



Mapa do  
acolhimento

## **Report on "Femicide" for the Special Rapporteur on Violence Against Women, its Causes and Consequences**

**Rio de Janeiro, April 2020**

The publication of this report to the Special Rapporteur on Violence Against Women, its Causes and Consequences is authorized. This report is a direct response to the questions below:

- On concrete measures taken to improve support to victims of violence and to prevent femicide, (risk assessment, efficiency of protection orders), in connection with the information gathered via femicide watches or observatories.
- On good practices and challenges in implementing an evidence-based response to the prevention of femicide.
- On data, if available, on femicides or intimate-partner and family-related homicides of women and men in the past 3 years, including during the Covid-19 pandemic (indicating the time period e.g. since March 2020 to the end of December 2020) and its comparison with such data before the COVID-19 pandemic.
- On the results of analysis of femicide cases, including the review of previous court cases and recommendations and actions undertaken in this respect.

The general coordinator of this Report is Enrica Duncan, Project Director for Mapa do Acolhimento at NOSSAS and political scientist. Mapa do Acolhimento is a Brazilian-based initiative developed to confront gender-based violence and care for women at risk, through the formation of a solidarity network consisting of volunteer-based psychologists and lawyers that provide assistance to the women who seek the project. The implementation team contributed with on-the-ground insights and is composed by Ana El Kadri, Gabriela Silva, Larissa Schmillevitch, Thalita Queiroz and Vanessa Barboza. Mentioned initiatives include policy wins coordinated by Minha Campinas, Minha Jampa, Minha Sampa and Minha Porto Alegre. The literature review, research and impact resources were produced by Amarilis Costa, Anderson Bento, Manoela Miklos and Vanessa Fonseca. All external sources were mentioned throughout the text.



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### **Context**

Mapa do Acolhimento is a project that provides psychological and judicial support for women who suffered from any form of GBV, the support occurs through the mobilization of volunteers, professionals in psychology or law, and the connection with women in situations of violence that seek this support. This is an initiative of NOSSAS, an organization that acts as an activism network headquartered in Rio de Janeiro. NOSSAS comes from the expansion of Meu Rio, a multi-cause organization focused on bringing citizens closer together and pushing for the creation of public policies. In 2016 the Mapa do Acolhimento was created as a platform that connects women who have suffered violence and people willing to help them. Understanding that psychology services and public defenders were constantly unable to provide specialized assistance to women who demand it, Mapa do Acolhimento connects women who need support from psychologists and lawyers willing to offer the service for free. The services seek to address gender-based violence in general, including intimate partner violence (aggression, psychological abuse, marital rape, femicide); sexual violence and harassment (rape, forced sexual acts, unwanted sexual advances, street harassment, molestation, cyber harassment); trafficking in human beings (slavery, sexual exploitation); female genital mutilation; child marriage; LGBTQ discrimination; racism; digital and moral violence; and obstetric violence. Mapa has no intention in substituting the state role in tackling gender-based violence, it is a complementary initiative that aims in inspiring and advocating for more effective public policies in this agenda.

### **Introduction**

In Brazil, 27% of women self-report having been victims of gender-based violence, and 42% of cases occur within the home (Fórum Brasileiro de Segurança Pública, Visível e Invisível, 2019). Survivors have limited access to mental health services: Brazil's public health system does not provide ambulatory mental health services at scale, and the women who do seek health within the public system are often directed solely to emergency-care and group therapy. Brazilian women enduring physical, sexual, psychological or economic gender-based violence have a minimum chance of accessing high-quality public mental health care despite a fairly well-blueprinted public healthcare system. Legal aid is still likewise hard to come by, notwithstanding the notable legal framework to fight violence against women and girls enacted by the Brazilian government in 2006. Specialized legal support services are equally limited. A similar situation can be seen across Latin America. The access to mental health services for women who experience an episode of violence in Brazil is limited. Even though the offer of psychological care by the Unified Health System – SUS is free, there is a triage process and, in many cases, especially in places where the demand for psychological support is high, the service is provided in group format by a multidisciplinary and



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intersectoral team. "The distribution of psychologists by State is not directly related to the number of inhabitants or the size of the installed network" (FRANCO & MOTA, 2013, p. 50). This results in limiting the offer of individualized psychological care, which is not consistently distributed throughout the country, depending on the investment of resources in each municipality and the training of qualified professionals to act under this perspective.

