As women comprise a majority of urban citizens in the world today, questions remain about the nature of a feminised urban future. While it is established that urbanisation has the potential to promote gender transformations (Chant and McIlwaine, 2016), it is important to consider how positive changes are potentially undermined by violence against women and girls (VAWG) and, concomitantly, how violence affects women’s health and wellbeing in cities. In a context whereby one in three women globally experiences such violence, with arguably higher incidence in cities (McIlwaine, 2013; UN Women, 2015), there is therefore an urgent need to explore these relationships. This chapter examines these issues in relation to wider debates on the gender-blindness of right to the city discourse and the importance of considering gender justice and wellbeing in cities (Moser, 2016), as well as the need to acknowledge cities as globally connected urban systems underpinned by gendered power relations (Peake and Reiker, 2013). The discussion draws empirically on the transnational nature of urban VAWG among Brazilian migrant women in London and those residing in the marginalised slums of one of Rio de Janeiro’s largest favelas, Complexo da Maré. It shows how gender-based violence (GBV) is diverse across multiple spaces of the city in both contexts and how it fundamentally undermines women’s wellbeing. Yet, while GBV emerges as a major barrier to ensuring equitable and healthy feminised urban futures, such futures are paradoxical. Although
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the roots of gendered violence lie in patriarchal power relations, it is exacerbated by other forms of indirect structural violence that relate to the challenges of living in cities in the global north and south at local and geopolitical scales (Pain, 2014; Philo, 2017). Yet urban living can also lead to improvements in women’s lives, not least through better provision of support systems and services for women survivors of violence in comparison to those in rural areas.

**Conceptualising feminised and healthy urban futures: The centrality of VAWG**

Although urbanisation processes have long been acknowledged as gendered in terms of women and men experiencing cities differently (Chant, 2013), the treatment of gender in understanding cities has been more variegated. Indeed, discourses on the meaning of ‘just’ cities tend to neglect the gendered nature of urban justice (Moser, 2016). In turn, urban theorising has arguably been masculinist in nature (Peake, 2016) with feminist analyses of Lefebvrian formulation of urban rights being widely recognised as gender blind (Vacchelli and Kofman, 2018). Central to these debates has been the acknowledgement that women’s experiences in the city cannot be divorced from the private sphere (Fenster, 2005), nor from the intersections between the private and the public (Peake, 2017). It is only in exploring the gendered links between the private and public spheres in the city that a more comprehensive understanding of GBV can be established (Datta, 2016). Women’s right to the city therefore revolves not only around the absence of violence and fear, but also the importance of women’s rights to ensure their good health and wellbeing as well as gender equality across all domains (Whitzman, Andrew and Viswanath, 2014).

Understanding VAWG more fully is therefore a key element in the debates around the contradictory nature of urban gender transformations in light of the fact that cities render wider configurations of gender norms and practices visible (Bondi and Christie, 2003). Cities can offer women scope to escape some domestic labour demands, access better remunerated paid work and potentially lead to shifts towards independence and self-development (Bradshaw, 2013; Hindin and Adair, 2002). Yet cities and urbanisation also create new demands for women in terms of providing new types of exploitative employment, creating time poverty, and the existence of urban problems in terms of air
pollution and mobility challenges and so on (Chant and McIlwaine, 2016; McIlwaine, 2013), all of which undermine their health and wellbeing (DeVerteuil, 2015). As such, the notion of the city as liberating for women needs to be tempered (Peake, 2017), especially the ‘healthy city’, in light of the ways in which VAWG acts as a barrier to allowing women to fulfil their rights and wellbeing (UN Women, 2015).

Although GBV has often been marginalised as an issue in many cities, especially in those with very high levels of male homicide rates (Wilding, 2010; Wilding, 2012) or political violence (Esser, 2014), it is nonetheless endemic throughout the urban world. Although the relationship between GBV and urbanisation is not uniform, there is a growing consensus that women experience especially high levels of insecurity and violence in cities (Moser and McIlwaine, 2014). The most broadly accepted definitions of VAWG refer to violence where women and girls are targeted specifically because of their gender (Watts and Zimmermann, 2002) and the reasons for such violence are rooted in the exercise of social, economic or political power on the part of men against women, entailing the use of physical, sexual and psychological force and/or control in private and public spheres (McIlwaine, 2013). Acknowledging constraints of accurate data collection, evidence shows that non-intimate partner violence (non-IPV) in cities is higher than in rural areas, whereas intimate partner violence (IPV) is lower (McIlwaine, 2013). While globally, an estimated 35 per cent of women have experienced some form of GBV (World Health Organization (WHO), 2013: 12), UN-Habitat (2006) suggests that they are twice as likely to experience violence in cities, especially in the global south. Yet the nature of VAWG in cities everywhere is hugely diverse, and the incidence is higher in some parts and spaces of cities such as in slum communities of the south (Chant and McIlwaine, 2016). Although the root causes of VAWG lie in unequal gendered power relations, there are a host of urban conditions or forms of structural violence that can create ‘stress-inducing conditions’ that make gendered violence more likely to occur (Hindin and Adair, 2002). Poor-quality housing where residence is insecure, overcrowded and/or in makeshift dwellings can make women vulnerable to burglary, theft and multiple forms of sexual violence (Chant, 2013), together with lack of street lighting and restricted access to safe and affordable transport (McIlwaine, 2016). In turn, in slum communities where sanitary facilities are located far from people’s homes it has emerged that women experience heightened levels of GBV, especially at night (Bapat and Agarwal, 2003). Urban
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Public spaces can be sites of risk for women linked not only with lack of infrastructure, but also with the proliferation of places where drugs and alcohol are sold and consumed, contributing to increased levels of street-based gendered violence (Moser and McIlwaine, 2004). Urban poverty can also intersect with GBV, itself closely interrelated with lack of asset ownership, which can also make it more difficult for women to exit violent relationships (WHO, 2002).

