

Received: 25 October 2022 Accepted: 5 February 2023

DOI: <https://doi.org/10.33182/ml.v20i2.2834>

## Ethics of Care and methodological reflections of reuniting refugee families in Brazil

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### **Abstract**

*Ethical discussions have become key to Refugee Studies. Ethical guidelines on refugee research provide indications on how to conduct ethical research including the principle of doing no-harm. However, it is important to understand how ethics happens in practice (Guillemin and Gillam, 2004) before going to the field, during and after. This paper discusses my experience of “ethics of care in practice” through the process of conducting phenomenological interviews with 20 refugees in the city of São Paulo, Brazil, in 2018. My research adopts the four pillars of care ethics (attentiveness, responsibility, responsiveness, and competence) (White and Tronto, 2004) as a practice that contributes to beyond “doing no-harm” (Mackenzie, McDowell & Pittaway, 2007) in refugee research. My reflection contributes to this literature on “ethics in practice” and refugee studies (Muller-Funk, 2021) and provides a practical reflection on the ethics of care on research involving South-South refugees in a Latin American country.*

**Keywords:** *Ethics of care; family reunification; refugees; Brazil; the Majority World*

### **Introduction**

Ethical discussions have become key to Refugee and Migration Studies (see for example the Volume 20, Issue 2, from June 2007 of Journal of Refugee Studies. and Forced Migration Review 61- The Ethics Issue, of June 2019). Many of them consider the importance of understanding the refugee population as participants and values like partnership, transparency and respect in refugee research (Voutira & Doná, 2007; Schmidt, 2007; Krause, 2017; Clark-Kazak, 2017; Pincock and Bakunzi, 2021). However, most of this literature is based on research experiences with refugees in high-income countries or people living in refugee camps in the Majority World countries (that is, non-Global North countries). Reflecting on ethical research with refugees involving South-South migration is necessary if we consider that 83% of all forced displaced people are in the Majority World countries (UNHCR, 2022).

There are also ethical guidelines from the International Association for the Study of Forced Migration (2018) and the Refugee Studies Center (2007) on how to conduct research with refugees. However, Müller-Funk (2021) reminded the need to understand “ethics in practice” by reflecting how these ethical recommendations worked in the field. Ethical guidelines on refugee research are concerned with care. There are the expressions “think carefully”, “protect” and “take care” in these guidelines. Although codes of ethics are necessary reflections and useful resources to support researchers, they do not engage directly on how the ethics of care as a practice would apply to refugee research considering a postcolonial perspective (Raghuram, 2016a).

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This article contributes to this effort by considering “ethics of care in practice” during my practical experience of research involving family reunification of refugees in the city of São Paulo, Brazil in 2018. This reflection contributes to bringing the South to the center of Migration Studies (Fiddian-Qasmiyeh, 2020), that is, it recognises the Majority World as a place of knowledge production valuing the expertise of the Majority World scholars and refugees themselves as experts of their living experiences (Vera Espinoza, 2020).

I understand ethics of care as a dual relational practice in research where: “care is practiced through social relationships, not as an individual transaction; care recognises the connections that exist between the personal and the structural – between our embodied experiences and the cultural norms, institutions and policies [...]; and, care always involves relations of power” (Hoover, 2019, online).

Although refugees have a right to family (ex., right to family life and right to constitute family) crystallised in different human rights treaties and the United Nations High Commissioner for Refugees (UNHCR) highlights family reunification as a complementary pathway for refugees’ protection (Martuscelli, 2019), most ethical reflections on family reunification discuss the ethical bases of the right to family reunification (Honohan, 2018) or the ethics of using DNA tests in family reunification procedures (Farahany, Chodavadia & Katsanis, 2019).

