
Domestic violence against women during the period of COVID-19

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Abstract

The article assesses domestic violence against women during the non-COVID-2019 period and during confinement-2020, in Perú. The Logit model was used with 54,679 women. The probability of psychological violence in the study period was 45.6%, this probability increased by 2.1% during confinement; the probability of physical violence was 31.6%, with an increase of 2.2% during the pandemic, while the probability of sexual violence was 37.8% with a further increase of 5.6% during the COVID period. With enforced social isolation, domestic violence was higher because women spent more time at home with their spouses and was exacerbated by limited access to VAW services, domestic violence was higher among women in socially vulnerable situations and considered to be natives and with children under five years of age.

Keywords: Confinement, Domestic violence, Physical violence, Psychological violence and Sexual violence.

Introduction

Domestic violence is a global problem that cuts across cultural, geographic, religious, social and economic boundaries and constitutes a violation of human rights. (Nurul et al., 2018). However, violence against women and girls was already a major global problem before the pandemic, but with

social distancing and confinement, attention to domestic violence through calls in some countries increased five-fold, the trend was highest in countries with the highest rates of domestic violence. (Fogstad et al., 2021) The trend was greatest in low- and middle-income countries. (Bourgault et al., 2021). Stay-at-home" policies to counter the pandemic have increased the problem of domestic violence against women. (Viero et al., 2021).

Domestic violence includes various acts of physical, sexual and emotional violence, and although it usually refers to intimate partner violence, particularly between a man and a woman, it can also include the abuse of children, the elderly or siblings. (Hegarty et al., 2000). But many victims often do not report domestic violence to the authorities, because of discrimination and labelling; or they simply do not report it because of discrimination and labelling. (Gqola, 2015) Or it is simply not reported due to lack of evidence. (Beland et al., 2020). Domestic violence is one of the best known stress factors that have a direct impact on physical and mental health, the burden of which has increased during the COVID-19 crisis. (Rashid et al., 2021). Worse still during the social isolation it was not possible to prevent gender-based violence, due to limited access to social services. (Ruiz & Pastor, 2021) due to limited access to social services, justice and victim support organisations.

Although quarantine is an effective infection control measure, it can have significant health, social, economic and psychological consequences. One of these was an increase in cases of domestic violence. (Kourti et al., 2021; Maji et al., 2021; Viero et al., 2021). The increase in violence was due to increased tensions in households, increased risk factors for violence from the perpetrator, economic burden and limited access to support services available prior to closure. (Usta et al., 2021).

Quarantined couples' cohabiting relationships ended up sharing more time, which can lead to tensions or simply provide more opportunities for potential abusers to engage in violent behaviour. (Perez et al., 2020, p. 18). At the same time, women's most basic human rights were at risk. (Gulati & Kelly, 2020).

Thus, during confinement, many women had to remain in the home with their aggressors, increasing fear, anxiety and violence, which led to an increase in physical and psychological domestic violence against women. (Herrera et al., 2021). In addition, during the confinement by Covid-19, the perpetrators watched the women for any movement or contact with the police. (Piquero et al., 2020; van Gelder et al., 2020). Thus, the constant contact between the aggressors and the victims led to an increase in violence and a decrease in the number of complaints. (Kourti et al., 2021) and increased coercive control over the women. (Carrington et al., 2021). Helplines may have given victims a better chance to speak out and take control of the situation. (Elman et al., 2020).

As a result, the situation increased by 32% for domestic violence, evidenced by the increased use of direct calls mainly to incidents of psychological violence. (Perez et al., 2020, p. 14). Also, unwanted sexual contact accounted for the majority of abuse, but physical and sexual assaults were also frequent, mainly in victims who experienced changes in anxiety and insomnia symptoms. (Peraud et al., 2021). The increase in psychological and sexual violence is due to changes in the aggressor's behaviour such as threats, situations of control and intimidation by limiting the woman's ability to leave the home. (Lorente, 2020).

Likewise, domestic violence is related to some variables, such as when the woman has more education, is married, has been with her partner longer, is older and has a higher social status, physical violence towards women is reduced, while physical aggression increases when women work. (Sandoval & Otálora, 2017). Another factor that hinders victims of domestic violence is economic dependency, which makes women reluctant to leave their homes, because if they leave, they will not be able to survive. (Andina et al., 2020). In addition, more educated and financially independent women are considered to magnify their bargaining power and reduce the risk of abuse. (Nurul et al.,

2018)The relationship between domestic violence and women's perception of their rights is also related to women's perception of their rights with domestic violence. (Zakaliyat & Susuman, 2018). Globally, violence against women and girls remains latent, 35% of women have been victims of physical and/or sexual violence by an intimate partner or sexual violence by a person other than a partner. (Organización Mundial de la Salud, 2013). During the COVID-19 pandemic, Perú, like other countries, has seen an increase in domestic violence. (Porter et al., 2021)The only records of domestic violence against women are telephone calls and chat rooms, registered by the AURORA programme of the Ministry of Women and Vulnerable Populations, where the register of calls shows an increase of around 60,000 calls and 11,000 chat rooms. The Women's Emergency Centres (CEM) reduced the number of face-to-face services due to confinement, with the exception of the Urgent Attention Service (Servicio de Atención Urgente). (Ministerio de la Mujer y Poblaciones Vulnerables, 2021).

