

MIGRANT AND REFUGEE WOMEN IN BRAZIL: MENTAL HEALTH, PUBLIC POLICIES, AND GENDER-SENSITIVE RECEPTION

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Abstract

This article analyzes, from an intersectional and interdisciplinary perspective, the challenges faced by migrant and refugee women in Brazil, focusing on their mental health, institutional reception, and access to support networks. Based on international and national regulatory frameworks, the study highlights the inadequacy of Brazilian public policies in responding to the specific vulnerabilities of this group, particularly in municipalities with limited institutional capacity. Empirical research was conducted through an online questionnaire, administered in three languages and aimed at listening to the subjective experiences of migrant and refugee women residing in the country.

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The findings reveal significant psychological impacts, barriers to accessing specialized services, and a scarcity of gender-sensitive support networks. The article proposes that reception and mental health be understood as central dimensions of public policies aimed at the full integration of these women, recognizing their trajectories, experiences, and potential. The approach used articulates the fields of International Relations and Psychology, contributing to the construction of humanized and culturally sensitive strategies.

Keywords: Migrant women; Refuge; Mental health; Humanized reception; Public policies; Intersectionality; Gender and migration; International Relations; Social psychology.

MULHERES MIGRANTES E REFUGIADAS NO BRASIL: SAÚDE MENTAL, POLÍTICAS PÚBLICAS E ACOLHIMENTO COM PERSPECTIVA DE GÊNERO

Resumo

Este artigo analisa, sob uma perspectiva interseccional e interdisciplinar, os desafios enfrentados por mulheres migrantes e refugiadas no Brasil, com foco em sua saúde mental, acolhimento institucional e acesso a redes de apoio. Com base em marcos normativos internacionais e nacionais, o estudo destaca a insuficiência das políticas públicas brasileiras em responder às vulnerabilidades específicas desse grupo, especialmente em municípios com menor capacidade institucional. A pesquisa empírica foi realizada por meio de um questionário online, aplicado em três idiomas e voltado à escuta subjetiva de migrantes e refugiadas residentes no país. Os resultados revelam impactos psicológicos relevantes, barreiras no acesso a serviços especializados e a escassez de redes de apoio sensíveis ao gênero. O artigo propõe que o acolhimento e a saúde mental sejam entendidos como dimensões centrais de políticas públicas voltadas à integração plena dessas mulheres, reconhecendo suas trajetórias, experiências e potenciais. A abordagem utilizada articula os campos das Relações Internacionais e da Psicologia, contribuindo para a construção de estratégias humanizadas e culturalmente sensíveis.

Palavras-chave: Mulheres migrantes. Refúgio. Saúde mental. Acolhimento humanizado. Políticas Públicas. Interseccionalidade. Gênero e migração. Relações Internacionais. Psicologia social.

MUJERES MIGRANTES Y REFUGIADAS EN BRASIL: SALUD MENTAL, POLÍTICAS PÚBLICAS Y ACOGIDA CON PERSPECTIVA DE GÉNERO

Resumen

Este artículo analiza, bajo una perspectiva interseccional e interdisciplinaria, los desafíos que enfrentan las mujeres migrantes y refugiadas en Brasil, con foco en su salud mental, acogida institucional y acceso a redes de apoyo. Basado en marcos normativos internacionales y nacionales, el estudio destaca la insuficiencia de las políticas públicas brasileñas para responder a las vulnerabilidades específicas de este grupo, especialmente en municipios con menor capacidad institucional. La investigación empírica se realizó a través de un cuestionario en línea, aplicado en tres idiomas y dirigido a la escucha subjetiva de migrantes y refugiadas residentes en el país. Los resultados revelan impactos psicológicos relevantes, barreras en el acceso a servicios especializados y la escasez de redes de apoyo sensibles al género. El artículo propone que la acogida y la salud mental se entiendan como dimensiones centrales de las políticas públicas orientadas a la **integración plena** de estas mujeres, reconociendo sus trayectorias, experiencias y potenciales. El enfoque utilizado articula los campos de las Relaciones Internacionales y la Psicología, contribuyendo a la construcción de estrategias humanizadas y culturalmente sensibles.