This paper brings reflections involving the “construction of relationships of care in the field” as a dual-way street with refugees applying for family reunification. Just like Ritterbusch (2012: 21), I show “the role of care in [my research process] by break[ing] conventional social hierarchies in the research process [and] placing primacy on notions of interconnection, empathy and mutual familiarity” when conducting a short-time fieldwork with refugees that applied for family reunification (not a long-term fieldwork such as an ethnography).

Refugees, in Brazil, are defined as people that cannot receive protection from their countries because of a well- funded fear of persecution due to their race, nationality, political opinion, religion or membership in a particular social group or because they flee a situation of severe and generalised violation of human rights. The majority of refugees in Brazil came to the country as first-country asylum-seekers. Most of them wished to reunite with their families in Brazil according to the report by UNHCR and Sérgio Vieira de Mello Chair (CSVM), (2019). By the time of my fieldwork, most refugees were male and lived in urban settlements, especially in cities like São Paulo and Rio de Janeiro (UNHCR and CSVM, 2019).

The last UNHCR Global Trends Report (2022) has no data on refugees’ family reunification for example. In Brazil, refugees and all migrants have a right to family reunification guaranteed in the Brazilian Migration Law 13.445/2017. Brazil adopts an extended definition of family (beyond the nuclear family) for family reunification purposes (Martuscelli, 2019). However, refugees face problems bringing their family members to Brazil (Martuscelli, 2021). This ‘invisibility’ of the family reunification data/procedure in Brazil (and abroad) and refugees’ experiences when applying for family reunification in the Majority World has consequences for conducting research on refugees.

The research project that motivated this discussion focuses on family reunification policy for refugees in Brazil, between 1997 and 2018, employing a mixed method approach combining both quantitative (from the Brazilian National Committee for Refugees (CONARE)) and qualitative evidence (phenomenological interviews with refugees, expert interviews with people involved in the family reunification policy and archival research with the use of



diplomatic correspondence). I conducted 20 semi-structured phenomenological interviews with refugees in the city of São Paulo (the city where more refugees were residing and applying for family reunification), between September and November 2018. Phenomenological research designs are based on the assumption that to understand a social phenomenon we need to recognise the living experience of people living that (Martuscelli, 2019). The ethical reflections based on care that follow come from this fieldwork with refugees.

### **Ethics of Care and doing research with refugees in Brazil**

Brazil is receiving more attention in the area of Refugee Studies because of the creation of a humanitarian resettlement programme in 2004 (Vera Espinoza, 2018) and a humanitarian visa, in 2013, for people affected by the Syrian conflict (Jubilut et al., 2016). More recently, there was an increase in the number of asylum-seekers arriving in the country, most of them coming from Venezuela (Silva et al, 2021; UNHCR, 2022). Brazil recognizes Venezuelans as refugees since 2019. According to the CONARE, in 2020, Brazil had 57,099 recognised refugees (most from Venezuela, Syria, and the Democratic Republic of Congo) (Silva et al, 2021).

Therefore, more research with refugees will continue to happen in the country. My proposal of applying the ethics of care in my research on family reunification of refugees can be a practical way to go beyond “doing no harm” research with refugees as discussed by Hugman, Pittaway & Bartolomei (2011) and Mackenzie, McDowell, & Pittaway (2007). Raghuram (2016b: 197) explains the four pillars of care as discussed by White and Tronto (2004): “attentiveness (what are the care needs in any context?); responsibility (who should be responsible for meeting the needs for care?); responsiveness (how far does care meet the needs of the cared for and the carer?); and competence (does the carer have the skills required to care?)”.

I employed these four pillars in my research with refugees applying for family reunification in Brazil. I was concerned about the care of my participants before, during and after the fieldwork (attentiveness). I recognised the participants’ own understanding of care as a relational relationship described by Ritterbusch (2012). The responsibility of meeting their needs was primary mine but I also recognised their agency in the process and how they also cared for me during the process. I honestly considered my care needs and other care needs of my participants that appeared during the fieldwork (responsiveness) and I was familiar with the refugee population and the methodologies that I was employing (competence).