While the number of calls registered on the 105 hotline decreased by 132 calls for crimes of violence against women during the first months of the confinement, the total number of victim sponsorships for crimes of physical, psychological and sexual violence by the Public Defence of the Ministry of Justice and Human Rights decreased by 3% as a result of the confinement, despite this there were increases in some judicial districts such as Tumbes, Ventanilla, Loreto, Callao, Lima Norte, Lima Este, Ucayali, Sullana and Lambayeque. Meanwhile, arrests for assaults against women by the Public Prosecutor's Office increased 84% during the Covid-2020 pandemic. Arrests for femicide during the period of confinement increased by 172% and the number of men arrested for crimes of rape during the period of confinement increased by 400%, when the historical figure was no more than 70%. (Ministerio de la Mujer y Poblaciones Vulnerables, 2021). Meanwhile, 60% of sexual assaults occurred in the home, perpetrated by family members or members of the victim's close environment. (Ministerio de la Mujer y Poblaciones Vulnerables, 2020)

Given the situation, it is important to mitigate domestic violence in Perú. Because violence against women inflicted by their partners is a public health problem, which not only affects the mental health of the victim but also that of her children, whether or not they are exposed to violence. (Vargas, 2017). Because domestic violence against women makes them more subordinate and they do not enjoy the same rights and freedoms as their partners. Therefore, the research will assess domestic violence during the Covid period of 2020 and the non-COVID period of 2019.

Having presented the issue of domestic violence, the aim of the research is to assess domestic violence against women during the COVID-19 period and its associated factors in 2019 and 2020.

Materials and methods

The model

For a person in a cohabiting relationship and staying in the relationship, his or her utility level is maximised, subject to the other person's constraints, which allows for an equilibrium level. According to Farmer and Tiefenthaler (1997)domestic violence against women is a non-cooperative relationship, thus, violence increases the aggressor's utility (U^M) towards the woman (U^W)According to Farmer and Tiefenthaler, domestic violence against women is a non-cooperative relationship, thus violence increases the aggressor's utility function towards the woman:

$$U^M = U^M(S(V), C^M, \eta) \quad (1)$$

Where: $S(V)$ is a variable that incorporates self-esteem factors that increase utility when there is physical, emotional and sexual aggression towards another person; C^M is consumption; η denotes marital capital within the cohabiting relationship, it will not remain if single. Similarly, the utility function of women is:

$$U^W = U^W(V, C^W, \eta, U^M) \quad (2)$$

The man's utility is considered within the woman's utility, since the woman will maximise her utility when the man remains in the relationship. The corresponding constrained optimisation is:

$$\max_{V, C^M} U^M(S(V), C^M, \eta) \quad (3)$$

Subject to: $\bar{U}^w = U^W$ and to its budget constraint, the first-order conditions of man resulting from the optimisation of (3) are

$$\frac{U_V^M}{U_{V^M}^M} = -\frac{U_V^W}{U_{V^W}^W} \quad (4)$$

Expression (4) is the marginal rate of substitution of offender and victim, given by the level of violence and consumption.

$$U^W = \bar{U}^w(C_s^W) \quad (5)$$

The terms in equation (5) indicate that the utility level of the offender assumes the consumption of the variables within the household and that the offender keeps his utility level constant.

Couples during the period of confinement end up sharing more time together, which can lead to tensions or violence in the household, by giving more opportunities for potential aggressors to engage in violent behaviour, therefore expression (2) and (3) would also be a function of the time spent by the man with the woman in the household and expression (3) would be given by:

$$\max_{V, C^M} U^M(S(V), C^M, \eta, T) \quad (6)$$

Where: T is the time spent as a couple in the home

In a cohabiting relationship, when the man spends more time with the woman in the home, it may provide more opportunity for perpetrators to engage in violent behaviour, thus increasing the usefulness of the man's role in the relationship from U_0^M a U_1^M . The woman's utility, on the other hand, continues to be negative, increasing towards the origin. U_1^W increasing towards the origin.