These urban conditions rooted in various forms of structural and systemic violence also intersect with the health dimensions of urban VAWG (DeVerteuil, 2015). Indeed, it is worth pointing out that much early work on understanding VAWG was situated within a public health approach that framed it as a disease. For instance, Lori Heise’s (1998) integrated ecological model for theorising the etiology of GBV identified a series of multidimensional interrelations between individual, situational and sociocultural factors as causal layers all underpinned by unequal gendered power relations. The ecological model is now recognised as the key theoretical foundation for research and programme work (Michau et al., 2015), especially by international agencies such as the WHO (2002) as well as in relation to understanding urban violence (Moser and McIlwaine, 2004). A key aspect of the public health approach is recognition of the multiple physiological and psychological effects of gendered violence, which include fractures and haemorrhaging, miscarriage, stillbirth, anxiety and post-traumatic stress disorder (PTSD) as well as greater susceptibility to human immunodeficiency virus (HIV) and sexually transmitted infections (STIs) (WHO, 2013: 21–2). These intersect with harmful alcohol and drug consumption, depression and suicide, and rape-trauma syndrome. In turn, these undermine women’s ability to participate fully in city life, both productively, in terms of loss of income due to ill health caused by GBV, and socially, where women survivors may withdraw from friendship and social networks because of shame, stigma or rejection (Heise, Ellsberg and Gottmoeller, 2002). Arguably these social costs affect families and children when female care-givers withdraw from this role, with subsequent negative intergenerational effects among children who witness VAWG (McIlwaine, 2016). These processes are also experienced in intersectional ways, with certain women more likely to experience violence than others according to their class, ethnic, racial and sexual identities, disability and so on. Of particular importance here is racial/ethnic minority and immigration status, with migrant and/or minority women residing in
cities often experiencing heightened levels of GBV linked with the wider experiences of vulnerability and structural violence (Dominguez and Menjívar, 2014).

However, the paradox of experiences of urban VAWG is that cities can also provide refuge for women who experience GBV. In a context whereby patriarchal strictures can be more flexible in urban areas than in the countryside (Chant, 2013), tolerance of gendered violence tends to be lower in cities (Hindin and Adair, 2002), with women survivors more likely to seek and secure support (Heise, Ellsberg and Gottmoeller, 2002). Tolerance also varies according to country, being influenced by variations in criminal justice systems and prevailing attitudes towards violence as well as state and civil society resources available to devote to support services (Vacchelli, Kathrecha and Gyte, 2015). Where the city has replaced the nation as the main scale of intervention in relation to justice issues (Peake, 2017), it is essential to recognise that the nature of and responses to VAWG vary according to city, within a wider context of it fundamentally undermining gender justice everywhere.

Whatever the specifics of VAWG, it is has been recognised in international policy domains as a major issue since the 1990s (Moser and McIlwaine, 2014). Indeed, Sustainable Development Goal (SDG) 5 explicitly targets the elimination of ‘all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation’ and identifies eliminating GBV as a priority. SDG 11 on urbanisation recognises that women are generally more marginalised than men in cities, especially in relation to safe, inclusive and accessible, green and public spaces. Similarly, the UN-Habitat New Urban Agenda (NUA), launched in 2016, echoed a commitment to gender equality in cities, even if the final versions of it ended up marginalising women and girls as a special-interest and vulnerable group (Moser, 2017: 233–4). Yet the importance of addressing women’s safety in cities has a long history, dating back as far as the 1980s in London, and to the 1990s in relation to women’s safety audits especially but not exclusively linked to the UN-Habitat Safer Cities programme (Whitzman, Andrew and Viswanath, 2014). While criticisms of such approaches revolve around the focus on GBV in the public sphere and on symptoms over causes, there have been recent moves towards more holistic, feminist approaches that foreground women’s rights to experience the city equitably (Tankel, 2011). The chapter now turns to explore these issues in relation to the nature of VAWG among Brazilians.
residing in London and among women living in the favela of Complexo da Maré in Rio de Janeiro, Brazil.