Palabras clave: Mujeres migrantes. Refugio. Salud mental. Acogida humanizada. Políticas Públicas. Interseccionalidad. Género y migración. Relaciones Internacionales. Psicología social.

1. Introduction

Over recent decades, international migration flows have intensified as a result of humanitarian crises, climate change, armed conflicts, and economic inequalities. In Latin America, the growing forced migration from countries such as Venezuela, Haiti, the Democratic Republic of Congo, and Syria underscores the need for solid, welcoming, and sustainable public policies to guarantee the basic rights of people on the move. Brazil, although historically recognized for its discourse of hospitality, faces significant challenges in transforming this symbolic openness into effective practices, particularly in small and medium-sized territories.

At the center of this discussion is the condition of migrant and refugee women, who experience displacement in a unique way, marked by structural inequalities, cultural barriers, and intersectional vulnerabilities. Many arrive alone or with children, seeking protection and better living conditions, but encounter contexts of precariousness, xenophobia, and institutional invisibility.

This study adopts a national scope and was conducted online, allowing for the collection of data from migrant and refugee women in different regions of Brazil. Nevertheless, the choice of Assis Chateaubriand (Paraná) as a focal city for the study is justified by its growing reception of migrants and by the empirical observation of the difficulties faced by this population in local contexts with limited public infrastructure. The study, therefore, seeks to contribute to the development of diagnostic tools and proposals that may be replicated or adapted to different municipal and regional realities.

Given this scenario, this article aims to analyze, from the perspective of International Relations, the challenges faced by migrant and refugee women in accessing rights in Brazil, with emphasis on the role of local governance, international cooperation, and institutionalized as well as informal support networks. The study seeks to understand how global normative frameworks, such as the Global Compact for Safe, Orderly, and Regular Migration (UN 2018), and national frameworks, such as the New Migration Law (Law No. 13,445/2017) (Brazil 2017), are translated (or not) into effective policies on the ground—and which gaps still remain in promoting a humane, equitable, and gender-sensitive reception.

The relevance of the topic is aligned with the UN 2030 Agenda, particularly Sustainable Development Goal 5 (Gender Equality) and SDG 10 (Reduced Inequalities) (UN 2015), both of which point to the need to build inclusive

cities, with respect for cultural diversity and guaranteed rights for all, regardless of origin, gender, or migration status.

2. Theoretical Framework

2.1. *International and National Legal Frameworks on Migration, Refuge, and Gender*

The governance of international migration is guided by a set of legal and regulatory instruments aimed at safeguarding the fundamental rights of people on the move. However, the specific protection of migrant and refugee women remains marked by significant gaps—both at the international level and in national implementation. This scenario highlights the need to examine existing regulatory frameworks through an intersectional lens that considers gender as a structuring element of the migration experience.

2.1.1. *International Instruments*

The main international regulatory framework on refugee status is the 1951 Convention Relating to the Status of Refugees (UN 1951), together with its 1967 Protocol (UN 1967), which define refugee status and the rights associated with it. Although the Convention does not explicitly address gender, more recent interpretations recognize that gender-based persecution—such as sexual violence, female genital mutilation, forced marriage, or persecution based on sexual orientation—may constitute legitimate grounds for asylum.

Since the 1990s, international organizations have begun to incorporate the gender dimension more clearly into migration issues. The Beijing Platform for Action (1995) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW 1979) provided relevant guidelines for the protection of migrant women, emphasizing the importance of gender-sensitive migration policies. General Recommendation No. 26 of the CEDAW Committee (2008) is particularly important, as it states that migrant women face multiple forms of discrimination based on gender, race, class, and migratory status.

More recently, the Global Compact for Safe, Orderly, and Regular Migration (UN 2018), approved by the UN General Assembly, incorporated a clear commitment by states to develop gender-responsive and human-rights-based migration policies. The Compact acknowledges the need to empower migrant women and girls, ensuring their autonomy and equal access to services, education, legal protection, and decent work opportunities.

In the refuge sphere, the Global Compact on Refugees (UN 2018) complements this approach by encouraging humanitarian responses focused on social and economic inclusion, based on coordinated action between states, civil society, and international organizations.