I show this ethics of care as “ethics in practice” (Guillemin and Gillam, 2004) by reflecting on my ethical choices and how they involved care of participants’ recruitment and on-going informed consent; managing expectations considering the emotional burden of the topic and reflecting on self-care and providing good information.

I understand my research as a postcolonial endeavour because I was reflecting all the time on my positionality that created different power relations and I was concerned that the care relationship with my participants would not be transformed in a relation of dependency and/or paternalism (Raghuram, 2016a).

Both in my research and in this article, I followed the recommendations of Thambinathan & Kinsella (2021, page 1) on how to conduct a decolonial qualitative research by “(1) exercising critical reflexivity, (2) reciprocity and respect for self-determination, (3) embracing “other(ed)” ways of knowing, and (4) embodying a transformative praxis”.

I review my positionality as a Brazilian researcher with my formation in Brazil doing research based on ethics of care with people experiencing forced migration in another Majority World country where they are not considered citizens, they are “Othered”.

### **Care, Participants’ recruitment and confidentiality in a very hard-to-reach population in Brazil**

The first ethical consideration for this research was how to take care of my participants during the recruitment process. Brazil has a major urban refugee population that lives in big cities, especially in São Paulo (Leo et al., 2015). I was looking for a specific population: refugees that applied for family reunification. If we consider the CONARE reports, we conclude that, between 2011 and 2018, CONARE had recognised 11,231 people as refugees, including 782 through the extension of the asylum’ status (family reunification) (Martuscelli, 2019). Assuming that each refugee applied for only one person to come through family reunification, I was looking for a very small and hard to reach population which also increased the risk of confidentiality breaches.

For ethical reasons, the NGOs that work directly with this population and UNHCR do not give names or contacts of refugees for researchers. Traditional recommendations for recruiting participants ask for formal emails or telephone calls to recruit participants. However, since the refugees that applied for family reunification was a hard cohort to reach, I had to use other communication strategies such as the use of social media Facebook and Whatsapp. In order to find refugees that could provide me with the interviews, I entered in contact with refugees that had Facebook pages because they were leaders of refugee communities and organisations or because they were part of the project *Deslocamento Criativo*<sup>2</sup>. This is an initiative to help immigrants and refugees who have their own businesses to get the support they need and share their services and products. I also went to events with performances by refugees. The SESC (*Serviço Social do Comércio – Social Service of Trade*)<sup>3</sup> creates many opportunities for refugees to share their culture.

Using these strategies, I was able to meet refugees and to talk to them face-to-face about my research project as a strategy to build trust and recognize the ongoing process of informed consent. Those refugees entered in contact with other refugees that they knew that had done family reunification or were applying for it and invited them to participate in my research. With the authorisation of the respective refugees, I received the Facebook page or the Whatsapp contact of refugees that asked for family reunification and that would agree to talk with me about their family reunification experiences. The recruitment process shows care for refugees by going where they are and using the communications tools that were more used by them (pillar of attentiveness).

Language is a major issue when conducting research with refugees, therefore, it also involves care reflections. Although many refugees were living in Brazil for at least 2 years, they were not Brazilian Portuguese native speakers as I am<sup>4</sup>. So, I had to adapt the language as a care practice. Besides that, writing an email or calling someone is different from sending a message using Facebook Messenger or Whatsapp. In both cases, I was able to write a very direct and simple message explaining my research and to send the one-page file with more information

<sup>2</sup> For further information see <http://www.deslocamentocriativo.com.br/>

<sup>3</sup> For further information see [https://www.sescsp.org.br/online/revistas/tag/2061\\_REFUGIADOS](https://www.sescsp.org.br/online/revistas/tag/2061_REFUGIADOS)

<sup>4</sup> I interviewed refugees from the Democratic Republic of Congo (DRC), Guyana, Syria, Mali, and Cameroon.



about it in a language that would be better for non-native speakers. I also had the information sheet translated to both English and French to allow the refugees to understand the research in their own languages.

