. Thus, the place occupied by women on the social map is defined by their position in classification and stratification systems: they are structured by distinct social markers,[19] by the social roles assigned to them (frequently associated with derogatory images resulting from non-belonging), and by the forms of control exercised over them (supported by interrelated systems of oppression and discrimination present in knowledge-power relations).

In classification systems, the positions occupied by refugee women are subjective, influencing the production of subjects.[23] In dialogue with Foucault,[10] it is understood that these women are simultaneously subjects and agents, with the possibility of action in the face of the a normative order that prohibits them, since it is at the intersection of social markers that specific oppressions on this group are produced. However, even though intersectional identity is often stereotyped, it can give rise to resistance practices and the reinvention of the *self* (an important dimension that should also be recognized by health services), promoting autonomy and protagonism in care practices. Thus, women can move away from a subjectivity shaped by the social order towards a chosen subjectivity, constructed through the re-signification of themselves.[24]

In this sense, deterritorialization and reterritorialization are processes of (re)construction and transformation. Venezuelan women have shown to be protagonists in the Driven Diaspora and in their experiences of becoming subjects in the world. They are women in motion, producing existential spaces and relationship territories that are not prescribed due to the effect of discourses produced within knowledge-power schemes.

In this movement (including access to information and autonomy over one's own body), the search for belonging is marked by symbolic disputes and gender stereotypes that directly impact sexual and reproductive health. Women were confronted with expectations about their behavior and their (non-)place in society. Frequently, such "gender expectations" stem from previous conceptions and patriarchal perspectives, which are restrictive and questioning.[25]

These gender stereotypes directly affect respect for the body and sexuality, the latter being associated with how freedom of choice is experienced in the exercise of sexuality and reproduction. The impacts of these stereotypes manifest themselves in the distinct forms of violence suffered: delimitation of spaces that can be occupied, imposition of norms on ways of life and behaviors (such as marriage, motherhood, and clothing), objectification of female bodies, territorial boundaries, and difficulty in breaking with the knowledge-power structures that organize society.[26] Such situations can affect all women, but those in refugee conditions face an aggravating factor: they are more vulnerable and unprotected when claiming and accessing rights, directly compromising their autonomy, well-being, and access to the full exercise of citizenship.

In this scenario [in the face of the (non) place of belonging], territoriality is articulated with body, gender, nationality, race, class, culture, language, generation, marital *status*, and sexuality, producing existential and material spaces violence when the bodies of Venezuelan women become a form of distinction and/or a way of classifying, grouping, understanding, including, or excluding. In this sense, the body also becomes a marker in itself (in addition to being traversed by the aforementioned markers) in the face of the social, cultural, political, and linguistic construction of the local residents. Thus, the body becomes a political body, as Venezuelan women are viewed through the political perspective of a non-national being who does not belong to the place, culture, and territory.[27]

In the context of stigma, intersectional identities have catalyzed the construction of *abject bodies* in different spaces during the diaspora and reterritorialization movements. These bodies can be understood as "bodies that do not matter": illegitimate, unintelligible, and situated in a non-place.[28] The (non-subject) abject is always constructed in reference to the norm (from the perspective of the native subject

upon the foreign subject), both through a necessary abjection and exclusion process. This logic affects access to healthcare, institutional protection and recognition, because both services and society tend to reproduce discrimination practices and neglect specific demands when these dynamics are not recognized.

The social construction of the abject body made Venezuelan refugee women particularly vulnerable to various forms of violence, which intensified as their possibilities for integration into Brazilian territory increased. The Driven Diaspora study revealed that violence did not cease, it only multiplied and reconfigured itself (although the social actors and the physical and existential territories have transformed during the migration process). This scenario suggests that we are immersed in a Latin American culture marked by male and patriarchal structures, which perpetuate themselves through discourses of gender and inferiority, sustaining social hierarchies and oppression mechanisms that violate women's bodies and deny their legitimacy in the public sphere.

Given this scenario of stigmatization, exclusion, and symbolic violence, it is necessary to examine how such dynamics can impact the health field and care language. When considering the body as a political body[27] (culturally, socially, and linguistically constructed and traversed by power relations), the limits of universalist practices that ignore the specificities of subjects in refugee situations become evident. Abject bodies[28] (that do not occupy the legitimized spaces of citizenship) face systematic difficulties in accessing attention, reception, and protection. In this sense, health services cannot be limited to technical neutrality: they should include emancipatory practices that are sensitive to intersections, culturally competent, and committed to recognizing differences (as constitutive elements of care). From this perspective, the health area is also a territory of dispute, since its promotion requires breaking with traditional care models, including diverse knowledge, and listening attentively to the experiences lived by refugee women.

In accordance with the commitment to social justice (which underlies the concept of intersectionality),[11] it is necessary to consider that rights and freedoms are indivisible, otherwise they will remain as formal principles accessible only to certain social groups. Refugee and local women (with intersections of different social markers) should equally

benefit from decent working conditions, access to information on public policies, and quality health services, especially when exposed to intersectional forms of violence. Recognizing certain individuals and groups (as subjects with rights) presupposes extending that same recognition to others, preventing inequalities and privileges from being maintained under an apparent commitment to equity. In this context, limitations persist regarding both the addressing of their concrete security needs and the tackling of migration-associated vulnerabilities; however, there is a discourse of respect for the territorial, cultural, and social specificities of refugee women. This can contribute to perpetuating stigmas and hindering full access to fundamental rights.[29]

Although this study sought to deeply capture the meanings attributed by Venezuelan women to their experiences of violence in the context of the Driven Diaspora, some limitations must be acknowledged. The concentration of the sample in a single city and the temporal delimitation of data collection restrict extrapolating our findings to other migratory and territorial contexts. In addition, power relations and the stigmas associated with refugee *status* may have influenced what was said (or left unsaid) by the participants. However, these limitations do not compromise the study relevance; rather, they reinforce the complexity of the phenomenon being investigated and point the way to future theoretical and methodological explorations.