2.1.2. Brazilian National Framework

Brazil has made progress in the regulatory sphere by replacing the Foreigners' Statute, Law No. 6,815/1980 (Brazil 1980), which had a security bias, with the New Migration Law, Law No. 13,445/2017 (Brazil 2017), which enshrines an approach based on human rights, equal treatment, and non-discrimination. The law explicitly recognizes the rights of migrants regardless of their nationality or documentation status and guarantees access to essential public services such as health care, education, and social assistance.

However, despite the progressive nature of the legislation, its implementation remains uneven and marked by operational challenges, particularly in small and medium-sized municipalities, where institutional capacity for reception is limited. In addition, although a gender perspective is provided for in a cross-cutting manner, the law lacks specific mechanisms to ensure the comprehensive protection of migrant and refugee women, especially in situations of violence, labor exploitation, and social exclusion.

Law No. 9,474/1997 (Brazil 1997), which regulates asylum in Brazil, also does not include a gender perspective in its original text. However, the National Committee for Refugees (CONARE) has adopted broader interpretations, recognizing gender-based violence as legitimate grounds for asylum requests, particularly after 2017. Brazil also adopted the National Policy for Comprehensive Health Care for International Migrants (Brazil 2018), but its implementation faces linguistic, cultural, and logistical barriers.

It is worth highlighting the role of civil society and international organizations as key actors in the implementation of gender-sensitive reception policies. Partnerships with organizations such as UNHCR, IOM, UN Women, and local networks have been fundamental in filling the gaps left by the state, offering psychosocial care, professional training, and humane reception.

Despite these advances, Brazil still lacks a robust and integrated national public policy that addresses migration, gender, and social protection. Isolated local initiatives and fragmented reception practices are insufficient to deal with the complex realities experienced by migrant and refugee women in the country.

3. The Migration Experience from a Gender Perspective: Inequalities and Vulnerabilities

The phenomenon of migration, although shared by diverse populations around the world, takes on profoundly different contours when analyzed through a gender lens. Migrant and refugee women face specific challenges that result from the intersection of their gender, nationality, ethnicity, social class, and migratory status—constituting a multilayered vulnerability that manifests across multiple spheres of daily life, from displacement itself to the process of integration in host countries.

3.1. *Migration and Gender: An Intersectional Analysis*

Historically, women's migration has been underrepresented in traditional analyses within International Relations and the Social Sciences, often treated as a secondary dimension of family-based displacement. However, with the advancement of intersectional and feminist perspectives, it has come to be recognized that the presence of women in migratory flows is significant and increasingly autonomous. According to data from the International Organization for Migration (IOM), women represented about 48% of the international migrant population in 2020 (IOM 2020), indicating near-parity in global displacement patterns.

However, the experiences of migrant women cannot be equated with those of their male counterparts. Gender conditions the types of occupations accessible to them, the degree of exploitation they may experience, their likelihood of accessing rights, and their exposure to various forms of violence. Studies such as those by Piper (2005) and Mahler and Pessar (2006) show that women are more exposed to precarious working conditions, especially in care work and domestic work—sections that are often invisible, undervalued, and poorly remunerated.

Gender-based violence is also more prevalent throughout migratory journeys, including harassment, rape, sexual exploitation, and human trafficking. Such violence often goes underreported due to fear of deportation, lack of information about rights, or absence of support networks. The IOM highlights that migrant and refugee women are more vulnerable to gender-based violence than non-migrant women, particularly when they lack regular documentation or experience social isolation.

3.2. *Migrant Women in Brazil: Challenges in Reception and Integration*

In the Brazilian context, migrant and refugee women face a reception process permeated by structural and institutional challenges. Data from the report *Sociodemographic Profile of Immigrant Women in Brazil* (Ipea 2021) indicate that migrant women tend to have high levels of education but face significant barriers to the recognition of diplomas and access to jobs commensurate with their qualifications. In addition, there is a strong presence of Black and Indigenous women from countries such as Haiti, Venezuela, Colombia, and Angola, who encounter multiple forms of discrimination in Brazil, including within public-service systems.