Ensuring the immediate access to mental health and legal structure to women who suffer from forms of GBV is key to address femicide. Without such resources, the perpetuation of the inability to leave the situation of abuse and its eventual escalation of aggressions increase. Statistics from some nations where the problem is prevalent indicate that women try to leave their abusers about seven times before they are actually able to break the cycle of violence (CDC, National Intimate Partner and Sexual Violence Survey Report, 2010). The same reports show that even when victims do leave, the impact of violence is still be tremendous, especially to their mental health - about 22% of IPV and rape survivors report symptoms of post-traumatic stress disorder. Moreover, survivors of rape, IPV and stalking are three times more likely to present symptoms of poor mental health than people who have not been through this particular kind of violence. Other studies show that 40% of women with severe mental illness are survivors of rape or attempted rape (Khalifeh, Domestic and sexual violence against patients with severe mental illness, Cambridge University, 2015).

### **Good Practices**

Gender-based violence is constituted as a persistent and multiform social phenomenon, physical violence is just the most apparent face of a plot that connects a series of other social and political problems (DRAPER, 2018; FONSECA, 2019) and should be tackled by multiform assemblage of responses. Rather than a private issue, violence is a problem in the relations that ground society. The reproduction of norms that are related to violence can also be found in different social institutions, including those that should guarantee the rights of women at risk. Hence, institutional barriers interfere in the search for support in services that are designed to assist women in situations of violence.

The reception by the civil servants is characterized as a barrier to the search for services. Blaming and discrimination against women are present among these professionals; patriarchal conceptions, the perception of violence as a private problem or an illness to be treated, moral judgments, interpretation of the protective measures as a role of symbolic value, disregard for violence as a real danger, and misapprehension of services that make up the protection network (ARBOLT, PADOIN & PAULA, 2018). When confronting gender-based violence, it is important to notice that gender relations, in their intersection with inequalities of race / ethnicity, social class, and age



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group, embody the asymmetries of power that support violence and interfere with personal motivations to reporting the problem. It is common for professionals not to receive specific qualifications on dealing with GBV. Ensuring that the first responders and frontline workers are equipped with tools to deal with GBV under such an approach needs to become an institutional priority.

Mapa has developed a capacity building structure focused on assembling a wide set of references that together promote effective support for GBV survivors. Designed as an tool to illustrate the importance of intersectionality and multidisciplinary, it addresses relevant issues such as the support for transgender community, the overview of the role and options within the public structure. It originally targets first responders, more specifically psychologists and lawyers registered at the program but is a blueprint that should be adapted into other contexts.

Adding to equipped first-respondents, it is imperative that adequate public infrastructure is in place to directly support any immediate risk and to provide the collection of data in a transparent manner. The creation of 50+ women-only police stations focused on GBV and staffed by women in São Paulo, Brazil's most populous State, was an unprecedented initiative from popular pressure in a Mapa lead campaign. Before this implementation, resources women could either resort to were specialized services that were only open during office hours, whilst it is widely known that violence against women more often than not occurs during off hours, or to 24/7 stations with undertrained and mainly male staff. To address GBV and femicide it is crucial that the government and civil society collect data in an adequate fashion. Another campaign led by a coalition of partners, ensured that femicide became an official category to register crimes in police reports in three different states of Brazil. In these cases, data collection was previously biased and underrepresented the dimensions of the issues regarding GBV and the consequences that lead to a limited and ineffective response to femicide prevention. These initiatives helped improve impact evaluation, including analysis of efforts from public institutions and civic society organizations working in the field.

### **Evidence on Gender Based Violence**

In Brazil, in 2017, more than 221 thousand women sought out police stations to register intentional injuries as a result of domestic violence (IPEA & FBSP, 2019, p. 42). The national hotline for women, 180, received 92,663 reports of rape against women in 2018. In the first six months of 2019, the channel received 46,510 reports, an increase of 10.93% over the same period in the



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previous year<sup>1</sup>. In a nationwide survey (DATAFOLHA / FBSP, 2019), 59% of respondents reported that they had witnessed at least one woman being physically or verbally assaulted between February 2018 and January 2019; 37% had seen men humiliating, cursing or threatening girlfriends or ex-girlfriends, wives or ex-wives, partners or ex-partners in the same period; 28% witnessed women living in their neighborhood being beaten by husbands, partners, boyfriends or ex-husbands, ex-partners, ex-boyfriends. Among women who suffered violence, black women (55.9% black and brown) were more victimized than white women (24.7%). The study also revealed that 27.4% of Brazilian women who were 16 or older suffered some type of violence in the last 12 months, in which 21.8% (12.5 million) were victims of verbal offense; 9.0% (4.7 million) were pushed, kicked or slapped; 8.9% (4.6 million) were touched or physically assaulted for sexual reasons; 3.9% (1.7 million) were threatened with a knife or firearm; 3.6% (1.6 million) suffered beating or attempted strangulation. With regards to the relationship with the aggressor, 76.4% asserted that they were someone they knew. A total of 39% of these women were beaten by spouses or ex-spouses and 42% of the cases happened at home.

