



Better Prevention of Femicide: Evidence from Brazil

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Abstract

This article presents the results of a death review study of 34 cases of femicide in the Federal District, Brazil, between 2016 and 2017. The aim of the study is to analyse how primary, secondary and tertiary prevention policies could have enhanced the prevention of these particular femicides. The study uses a mixed-method research design to analyse the judicial and health files of victims and perpetrators, supplemented by semi-structured interviews with surviving relatives. The findings highlight the need for an intersectional approach to gender, race, class and migration status in prevention policies; better risk assessment and management; enhanced women's reporting of domestic violence earlier; and better integration of the justice system with psychosocial services. The increase of violence against women during the COVID-19 pandemic strengthens the need for an integrated approach to the prevention of lethal gender violence. This paper provides an original contribution to better comprehend the profile of femicide victims and perpetrators with a view on how to improve prevention policies in Brazil.

Keywords

Femicide; Brazil; death review; prevention policies.

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Introduction

Violence against women is a complex, multi-causal phenomenon that affects all social classes. Worldwide, 30% of women have experienced physical or sexual intimate partner violence (World Health Organization 2013). Despite the global convergence on the characteristics of femicides related to common gendered motivations, there are regional and local particularities. The legacy of coloniality in the Global South deepens discrimination and exploitation related to gender, race and social exclusion, resulting in brutal manifestations of interpersonal violence (Segato 2012).

Latin America and the Caribbean are the most dangerous regions in the world for women (Small Arms Survey 2016). From 2016 to 2019, femicides grew 43% in Brazil (FBSP 2020a). In 2017, 13 women were killed per day, with 28.5% of the crimes occurring at the victim's residence, possibly the majority being intimate femicide (Cerqueira 2018). In 2019, 58.9% of the cases of femicide occurred within the family environment. In 89.9% of cases, the perpetrator was the victim's partner or ex-partner (FBSP 2020a). Femicides have increased during the COVID-19 pandemic (FBSP 2020b). The agenda of southern criminology proposes a more locally nuanced and culturally sensitive response to violence against women (Walklate 2018). Most research about gender violence has been conducted in the large English-speaking cities of the Global North (Carrington et al. 2020). Findings from these studies cannot simply be applied to understand the distinctiveness of gender violence in the Global South. Prevention policies need to be tailored to specific local contexts that can account for the heterogeneity of cases encountered in death reviews (Dawson 2017).

The criminalisation of femicide in 18 Latin American countries aims to avoid impunity but also to denounce the gender discrimination behind these crimes, fostering better statistics and prevention policies (Deus and Gonzalez 2017). This study aims to analyse how the profile of femicide cases, victims' history of violence and their route through support services may provide evidence to better prevention policies.⁷

The first part of this article presents the methods of the primary research. It is followed by a general presentation of Brazilian policies for preventing violence against women. Then, it discusses the data on the femicides analysed by the study and its implications for the importance of primary, secondary and tertiary public policies of preventing gender violence. Each of these three sections is illustrated with a case study, using a pseudonym name for the victim. The analysis seeks to identify how these policies could have enhanced the prevention of the femicides under investigation. The final part discusses aggravation of the risk of femicide during the COVID-19 pandemic as well as the policies adopted in Brazil during 2020.

Methods

This article presents the results of death review research on femicides in the Federal District, Brazil, between 2016 and 2017, with the goal of analysing the circumstances and background of femicides for the development of prevention policies. The study analysed all femicides in the period—a total of 34 killings of women in the context of domestic and family violence. The sources included judicial files, health records, and semi-structured interviews with the 21 victims' relatives. The research was previously approved by the Ethics Commission of the University of Brasília (CEP/UnB n. 3.070.767).

The judicial files were located by searching the electronic systems of the Civil Police (PCDF), Prosecution Office (MPDFT) and the Judiciary (TJDFT) related to the crime of femicide. Having a specific crime for femicide simplified the identification of cases, validating the legislation goal of fostering better statistics (UN Women and Brazil 2016). A copy of the files was obtained in partnership with the Gender Centre of MPDFT. All cases were public. The judicial files were analysed by a multidisciplinary research team with backgrounds in law, psychology, social work and medicine. They aimed to identify the risk factors present in each case according to the specialised literature (Jewkes 2002; Medeiros 2015). Legal proceedings prior to femicide involving the parties were also analysed to identify the interventions carried out by the public services, including law enforcement, justice, and psychosocial services.