**Urban VAWG in London and Rio de Janeiro: background and methodological framework**

Exploring the ways in which VAWG is experienced among two relatively marginalised populations of women in two major cities of the world can shed important light on gender relations and the ways in which GBV serves as a barrier to women’s full participation in city life. This section draws on research conducted between 2016 and 2018 in London with Brazilian migrants and in Rio de Janeiro with favela residents from the Complexo da Maré. The research in London was carried out in the context of a Brazilian population that is relatively new to the city, with most arriving since 2000 (McIlwaine and Bunge, 2016). Although estimates vary, the 2011 United Kingdom (UK) census reported 52,000 Brazilians nationally, with 61 per cent concentrated in London (Evans et al., 2015). While Brazilians tend to be well educated, many are concentrated in manual jobs, with up to a third having insecure immigration status (Evans et al., 2011). This can lead to high levels of marginalisation exacerbated by difficulties in speaking English (McIlwaine and Evans, 2018). While there are no estimates for the incidence of VAWG among the Brazilian population, in the UK in general in 2013, 1.2 million women experienced domestic abuse, 60,000 were raped, and two women a week were killed by a current or former partner (Rights of Women, 2013). It is also widely accepted that levels are higher among black and minority-ethnic (BME) and migrant women, with qualitative research among Latin Americans in London suggesting that one woman in four experiences VAWG (McIlwaine and Carlisle, 2011).

In terms of the research framework, twelve interviews with organisations providing assistance for migrants were carried out (Evans and McIlwaine, 2017). In addition, an online survey was carried out of 175 Brazilian women from all over London, which addressed whether GBV had been experienced in the UK and/or Brazil and, if so, the various forms it took. Although there were limitations to this approach, especially in terms of biasing respondents to those who were more educated and computer-literate, it allowed women to complete it anonymously. Indeed, those who completed it tended to be relatively young (74 per cent...
aged under fifty), well educated (72 per cent with university education),
employed in professional and managerial jobs (53 per cent) and ethni-
cally white (73 per cent). Most were from São Paulo (42 per cent), with
10 per cent from Rio de Janeiro, and 9 per cent each from Minas Gerais
and Paraná. In turn, 69 per cent of women were married or in stable relationsh-
ships, 15 per cent were separated or divorced, and 13 per cent were
single, with just over half having children (55 per cent). While this profile
reflects more privilege than has been reported in other research (Evans
et al., 2015), in-depth interviews allowed for exploration of women’s
experiences with more precarious occupational and immigration status.
In total, twenty-five in-depth interviews were conducted, twenty with
women survivors who had been supported by the Latin American
Women’s Rights Service (LAWRS), our partner organisation, and five
with women who were recruited randomly through Brazilian networks
and who had not necessarily experienced GBV. Six focus groups were
also carried out, five with women and one with men (a total of sixteen
people), using various forms of participatory appraisal methods to
explore the nature of VAWG. All the interviews and focus groups were
conducted at the migrant organisation with a trained counsellor on hand
in case their support was required.

In Rio de Janeiro, the research was conducted in Complexo da Maré,
which is in the north of the city and comprises nearly four square
kilometres and includes sixteen slums, making it one of the largest
favelas. By 2013 it had a population of almost 140,000, of whom 51
per cent were women. Maré is generally characterised by high levels
of poverty, inequality and public insecurity. Many residents have
low (although increasing) levels of education and work in informal
or self-employment. More than half identify as mixed-race, a third as
white and less than 10 per cent as black. While many informal workers
are street vendors or domestic workers, there is also a vibrant entre-
preneurial culture with around 2,500 small businesses. Yet Maré is
dominated by four of Rio de Janeiro’s Armed Criminal Groups (ACGs):
Comando Vermelho (CV – Red Command), Terceiro Comando (TC –
Third Command), Amigos dos Amigos (ADA – Friends of Friends)
and the Militia (current and ex-police officers operating as an armed
criminal group) (Silva Sousa, 2017). It has also been the site of con-
tinual police operations: in 2017 there were forty-one police operations
which resulted in forty-two deaths, forty-one people wounded and the
closure of health posts and schools for forty-five and thirty-five days.
respectively (Krenzinger et al., 2018). In terms of VAWG, it has been estimated that 35 per cent of women nationally have suffered GBV, of which 80 per cent was perpetrated by a current or former partner (Guimarães and Pedroza, 2015; see also Kiss et al., 2012). In Rio de Janeiro in 2016, 396 women were victims of homicide, with one woman murdered every day (Krenzinger et al., 2018).