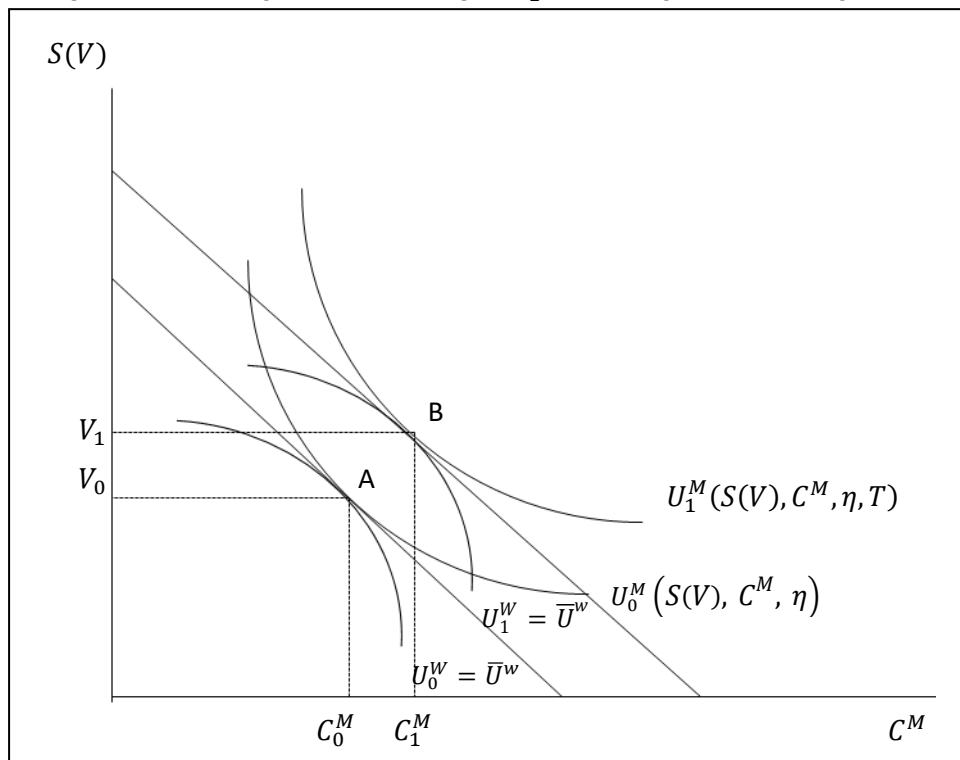


Figure 1. Optimal choice of violence and consumption by longer partner stayin the home

Sample and method

The research methodology is quantitative and the research design is causal. A total of 54,679 women were selected for domestic violence, of which 40,793 women were selected for cases of psychological violence, 11,457 women for cases of physical violence and 2,429 women for cases of sexual violence, the sample is for women eligible for domestic violence, with a partner, cohabiting or married relationship. The information comes from the Demographic and Family Health Survey (ENDES) of the National Institute of Statistics and Informatics for the pre-confinement period 2019 and during the period of compulsory social isolation 2020; for this the modules were used: Maternal mortality and family violence, this module presents information on violence exercised by the husband or partner, ever or during the 12 months in the year 2020 and 2019; secondly the module basic data of women of childbearing age was used; thirdly the household characteristics and finally the module of nuptiality, fertility, spouse and wife.

Logit model

The study measures domestic violence through psychological violence, physical violence and emotional violence, using the Logit model.

$$Y_{it} = \begin{cases} 1 = \text{the woman is a victim of domestic violence} \\ 0 = \text{the woman was never a victim of domestic violence of any kind} \end{cases} \\ \Pr(Y_{it} = 1 | \beta' X_{it}) \quad (7)$$

$$\beta' X_{it} = \beta_1 + \beta_2 \text{COVID} - 19_{it} + \beta_3 \text{Children5}_{it} + \beta_4 \text{alcohol}_{it} + \beta_5 \text{age}_{it} + \beta_6 \text{Área}_{it} \\ + \beta_7 \text{EDU}_{it} + \beta_8 \text{Marital}_{it} + \beta_9 \text{Work}_{it} + \beta_{10} \text{EDU}_{\text{husband}}_{it} + \beta_{11} \text{Pregnant}_{it} \\ + \beta_{12} \text{Ethnicity}_{it} + \mu_{it} \quad (8)$$

Where: subscript *i* refers to the woman in period *t*; *Y_{it}* is the probability of occurrence of domestic violence if equal to 1 and if equal to 0 otherwise; *COVID – 19* =1 domestic violence during Covid-19 period and 0 non-COVID-19 period; *Children5* refers to the number of children under five in the household; *alcohol* is the husband's consumption of alcoholic beverages; *age*: expresses the age of the woman; *Área*: refers to rural or urban area of residence; *Marital*: expresses marital status; *Work*: whether the wife works; *EDU_{husband}*: is the husband's level of education; *Pregnant*: whether the woman was pregnant and *Ethnicity*: is when the woman considers herself native, black, white or mixed race.

The probability of occurrence of domestic violence (*Y_{it}*) is given by:

$$\text{Prob}(Y_{it} = 1) = \frac{e^{\beta' X_{it}}}{1 + e^{\beta' X_{it}}} = \Lambda(\beta' X_{it}) \quad (9)$$

Where $\Lambda(\beta' X_i)$ is the logistic distribution function; the marginal effect of the Logit model expresses the change in the dependent variable caused by a unit change in one of the independent variables holding the rest constant and is expressed as follows:

$$\frac{\partial E[y|x]}{\partial E} = \Lambda(\beta' X_{it}) [1 - \Lambda(\beta' X_{it})] \beta \quad (10)$$

Results

During the Covid-19 pandemic, 30.4% of women declared that their husband is jealous or annoying when he talks to another man, being the most frequent, and also insists on knowing where he is going (23.9%), the other forms of control situations towards women are: threats, humiliating situations and situations of control.9%), other forms of controlling situations towards the woman are distrust with the use of money, limiting visits or contact with her family, accusing her of being unfaithful and humiliating situations in front of others (Figure 1).