The records from the public health department (SES/GDF) of victims and perpetrators were located and analysed in partnership with the health department division responsible for producing statistics related to violence (NEPAV). Access was granted to electronic patient records (SIS-Saúde TRAKCare) and notification documents in cases of domestic violence (SINAN). NEPAV assigned a medical doctor (Andrea Passeto) to be part of the research team and analyse health documents to identify whether there were notifications or interventions in alleged situations of previous violence.

Finally, semi-structured interviews were conducted with 21 relatives of 19 victims⁸ from March to July of 2019 to understand the victim's history of violence and complement information. The three interviewers were trained in psychology and social work and had extensive experience in domestic violence. Interviewees received information on the objectives of the research and granted their consent for voluntary participation. Considering the risk that the interviews might trigger painful feelings, interviewers were prepared to provide psychosocial support during the interview and to refer to health services, according to a previous protocol with NEPAV. Six surviving relatives who had not received any governmental psychosocial support accepted the referral. The data obtained in the research were analysed using thematic analysis (Braun and Clark 2006).

All perpetrators were men, and all victims were women. In two cases, there were collateral victims (an elderly mother and a female neighbour). In 92.4% of cases, there was an intimate partner relationship.⁹ As will be discussed ahead, most victims were young (the majority were under 34 years old), black (71%), with low incomes (67.7% received up to one Brazilian minimum salary¹⁰) and had migrated to the Federal District (70%). We will explore other socio-demographic data and history of violence and their correlation with prevention policies in the following sections.

Prevention Policies to Address Violence Against Women in Brazil

One of the milestones for tackling violence against women is the Inter-American Convention to Prevent, Punish and Eradicate Violence Against Women, known as Belém do Pará Convention, which was ratified by the Brazilian government in 1996. During the 1990s, many countries in Latin America enacted laws to respond to domestic and family violence (Essayag 2016).

In Brazil, the first efforts to formulate and implement policies in this area occurred in the 1980s, with the creation of the first women-only police stations and the first shelter houses, actions focused on health, social assistance and public security (Assis and Deslandes 2019). In 2003, the National Secretary for Women's Policies (SPM) gained the status of a Ministry, which fostered the advance of public policies for women and the articulation of an assistance network for women in situations of violence.

There were three National Plans of Policies for Women (National Secretary for Women's Policies 2004, 2008, 2012), which were formulated at the National Conferences on Women's Policies with the active participation of women's movements. Besides providing support for women in situations of violence, other strategic areas included education for citizenship, combating sexism, racism and lesbophobia; access to education, qualifications, employment and housing; political participation; and the promotion of sexual and reproductive rights, among others.

In 2006, the main legal framework to combat domestic and family violence against women was passed: the Maria da Penha Law (*Law no. 11.340*).¹¹ As a result of feminist activism and international pressure, the legislation proposed a holistic approach to addressing domestic and family violence against women in a gender-sensitive framework. In accordance with the Belém do Pará Convention, the Maria da Penha Law classified domestic and family violence against women as a violation of human rights and defined it as 'any action or omission based on gender that causes death, injury, physical, sexual or psychological suffering and moral or patrimonial damage' that occurs within the family or domestic unit or within an intimate relationship (*Law no. 11.340 of August 7, 2006 [Brazil]*).

In 2015, the Law on Femicide (*Law no. 13.140*) amended the Brazilian Penal Code to include the category of femicide as a form of aggravated homicide (*Law no. 13.104 of March 9, 2015* [Brazil]). It is applied when there is a crime for reasons of female status, whether due to domestic or family violence or contempt or discrimination against women. The criminalisation of femicide was an important step towards recording more accurate statistics. Naming and qualifying female homicides are essential for addressing this type of gender-based violence with specific prevention policies and support services for survivors. The 'Brazilian national guidelines on femicide' were published to induce a gender lens for investigation and prosecution (UN Women and Brazil 2016).

There are three levels of prevention policies for violence against women: primary, secondary and tertiary (Pasinato, Machado and Ávila 2019; World Health Organization 2002). Primary prevention policies involve actions that encourage reflection on the underlying causes of violence and are aimed at the entire population to address gender inequalities and stereotyped roles that normalise violence against women as acceptable or tolerable. Secondary prevention policies, known as early intervention, reach individuals who are at risk of suffering or practising domestic violence or who are already in an initial context of violence that could develop into more serious episodes. Tertiary prevention, known as response, involves the action of the security and justice services to offer support to the victim, hold the perpetrator accountable and prevent the repetition of violence, as well as health interventions aimed at reducing recurrence (Pasinato, Machado and Ávila 2019). It is necessary to integrate different public policies at different levels of intervention to address the complexity of domestic violence.