It is important to clarify three things: At first, I was already known of the refugee population because I did volunteer work before my PhD in two organisations working with the immigrant and the refugee population in São Paulo. When I was doing volunteer work, I was not working on family reunification research. I did not engage in volunteering with the final goal of doing research on refugees and immigrant communities. Nonetheless, it helped me to build a trust relationship with those refugees that helped me in the recruiting process and the refugees that participated in my research. That is, since I was previously a volunteer, refugees perceived that I cared for them and their needs.

Secondly, the refugees themselves felt the need to further discuss and study family reunification in Brazil. This was an issue that they perceived as important in their lives. The whole idea for the research project came from working directly with refugees, that is, listening to their needs as a care practice. They were facing issues in their family reunification procedures and neither they nor the organisations could explain what was happening.

Thirdly, the refugees welcomed the space to talk about what they were thinking and feeling. They felt that participating in the research could help the life of the refugee population. They told me they enjoyed the possibility of being heard in a sensitive issue for them because they did not have many opportunities to talk about their living experiences as first-asylum country refugees in Brazil. For example, refugees do not participate in the CONARE meetings where public policies on asylum are decided (see Cintra in this special issue). CONARE does not have a mechanism to allow refugees to participate. UNHCR, with their implementing partners, does a participatory exercise with refugees every year. However, these environments are very controlled and many refugees do not feel they are listened to.

After I started conducting the interviews, my research participants gave me the contacts of other friends. Hence, my recruiting process was based on a “snowball sampling”, that is, one person gives you the contact of the other person and it goes on like this. I recognise the potential bias of using this recruitment method, such as the risk of only reaching people that are in the same networks (Jacobsen and Landau, 2003). However, I minimised this risk by trying to access different refugee networks in São Paulo. I feel that this was the best recruitment method available considering the context of the Brazilian refugee population that applied for family reunification (a very hard to reach population inside a hard-to-reach population).

One fundamental concern in my research was how to protect the identity of my participants considering they came from a small group of refugees that applied for family reunification. Additionally, many of them were facing problems in their family reunification processes. Some were presenting significant criticisms to the Brazilian government. Considering the discussion about how to get informed consent when doing research with refugees (Müller-Funk, 2021; Clark-Kazak, 2017), I decided to take their oral consent as a continuous process. Having no paper was extra care to avoid a confidentiality breach. I did have an Oral Informed Consent Script and Interview Guide that I could follow in the more comfortable language for the refugee (English, Portuguese, French). Most of them, however, chose to talk in Portuguese. After they granted me their Oral Informed Consent, they knew that they could choose to

leave the research anytime. They had my personal contacts (cell phone number, email, Whatsapp, and Facebook<sup>5</sup>) and they could get in contact with me.

In order to avoid confidentiality breaches, I conducted and transcribed all the interviews by myself. Following data protection best practices, the audio files were coded and the file with the name of the participants and the code was kept separated from the audio files during the process of transcribing the interviews, analysing the data, and writing the papers, reports, and the dissertation.

### **Ethics of care as beyond “doing no-harm” in refugee research: Managing expectations and interview costs**

Family reunification research involves talking with people that are/were separated from their loved ones. People that are facing bureaucracies that may be more concerned with border control than respecting refugees’ rights to family life and family reunification. Families were separated for long periods. Families had put together emotional and financial resources in processes without clear deadlines, revisions mechanisms, and no transparency (Martuscelli, 2019). Refugees facing family reunification problems were frustrated, angry, and hopeless. Refugees that achieved family reunification were grateful and relieved.

Most of my participants were facing a problem in their family reunification process. These refugees were more willing to participate in my research than other refugees, especially if they had already tried all the resources available to get help. This bias in the qualitative part is important because if the family reunification process in Brazil were smooth, I would not have found so many difficult experiences of refugees trying to bring their family members to Brazil. To be fair, I have also had many interviews with successful experiences of family reunification (including of refugees that applied for family reunification in different years), that balance this bias.