These difficulties are exacerbated in small and medium-sized municipalities, where institutional apparatus is more limited. Although Migration Law 13.445/2017 (Brazil 2017) provides for equal access to public services, in practice there is a notable lack of policies tailored to the specific realities of these women. Linguistic, cultural, and bureaucratic barriers compromise access to health care, education, and the justice system, directly affecting their ability to secure dignified integration into their host communities.

A particularly critical gap emerges in the area of mental-health support. Women who have experienced trauma in their countries of origin or during displacement often do not find adequate psychosocial support upon arriving in Brazil. The absence of public mental-health policies for migrants, coupled with the lack of professionals trained to deal with intersectional dimensions of gender and migration, contributes to the worsening of anxiety, depression, and post-traumatic stress disorder.

3.3. *Institutional Invisibility and the Need for Gender-Sensitive Policies*

Despite the growing presence of women in international migration flows, Brazilian public policies still lack up-to-date diagnoses and gender-disaggregated data capable of informing more effective actions. Migrant women often remain invisible in assistance programs, which tend to focus on general demands and overlook the specific impacts of migration on their trajectories.

The development of public policies with an intersectional approach is urgent. This implies not only recognizing gender as a structuring factor of inequality, but also fostering coordination across different spheres of government and sectors of civil society to build integrated mechanisms for reception, protection, and integration. Initiatives such as those developed by Rede Cami (São Paulo) and the Jesuit Service for Migrants and Refugees

(SJMR) offer meaningful models, but they remain isolated efforts relative to the scale of existing needs.

The work of Brazilian diplomacy and multilateral organizations must also incorporate the gender agenda more vigorously in discussions on international mobility. The field of International Relations holds a strategic relevance in shaping a more just, inclusive, and human-rights-centered migration governance system—and this will only be possible when women’s perspectives occupy a central place in analyses and policy design.

4. Migration, Refuge, and Mental Health: Interdisciplinary Contributions to Dignified Reception

The integration of migrant and refugee women involves not only legal guarantees and inclusive public policies but also the recognition of the human and subjective dimensions inherent in migration processes. Mental health, in this context, emerges as a central, yet often neglected, dimension in the international debates on reception and protection of forcibly displaced populations. In particular, migration marked by trauma—stemming from armed conflict, environmental disasters, political persecution, racism, and gender-based violence—requires more sensitive and interdisciplinary approaches.

4.1. The Centrality of Mental Health in Contemporary Migration Debates

In recent years, international organizations have increasingly recognized the importance of psychological well-being as part of the human-rights commitments owed to people in migration contexts. The World Health Organization (WHO) notes that migrants and refugees face higher risks of mental-health disorders, including depression, anxiety, and post-traumatic stress, with these risks exacerbated by precarious reception conditions and the absence of support networks (WHO 2020).

Within the field of International Relations, this recognition aligns with the expanded notion of human security, promoted by the United Nations Development Program (UNDP). This framework moves beyond traditional state-centered security to include dimensions such as health, dignity, identity, and freedom. Thus, designing effective migration policies also requires promoting subjective conditions that allow individuals to flourish in their host societies.

Despite this conceptual progress, few international strategies directly connect mental-health care to migrant protection. The Global Compact

for Safe, Orderly and Regular Migration, signed in 2018 by 152 countries, mentions the need for inclusive and culturally sensitive health care, but does not detail mechanisms for psychosocial care. This reveals a gap between discourse and the operationalization in the protection of migrants' rights at the international level.

4.2. The Brazilian Case and the Institutional Invisibility of Migrants' Mental Health

In Brazil, health is recognized as a universal right—including for migrants regardless of documentation status—according to the 1988 Federal Constitution and the 2017 Migration Law (Brazil 2017). However, practice reveals a mismatch between what is formally guaranteed and what is actually accessible. Language barriers, the absence of interpreters and cultural mediators in public facilities, the lack of training among health-care professionals to address migrant needs, and institutional prejudice all severely limit access to quality services, especially in the area of mental health.

According to the *Cartilha sobre Saúde Mental e Migração* [Mental Health and Migration Handbook], published by SJMR in partnership with the Pan American Health Organization (PAHO) (PAHO/SJMR 2020), many migrants report feelings of disorientation, insecurity, and isolation upon arriving in Brazil, particularly in smaller cities where there is little or no institutional preparation. This reinforces the importance of public policies that consider the cultural, emotional, and social specificities of the migratory experience, especially for women.