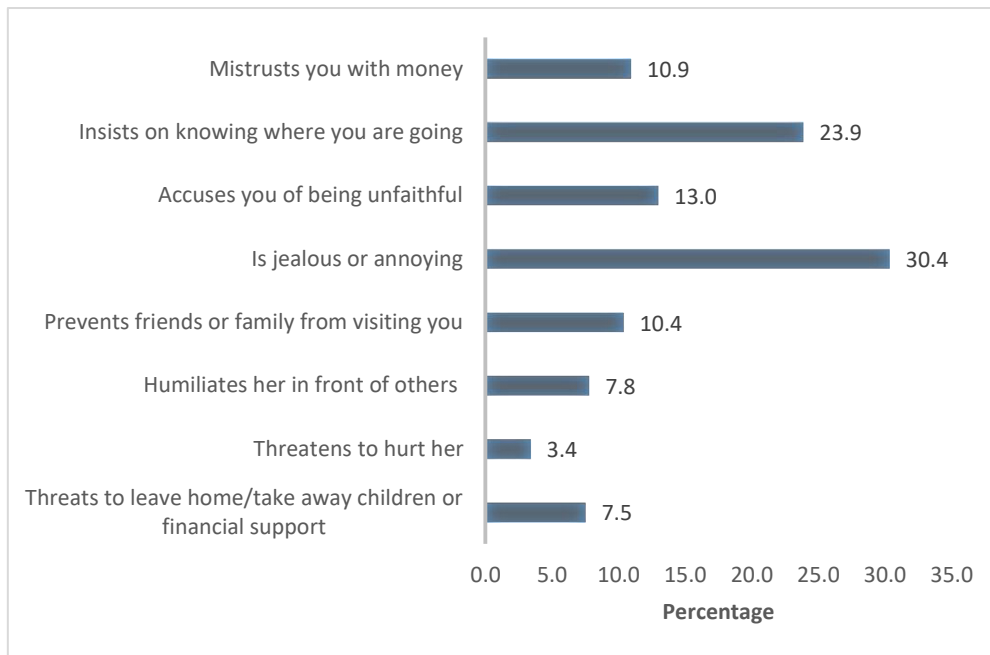


Figure 1. Perú: Psychological violence ever perpetrated by spouse or partner during the COVID-19 pandemic

The probability of psychological violence in the study period is 45.6%, being the highest probability with respect to physical and sexual violence, according to expression (9) and (10) the results of the Logit model and marginal effect are.

$$Prob(Violencia psicológica = 1 | \beta' X_{it}) = 0.456$$

$$\frac{\partial Y[Violencia psicológica]}{\partial(\text{periodo COVID} - 19)} = 0.456 * [1 - 0.456] * 0.088 = 0.021$$

From Figure 2, the probability of psychological violence during COVID-19 was 46.3%, so the probability of psychological violence during social isolation increased by 2.1% compared to the previous period (year 2019).

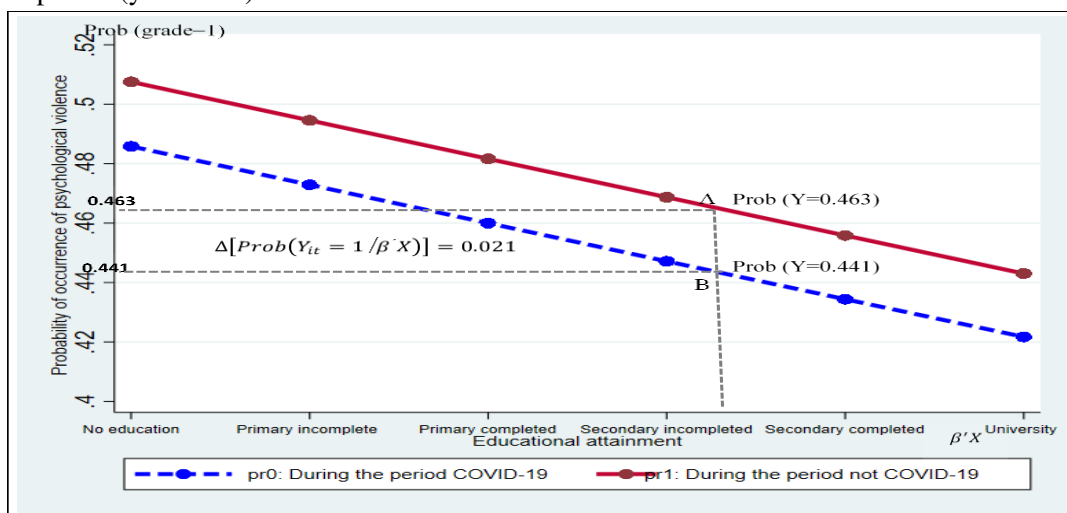


Figure 2. Likelihood of psychological violence during COVID-19 compulsory social isolation and in the non-confinement period.

Physical violence includes a range of situations such as hitting, slapping, pushing, shoving, aggression, injuries, among others, that can cause physical harm; on average in the pandemic period 24.6% of

women reported that their partner pushed, shook or threw something at them, secondly slapped or twisted their arm (15.4%) and then hit them (12.7%).