The Maria da Penha Law provides guidelines for the integration of the justice system with other essential services for women in the areas of public security, health, education, work, housing and social assistance (*Law no. 11.340 of August 7, 2006* [Brazil]). Its groundbreaking provisions included actions related to education policies for gender equality, training and specialisation of public agents, and awareness campaigns targeting domestic and family violence against women.

In the health system, notification of cases of domestic and sexual violence against women is mandatory (Ministry of Health 2014) and, after notification, interdisciplinary assistance should be offered to victims (Ministry of Health 2001). This notification is the main instrument for the coordination between primary and secondary health services with specialised health services for the care and prevention of violence (Ávila 2017).

In sum, responses to end violence against women in Brazil encompass coordinated actions across three levels of prevention: primary, secondary and tertiary. But could analysis of femicide cases validate this prevention policies framework?

Femicides and Primary Prevention Policies

The study conducted in the Federal District of Brazil identified 34 victims of femicide during 2016 and 2017 aged between 19 and 61 years old, the majority of whom were under 34 years old (52.9%). These women were killed by partners and boyfriends (53%) and ex-partners and ex-boyfriends (38.3%) (Ávila et al. 2020). These were relationships lasting between 1 month and 43 years, with an average of 5 years and 10 months. In 47.1% of the cases, the crimes occurred in the place where the victim and the perpetrator cohabited, and 76.5% of the victims left children behind, most of them under 18 years old. In the sample, nine children and adolescents were directly exposed to the femicide scene, either witnessing the crime, trying to help the mother, or finding the body.

The study found that the motivations for the femicides were strongly related to sexist ideologies, with conflicts linked to the discrimination against women by men. In 61.8% of the femicides, there were conflicts over the maintenance of the emotional relationship, including cases where the perpetrator did not accept the breakup or made accusations of betrayal. In the remaining cases (38.2%), there were several conflicts related to male expectations about how women should take care of their children and the house

and conflicts over the patrimony and how they should behave after divorce, such as whether they could have new emotional relationships.

The reaffirmation of male authority in relation to women, children and family and the control over the female body and behaviour were present, with lethal violence being used as an ultimate form of discipline and control. As pointed out in the literature, these intimate femicides are closely related to gender inequality and the sexist culture of discrimination against women (Heise and Kotsadam 2013; Jewkes 2002; World Health Organization 2002). Thus, one of the pillars of primary prevention must be the promotion of gender equality, with the deconstruction of the gender roles and social standards that normalise violence against women.

Educational campaigns and actions must, therefore, question stereotyped gender roles in public and private spaces; promote equal and respectful relations between men and women and boys and girls; promote autonomy, self-confidence, and female independence (Ávila and Ferreira 2021); and stimulate cooperation and nonviolent resolution of conflicts between men and women (Caridade, Saavedra and Machado 2012). The campaigns should be aimed at men and women of all ages, initiating reflections within the school curriculum and expanding discussions to work environments and social and family relationships. In addition, social awareness campaigns and educational plans must address not only gender issues but also other inequality markers in Brazilian society, such as race, ethnicity, class and age (Ávila et al. 2020).

Another pillar of primary prevention must be based on the visibility of domestic violence as an illicit act and on the support for victims requesting assistance, either with a criminal complaint or a request for the support of the specialised services network. The study indicated that 64.7% of women had already been threatened with lethal violence (Ávila et al. 2020). In all cases, there was a history of physical or psychological violence between the parties, but only 23.5% of women had made a complaint against the aggressor. Although 44.1% of family members and friends had witnessed previous instances of violence, this appears not to have resulted in an increase in the reporting of domestic violence to the authorities.

Some women hid the violence suffered during the relationship and only reported the threats a few days before being killed by femicide. This indicates that women often face ambiguous feelings of shame and guilt and that the lack of family support can be a factor of greater vulnerability for these victims (Santos and Moré 2011). The data also suggest that women take too long to recognise that they are in a risky situation of violence or that they try to get around the situation without sharing it with family members or authorities in the hope of a change of behaviour from the aggressor or for fear of the threats.

At this point, primary prevention policies are fundamental for the recognition of domestic violence and its main manifestations (including psychological violence), as well as the encouragement to report. Community-oriented campaigns should address the concept of domestic violence so that families, friends and neighbours can recognise and understand the problem, identify people at risk and encourage them to seek help (Ávila et al. 2020).

