INTRODUCTION

As we face the devastating impacts of the COVID-19 pandemic in Latin America and the Caribbean, as in every region of the world, there is an urgent need to address another pandemic which must not remain in the shadows: Violence against women and girls.

This violation of human rights affects on average one in three women throughout their lifetime and in 2018 alone, resulted in at least 3,800 victims of femicide/feminicide. Although these figures seem very high, they underestimate the true scale of the phenomenon which the current health emergency is further compounding.

This document compiles emerging data on the impact of the pandemic on violence against women and girls and aims to provide guidance to public and private actors, those in civil society and the international community. It proposes strategies, recommendations and highlights promising practices to prevent and respond to violence against women and girls during the COVID-19 crisis.

WHAT DO WE KNOW ABOUT THE IMPACT OF COVID-19 ON VIOLENCE AGAINST WOMEN AND GIRLS?

- Measures to prevent and mitigate the spread of COVID-19, such as quarantine, isolation or social distancing, and the restrictions on movement, exacerbate violence against women and girls in the home because the victim-survivors are locked in with their perpetrators with very limited opportunities to leave their homes or seek help. The preventive measures of isolation or confinement could compound perpetrator’s use of mechanisms to isolate victims/survivors of domestic violence.
- In households with children and adolescents, the increase in violence against women will also have negative impacts on them in terms of violence, post-traumatic stress, depression and anxiety and long-term impacts on their development.
• For perpetrators, losing their job, suffering from economic instability or stress may give rise to a feeling of loss of power, and this may increase the frequency and severity of domestic violence, as well as harmful and abusive behaviour, which may be reflected in an increase in sexual harassment on-line or on the streets when they go out.

• The crisis is generating additional barriers for victims/survivors in accessing essential life-saving services. These barriers are related to restriction of movement and social isolation, or the fact that health, police and justice institutions are overloaded and focusing their operations on the response to COVID-19. The services provided by civil society organizations are also facing difficulties due to the same restrictions.

• In some countries, reports of violence against women have decreased. This does not mean that violence has decreased, but it is because women cannot leave their homes or make calls because they are in constant contact with the perpetrator and their support networks are more limited due to the quarantine measures.

• The economic impact of the pandemic, loss of livelihoods, income or work disproportionately affects women in the informal sector, and can create additional barriers to leaving the perpetrator and reporting violence, due to economic dependency and/or extortion. Evidence suggests that the loss of economic independence tends to impact on strategies for leaving situations of gender violence. Economic uncertainties in the medium and long term can lead to an increase in perpetrators’ power and control over victims.

• In times of crisis, sexual exploitation and forced marriages also tend to increase due to the lack of resources to cover families’ basic necessities.

• Confinement measures and the interruption of some essential services can foster a sense of impunity for the perpetrators because some services are not available, the focus of authorities is on the response to the crisis, support networks may also have to self-isolate, and this can generate a greater perception of freedom to act without limits on behalf of perpetrators.

• The increase in risks of violence and restrictions on movement also affect the safety of women leaders and human rights defenders, who have to endure more threats, greater criminalization and greater risk of feminicide.

• Health workers are exposed to multiple forms of violence in their workplaces, on public streets and even in their homes for stigmatization and antisocial reactions based on fear and increasing violence of citizens or neighbours (rejection and aggression in buildings, public transport, etc.).

• Women who face greater vulnerability to multiple forms of discrimination may face even higher risks or additional obstacles in accessing essential services or escaping situations of violence, such as, for example, older women, women with a disability, LGBTQI, trans, living with HIV, migrants, displaced and refugee women, victims of armed conflict, indigenous women, those of African descent and rural women or those living in informal settlements.

• Migrant women, refugees, asylum seekers and women who have been returned to countries of origin could face greater risks of being attacked physically, psychologically and sexually, due to greater risks, an increase in xenophobia, stigma and discrimination, an increase in barriers in access to services, lack of documentation and use of illegal routes to migrate, which can heighten the severity of the violence and also expose them to human trafficking and smuggling which heightens the use of oppression and exploitation in a context of closed borders and low economic activity.