A similar methodological framework was mobilised in Maré. This entailed mapping of fourteen service providers that address VAWG, together with a face-to-face questionnaire survey of 801 women together with seven focus groups with older women, female members of local religious organisations, LGBTQ+ people, drug users, community activists (male and female) and the field researchers (fifty-nine people in total across all groups). The fieldwork was carried out by researchers via Redes da Maré (our partner organisation) in three areas covering fifteen favelas using sequential sampling based on a prior census of the area. The survey had limitations relating to women’s inhibitions in speaking freely about violence, due to the constant presence of members of armed groups. The survey showed that the women were predominantly young (65 per cent aged under forty-four), with the majority (62 per cent) born in Rio de Janeiro, of whom 41 per cent were born in Maré. Most women had limited education (53 per cent had only primary schooling); almost half identified as mixed-ethnicity (48 per cent) and 30 per cent stated they were white. In turn, 23 per cent of the women were in employment, and 21 per cent unemployed; another fifth worked on their own account, usually a small business. The remainder identified as homemakers (19 per cent), retired (12 per cent) or students (2 per cent). More than a third (36 per cent) were single, 45 per cent married or in a stable relationship and 10 per cent separated or divorced, with 80 per cent having children.

The contexts of the two research sites, while fundamentally different in many ways, also share similarities in that women reside in various forms of marginal spaces of the city. Women in London face major challenges of insecurity in relation to their livelihoods, legal status and language competence, and in Maré they confront difficulties in relation to livelihoods, endemic urban violence and precarity. These challenges affect women’s experiences of the city in ways that are exacerbated by GBV, to which the chapter now turns.
The nature of VAWG emerged as multidimensional and multi-sited across private and public spheres by multiple perpetrators and over time. This multidimensionality can be viewed as a continuum whereby diverse types of physical and non-physical GBV intersect across scales from the individual to families, communities, cities and states, and transnationally (McIlwaine and Evans, 2020). Many women in London and Maré acknowledged that they were not aware of what VAWG constituted, especially non-physical violence among conjugal partners. For example, in London, forty-two-year-old Marcia was unaware until she visited a migrant organisation:

All these years, 22 years, I didn’t think I was suffering domestic violence, with the exception of the time when he punched me. But when I read the information on the leaflet, I was shocked to find that I had spent half my life suffering psychological, emotional abuse, without realising it.

Similarly, in Maré, a community leader from a focus group noted:

When violence is psychological the woman takes much longer to understand that it is violence. Words also hurt, mistreat. There are women who have low self-esteem because they hear a lot of things they don’t like and they get overwhelmed and sad.

Indeed, the Maré survey gave women the opportunity to define GBV for themselves, and it is notable that most associated it with physical aggression (56 per cent) while 10 per cent were unable to define it, which is potentially indicative of its ubiquity.

In terms of the incidence of VAWG, in London, where awareness was higher, 82 per cent of women reported having experienced it. Those most likely to report it had lived in the city for between ten and twenty years, were in their forties, educated to postgraduate level and of mixed race rather than white, were separated or divorced, worked in services and had access to their own income. As for the broad types identified, the most common was psychological/emotional violence (48 per cent), followed by physical violence (38 per cent) and sexual violence (14 per cent). Unwelcome physical contact was the commonest specific form of GBV (experienced by 42 per cent), together with physical assault (36 per cent) and being humiliated or suffering
discrimination (33 per cent). The majority of perpetrators were known to women (66 per cent); although one third of GBV was committed by strangers, almost a quarter (23 per cent) was by an intimate partner, with bosses and colleagues in workplaces responsible for 26 per cent, and friends and family for 10 per cent. VAWG was experienced at various times over women’s life course. For example, forty-year-old Sofia had experienced the following in London and Brazil: she had been locked up, had her hair pulled, and been beaten, kicked, raped, insulted, harassed, controlled and financially abused by her husband; outside the home, she had been sexually abused by a fellow churchgoer in London.

In Rio, where awareness was more limited, incidence levels were lower. Although the vast majority of those surveyed (76 per cent) stated that VAWG occurs in Maré, only 28 per cent openly stated that they had suffered it. However, when asked about reporting such violence, 38 per cent stated they had experienced it. In addition, women in the area controlled by militias and with the lowest number of NGOs reported the lowest levels, suggesting that they were potentially afraid to discuss it or were less aware. Those most likely to have experienced GBV were aged between thirty and forty-four, were mixed-race or black, had lived all their lives in Maré, had primary levels of schooling and were single or separated. As for the types of GBV suffered, physical violence emerged as the most important (experienced by 51 per cent of women), followed by psychological/emotional violence (42 per cent) and sexual abuse (7 per cent). Intimate partners committed a third of GBV, and only 15 per cent was perpetrated by strangers; the remainder was committed by work colleagues and bosses and friends and family. As in London, women experienced multiple types of violence over their life course. For example, all the women interviewed had experienced various forms of GBV: fifteen had experienced humiliation and psychological violence, fourteen had suffered physical aggression in the form of punches, kicks and knife attacks, nine had been raped or sexually abused, eight had been mistreated in childhood, eight had been socially ostracised, five had experienced attempted murder, four had been financially abused, and three reported sexism and racism.