Finally, the research pointed out that social inequality was also present in the femicides studied, affecting women's financial autonomy, opportunities in the labour market and possibilities of equal power within the relationship. There was a clear over-representation of black and low-income women among the femicide victims, as black women¹² correspond to only 56% of the local population but represented 71% of the victims of femicide, while the average income of victimised women corresponded to 24.6% of the average income of local workers (Ávila et al. 2020). Most of the victims had a low level of education (41% had up to nine years of formal study) and occupied jobs with high levels of informality and socially undervalued, often domestic occupations without formal employment rights (Ávila et al. 2020). The average monthly income of the women was less than the minimum wage, and 23.5% of the women were financially dependent on the aggressor. In total, 70% of both victims and perpetrators were migrants from other Brazilian states, indicating the lack of a personal support network as a risk factor.

This data indicates that public policies for primary prevention should also address the bases of social inequality, promoting women's autonomy and their access to education, health, housing and racial equality policies, among others, and decreasing their economic dependence on the aggressor, enabling greater possibilities of choice for women in situations of violence. These programs should invest in education and qualifications for women, fair wages and opportunities in the labour market, as well as investment in day care centres and public facilities to offer care and support to the children of working women. It also indicates a clear intersection between gender, race, class, and migration status, which must be the object of specific analysis for the construction of prevention policies:

Manuela was murdered by her partner after three years in an intimate relationship. She was 29 years old, skin colour brown, and for seven months, lived together with her partner, with a common daughter of one and a half years old. Manuela was born outside the Federal District, had completed high school and was unemployed. Her relatives narrated that her partner was jealous and controlled her use of money, interdicted her to work and to go outside the house and threatened her if she asked for a separation.

Initially, Manuela did not recognise his behaviour as a form of psychological violence, and, later, she began to hide this situation from her relatives. On the day of the crime, Manuela told a sister about the attacks she had been suffering and her plans to separate and go back to work, having obtained family support. However, after confronting her partner, she was killed by knife blows in front of the couple's daughter.

Had Manuela received guidance for recognising the various forms of violence, been encouraged to call for help at an earlier stage, as well as received financial support and guidance on how to safely break off an abusive relationship, she might still have been alive.

Femicides and Secondary Prevention Policies

A second stage of the research evaluated the electronic health records of the parties involved in the femicides, identifying that 47% of the victims and 73.5% of the aggressors had one or more visits to the public health system for domestic or other interpersonal violence. In some cases, the parties reported the episode of domestic violence directly. In others, professionals treating the victims noticed injuries caused by accidents, such as cuts, bruises and fractures, and reported them as suspected domestic violence. This moment of assistance should be an opportunity to carry out an early intervention in the cycle of violence to prevent more serious episodes.

Brazilian legislation establishes the obligation for medical services to notify episodes of violence within the health system (SINAN) so that those involved may be referred to preventive programs, but our study showed that only 18.7% of the cases were notified. For example:

Leticia, 30 years old, skin colour brown, had an intimate relationship with the offender for four years and lived in a rural area. There was a history of several attacks on the victim, including when she was pregnant, with death threats in case of separation or if she complained to the police. Leticia had multiple visits to the health department with injuries, suicidal thoughts and when she suffered an abortion after being stoned, but in none of these situations did the health system notify her case to the women's support services. One day she was killed by knife blows after an argument over a betrayal by her partner.

If Leticia's case had been communicated to the women's psychosocial service, with an active intervention for her strengthening, she could have been made aware of and able to recognise alternatives to the violence she was living, preventing the escalation to femicide.

The lack of notification prevented these women from being referred to specialised violence services to prevent new episodes of aggression and health problems. Health professionals, especially in primary care,

are often resistant to carrying out the compulsory notification due to lack of knowledge of the relevance of the information, lack of training for filling out the form or fear of becoming involved in the conflict (Ávila 2017).

Conversely, in one of the notified cases (of extreme risk), the woman was invited to an initial appointment, but she did not attend, and there was no coordination between the service team and the local primary care service to perform an active search for a home visit. Thus, it is essential that the services specialised in dealing with violence coordinate with the local primary care services, broadening the possibilities for preventing femicide.

In relation to the perpetrators of femicide in the study, 73.5% had already been seen in health services for fractures, cuts, bruises and various wounds related to interpersonal violence. However, none of these men was referred to specialised services or programs of reflection on violent masculinities as a health care strategy. In Brazil, most reflective programs for men are promoted by the justice system as a tertiary prevention strategy linked to a judicial process. However, public policies for secondary prevention should involve the compulsory notification of men involved in episodes of violence and their referral to specialised care services to promote reflection and prevent new episodes.