• As women, girls and adolescents spend more time on-line (when they have Internet access) and use virtual means of communication through telecommuting, online education and activism (as well as on-line leisure spaces), there are signs that cyber violence and cyber harassment are intensifying in virtual spaces such as social networks, chat rooms, teleconferencing services and on-line games.

4 UK Aid, Dr Erika Fraser (16 March 2020) Impact of COVID-19 Pandemic on Violence against Women and Girls
• The LGBTQI community reports an increase in tensions in homes where their gender identity is not respected or recognised, and greater exposure to gender violence and abuse in their homes. In addition, in countries where mobility has been segregated by biological sex as part of the emergency measures to the pandemic, the risk of exposure to violence and discrimination in public spaces of trans persons and the LGBTQI community has increased.

• Women and girls with disabilities face greater risks of being victims of gender violence and multiple intersecting forms of discrimination, often coupled with social isolation and chronic poverty. In the context of COVID-19, they face situations of greater vulnerability due to quarantine and social confinement measures and high tensions in households.

Faced with these risks, UN Women is calling on governments in the region, the international cooperation system, the humanitarian sector, the private sector and society as a whole to prioritize measures to prevent and address violence against women, girls, as part of their actions to tackle the current emergency due to the COVID-19 pandemic.

UN Women urges all actors to work closely together with women’s organizations, feminist organizations and specialized civil society organizations, as well as human rights defenders, to prevent violence against women and girls in the response to COVID-19 as well as in the recovery phase. It is crucial that an intersectional approach is incorporated in planning the response and recovery measures, ensuring the participation of diverse organizations representing different women’s groups, especially those who are most exposed to multiple forms of discrimination and vulnerability including indigenous women, rural women, migrant, displaced or refugee women, women with disabilities and LGBTQI women, amongst others.
The impact of COVID-19 on violence against women and girls in Latin America and the Caribbean

Violence against women and girls affects on average 1 in 3 women throughout their lifetime. According to the latest available data, in Latin America and the Caribbean, 12% of women and girls aged between 15 and 49 have experienced physical or sexual violence by their current or former intimate partner in the 12 months preceding the survey.

The most recent information from the 33 countries in the region indicates that in 2019 at least 3,800 women were victims of femicide/femicide.

It is likely that these figures will rise during the crisis and the pandemic, as a result of the economic impact, the lack of resources, greater tensions in the home, quarantine measures that perpetuate the isolation of women from their support networks and create additional barriers in access to essential services.

The emerging data suggests that violence against women, especially domestic violence, has intensified during the pandemic.

1. Mexico

In the State of Nuevo León, the Special Prosecutor for Femicide and Crimes against Women reported an increase of over 30% in reports of domestic violence and an increase of reports of rape from two to three a day to 5 days in recent weeks.

2. Bolivia

During the quarantine period (up to 15 April 2020), the following has been reported:

- 4 femicides,
- cases of violence against women and cases of child abuse.

3. Argentina

Between 20-31 March the number of daily calls to the 144 Helpline for Gender Based Violence increased by 39% compared to the previous two week period between 1-19 March.

In Honduras, many refuges/shelters are under pressure to respond to growing demand and to provide the biosecurity resources.

In Cuenca, Ecuador, the refuge/shelter for victims-survivors of gender violence is at full capacity and does not have sufficient supplies to respond to the crisis.

In Uruguay, the National Institute of Women has made efforts to extend access to the telephone helpline 80004141 and has recognized that since the health emergency was declared in the country, there has been a significant increase in calls.

4. Brazil

The City of Rio de Janeiro reported an increase of 50% of complaints of gender violence during the quarantine, according to the judge in the domestic violence section of the Rio de Janeiro Court of Justice.