The breadth, severity and ubiquity of VAWG among Brazilians in London and in Maré highlights how GBV dominates the lives of women in ways that are often ignored by wider society. In the words of Marcia in London: ‘I think it’s so rare for women to be listened to. Because what
I’m seeing now is that the blame always falls on us.’ This also has important implications for understanding women’s equitable participation in the city (Peake, 2017) and beyond at a transnational level (McIlwaine and Evans, 2018; McIlwaine and Evans, and 2020).

**Spaces of urban VAWG in London and Rio de Janeiro**

Central to understanding the relationships between VAWG and a gender equitable right to the city is how GBV plays out across different scales, domains and territories and how cities in turn are situated within wider global relations of structural violence that also mediate and influence the nature of GBV. This section identifies how VAWG is manifested across these multiple spaces and territories of the city in London and Rio de Janeiro. In London, 30 per cent of all GBV occurred in the domestic domain (22 per cent in the victim’s home and 8 per cent in someone else’s), mainly in the form of IPV (75 per cent of perpetrators), whereas in Maré, almost half of all GBV was in the private arena (47 per cent), again primarily on the form of IPV. This type of violence was often exceptionally severe, usually taking multiple and overlapping forms. In London, for example, Cristina, aged thirty-seven, from São Paulo, experienced a huge range of violence at the hands of her Brazilian husband Roberto. Among a host of abuses, he continually verbally insulted her, strangled her, hit her with knives and scissors and assaulted her sexually. In addition, he stole money from her and imprisoned her in their house, refusing to let her go to work or to church.

Similar stories emerged in Maré. In one very severe case, Victoria spoke of her husband’s abuse:

He would go there and start hitting me, sometimes lying down, asleep. He was pulling at my hair, picking things up to pinch me. He got to the point of urinating on my legs. He already got to the point of throwing my stuff all down the street, my clothes. He got to the point of locking me in the house, at the carnival, so he could leave.

Domestic violence was also perpetrated in public domains of the city by current and former conjugal partners and other family members. In London, Miriam spoke of how her ex-husband followed her everywhere after they split up, continually harassing her in the street and even throwing a brick through the window of her flat. In Maré, Victoria recalled how her husband chased her into the street and ripped her dress
while attacking her. Other family members were often perpetrators of violence both within and beyond the home. In London, Camila spoke about how her brother subjected her to constant physical abuse when she was growing up in Bahia: ‘I remember a few episodes of him hitting my head on the wall to make me cry.’ Teresa from Maré recalled how her brother assaulted her in the street as part of an argument with their father: ‘He took the gun and struck the butt in my head. Then he pointed the rifle at my father and wanted to shoot him.’

In terms of GBV in public spaces more broadly, in London the workplace emerged as a major site of violence where almost a quarter of all violence occurred (23 per cent). Much of this was sexual harassment, as discussed by Isabel, a chambermaid in a hotel, who described how a male colleague had attacked her in an empty room, throwing her on the bed and throttling her while sexually assaulting her, before she managed to escape. Beyond the workplace, other public places where GBV occurred included cafés and bars (16 per cent), public transport (10 per cent) and public areas (10 per cent). In Maré, local public spaces (18 per cent) and the streets of the community (10 per cent) were the most commonly identified places where GBV occurred, with only 5 per cent of instances occurring in the workplace and 1 per cent on public transport. The latter might be explained by high levels of women running their own businesses or working at home, and by low levels of public transport use beyond the favela. Yet, as noted above by Teresa, the GBV experienced in public areas of Maré was extremely severe, especially the sexual violence, and intersected with the high levels of generalised urban violence (see also Wilding, 2010 and 2012). For example, Marcela spoke of her experiences as a girl: ‘At twelve, I was raped. I was going to school. Close to home itself. A guy came, took me by the arm and there I was raped.’ Another woman, Luana, who had been homeless, spoke of sexual assault:

I have already undergone rape … In the old days, it was easy to live on the street. Not today. I’m afraid. In the old days, the cops were bad … They beat, but they did not kill like today.

This raises the issue of fear, which deeply constrains women’s freedom to move around (Whitzman, Andrew and Viswanath, 2014), making it imperative that women create strategies to deal with it, such as changing routes and schedules of movement, and ‘judicious’ choice of clothing (McIlwaine and Moser, 2007). Such forced immobility and limitations
on freedom fundamentally undermine women’s right to experience the city on an equal footing with men. Also important here are the experiences of LGBTQ+ people, an issue which is often overlooked in these debates. In Maré, Marisa, a transgender woman, spoke in spatial terms about her violent experiences:

The relationship I have with this space that for a long time in my life was completely aggressive and violent. I’m a transsexual woman. So I was a boy who walked in this community and suffered physical and verbal aggressions from various spaces, more by men and boys.