The study also identified the need for greater attention from maternal and children's health professionals. Among the victims of femicide, three were pregnant or in the period of 18 months after childbirth and, in four cases, they had suffered previous violence in the context of pregnancy and puerperium. However, the latter information was obtained in the analysis of the judicial files or indicated by family members and not in the health records. Thus, there is a need to train maternal and children's health professionals in the early diagnosis of suspected cases of domestic violence, referring them to the specialised network dealing with violence against women.

Early intervention is also important in cases involving abuse or dependence on alcohol and other drugs. About half of the male perpetrators abused alcohol and other drugs, but none attended specialised intervention and treatment services. One of the perpetrators received emergency services for alcohol intoxication a few days before the femicide, but he was also not referred to any type of care. Finally, 35.3% of the perpetrators were under the influence of alcohol when they committed the femicide (Ávila et al. 2020).

According to the literature, the use of alcohol and other drugs should not be considered the cause of gender violence. However, it is a risk factor for the recurrence of violence and abuse by decreasing the inhibition of aggressive behaviours of control (Jewkes 2002; Medeiros 2015). Thus, secondary prevention policies should also target intervention with individuals who are dependent on alcohol or other drugs.

Another relevant aspect of the study is that almost two-thirds (61.8%) of the femicides occurred when the victims were recently separated or tried to separate from the aggressor. These women were killed when discussing the end of the relationship, returning to the ex-couple's residence to remove personal objects or meeting the aggressor to resolve pending issues. In other cases, the women ended the relationship but, for personal reasons (usually financial), they continued to live in the same residence as the aggressor. These data indicate that it is important that the assistance network include individual security plans as a strategy to avoid contexts of potential risks, especially when women decide to end relationships.

Femicides and Tertiary Prevention Policies

Tertiary prevention policies involve state responses to the practice of violence. In the case of violence against women, tertiary prevention includes all the interventions by the justice system and public security. The purpose of these interventions is to offer a response to the victim, redress for the violence suffered and to hold the perpetrators of violence accountable. Health interventions aimed at addressing the long-term effects of violence and its recurrence may also be considered tertiary prevention. The cyclical nature

of domestic violence means that these response interventions also assume a character of prevention of new episodes of violence.

As one important measure of protection, the Maria da Penha Law included emergency intervention orders, which can be requested at a police station and must be decided by a judge within 48 hours. The protection orders may involve removing the aggressor from home; prohibiting contact with the victim, family, or witnesses; restricting visits to children; and even suspending the perpetrator's license to carry a weapon.

The study found that 47.1% of the women were killed in the couple's residence, indicating the importance of removing the aggressor from home to decrease the risk of femicide. Studies indicated that granting protection orders increases women's confidence in the justice system and decreases the risk of recidivism (see Diniz and Gumieri 2016). The acknowledgment of violence by the justice system enhances women's willingness to report and empowers them to eventually leave the abusive relationship (Azevedo et al. 2016).

Psychosocial and legal support programs offered by the justice system and the government are important tools for empowering women and breaking the cycle of violence. When women are at risk of suffering severe forms of violence, admission to shelter houses or similar institutions may guarantee immediate protection to women and their children.

Some public policies are associated with protection orders to enhance their effectiveness. In some states in Brazil, for example, regular visits to victims and aggressors are carried out by both military and municipal police departments to monitor compliance with protection orders and prevent recidivism. Some states have named this monitoring policy 'Maria da Penha Patrols'. Other examples of innovative initiatives include the use of emergency mobile phone devices and panic alarms by women with protection orders, as well as the use of monitoring electronic devices by perpetrators, such as ankle monitors (Ávila 2018). Reflective programs for men who commit gender-based violence are also important tools for preventing new episodes of violence (Beiras and Nascimento 2017). The Maria da Penha Law provides guidelines for the creation of programs for perpetrators of domestic violence, which have been developed in some states as a strategy to prevent gender violence and form an important component of the assistance network.

Another important strategy has involved risk assessment and management. In 2020, a national model for risk assessment was approved by the National Council of the Judiciary and National Council of the Prosecution Office (2020). These instruments indicate the risk factors present in each case, making it possible to plan individualised and coordinated protection actions with the local service network.

The study indicated that all women had suffered some form of violence before the femicide; however, only 23.5% ($n = 8$) had previously reported the incident to the police, and in none of these cases were the victims or perpetrators referred to monitoring patrols or psychosocial services (Ávila et al. 2020). This finding indicates the relevance of encouraging women to report violence in the early stages. It also signals that many women hesitate to seek protection when it requires a criminal intervention. Therefore, it would be relevant to spread other distress channels, such as centres for women's rights. Seeking help is different from filing a criminal complaint. There is also a lack of integration of the criminal justice system with prevention policies.