In Chile, the Minister of Women and Housing established a telephone helpline (08006161) to provide support and care in cases of violence.

In Colombia, there were 12 femicides in a period of 16 days between 20 March and 4 April 2020, according to the Presidential Advisor for Women’s Equality, and during the initial days of the national quarantine, an increase of 51% in cases of family violence against women was recorded.

Increase investment in prevention of violence against women and girls during the crisis and in the recovery phase to avoid the devastating impacts on women, girls/children and on society as a whole. Without investment in primary prevention of violence against women and specialist services, the impact on the lives of women, girls/children will deepen, and the costs will increase.

4 KEY MESSAGES

1. Ensure that violence against women support services are considered essential services during the pandemic.

2. UHI Women urges all actors to work in close collaboration with women’s organizations, feminist and specialist civil society organizations as well as human rights defenders, to prevent violence against women and girls in the response to COVID-19 and the recovery phase incorporating an intersectional approach in planning the response and recovery measures, including diverse organizations which represent different women’s groups, especially those who are most exposed to multiple forms of discrimination and vulnerability.

3. Increase investment in prevention of violence against women and girls during the crisis and in the recovery phase incorporating an intersectional approach in planning the response and recovery measures, including diverse organizations which represent different women’s groups, especially those who are most exposed to multiple forms of discrimination and vulnerability.

4. Develop communication campaigns and effective zero-tolerance measures towards perpetrators of violence, ensure that police and justice systems prioritize tackling and punishing violence and involve the whole community in uniting against gender violence.
Strategies and recommendations to prevent and respond to violence against women and girls in the face of COVID-19

1. Ensure that quarantine regulations or restrictions on movement contain exceptions for women victims-survivors of violence and their children.

2. Ensure that services to address and respond to violence against women are considered essential services during the pandemic.

3. Strengthen crisis alert mechanisms to facilitate reporting in cases of emergency.

4. Strengthen the identification of and response to violence against women by the health sector.

5. Ensure that police and justice sector prioritize the response to violence against women and girls during and after the COVID-19 crisis and that they continue to investigate, prosecute and punish perpetrators and facilitate access to justice through virtual and alternative mechanisms.

6. Prioritize and strengthen financing of shelters/refuges for women facing a high risk of violence.

7. Ensure access to social services, therapy, psychosocial services and free legal advice via free telephone lines and virtual channels.

8. Increase investment in grassroots women’s and civil society organizations, as well as human rights defenders, so that they can develop local, community and regional support networks.

9. Implement and widely disseminate communications campaigns for women and girls victims/survivors.

10. Develop campaigns, guides and resources for family members, friends, neighbours of victims-survivors and other witnesses to generate a culture of zero tolerance.

11. Develop campaigns, communication messages and interventions targeting men.

12. Integrate prevention of violence against women in workplaces and online education.


14. Collect quantitative and qualitative data on violence against women and girls during the crisis to inform solutions, policies, prevention and response measures during and after the crisis.