Gendered institutional violence also manifests itself in the public domain in insidious ways. In Maré, it was explicitly linked with public insecurity. On one hand, the various armed actors in the community perpetrated VAWG, as noted by Luana with reference to the police. Yet other actors such as gang members and drug dealers also committed violence, sometimes as aggression and a further exercise of their territorial power, and at other times as a form of ‘protection’ in the absence of state security forces willing to support women (see also Moser and McIlwaine, 2004; Wilding, 2014). For instance, Jennifer spoke of how her husband had come into a bar in the favela and hit her in the face, making her fall over. A group of gang members then confronted her husband and kicked him out. While this was a reactive situation, some women actively seek gang members to assist them in the face of lack of enforcement of legal support by the police. Lina discussed how many women feel compelled to turn to extra-judicial forms of ‘parallel power’ to deal with VAWG:

I wanted the law to keep him from me, but then I saw that, unfortunately, because I live in a poor community, they do not do what the law asks … I’ve heard their [gangs’] way is to kill or some other threat: ‘Man, go away and never come back, because if you come and we see you, we’ll kill you.’

While the situation in Maré was of endemic gendered institutional violence, gendered institutional violence also occurred in London, albeit in different forms. It usually entailed abuse of women at the hands of state officials, ranging from the police to border force officials. For example, Camila recollected how she was verbally abused by an immigration officer at a London airport:

After I’d been interviewed for three hours, I was released to go get my luggage. An immigration officer accompanied me into the lift to take me
to where my luggage was. Inside the lift he said, 'Wow, you’ve got beautiful breasts. Can I touch them?' Something like that. I looked at him and thought, 'I’ve just arrived, and the harassment has already started?' I told him no and felt afraid inside the lift.

The final arena of perpetration of urban VAWG is the transnational. Indeed, it emerged that experiences of GBV underpinned women’s migration from Brazil (usually from the large cities of São Paulo and Rio de Janeiro) to London, with 77 per cent of those in London stating that they had suffered before they moved. Driven by a general desire to improve their lives, many women discussed how they had fled Brazil to escape violent partners or they had moved with perpetrators in the hope that the violence would diminish. Cristina from São Paulo, for example, moved to London in 2009 with her husband, who had previously been violent towards her, in a bid to save their marriage, yet the violence actually increased. However, Cristina noted that she received support from British social services, which she felt was better than that provided back home (see below). Another dimension of transnational urban VAWG in London was human trafficking and forced labour, with several cases of women who had arrived to work and had passports confiscated and/or ended up living in servitude. One woman, Sabrina, went to London to work for a Brazilian family as a nanny. Although the family organised her visa and travel, on arrival they took her passport and made her look after two children, do all the housework and work for her boss, who was employed as a cleaner and a courier, from early morning to late in the evening. Her boss then began to sexually and physically harass her, prompting her to escape, first through some Brazilian friends and then with the help of a migrant organisation. Indeed, among those who experienced GBV in Brazil, more than half (52 per cent) experienced it again in London, while some others encountering it in London for the first time.

Causes of urban VAWG in London and Rio de Janeiro

The underlying causes of VAWG are patriarchal power relations rooted in sociocultural valorisations of the hegemonic power of men and inferiority of women, undergirded by gender inequalities in material conditions (UN Women, 2015). Although the core gender norms are often resilient to change, gender practices can transform in different places,
especially across borders as people migrate (McIlwaine, 2010). Indeed, unequal power relations were identified in Maré and London as causing VAWG, with many women acknowledging that misogyny adapts; one woman in a London focus group noted:

In Brazil, it is all out in the open. It is common to see men humiliating and swearing at women everywhere. It is a cultural thing, the disrespect for women. It happens here too, of course, but this disrespect is disguised.

Yet Brazilian gendered subjectivities also transform in negative ways in relation to how women are intersectionally stereotyped in the UK through complex racialisation and hyper-sexualisation, with many complaining of being thought of as ‘easy’, ‘sexy’ or ‘sex workers’ by British men in particular (see also Beserra, 2005; Datta and McIlwaine, 2014). This shows how gendered violence interrelates in complex ways with structural and symbolic violence, which ultimately also undermines wider wellbeing and health.

As noted above, there are also other wider forms of insecurity that affect the perpetration of VAWG among Brazilians linked to structural violence from a transnational perspective and are rooted in gendered institutional violence (McIlwaine and Evans, 2018; McIlwaine and Evans, 2020). Some of these are generic while others relate specifically to urban living and working. In relation to migrants in London (where the majority of Brazilian migrants are concentrated), one of the most significant relates to insecure immigration status, which can marginalise women survivors of VAWG whose fear of deportation invariably prevents them from seeking help. Their situation is exacerbated further by lack of English-language proficiency and inability to access state support as part of visa restrictions that limit their access to services such as legal support (the ‘No Recourse to Public Funds’ stipulation: see below; see also Erez, Adelman and Gregory, 2009). As Valentina explained: ‘We are far from our country, don’t speak the language, don’t have the professions that we would have in our country, we don’t belong to society, we’re very much on the margins.’ Immigration status can also be used as a form of gendered power manipulation (Menjívar and Salcido, 2002) in that reporting to border authorities becomes a tool of abuse; as a service provider stated: ‘if the woman is in this country “illegally”, and the husband is “legal”, he will do whatever he wants with her, because she is at his mercy’. Migrant women can also end up in abusive relationships as a result of marrying for immigration.
documents. Insecure status also exacerbates public VAWG in that it can lead to migrant women’s concentration in low-paid urban work such as cleaning and catering, where they face more exploitative conditions than those with residency rights, as noted by a service provider in London: ‘if somebody knows [they are undocumented] they can get away with exploiting … those women are far more vulnerable to other forms of exploitation, domestic exploitation, sexual slavery’. Negotiating the public spaces of the city can also be dangerous for migrant women. As noted above, harassment in workplaces was commonplace, as was abuse on public transport. Migrant women often end up working in jobs in the city that put them in particular danger. For example, contract cleaning takes places early in the morning or late at night, necessitating travel on night buses, where several women reported abuse (McIlwaine, 2015; see also below).