The research indicates that when women who report violence have positive experiences in their interaction with the justice system, such as, for example, having been granted an intervention order or being engaged in a follow-up service, they are more likely to report new episodes of violence. However, there are also indications that, if a woman does not have a good experience in her interaction with the justice system, for example, if her request for an intervention order is dismissed, she is not engaged in protection services, or she is taken to a court hearing to reaffirm her interest in prosecuting the aggressor (even without a legal provision), then she is less likely to report new episodes of violence. This negative experience leads to a lack of confidence in the justice system, and the victim continues to suffer new acts of violence without reporting them until the case escalates into femicide:

Joaquina, 37 years old, white, lived with the aggressor for about three years, being recently separated on the date of the facts. Two years before the crime, she filed a police report for battery, but her request for an intervention order was denied by the court. After that, the victim suffered several other attacks and death threats, including been stabbed and hit with a bottle, engaging in non-consensual sexual relations, and been threatened related to the non-acceptance of the end of the relationship. In none of these situations, Joaquina filed a new complaint with the police. Joaquina was killed during an argument when he threw alcohol and set the victim on fire in the presence of neighbours.

If Joaquina had been properly welcomed by the justice system in her first request for help, been granted her demand for protection, it is possible that she would have increased her confidence in the justice system to denounce the subsequent aggressions, having opportunities to get out of the situation of violence and avoiding the femicide.

In three of the eight cases with previous criminal complaints, women had been threatened to request the criminal case to be closed, which was accepted by the justice system, indicating the need for greater attention to these requests. In other cases, the aggressor was not held responsible because of the victim's lack of cooperation during the criminal procedures. In three judicial files of previous complaints, the aggressors were held responsible for the crimes before committing femicide, and in three others, the conviction for the previous violence took place after the femicide was already perpetrated.

These data demonstrate that the punitive intervention alone is insufficient for preventing the escalation of a violent relationship to femicide. It must be associated with other preventive interventions, such as reflective groups for men who commit violence, psychosocial support programs for victims, monitoring patrols, protection orders and emergency mobile phones. These interventions by the justice system, coordinated with public prevention policies, could have changed the lethal trajectories of these women. In 80% of cases, there were six or more risk factors for femicide, indicating that femicide is a preventable crime.

The COVID-19 Pandemic in Brazil and New Challenges for Addressing Domestic Violence Against Women

The current pandemic situation has increased the risk of gender-based violence and posed the urgent need for investment in prevention policies. The COVID-19 pandemic presents a serious challenge to the world, with health, social and economic consequences affecting all communities and individuals (UN Women 2020). Nonetheless, the social and economic disruptions have amplified pre-existing gender inequalities, affecting women and girls disproportionately.

The social isolation measures have increased the levels of gender-based violence in the domestic context, leaving women, children and the elderly in closer contact with their aggressors and isolating them from assistance and social support networks. The confinement measures increased the risk of women experiencing more lethal and extreme violence and decreased their chances to seek external intervention (FBSP 2020b; Marques et al. 2020; Pfitzner et al. 2020; UN Women 2020).

In addition, the literature points out other stressors, such as economic instability or loss of income; social isolation; the increased burden of domestic work and care for children and the elderly for women; weakening of support networks; effects on mental health with fears of illness; increased use of alcohol and other drugs; and the appearance and worsening of stress, anxiety, and depression (Alencar et al. 2020; Marques et al. 2020; Silva et al. 2020). The pandemic increases the complexity of women's needs and creates new forms of intimate partner violence related to social isolation and risks of infection (Pfitzner et al. 2020).

The context of social isolation may also have given greater visibility to some types of violence that were less recognised or more tolerated within families, such as psychological, moral or patrimonial violence

(Pasinato and Colares 2020). If, before the pandemic, women already faced obstacles to reporting violence, the pandemic amplified these difficulties. With this panorama, researchers and national and international organisations recommend giving special attention to gender violence during the period of social isolation, with effective actions to ensure that victims can be adequately cared for (FBSP 2020b; Pasinato and Colares 2020; UN Women 2020).