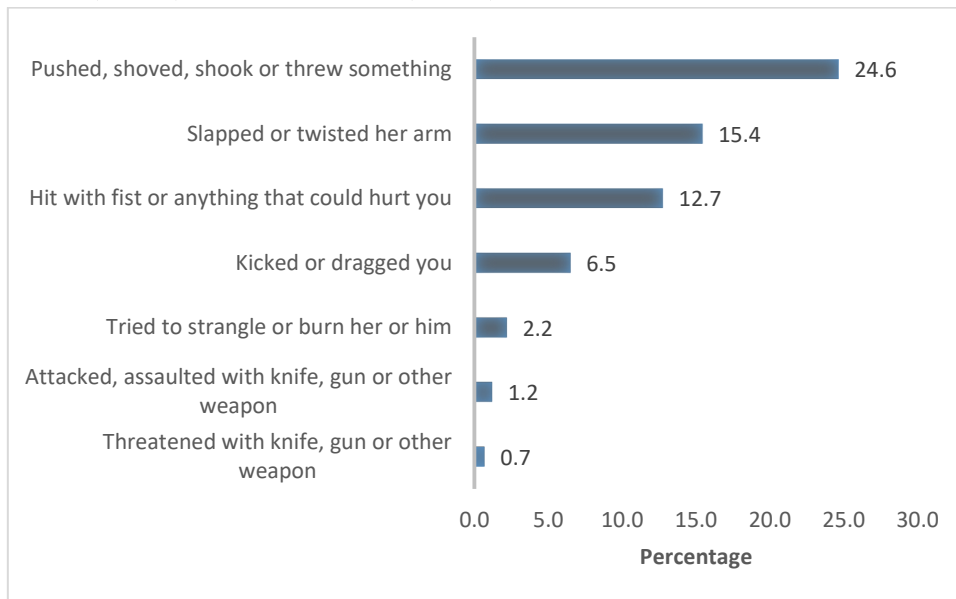


Figure 3. Perú: physical violence ever perpetrated by spouse or partner during the COVID-19 pandemic

While the probability of physical violence was 31.6% according to the result of the Logit model and the marginal effect of the Logit model is

$$Prob(Violencia física = 1 / \beta' X_{it}) = 0.316$$

$$\frac{\partial Y[Violencia física]}{\partial (periodo COVID - 19)} = 0.315 * [1 - 0.315] * 0.0999 = 0.022$$

During the COVID-19 period, the likelihood of physical violence increased by 2.2% compared to the non-COVID-19 period (Figure 4).

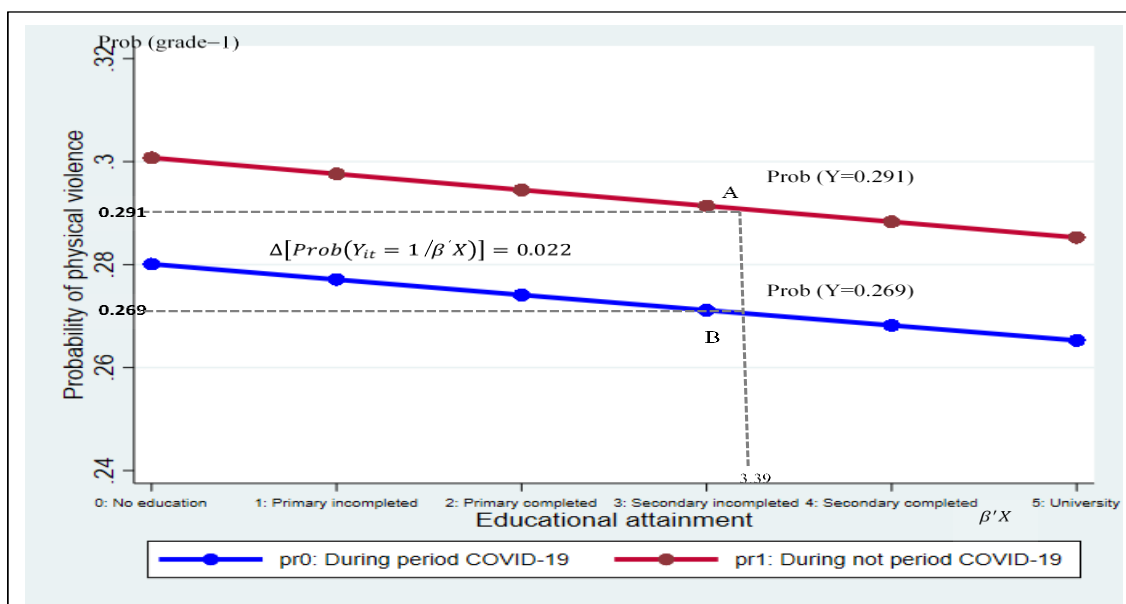


Figure 4. Likelihood of physical violence during COVID-19 mandatory social isolation and in the non-confinement period.