The intersection of gender, migration, and mental health is particularly relevant: migrant and refugee women often arrive with emotional burdens aggravated by systematic violence, family responsibilities, and separation from their support networks. The absence of safe spaces for listening, reception, and rebuilding self-esteem can lead to serious psychological distress—even affecting these women's social and economic integration.

4.3. Why Care for the Mental Health of Migrant Women?

The phenomenon of migration has intensified in recent decades, driven by various factors such as environmental disasters, economic crises, armed conflicts, and the pursuit of better living conditions. In this scenario, women represent a significant portion of the migrant population, experiencing displacement processes marked by social factors such as gender, race, class, and nationality. Addressing their mental health is therefore a matter of social

relevance, requiring the strengthening of public policies and health-service practices, regardless of the reasons that motivated their migration.

As Sawaia (1999) points out, it is essential to consider the ethical and political suffering resulting from concrete living conditions marked by injustice, invisibility, and the devaluation of certain lives. The migration process, by triggering affective, cultural, and social ruptures, can profoundly affect women's mental health. In addition, difficulties in integrating into the host country, often involving social exclusion, prejudice, economic instability, and the loss of support networks, reinforce this psychological vulnerability.

In order for them to process their experiences, whether positive or traumatic, autonomously, it is essential to consider their subjective agency in responding to events. Psychological support thus becomes an urgent necessity. As Ferreira et al. (2021) highlight, migration removes individuals from their original cultural context, which can compromise the balance between their external reality and their inner world.

From a social perspective, caring for the mental health of migrant women involves addressing structural inequalities and ensuring access to basic rights that uphold their dignity and well-being. Reflecting on public-reception policies and the challenges women face in building a healthy everyday life is therefore indispensable. Such care must prioritize not only assistance but also the creation of spaces for qualified listening, recognition, and civic participation.

In this light, mental health is not merely the absence of disorders; it refers to a state of well-being that depends on access to rights, strong social bonds, a sense of belonging, and subjective validation. As Rachédi and Legault (2019) note, culture consists of a set of meanings shared by a group, which objectively and symbolically influences the way its members think, feel, and act. Thus, discussing the mental health of migrant women also means discussing how the state and society deal with cultural diversity, acceptance, and social justice.

4.3.1. Psychological Distress and the Grieving Process in the Migration Experience

Migration, especially when forced or marked by vulnerability, involves not only physical displacement between territories, but also symbolic, affective, cultural, and social ruptures. For migrant women, these losses are linked to social markers such as gender, race, class, and migratory status. According to Faustino and Rodrigues (2016), this can accentuate psychological distress and hinder access to care and support.

This psychological suffering is far from being merely an individual or pathological phenomenon; it should be understood from a social perspective as a subjective reaction to objective living conditions marked by exclusion, within a context of loss of rights and the struggle to belong in a new environment. In this sense, migration can be interpreted as a form of multiple grief, as described by Achotegui (2009), in which the subject simultaneously loses their country, language, relationships, status, cultural values, and sense of belonging. This grief is often invisible, prolonged, and socially unrecognized, making it more difficult to process and potentially leading to intense mental suffering such as anxiety, depression, and feelings of emptiness.

Migratory grief, often experienced in silence, may intensify in the absence of institutional reception, support networks, or opportunities for symbolic expression of pain. For many migrant women, daily life in their host countries is marked by emotional overload, economic instability, social isolation, and demands for cultural adaptation, as they encounter new realities. When qualified listening spaces and public mental-health services are lacking, these factors can generate chronic psychological distress. As Cossa (2020) points out, there is a “dark side” of migration, marked by significant losses that can place immigrants or refugees in a painful situation, capable of triggering clinically significant symptoms that require specialized support.