I felt that many refugees were willing to participate in my research as a last resource to solve their situation and to succeed in bringing their family members to Brazil. I had to make clear that I would share with them my results, I would send a three-page report to the Brazilian government and other partners with my findings and recommendations, but I had no power to change Brazilian policy. I had to be clear with the interviewees: participating in my research would not make their family reunification process successful. But at least, I was provoking this discussion in Brazil by sharing with the academic community the situation of family reunification in the country, putting the family reunification topic in advocacy agendas and providing a safe space for refugees to express themselves and their frustrations with a process that seemed easy on paper, but not that much in reality.

Family reunification research is emotional and involve expectations by definition. Managing expectations in the context of the emotional burden of family reunification is a care practice that involved listening to the participants needs (attentiveness) and being honest about the fact that my research would not solve family reunification problems (responsiveness). Managing expectations is imperative as a care practice if we are committed with conducting

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<sup>5</sup> The use of Facebook can be very personal. However, I reflected on the risk of confidentiality breaches and adopted different ways to protect potential participants. One, my facebook is completely closed only for friends. I have more than 1800 friends including many refugees and migrants that asked me to be their friends on Facebook. Therefore, even if a person is my friend on Facebook, she would not be able to identify my participants.



research that brings no harm to refugees (Mackenzie et al, 2007). In my case, another important care ethics as a beyond “doing-no-harm” practice involved deciding where and how to conduct the interviews in a no-harmful way. São Paulo is an expensive city with high transportation costs. Refugees must work to support themselves. In that case, I had to be responsible (responsibility) and care for my participants needs (attentiveness). Therefore, I had to be open to conduct interviews in non-traditional times like weekends, holidays, and evenings.

Besides that, I needed to go where the refugees were (and not the contrary). Firstly, because if I had chosen the place, my participants would have incurred in transportations costs to meet me. The participation of refugees was voluntary in my study. It would not be ethical nor fair to ask refugees to come to meet me. Secondly, if the refugee chooses the place, he/she can choose a place where he/she feels comfortable and safe. Most of the refugees chose their own houses that were located in suburbs far away from the city center. Some of them chose SESC unities that they had easy access to and felt familiar with. Caring for the participants as a beyond “doing-no-harm” practice means considering related participation costs for refugees and their well-being in the conduction of the research and after the presentation of results.

### **Access of good information and dealing with “sad” stories as care practices in refugee research**

Another important care practice as a beyond “doing-no-harm research” with refugees is providing good information. Müller-Funk (2021) reflected on granting information as a way of giving back to her participants in her study. However, I see information more as an integral part of the care ethics in the research practice when conducting research with refugees. Even though different actors try to provide refugees with good quality information regarding their rights, duties, and procedures, access to information is not always easy for refugees in the country. Therefore, going to the field (even for a short-term fieldwork) with good information is a way to care for the needs of the participants.

During my research, many refugees entered in contact with me because they wanted to start the family reunification procedure, and they did not know how. I was able to give them the contact of civil society organisations that could help them with the procedure. Among my participants, some of them would enter in contact with me to ask about other things, such as naturalisation procedures and revalidation of diplomas. Even though I was not studying these topics and I could not advice on these processes, I was able to provide them with information about organisations, sites, and people that could support them.

If I had given bad or wrong information to the refugees, I could have caused them severe harm. That is why it is important to have a broad view of the situation of the refugee population in the place, when conducting fieldwork, and to know the resources available to them. When building a trustful relationship with my participants, I became a reference for the refugees that were looking for my help and good quality information. My experience tells me that it is naïve to conduct fieldwork with refugees thinking that the academic knowledge on our specific topic is enough.