Of the sexual violence in the COVID-19 period, 29.7% of the women revealed that they were raped by their husband or partner using physical force even though they did not want to be raped. While 18.2% stated that they were forced to have sex of which they did not approve. This situation is considered a public health problem that is associated with depressive symptomatology in women when they are victims of sexual violence (Figure 5).

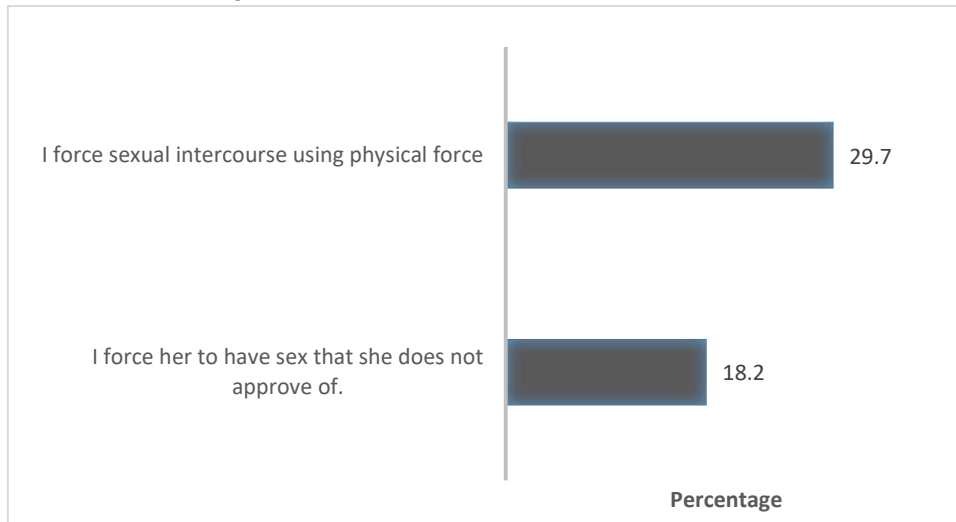


Figure 5. Perú: Sexual violence ever perpetrated by spouse or partner during the COVID-19 pandemic

The probability of sexual violence in the study period was 37.8%, according to the results of the probabilistic Logit Model.

$$Prob(Violencia sexual = 1 / \beta' X_{it}) = 0.378$$

$$\frac{\partial Y[Violencia sexual]}{\partial (periodo COVID - 19)} = 0.378 * [1 - 0.378] * 0.240 = 0.056$$

During the time of the pandemic, sexual violence increased by 5.6%, the result exceeding the values for psychological violence and sexual violence, although in the study period the highest number of cases was psychological violence, followed by physical violence and sexual violence (Figure 6).

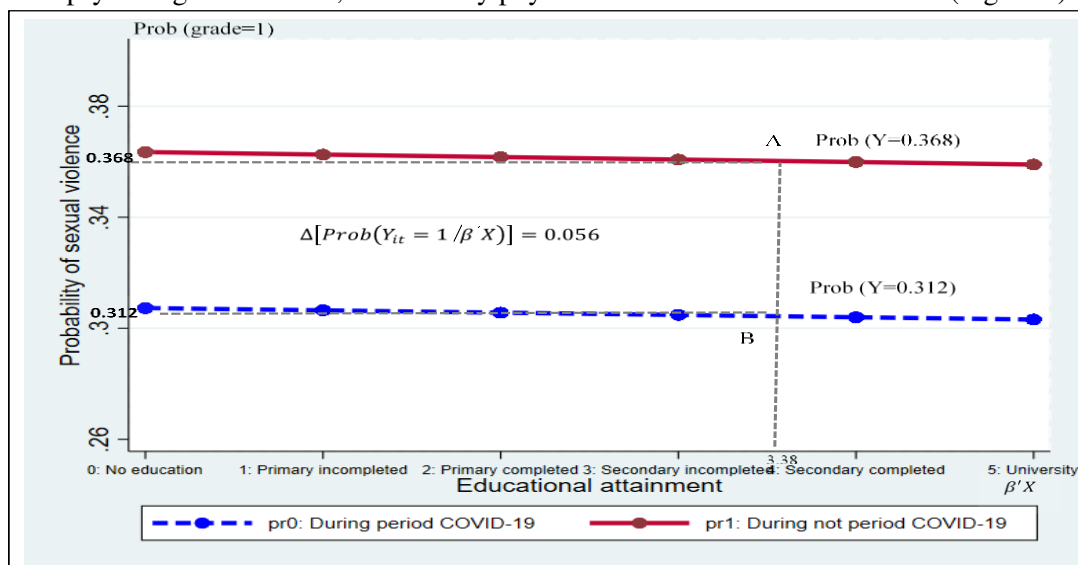


Figure 6. Likelihood of sexual violence during COVID-19 mandatory social isolation and in the non-confinement period.

From table 1, physical and sexual violence increases when the household has children under the age of five, likewise when the woman's partner or husband consumes alcoholic beverages domestic violence increases, mainly the probability of emotional violence increases by 4.5%. Likewise, as the woman's age increases, psychological violence increases while physical and sexual violence decreases. Psychological violence is also higher in urban areas.