15. Put in place special measures which take into account the different needs of women in the recovery phase, with special attention to women in situations of greater vulnerability to multiple forms of discrimination.
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Recommendations</th>
<th>Examples of promising practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure that quarantine regulations or restrictions on movement contain exceptions for women victims-survivors of violence and their daughters/sons.</td>
<td>• Ensure that women victims/survivors of violence can go out to seek support, or report violence without running the risk of being arrested for not complying with the quarantine measures.</td>
<td>Argentina issued an exception from compulsory quarantine for women and LGBTI persons in a situation of violence.</td>
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<td>2. Ensure that services to address and respond to violence against women are considered essential services during the pandemic (health services, courts, shelters/hostels, legal advice services, sexual health services, psychosocial services and other social services).</td>
<td>• Allow staff of essential services for victims/survivors to circulate freely. • Facilitate access to essential services during the crisis and facilitate access for women with disabilities, migrants and refugees, indigenous women and women of African descent and other marginalized groups. • Carry out a rapid analysis of response services needs and capacities to identify areas which need strengthening. • Update protocols and referral pathways. • Carry out proactive case follow up of women who have been identified as at high risk of violence by their partner to remind them that they are not alone and inform them about available services.</td>
<td>In Mexico it was announced that services dealing with violence against women are essential services, and will continue to operate during the crisis throughout the country. In Ecuador, State entities generated the “protocol on communication and dealing with gender based violence and family violence during the Coronavirus health emergency. Useful tools: Management of cases of gender-based violence and the COVID-19 pandemic COVID-19. Guide on remote and mobile services dealing with gender-based violence. Guide on management of cases of gender-based violence in the face of COVID-19.</td>
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<td>3. Strengthen crisis alert mechanisms to facilitate reporting in cases of emergency.</td>
<td>• Strengthen virtual services and online support services (telephone, text messages, web chats, mobile applications, on-line panic buttons) to maintain privacy and confidentiality of users and minimize on-line risks by good practices and guidelines, for example: Communication with survivors during a public health crisis Recommendations on virtual communication (chat with survivors or text messages with survivors). • Establish alternative communication mechanisms to facilitate reporting of violence for persons with reduced Internet access, such as emergency alerts in pharmacies, hospitals, health centres and supermarkets.</td>
<td>In Colombia, the Government issued a decree to guarantee continued access to services virtually, including legal advice, psychosocial advice, police and justice services including hearings.</td>
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<td>4. Strengthen the identification of and response to violence against women by the health sector.</td>
<td>• Train first responders in health services and telephone operators dealing with COVID-19 cases to identify and respond to cases of gender-based violence.</td>
<td>In Uruguay a specific protocol has been developed so that health teams in emergency health centres or that visit homes can identify situations of gender-based violence. World Health Organization Guide on the role of the health sector in response to violence against women in the face of COVID-19.</td>
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| 5. Ensure that police and justice sector prioritize the response to violence against women and girls during and after the COVID-19 crisis and that they continue to investigate, prosecute and punish perpetrators and facilitate access to justice through virtual and alternative mechanisms. | • Strengthen the capacities of police and security officers to provide a rapid and effective response.  
• Establish virtual and alternative mechanisms to facilitate access to justice.  
• Automatically extend protection orders or injunctions during the pandemic.  
• Prioritize interventions which place the onus on perpetrators to leave the home and avoid the release of prisoners convicted of any type of violence against women during the pandemic. | In Argentina and Uruguay, protection orders and injunctions for victims of gender-based violence that expired in the last 40 days or which will expire within the COVID-19 quarantine period are being automatically extended for sixty days.  
In Italy, the Prosecution Service has ordered that, in cases of domestic violence, the perpetrator is the one who must leave the home, not the victim. |
| 6. Prioritize and strengthen financing of shelters/refuges for women faced with a high risk of violence. | • Increase resources and financing of civil society organizations which provide shelter/refuge services.  
• Work in collaboration with national networks of shelters/refuges to provide alternative options for when shelters/refuges are full, such as partnerships with the hotel sector, universities, sports centres or schools to create temporary shelters/refuges. | In Argentina, France and England, partnerships have been established with hotels to provide free spaces for women victims/survivors and their children. |
| 7. Ensure access to social services, therapy, psychosocial services and free legal advice via free telephone lines and virtual channels. | • Increase funds to civil society organizations that provide social services.  
• Ensure that there are different modalities of support available to facilitate access for women confined with their perpetrators (telephone lines, WhatsApp, on-line services).  
• Put in place measures, guidelines and standards to minimize risks and maintain privacy, confidentiality and professional ethics in the transition to virtual modalities. | In Argentina, the Government published a guide on its website for local services and coordinated actions with provincial and local governments and with civil society, community and regional organizations, to strengthen integrated safe houses and manage the necessary resources according to demands that arise in the context of the emergency. |
<p>| 8. Increase investment in grassroots and civil society women’s organizations, as well as human rights defenders, so that they can develop local, community and regional support networks. | • Establish women’s networks at community level, trained to better identify cases of violence against women and to activate institutional emergency routes and referral mechanisms for women victims/survivors in their community. | In Canada, the Government included 50 million dollars for shelters/refuges for victims-survivors of gender-based violence as part of its response to COVID-19, including facilities in indigenous communities. |</p>
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<tr>
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<th>Recommendations</th>
<th>Examples of promising practices</th>
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| 9. Implement and widely disseminate communications campaigns for women and girls victims/survivors. | • Develop guidelines and materials to inform women and girls about their rights, what to do in case of emergency, how to develop safety plans, available services and practical information on the criminal justice process if they decide to report.  