Despite such scenarios, there has been institutional resistance to categorize gender-based violence adequately. In Campinas, for example, a femicide case in which nine women were slaughtered with clear evidence of femicide intention, was originally registered as homicide. A direct infringement of the Brazilian Femicide Law (Lei 13.104/15). Civil society initiative coordinated a public pressure to ensure the correct typification of the crime and set the precedent as watchdogs of public structures. Without correct typification, the challenge of adjusting not only public policy but also shifting the structure of a sexist society in which GBV still unfortunately thriving is even larger.

During 2020, the number of occurrences of domestic violence received by police stations dropped in some states in Brazil, around 29% less in Ceará and 21% in Mato Grosso. But many researchers support the hypothesis that violence has actually increased and the decrease in denunciations is the result of underreporting. The COVID-19 pandemic has prompted governments across the world to adopt measures of social isolation and in this scenario, many women victims of domestic violence were confined to their abusers at home. Prevented from leaving their houses, it became more difficult to seek legal help and register police reports that, in general, require the presence of victims. On the other hand, telephone calls to report domestic violence to the police have increased in several states. In São Paulo, during March 2020, 44.9% more calls of this type were registered than in the same time course of 2019, according to a survey by the Brazilian Public Security Forum. The same research also indicates that there was a 431% increase in reports of fights

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<sup>1</sup> Available at:

<https://www.gov.br/mdh/pt-br/assuntos/noticias/2019/agosto/balanco-anual-ligue-180-recebe-mais-de-92-mil-denuncias-de-violacoes-contra-mulheres>



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between neighbors on Twitter during February and April of 2020. About 11% of these text messages actively mention domestic violence. In this context of gender based aggravated by the pandemic, António Guterres, UN secretary general, argues that one of the measures to combat this reality is increasing investment in online services and civil society organizations. One of the measures adopted in several states was the implementation of the electronic police report for cases of domestic violence. Minas Gerais was a state in which this resource was not available, and through a training workshop coordinated by NOSSAS, the executive power sanctioned the bill with such proposal and implemented the Law 23644/2020, which guarantees that police reports can be registered online, focusing explicitly on the gender-based violence response.

### **Overall Remarks**

Gender-based violence permeates many aspects of the life of women around the world. Its most aggressive façade is femicide, and its prevention should become a universal priority. As a complex problem, gender based violence must be mitigated with a combination of actions. As presented through this report, there are multiple procedures that can and should be done to improve the conditions. Including, but not limited to:

1. Ensuring the accessibility of mental health and justice to women who suffer from GBV.
  - a. Preventing escalation of violence that can culminate in femicide is crucial, through mental health support the cycle of violence can be broken and assisting reparations through justice minimize consequences of violence.
2. Establishing a robust institutional structure
  - a. Adequately equipped first responders- the GBV sensitive training of professionals who do the first attendance of victimized women: doctors, delegates, police officers, etc., can improve trustiness on the system and avoid revictimization.
  - b. Specialized structures - creating physical and online structures to support victims at any time they need, working 24/7
  - c. Improvement in data collection - more accurate data will be gathered and it will be possible to increase the effectiveness of public policies on gender based violence.

In Brazil, the pandemic and their subsequent lockdowns have led to a spike in domestic and gender-based violence in cities across the country - a pattern that has emerged around the world but that affects disproportionately disenfranchised and minority women from low-income countries. The COVID-19 pandemic exposes and exacerbates inequities in healthcare and access to justice and makes it even harder for women that cannot afford legal practitioners' and mental health care clinicians fees. In response, NOSSAS has expanded access to resources and support for women who



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are survivors of violence through Mapa do Acolhimento, a solidarity network that brings together women that need help and women that would like to help. Using community organizing, in-house custom-made digital tools, and existing tech platforms, Mapa developed a women-led women-ran initiative that connects gender-based violence victims to therapists and legal defense aiders at an unprecedented rate. Mapa believes that by unlocking the power of solidarity amongst women, it is possible to provide survivors of GBV with the necessary mental health and legal support they need to break the cycle of violence and regain their self-esteem, ability to engage as productive members of society, and ability to effectively advocate for themselves and others.