Women's higher level of education decreases the likelihood of being a victim of domestic violence, and women's higher level of education gives them a better status and empowerment in the household. It can also be observed that the higher the level of education of the woman's partner or husband, the probability of psychological violence decreases while the probability of physical and sexual violence increases.

The result also shows a higher probability of psychological and physical violence in women with a cohabiting marital status. It can also be seen that physical and sexual violence is lower when the woman is working. It can also be seen that psychological violence decreases when the woman is pregnant and physical violence increases when the woman is not pregnant.

The likelihood of domestic violence is higher for women considered Quechua, Aymara or Amazonian native than for women considered white, mestizo and black or Afro-Peruvian native, reflecting the fact that native women face social barriers.

Table 1. Results of the estimation of the Logit model for psychological, physical and sexual violence

	Psychological		Physics		Sexual	
	Logit	$\partial y/\partial x$	Logit	$\partial y/\partial x$	Logit	$\partial y/\partial x$
<i>Probability of violence</i> <i>Prob(Y_{it} = 1)</i>						
<i>Period COVID-19</i>	0.088*** (3.84)	0.021	(2.13)	0.022	0.240*** (2.52)	0.056
<i>Children under 5 in the household</i>	-0.109*** (-7.33)	-0.027	0.293*** (9.88)	0.063	0.322*** (5.08)	0.075
<i>Couple drinking alcoholic beverages</i>	0.182*** (7.69)	0.045	0.044 (0.85)	0.009	0.07 (0.62)	0.016
<i>Age of the woman</i>	0.004*** (3.86)	0.000	-0.021*** (-8.99)	-0.004	-0.021*** (-4.53)	-0.005
<i>Area of residence</i>	0.200*** (8.22)	0.049	-0.114*** (-2.37)	-0.024	-0.379*** (-3.88)	-0.089
<i>Women's level of education</i>	-0.052*** (-6.15)	-0.012	-0.013* (-0.80)	-0.003	0.006* (0.17)	-0.001
<i>Marital status</i>	0.434*** (18.44)	0.107	0.162*** (3.12)	0.035	-0.250*** (-2.22)	-0.058
<i>If the woman works</i>	0.222*** (9.71)	0.055	-0.090** (-1.94)	-0.019	-0.335*** (-3.21)	-0.078
<i>Husband's level of education</i>	-0.039*** (-3.34)	-0.01	0.132*** (5.60)	0.028	0.136*** (2.88)	0.031
<i>Pregnant</i>	-0.332*** (-6.20)	-0.082	0.308*** (2.32)	0.066	0.167 (0.50)	0.039

<i>Ethnicity</i>						
<i>Native</i>	0.117***	0.029	0.020	0.004	-0.546***	-0.131
	-2.83		(0.24)		(-3.40)	
<i>Black or Afro-Peruvian</i>	-0.002	-0.000	0.066	0.014	-0.237	-0.058
	(-0.04)		(0.65)		(-1.17)	
<i>White</i>	0.06	0.015	0.149	0.032	-0.217	-0.053
	-1.09		(1.32)		(-0.95)	
<i>Mongrel</i>	-0.143***	-0.035	0.073	0.015	-0.415***	-0.101
	(-3.45)		(0.87)		(-2.50)	
<i>_cons</i>	-1.094***		-0.739***		0.902***	
	(-13.23)		(-4.06)		(2.40)	
N	40793		11457		2429	

Statistical "z" within parentheses

*** p<0.05 significance level at 5%, ** p<0.10 significance level at 10%, + p>0.10 significance level greater than 10%.

$\partial y/\partial x$ is the marginal effect of the Logit model

Discussion

The likelihood of psychological, physical and sexual violence during the period of the COVID-19 pandemic has increased in Perú. This demonstrates that confinement restrictions during the COVID-19 pandemic led to an increase in domestic violence. (Fogstad et al., 2021; Kourti et al., 2021; Maji et al., 2021; Perez et al., 2020; Rashid et al., 2021; Viero et al., 2021). Domestic violence against women in Perú was already a problem before the COVID-19 period, but with social isolation this was exacerbated by women's limited access to social services, public services for comprehensive care of violence against women, justice and victim support organisations. As Ruiz and Pastor point out (2021) that domestic violence could not be prevented during social isolation. Because confinement weakened the women's ability to respond to their violent aggressors. (Usta et al., 2021).

The likelihood of physical violence during the COVID-19 period in the country increased by 2.2%, it can be observed that this figure is lower than that of Porter et al. (2021) where 8.3% of the sample experienced an increase in physical violence, while those who already reported cases of violence in previous periods experienced an increase in physical violence during COVID-19 by 23.6%, with a variation of 15.3%. Similarly, the likelihood of psychological violence in Perú increased by 2.1%, but in some countries such as Argentina, daily calls for psychological violence increased by 76%. (Perez et al., 2020). Meanwhile, 43% of women in the European Union suffer from psychological violence. In Bangladesh 36.8% of respondents had faced domestic violence at some point in their lives; psychological abuse was the most common type of violence. But, the prevalence of the economic abuse type of domestic violence increased after the implementation of the COVID-19 blockade. (Rashid et al., 2021). In France more than 7% of women were affected by physical or sexual violence after the closure of COVID-19. (Peraud et al., 2021).