Brazilian data (FBSP 2020a) from January to July 2020 indicated that police records related to violence against women dropped compared to the same period in 2019: intentional bodily injuries decreased 10.9%, threats dropped 23.5%, and rapes of adult women, 23.5%. Even though these records have dropped, lethal cases of violence against women have increased; in the first half of 2020, there were 648 femicide victims in Brazil, 1.9% more than the same period in 2019. Specifically, during the months of March and April 2020, the most intense period of social isolation in the Brazilian context, there was an increase of 22.2% in the total number of deaths of women, compared to the same period of the previous year (Bianchini and Ávila 2020).

These data indicate that some women may be having difficulties accessing the police stations in person, possibly due to the aggressor's proximity, stay-at-home orders and fear of contamination. At the same time, it was observed that the number of calls to the police helpline service (Call 190) increased by 3.9%, indicating that some of the women were able to request assistance by telephone. However, research has confirmed that women also have their telephone contacts and messages monitored by their aggressors during COVID-19 lockdowns (Pasinato and Colares 2020; Pfitzner et al. 2020).

The first actions of the Brazilian government to address the escalation of domestic violence during social isolation took place in March, with instructions for the action of local governments, such as the recommendation to continue the provision of services by the 'women's service network' during social isolation, the implementation of committees to combat violence against women in the context of COVID-19 and the promotion of campaigns to encourage complaints. New channels for reporting domestic violence (and other violations of law) were announced, such as mobile phone applications. Since then, national campaigns have also been launched in partnerships with private sector institutions and civil society to encourage complaints (Alencar et al. 2020).

In May, an action plan was presented by the federal government with four areas of action: 1) technological reformulation and allocation of resources for new or existing services, aiming at strengthening the network; 2) articulation and coordination with other bodies, institutions and local governments to guarantee the implementation of financial assistance, food security, psychological assistance, online services, shelter services and virtual police reports, as well as the virtualisation of the judicial actions in this area; 3) communication actions and courses, with the expansion of educational campaigns mainly in digital media and the qualification of professionals in the service network; 4) studies and research to identify possible groups not included in the previous actions (Alencar et al. 2020).

In July 2020, the government published *Law no. 14.022*¹³ with specific measures to combat violence against women during the pandemic. It declared the domestic violence care services as essential, prohibited the suspension of legal proceedings related to these forms of violence, admitted electronic police reports, established the mandatory provision of face-to-face assistance for serious cases, admitted the use of electronic evidence and the automatic extension of protection orders during the pandemic state, among others (Bianchini and Ávila 2020). Almost all these actions were aimed at extending forms of virtual assistance through the internet, which excluded women who have precarious access or do not have access to this type of technology (Alencar et al. 2020).

In Brazil, most services to combat gender violence are the responsibility of local governments. The federal government is responsible for national coordination and for providing general guidelines and recommendations. In the local plans, measures to address the pandemic have led to the reorganisation of some support services.

Regarding security policies, most police departments allowed women to file a criminal complaint by telephone or internet; the monitoring patrols services (*Patrulhas Maria da Penha*) adapted their services to contact the victim by videoconference and in person, with visits to the victims' homes (Alencar et al. 2020).

In specialised psychosocial services for women in situations of domestic violence, many professionals have started to work remotely. Despite the limitations of the remote modalities, mainly related to maintaining confidentiality and the lack of access to a telephone or internet by part of the most vulnerable public, it was an immediate alternative to avoid the complete interruption of the service (Campos, Tchalekian and Vera 2020).

In several states in Brazil, the judiciary bodies and the Public Prosecutor's Office have also implemented remote assistance, seeking to guarantee the continuity of services, especially in activities related to violations of rights—these services also faced challenges related to population access. Similarly, the legal assistance to women in situations of domestic violence also had to be adapted to the COVID-19 context (Souza and Lopes 2020).

Finally, many local governments reinforced educational actions through booklets and publicity campaigns, both to raise awareness of the problem and encourage complaints by women and the community (Alencar et al. 2020). However, many experts consider these measures insufficient for addressing the new challenges, and the budget for prevention policies is not fully spent but diverted away (Pasinato and Colares 2020).

Final Considerations

The research carried out in the Federal District indicated that prevention policies are essential for avoiding preventable femicides. The 34 cases of femicide analysed by the study found that young, black, migrant women; women from poor economic backgrounds; and women with a low level of education were over-represented in the cohort of cases. This evidence recommends the promotion of women's autonomy and access to social rights, as well as the need to intersect gender, race, class and migration status on primary prevention policies. The study found that the motivations for femicide were strongly related to sexist ideologies, pointing to the urgent need to promote gender equality social campaigns to deconstruct the social standards that normalise violence against women.