Therefore, while being a migrant in London produces challenges associated with urban marginality that can precipitate VAWG, in Maré, the main risks factors are associated with the institutional and structural violence associated with residing in a marginalised favela with high levels of urban violence, the proliferation of armed groups, the widespread use of firearms and drugs and the deep neglect of the state (Wilding, 2012). Indeed, the state actively generates violence in Maré through the continual police operations which result in death, injury and closure of schools and health centres and which undermine the rights of women and men to participate in the life of the city (see above), as one woman from Maré noted: ‘All this has been taken away from us. We were given the right to come and go. This state, these genocidal, murderous rulers, were taking away all this.’ While the exact relationships with VAWG are complex (Wilding, 2010), the fact that so many men are involved in everyday violence as perpetrators and victims can lead to higher levels of GBV as men negotiate hegemonic masculinities in a context where violence is often viewed as the norm (Jewkes, Flood and Land, 2015).

The conditions of living and working as a migrant in London related to exploitative urban employment or negotiating public transport at unsociable hours, for example, or as a favela resident in Rio de Janeiro, where urban violence on the part of the state and armed gangs is endemic, can therefore act as specific ‘urban-based triggers’ (McIlwaine, 2013) which are themselves forms of structural and symbolic violence. While certain spaces within the city become associated
Feminised urban futures and healthy cities

with GBV such as workplaces in London and public spaces in the favela, other shared and more generic risk factors emerged. In relation to intimate partner violence, pregnancy, miscarriage, incestuous sexual abuse in childhood and male substance abuse emerged as precipitating factors (Heise and Kotsadam, 2015). In London, for example, Laura had a Portuguese boyfriend who was addicted to crystal meth and who attacked her when under its influence. In Maré, there was a consensus in the focus group of drug-users that GBV was normal but also that it was especially marked in the ‘crack scene’. Sexual abuse in childhood was endemic in Brazil and is known to affect the perpetration and experience of VAWG in later life (Jewkes, Flood and Land, 2015). Among the women in London, many had migrated in order to escape such abuse, while others were continuing to struggle to deal with the consequences. Indeed, eight out of twenty-five reported being subjected to some form of incestuous sexual abuse by fathers, uncles and cousins in Brazil before migration. In Maré, child abuse was ubiquitous. In one severe case, a woman, Maria Elisa, spoke of her sexual abuse by a family member when she was six. This person had even burned her private parts so that she would not tell anyone. A few years later and still traumatised, she fled from a small town near to Recife to Maré with her cousins to escape the abuse.

Urban VAWG and a healthy gendered right to the city
in London and Rio de Janeiro

To return to Whitzman, Andrew and Viswanath’s (2014: 445) notion of women’s right to the city, safety is not just the absence of violence and fear but also involves engendering wellbeing and gender equality through ‘a place to live, access to livelihoods and active participation in all aspects of public life, from “loitering” in public space to decision making about public resources’. Yet it is crucial that this is assessed across diverse scales and spaces from the body to the home, community and city and transnationally, and that the causes are acknowledged as being rooted in deep-seated gendered power relations and structural violence. Indeed, a gendered right to the city encompasses the intersections between private and public relationships free from GBV that are sustained through a range of material conditions (Datta, 2016), that stretch across all these spaces in ways which are intricately linked with health and wellbeing. In the London context, health problems caused by
VAWG were identified by all of the service providers as a major issue. One organisation working specifically with Latin American women noted that among 133 Brazilian users between 2013 and 2017, physical and mental health problems accounted for 25 per cent of their consultations, much of which were linked with violence, with another 20 per cent seeking support in relation to sex work where, again, health problems were prominent (Evans and McIlwaine, 2017). Demand for counselling and psychotherapy was extremely high within this organisation, which reported long waiting lists. Indeed, mental health problems appeared to be endemic among migrant women. Cristina spoke of the damage to her mental health and its consequences:

> Everything leaves a scar. I get terrible migraines every time I speak about this, either before or after. I start throwing up and I spend four days bedridden, in the dark, wearing earplugs and an eye mask because I can’t hear any noise. This causes me problems at work, my boss has pulled me up on it, complaining that I only work eighteen hours per week and that I need to try harder.