So the problem of domestic violence in the rest of the world is greater than in Perú, but history shows that in times of pandemics or catastrophes the risk of domestic violence has always been greater; as Peterman et al. (2020) disasters, such as floods, famines, fires, severe weather events, civil conflict and pandemics, are associated with increased risk factors for violence against women and children. (Peterman et al., 2020).

Thus, "stay-at-home" policies to address the pandemic have brought consequences of domestic violence against women, because women were forced to stay with their aggressors, which increased risk factors. Because in quarantine, couples ended up spending more time together, which led to tensions or increased opportunities for perpetrators to engage in violent behaviour. (Perez et al., 2020).

This situation generated greater control and surveillance of the woman by the aggressor; thus, confinement caused an increase in physical and psychological domestic violence against women. (Herrera et al., 2021) The study also found a higher probability of sexual violence (5.6%) as opposed to psychological violence (2.1%) and physical violence (2.2%) during the period of social isolation. These results can be contrasted with Perez et al. (2020, pp. 23-24) where sexual violence accounts for 35% more than emotional and physical violence; similarly women were more likely than men to have unwanted sexual intercourse. (Sanz et al., 2021) Likewise, Peraud et al (2021) mentions that sexual assaults were mainly due to victims experiencing symptoms of anxiety and insomnia; and even due to changes in the offender's behaviour. (Lorente, 2020). Sexual violence increased firstly because women spent more time with their partners or husbands at home, secondly because women had limited access to public services for violence against women, and thirdly because the perpetrator kept the woman under surveillance for any movement or contact with the police. Thus, the pandemic gave rise to the coercive control of the aggressor. (Carrington et al., 2021).

On the other hand, the cases of domestic violence occurred mainly in those women who were in situations of social vulnerability, with children under five years old and without support, an approximation of this was the ethnicity of the woman, where it is clearly seen in the results when the woman is considered native (Quechua, Aymara or Amazonian native) the greater the probability of physical and psychological violence. This is due to the fact that indigenous women face barriers such as poverty, gender discrimination, family rejection and stigmatisation by the community. (Vázquez & Muñoz, 2013).

During the study period the results indicate when women work the likelihood of physical and sexual violence decreases, it can be seen when women are independent or when they work they get more recognition and respect from their partners, this proves the study of Nurul et al. (2018) study, if women are more socio-economically independent, they can gain more respect and appreciation from their spouses, which ultimately reduces the rate of domestic violence. The study also shows that the higher the woman's level of education, the lower the likelihood of domestic violence, and the higher the husband's level of education, the lower the psychological violence. For example Alkan & Tekmanlı (2021) point out that an increase in the level of education of the woman's husband or partner reduces the likelihood of exposure to sexual violence.

Likewise, when the woman's partner consumes alcoholic beverages, the greater the probability of psychological violence in the home, and when the woman's marital status is cohabiting, the greater the probability of psychological and physical violence.

Domestic violence has direct consequences on women's physical and mental health, which worsened during the COVID-19 period. It is the biggest case of sexual violence. When women are victims of sexual violence, it can lead to depressive symptoms, suicide attempts, and alcohol and drug use. (Ramos et al., 2001).

Conclusions

It has been found that domestic violence in Perú during the COVID-19 period has increased, the average probability of sexual violence among women in the study period was 45.6%, while during the COVID-19 period, the probability of psychological violence increased by 2.1% over the previous year, the probability of physical violence was 31.6%, with an increase of 2.2% during the quarantine, while the probability of sexual violence was 37.8% with an increase of 5.6% during the COVID-19 period. Domestic violence in the country was already a problem before the pandemic, but social and post-confinement isolation and the economic and social consequences of COVID-19 in the country exacerbated the situation. Couples during the period of confinement ended up sharing more time at

home, as the social isolation measures forced women to stay at home longer with their partner or husband, this situation gave the aggressors the opportunity to engage in violent behaviour, triggering women's vulnerability to domestic violence, the risk was aggravated by limited access to justice, decreased arrests and police interventions, closure of courts, closure of shelters for victims and reduction of care at Women's Emergency Centres as a consequence of compulsory social isolation. The greatest likelihood of domestic violence during COVID-19 was sexual violence because the perpetrator had more surveillance of the woman on any movement or contact with the police, along with limited access to public services for violence against women. Cases of domestic violence occurred mainly in those women who were in situations of social vulnerability, with children under five years of age, when the husband consumes alcoholic beverages, in an urban area of residence and with a cohabiting marital status; since in women considered as natives (Quechua, Aymara or Amazonian native) the probability of physical and psychological violence is higher than in women considered as white and mestizo. Likewise, the probability of domestic violence was lower in those women with a higher level of education and when they work, since they obtain greater recognition and respect from their spouses. Domestic violence has direct consequences on women's physical and mental health, which worsened during the COVID-19 period.

While confinement is an effective policy to counter the spread of COVID-19, it can have health, social, economic and psychological consequences. Women's violence against women services must be prepared for future pandemics or catastrophes of a similar nature to what has occurred.

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