Providing good information, or even saying “I do not know”, involves the four pillars of care: attentiveness (identifying refugee needs), responsibility (being responsible for the care of your participants even after the interactions with them), responsiveness (being honest and

respectfully with the career and cared needs), and competence (having not only the methodological skills but also knowing the context of the refugee population that you are researching).

Refugees were sharing with me their stories during the interviews and, many of them, involved suffering: children separated from their parents asking them “why they did not like them?”; siblings that were missing or suffered violence while waiting for the family reunification visas; and different stories of debt in Brazil to apply for family reunification to have the visas denied. Dealing with these “sad” stories involved care in the research practice from a postcolonial perspective in two ways. The first one was important to understand the refugees as actors in their living experiences and not victims of the family reunification procedure. Having pity for refugees may create unequal power relations in a context of already very unequal power relations between researchers and participants. Refugees did not need saving. They needed spaces where their narratives were listening too. They needed information of why their family reunification procedures were being denied and they needed to be recognised as experts of family reunification in Brazil that should participate actively if we were aiming to improve the Brazilian family reunification policy. Ritterbusch (2012) reflects on how considering populations as vulnerable creates separation between researchers and participants which prevents notions of empowerment, inclusion and social change emerging in the field.

An ethics of care approach from a postcolonial perspective allows us to recognise a common vulnerability and the power relations involved in our research practices. Therefore, I had to reflect on my positionality as a female Brazilian researcher studying the Brazilian family reunification policy for refugees. I would return from the interviews and be with my family, which has always being so important to me. My family was in Brazil. At the same time, I felt so frustrated when listening to these stories that I could not do anything about, and I had to find ways to deal with my emotions. While doing the research, I was also receiving mental health support. Schulz et al (2022) have reflected on the importance of self-care and support networks when doing research in violent contexts. Self-care is an integral part of care ethics as beyond “doing- no-harm” research with refugees as well.

### **Final reflections: care ethics as practice in refugee research in Brazil**

Family reunification was a central topic in refugees’ lives in Sao Paulo. Researching families is an emotional process that involves empathy and care to understand situations of separation from loved ones. Ethical and methodological approaches to study family reunification and asylum should consider the ethics of care as an ethics in practice that allows us to do beyond “doing no harm” refugee research.

In this piece, I reflected on how I employed care in recruiting and dealing with the confidentiality and informed consent of refugees, in managing expectations considering their family reunification procedures and providing good information by considering the largest refugee context as an inherent care practice in refugee research.

Finally, I care about family reunification of refugees. I tried to reflect here how I employed the ethics of care (its four pillars of attentiveness, responsibility, responsiveness and competence) from a postcolonial perspective in my research with refugees applying for family reunification in Brazil. I am making the point that it is mandatory to consider a care ethics





before, doing and after fieldwork with refugees as a beyond “doing no harm” research approach.

We need to make explicit our choices, voices, biases, contexts, and challenges when conducting the care ethics research as an ethics in practice. We also need to reflect on our roles and the different power relations involved in conducting research with the refugee population (Saltsman & Jacobsen, 2021; Pincock & Bakunzi, 2021) as a care practice.

In my case, I was a white Brazilian woman with a high educational background interviewing most black refugees from African countries that were not citizens nor fluent in Portuguese and that lived in poor areas of the city. I knew that my words would have more power when talking with Brazilian authorities than the words of refugees.

After the interviews, as a care practice, I had to create spaces where people willing to do so listened to refugees’ voices and family reunification stories. Constructing a caring relationship with participants depends on recognising the privileges and different power relations between researchers and refugees. Adopting a care ethics as an ethics in practice postcolonial approach can be the key to advance our discussions on beyond doing no harm research with refugees.

## Acknowledgements

I would like to thank the comments, discussions and suggestions of Thais França, Marcia Vera-Espinoza, Nuni Jorgensen, Natalia Cintra. Our panel contributed to my reflections. It was such a beautiful experience to reflect on these topics with you. I would also like to thank two anonymous reviewers for their reflections that contributed to improve my work.

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