Recognizing grief and psychological distress among migrant and refugee women as socially produced phenomena is therefore essential for designing effective public-reception policies. From a social perspective on mental health, caring for these women involves creating conditions for rebuilding bonds, recognizing their losses, and fostering a new sense of subjective and social belonging, considering the complexity of factors contributing to a challenging migratory mourning process. Cossa (2020) highlights that it is crucial to implement interventions tailored to the specific contexts experienced by migrant women, promoting the necessary transformations to cope with suffering. From this perspective, the dialogue between diverse approaches enables the construction of diversified intervention and reception strategies that are more sensitive to the specificities of the subjects involved.

5. Methodology

The importance of listening to subjective experiences forms the core justification for this study, which seeks to understand the emotional challenges faced by migrant and refugee women in Brazil, with a focus on their subjective

perceptions of reception and access to psychosocial support networks. Unlike approaches that treat migrants merely as numbers or beneficiaries of services, this study emphasizes actively listening to the experiences and lives of these women, understanding that only then will it be possible to design public policies that are more just, humane, and effective.

The choice of an online and multilingual format (Portuguese, Spanish, and English) for the research was intended to broaden its geographic and cultural reach. Although not restricted to a single municipality, the empirical base of the study is centered in Assis Chateaubriand (Paraná)—a city experiencing growing arrivals of migrant women, particularly from Latin American and African countries, and characterized by limited gender- and migration-sensitive public policies.

The joint effort between International Relations and Psychology reflected in this article stems from the understanding that institutional responses to migration must be multidimensional, cross-sectoral, and interdisciplinary, incorporating diverse knowledge and committed to human dignity. Mental health, in this sense, is not only a need but a right—and should be treated as such at all levels of public action and international cooperation.

5.1. Data Analysis

The research was conducted through an online questionnaire, available in Portuguese, Spanish, and English, aiming to broaden its reach and accessibility to migrant and refugee women of different backgrounds. A total of twenty responses were collected between March and May 2025. The purpose of the instrument was to understand the experiences of reception, psychological health, and access to support networks by migrant and refugee women in Brazil.

Despite careful linguistic preparation in the three languages, the application revealed significant challenges in communication with Haitian women, whose predominant languages, French and Haitian Creole, were not included in the initial questionnaire. This limitation highlights the importance of recognizing linguistic plurality in research tools and in the design of public policies.

Another relevant aspect observed during data collection concerned the participants' hesitation to interact with Brazilian researchers. There was frequent hesitation due to the fear of providing incorrect information that could lead to migratory consequences, such as deportation. In some cases, there was resistance from the participants' male partners, who expressed concerns about exposing the women to strangers—an indication of the weight of power and gender dynamics in migratory contexts. There was also

a certain lack of understanding about the relevance of academic research and mental health in participants' life trajectories, signaling informational and educational gaps in this field.

The main results of the study are presented below, organized into four analytical axes, based on the questions in the questionnaire.

5.1.1. *General Profile of Participants*

Participants ranged in age from 27 to 65 years, originating primarily from Latin America (Colombia, Cuba, Venezuela) and the Caribbean (Haiti). The length of their stay in Brazil varied widely, from a few months to more than a decade, with different degrees of cultural adaptation and social integration. Some women migrated accompanied by family members, while others migrated alone, with the latter group displaying greater emotional and social vulnerability.

6. Results

The data-collection instrument used in this study consisted of a structured questionnaire, developed through the Google Forms platform. The questionnaire consisted of five distinct sections. The first part covered sociodemographic questions, including age, nationality, length of stay in Brazil, and whether the migratory process occurred individually or with companions.

The second section addressed issues related to the migratory and refugee experience, such as motivations for migration, main challenges faced, and participants' perceptions of the reception received in the host country.

The third section dealt with aspects related to mental health and psychological well-being, asking participants about the perceived impacts of migration on their mental health, their access to mental-health services, and the identification of specific moments of emotional distress since arriving in Brazil.

The fourth section sought to understand access to services and support networks through questions about prior knowledge of where to seek psychological help, whether they had already received care from non-governmental or institutional organizations, and what barriers they faced in accessing such services.

Finally, the fifth section consisted of open-ended questions aimed at collecting suggestions from participants on how to improve psychological support for migrant women in Brazil. They were invited to describe the types

of support they wished they had received, how mental-health care could be improved, and what advice they would offer to other women arriving in the country.