Regarding secondary prevention, the study found that almost half of victims and three-quarters of perpetrators had previous visits to the public health system for wounds and injuries caused by violence, but health authorities rarely made reports of suspected domestic violence. This means that health professionals lost the opportunity to refer victims to empowerment programs and perpetrators to centres to reflect and prevent their use of violence and, thus, break the escalation of lethal violence. The study also indicates that maternal and children's health professionals are critical for an early diagnosis of suspected cases. About half of the perpetrators abused alcohol and other drugs, but none attended specialised intervention services.

About three in five cases of femicide happened when the victim was recently separated but decided to meet the partner to discuss the end of the relationship. This means that when a woman decides to end an abusive relationship, she should be offered an individual security plan with strategies to avoid potential risk contexts. The study also found that three-quarters of victims left children behind, and many of them were exposed to the killing, which indicates the need to better support these relatives.

Even though all the women had experienced previous violence, only a quarter had reported it to police, suggesting that it is necessary to increase the visibility of all forms of gender violence, especially psychological violence, and to encourage women to seek help in earlier stages. Considering the victims who had previously filed a complaint against the perpetrator, the study found a lack of integration of the responses of the justice system with the multi-agency services of the specialised network, especially for

the psychosocial reflection of those involved and the monitoring of protection orders, seeking to stop the escalation of violence. The study showed that when the woman has a negative experience after a complaint, she is less likely to report a new episode of violence. In almost half of the previous cases, the woman was threatened to close the case, and her request was accepted by the justice system, indicating the need for greater attention to these requests. The accountability of aggressors, from a criminal justice point of view, showed limitations in terms of preventing femicides, despite recognising its relevance in the broader perspective of giving political visibility to gender violence and deconstructing its historical normalisation. In sum, this study showed that femicide is a preventable crime and that failures at different levels of prevention policies can lead to the death of women.

In the context of the COVID-19 pandemic, keeping this prevention system working has been a major challenge, and public authorities have tried to adapt to keep these services running, mainly online, while trying to follow health measures and preserve their health professionals, especially those belonging to risk groups. Thus, several services had a significant effect on face-to-face assistance and challenges related to the migration to the remote modality, with a direct effect on the lives of women in situations of violence.

Challenges for the implementation of prevention policies for domestic violence in Brazil have always been immense, and the pandemic has accentuated these. Brazil is a country with continental dimensions and diverse regional realities, with great disparities in terms of income distribution and digital inclusion. The importance of investing in comprehensive and coordinated policies is not restricted to the context of COVID-19. The allocation and effective use of financial resources for domestic and family violence prevention and response should be a long-term commitment.

Future research should investigate the criminological profile of more femicide cases and their correlation with prevention policies to monitor their effectiveness and contribute to policies aimed at reducing lethal cases of gender violence.

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⁸ Cases without necessary information to identify family members, who refused to participate or who did not return telephone contact by the research team were excluded. In two cases, two relatives of the same victim were interviewed.

- ⁹ In one case, the perpetrator was the son, and in another, he was a stalker who believed he had an intimate relation with the victim.
- ¹⁰ The Brazilian minimum salary is, since 1 January 2021, BRL 1,100, which corresponds to approximately AUD 280.
- ¹¹ In 1983, Maria da Penha Maia Fernandes was asleep in her home when her husband shot her. After surviving the attempt on her life, she returned home. Two weeks later, her husband tried to electrocute her while she was bathing. The two attacks left her a paraplegic. For 15 years, Maria's case remained in the Brazilian justice system, and her husband remained free. In 1998, Penha brought her case to the Inter-American Commission on Human Rights, which decided that Brazil had failed to meet its obligations under the Belém do Pará Convention and was responsible for the human rights violations Maria suffered. As a result of the Commission's decision, the Brazilian government enacted a law under the symbolic name, 'Maria da Penha Law on Domestic and Family Violence'.
- ¹² We are translating the Portuguese word 'negro' as 'black', which is an official racial or ethnical definition in Brazil, comprising the skin colours 'preto' (black) and 'pardo' (brown). In Portuguese, 'negro' does not have an offensive meaning.
- ¹³ In Brazil, not all laws receive a specific name (like the Maria da Penha Law, Penal Code or the Children and Teenagers' Statute). The most common way to quote laws in Brazil is by their number and year. The *Law no. 14.022/2020* did not receive a special name. It has the following abstract: 'Amends Law no. 13.979, of February 6, 2020, and provides for measures to combat domestic and family violence against women and to combat violence against children, adolescents, elderly people and people with disabilities during the public health emergency in international importance due to the coronavirus responsible for the 2019 outbreak'.

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