A representative from another organisation working specifically on providing health services for sex workers, including Brazilian women, reported how this was invariably related with gendered violence:

> So very often people come here [for] sexual reproductive health, and [then] we find that other things are going on, such as sexual assault, rape, DV (domestic violence) … The commonest violence that we see here in the clinic is women who’ve experienced violence in their work setting, and that can be sexual violence, or non-sexual, so it can be that people are actually robbing them of money or goods, and/or sexual violence. They are either people who have been raped or sexually assaulted. And also … customers come to see them and after one service, try something else, which often is rape or sexual assault.

In Maré, as discussed above, the effects of everyday violence and its intersection with GBV fundamentally affected women’s ability to walk freely in the streets of the community and the wider city of Rio. Fear was insidious, limiting mobility and creating silences, as noted by Mariah:

> I watched a lot. I close my eyes, like this … I’ve seen many things happen and I could not speak because you cannot speak … What can you talk about? We cannot. There’s a man beating a woman. Even if I say so, that woman does not react, or if she reacts, she will be against me.
Yet there are also feminised paradoxes of city life for women in relation to VAWG that provide at least some potential for more gender equity, however limited (Chant and McIlwaine, 2016). To return to the notion of the city as an arena where patriarchal strictures are less marked than in rural areas, similar flexibilities in gender identities pertain when migrants move internationally to cities of the global north (McIlwaine and Carlisle, 2011). While they are certainly not clear-cut in either instance (McIlwaine, 2013), and despite alarming levels of gendered violence in London and Maré, some women in both places spoke of reduced tolerance of such violence. Just as Maria Elisa had fled a small town near Recife and moved to Maré because of incestuous sexual abuse, some women in London spoke of fleeing Brazil because of VAWG and of finding the UK more supportive of women who experienced GBV. Indeed, when women in London were asked to compare the incidence of VAWG across the two contexts, some thought that it was the same or worse (44 per cent), while 43 per cent felt that it was less frequent. When reflecting on the differences, Sofia stated:

I feel that in Brazil violence against women is more common, people think it’s not such a bad thing. Here I have the feeling it’s seen as a serious crime. I can see this difference very clearly. However, when you are foreigner here, things are more difficult.

Indeed, despite many instances of neglect in London, many women spoke of support from the police and organisations that was absent in Brazil. Carolina, who spoke of her experience of reporting IPV, stated: ‘Here, if you call the police, they take action immediately. I have a gadget with me, it’s like a little mobile phone. When I reported him for the first time, they gave me this.’

These differences are reflected in levels of reporting and disclosure of GBV in both contexts, in that 56 per cent of women never reported it in London (to either friends, family or formal channels) in comparison to 65 per cent in Maré. The main reason for this in London was that they thought that nothing would be done about it, together with a lack of information, and in Maré, that they did not think the violence was serious. It appears that while GBV is certainly widespread everywhere, with higher levels of tolerance in Maré than in London, women perceive variations in tolerance and support, especially if they are migrants. Urban living does not therefore uniformly put women at risk of experiencing VAWG. While there are urban-specific causes underpinning
VAWG, there is also less tolerance of it and more support for those who have suffered in London.

Conclusions

This chapter has explored the role of VAWG in the configuration of healthy feminised urban futures from the perspective of Brazilians living in London and those residing in a marginalised favela community in Rio de Janeiro. It reinforces calls for a healthy gendered right to the city to be acknowledged much more explicitly in academic and policy debates (Peake, 2017). In turn, it argues for the importance of explicitly taking VAWG into account in such debates, especially in relation to its role in undermining gender equity and wellbeing in the city. The empirical findings from London and Rio de Janeiro show that the endemic and extensive nature of VAWG has a host of deleterious outcomes for women’s health, productivity and wellbeing, which make these calls ever more urgent. In both places, multidimensional forms of VAWG occurred across private and public domains of the city, with the workplace being especially important in London and the street and public space being especially significant in Rio de Janeiro, and various types emerging at the transnational scale associated with the migration process between Brazil and the UK. While the causes of VAWG were rooted in insidious unequal gendered power relations which were resilient across borders, these intersected with urban-specific forms of structural violence that undermined people’s wellbeing and health (DeVerteuil, 2015). In London, these revolved around specific types of urban employment in cleaning and sex work that are highly exploitative, especially when women have insecure immigration status and low levels of language competency. In Rio, everyday violence associated with state security forces and armed gangs could exacerbate VAWG in the favelas. Yet, while levels of gendered violence are often higher in cities (Mcllwaine 2013), the paradox of residing in certain urban areas can mean that women may be more aware of what GBV entails and more able to secure support, especially when dealing with the health consequences. Yet this should not distract from the importance of addressing VAWG as a major threat to gender-equitable and healthy feminised urban futures and especially the underlying gendered and structural power relations that undergird it in context-specific ways.
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