Our findings contribute to the health and society context, reinforce the relevance of public policies and intersectionality-sensitive health practices, thus promoting the empowerment and social inclusion of refugee women. The research highlighted the urgency of local support models and strategies to reduce structural violence, ensuring equitable access to health and strengthening intersectoral actions. By deepening the understanding of migration and reterritorialization as a multifaceted processes, this analysis reaffirms the commitment to social justice and human rights, strengthening the debate for emancipatory actions in health services and consolidating concrete care practices with intercultural, critical, and inclusive approaches.

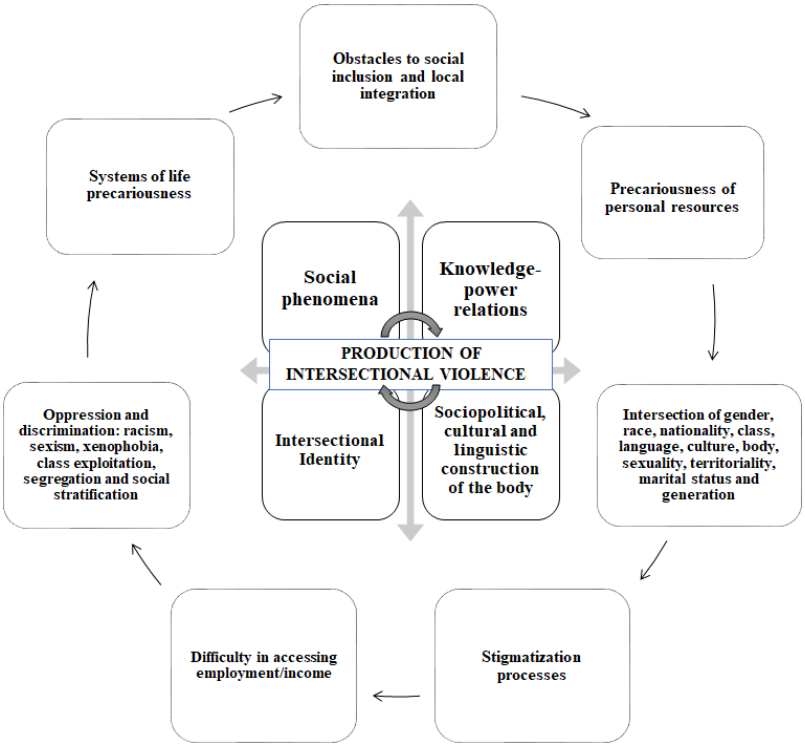
Although this study was limited by a specific period in data collection, this limitation does not compromise the timeliness of our inferences. The observed reterritorialization dynamics and access barriers remain relevant and scientifically valid relative to the current migratory flow. Thus, our results transcend the historical record, enabling further analyses to better understand the shaping of violence experiences in the timeless diaspora process.

Conclusion

Among women in refugee situations, the Driven Diaspora fosters the attribution of stigmatized social identities, especially when their presence challenges hegemonic patterns. The inclusion of Venezuelan women in contexts of forced migration and local integration reveals a cycle of violence and vulnerabilities produced by the intersection of different social markers, confirming the initial assumptions of this research.

Figure 3 shows the production of violence at four interconnected levels: **social phenomena** of oppression and discrimination (expressed through racism, sexism, xenophobia, class exploitation, segregation, and social stratification); control of physical and symbolic territories through **hierarchical power-knowledge relations** (which produce subordination and disempowerment); attribution of **intersecting social identities** (constituted by markers such as gender, race, nationality, social class, language, culture, body, sexuality, territoriality, marital *status*, and generation); and materialization of individual, social, and institutional violence on the body, understood as a **sociopolitical, cultural, and linguistic construction of the body** (produced by power relations).

Figure 3 - Products of intersectional analysis



Together, these levels shape the experiences of refugee women, reproducing injustice and structural asymmetry. Social markers do not act linearly: they can increase exposure to violence, while simultaneously being reinforced by it. Nationality can foster discriminatory practices, whereas institutional violence can reinforce stigmatized social positions.

Therefore, intersectional analysis allows understanding how social positions of belonging and non-belonging influence inequalities in health, choices, life experiences, and forms of body perception and control.

The inequalities identified in reterritorialization contexts demand a social justice agenda capable of guiding public policies sensitive to power-knowledge relations and the specificities of migration trajectories. The best structural and institutional arrangements observed in the reterritorialization territory indicate the potential of local and intersectoral intervention models (adjusted to the reality of small municipalities) to promote women's empowerment, strengthen emancipatory policies, and ensure the protection of human rights.

In local health management, the training of teams (especially nursing staff) should prioritize the recognition of intersectional risks. Primary Health Care (as the system gateway) needs to be consolidated as a space of intercultural acceptance and ontological safety. In

nursing consultations, the clinical complaint should be analyzed in conjunction with social markers (such as race, nationality, and marital *status*). Tracking violence and labor exploitation should be integrated into routine care in a sensitive way, considering that the intersection of marginalized social positions can silence complaints and intensify psychological suffering, which requires a singularized and intersectoral care plan.

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