• Employ intelligent dissemination strategies and utilize channels which directly reach women without alerting perpetrators for example, through SMS, WhatsApp or other mobile phone apps and spaces typically used by women only.  
• Develop communication materials aimed at women in their diversity with a special focus on marginalized women and situations of greater vulnerability.  
  Guide on how to include marginalized and vulnerable people in risk communication and community engagement.                                                                                      | In **Mexico**, the National Institute of Indigenous Peoples (INPI) has disseminated information about COVID-19 in indigenous languages. It highlights the importance of addressing the pandemic from a gender perspective, human rights and intersectionality.  
In **Costa Rica**, the National Institute of Women launched the campaign #NoEstásSola, in collaboration with UN Women and UNFPA, to provide women with information on the various services available during the crisis.  
In **Bolivia**, UN Women in collaboration with the Government, developed guidance for women at risk of violence which includes information on essential services and family assistance, custody of children and protection measures, etc. |
| 10. Develop campaigns, guides and resources for family members, friends, neighbours of victims-survivors and other witnesses to generate a culture of zero tolerance. | • Emphasize that violence against women and girls is unacceptable, that it is a problem which affects society as a whole and that everyone has a responsibility to prevent it.  
• Develop campaigns, communication materials and virtual workshops or activities to mobilize communities and advise them on how to identify the early signs of violence, what to do and what not to do to support victims/survivors and how to intervene or report if they see or hear shouting, banging or other signs of violence or abuse. | In **China**, they established “**Vaccines against domestic violence**” because “doors can block COVID-19 but they do not block another virus: domestic violence”. More than 2500 volunteers have registered to be “vaccines” to listen out for cases of violence or abuse by their neighbours or in their communities and intervene if they hear/see anything. |
| 11. Develop campaigns, communication messages and interventions targeting men. | • Develop zero tolerance messages aimed at perpetrators so that they do not perceive greater impunity during the crisis.  
• Disseminate messages and campaigns to mobilize and involve non-violent men in the prevention of violence to intervene and not keep silent if they know men who are perpetrators and promote positive masculinities based on equality.                                                                 | In Mexico, UN Women and the National Institute of Women launched an information pack #HeForSheDesdeCasa with the objective of promoting positive masculinity and fostering collaborative spaces and co-responsibility.  
In **Colombia**, a campaign was launched, #MujeresSegurasenCasa, with messages on co-responsibility and sharing of care tasks in the home.  
In the **Caribbean**, a telephone line has been set up to work with male perpetrators of violence through the Partnership for Peace Programme. |
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<th>Recommendations</th>
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<td>12. Integrate prevention of violence against women in workplaces</td>
<td>• Develop policies and protocols on preventing and dealing with violence against women and girls to ensure that institutional cultures and procedures support the victims of violence.</td>
<td>UN Women Mexico has developed a <a href="https://www.unwomen.org/en/regions-and-countries/mexico">Guide on COVID-19 and workplaces</a> with specific suggestions for the workplace.</td>
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<td>and virtual education.</td>
<td>• Provide information to all staff on gender-based violence, available services and rights of women and girls.</td>
<td>In Guatemala recommendations have been developed in conjunction with the United Nations Global Covenant and the Centre for Action and Corporate Social Responsibility in Guatemala (CENTRARSE) to contribute to preventing and dealing with violence against women from companies.</td>
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<td>• Maintain contact with staff during periods of remote working to promote support networks and provide opportunities to build and establish close ties with staff that facilitate the identification of cases in violence.</td>
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<td>13. Develop strategies for prevention of and response to cyber violence</td>
<td>• Strengthen laws and regulations to prevent, respond to and punish cyber violence.</td>
<td>The Public Prosecutor’s Office of Honduras, will investigate, ex officio, persons who promote violence against women through social networks during the period of social isolation.</td>
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<td>and cyber harassment.</td>
<td>• Launch mechanisms to facilitate reports and complaints of cases.</td>
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<td>• Raise awareness through on-line campaigns and messages on zero tolerance.</td>
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<td>14. Collect quantitative and qualitative data on violence against women</td>
<td>• Collect data on the different types of gender-based violence including cyber violence.</td>
<td>UN Women has developed <a href="https://www.unwomen.org/en/regions-and-countries/mexico">Guidance</a> on collection of data on violence against women during COVID-19</td>
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<td>and girls during the crisis to inform solutions, policies, prevention</td>
<td>• Conduct studies with an intersectional approach to strengthen knowledge of the different needs of women during the crisis, and information on capacities of services to respond through interviews with key informants.</td>
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<td>and response measures during and after the crisis.</td>
<td>• Prioritize safety, confidentiality and wellbeing of women in data collection processes.</td>
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<td>• Document good practices and lessons learned to guide responses to future crises and serve as a tool for advocacy and training.</td>
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<td>15. Put in place special measures which take into account the different</td>
<td>• Promote specific measures for empowerment and economic recovery of women which include prevention of violence against women.</td>
<td>Publication which documents promising practices to integrate a gender responsive approach in the response and preparation for the recovery phase and proposes actions to mitigate the socioeconomic impacts for women and girls in the Asia Pacific Region.</td>
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<td>needs of women in the recovery phase, with special attention to women</td>
<td>• Develop gender responsive budgets to ensure that there is adequate investment in preventing and responding with violence against women during the crisis and the recovery phase.</td>
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<td>in situations of greater vulnerability to multiple forms of discrimination.</td>
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Efforts by UN Women in Latin America and the Caribbean for the elimination of violence against women and girls in response to COVID-19 and the recovery phase:

- **Generation of analysis and evidence of the impact of COVID-19 on violence against women and girls**, the needs of victims-survivors, response capacities of essential services faced with increased demand to inform the current and future response.

- **Advocacy and political dialogue** to ensure that the prevention of violence against women and girls in the context of COVID-19 is positioned on the public agenda and that multisectoral coordination is in place for the implementation of measures for prevention, protection, care and access to justice during and after the pandemic.

- **Technical assistance to public and private actors in partnership with civil society and international cooperation** to develop strategies and solutions to prevent and respond to violence against women and girls, mitigate risks and facilitate access to essential services, as well as to mobilize women and communities to develop zero tolerance responses to perpetrators.

- **Incorporation of intersectionality** in the planning and implementation of the response to meet the needs of women in their diversity.

- **Coordination of efforts between the different actors and establishing strategic partnerships between different sectors** including the Government, UN agencies and international organizations, civil society, communication, media and the private sector to strengthen prevention and responses to COVID-19.

- **Mobilization of networks and relations with women's organizations** to promote the voice, participation, decision making and role of human rights defenders, feminist organizations, civil society and women including grassroots women in all aspects of the response to COVID-19, Identification/diagnostic, planning, implementation, recovery, monitoring and evaluation.

- **Technical knowledge and innovative proposals to promote prevention of violence against women and girls during and after the pandemic to generate** conditions for recovery and resilience against future crises.