6.1. Data Analysis from Participants' Responses

6.1.1. Motivations and Challenges of Migration

The main motivations identified were the search for job opportunities, improvement in quality of life, and escape from contexts of political or economic instability. Entering the labor market ensures migrants' material subsistence and contributes to their emotional stability. In addition, it promotes social integration and enables the pursuit of personal and family projects. This participation reinforces the feeling of belonging and alignment with social expectations (Silva and Queiroz 2006 quoted in Lima et al. 2020).

Among the challenges faced upon arrival in Brazil are language, access to employment, cultural adaptation, and structural racism. Indeed, the lack of qualifications required by the market, linguistic barriers, and prejudice exacerbate the difficulties encountered by foreigners (Silva 2016, 207–228 quoted in Lima et al. 2020). These barriers, in many cases, were aggravated by the absence of a structured institutional support network.

6.1.2. Psychological Impacts and Access to Services

More than half of the participants reported significant impacts on their mental health, such as feelings of loneliness, anxiety, and helplessness. Even so, most did not have access to specialized psychological health services. Reasons cited for not seeking or continuing care included lack of knowledge about where to seek care, language barriers, lack of professionals trained to deal with migration issues, and fears related to personal exposure. Although access to Brazil's Unified Health System (SUS) is guaranteed to all, Lima et al. (2020) note that, regardless of their employment status, immigrants often face difficulties due to language barriers and the lack of preparation of health services to adequately serve this population.

6.1.3. Support Networks and Suggestions

When asked about support networks, many participants stated that they had not received emotional support from organizations or individuals. Some indicated support from churches, social movements, or temporary shelters. Rosa et al. (2023) point out that the effectiveness of support networks is

evident in responses that indicate a considerable decrease in symptoms such as depression and feelings of helplessness.

Suggestions for improving psychological support included the creation of specific public policies, increased access to bilingual psychologists, mental health awareness campaigns, and greater institutional support.

7. Conclusion

This study sought to understand, from an intersectional perspective, the challenges faced by migrant and refugee women in Brazil, focusing on mental health, support, and access to support networks. Based on an analysis that combines the fields of International Relations (IR) and Psychology, it was evident that women's migration processes are deeply marked by multiple vulnerabilities and intersectionalities—gender, nationality, race, socioeconomic status, and migratory status.

Empirical research conducted with women of different nationalities residing in Brazil revealed patterns that reinforce theoretical findings and point to persistent gaps in public policies and psychosocial care services. It was observed that institutional reception remains insufficient and often disconnected from the real needs of migrants, especially with regard to mental health, a topic often neglected in debates on integration and refuge.

In addition to linguistic and cultural barriers, fear of being misunderstood by authorities, lack of information about their rights, and fear of reprisals from family members or institutions are factors that hinder these women's participation in studies and use of support services. The reasons identified may be related to barriers to access and the difficulty of establishing a bond with the services offered by Primary Health Care centers (Cavalcante Neto and Oliveira 2022). These aspects, reported during data collection, demonstrate that reception cannot be thought of only as physical access to services, but as a continuous building of trust, belonging, and respect for these women's dignity.

It can therefore be concluded that the full integration of migrant and refugee women requires public policies that consider their specificities in an intersectoral and culturally sensitive manner. The promotion of mental health in this context should not be understood only as clinical care, but as part of a broader reception policy, articulated across local, national, and international levels. It is hoped that the results presented here may contribute to the strengthening of public and community strategies aimed at protecting,

listening to, and empowering these women, recognizing their trajectories and potentials within a truly humanized reception process, given that Brazil is currently a major center of migrant reception in Latin America.

One of the main challenges encountered during this research was the low participation of migrant and refugee women in completing the questionnaire. These limitations are due, in part, to barriers related to their condition, such as difficulties in social interaction and possible prejudice regarding their nationality, as well as language barriers. Although this limitation restricted the scope of the study, it reinforces the importance of developing future strategies to encourage greater engagement of migrant and refugee women in social interventions, strengthen support networks, and promote collaborative work with families and mental-health professionals.

Thus, the limitations identified here should not only restrict some of the analyses, but also that they may be used as a theoretical and methodological basis for the development of future social and reception practices.

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