

Narrative Review on the Therapeutic Approach to Violence against Women during the COVID-19 Pandemic in Latin America

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Abstract Violence against women during the pandemic has become a problem that has affected the world and to date has caused the death of many women. Although mental health has shown a growing interest in research, it is still very susceptible to being affected. This research described the scientific literature on the challenges in the psychotherapeutic approach in victims of violence against women during the COVID-19 pandemic in Latin America. A narrative review was carried out with a search of documents in the Scopus, Web of Science and PubMed databases, using descriptors for women, violence against women, COVID-19 and Latin America. As a result, 12 studies were included, which reported that the use of helplines, digital platforms of care and teletherapy were advantageous in several Latin American countries during the pandemic; difficulties were found in the accessibility of care for cases, collapse of telephone lines, technical problems of the system and the need for training for health professionals and service providers. It can be concluded that the coping strategies most used during the pandemic were the help services, through telephone and virtual care; there was difficulty in following up and monitoring the case in the medium and long terms, so further studies could focus on it. The main limitation of this work is methodological, since a number of studies could have been excluded from the searches for not including some of the

terms in the search equation.

Keywords Violence against Women, Psychotherapeutic Approach, COVID-19, Latin America

1. Introduction

Throughout the history, the differences between men and women have been evident, and a discriminatory society has been observed, based on norms, rules and values that privilege and promote machismo [1]. The behavioral and moral patterns that have been inculcated by the culture indicate the reasons why, for women, it is complicated to leave a violent relationship; in addition, the institutions are characterized by patriarchal thinking. According to this, the male exerts his strength to control the woman, who is defenseless and does not denounce the aggressor [1]. Since the beginning of March 2020, when the World Health Organization (WHO) [2] declared the global pandemic for COVID-19, the measures taken to achieve physical distancing and limitations in terms of mobility in order to avoid contagion, have also generated a change in the dynamics of social interaction, which has had a negative impact on women victims of violence, and has represented

seclusion and obstacles in accessing assistance services [3].

The isolation of women who suffer violence within their homes, in the company of their aggressor, has had the direct result of increasing the levels of violence and the impunity of the aggressor, due to the fact that there has been an increase in the structural component, the isolation and direct dominance exercised on women [4]. International reports indicate an increase in violence against women perpetrated by their partners in the context of COVID-19, probably due to the ease with which the aggressor can obtain greater control over his partner [5]; forced cohabitation together with the increase of different stressors has promoted aggressive behaviors and limited the victims' access to help services, which has resulted in a notable increase in the incidence of violence against women [6].

According to WHO [7], statistics on the prevalence of intimate partner violence among women aged 15 to 49 years were: less developed countries (37%), North America (25%), Australia and New Zealand (23%), Latin America and the Caribbean (25%), Northern Europe (23%), East Asia (20%), among other similar results. Likewise, Noman et al. [8] point out that domestic violence rates increased by 300% in China, 50% in Brazil, 30% in France, Cyprus and New Zealand, 25% in the United Kingdom and 20% in Spain. In the specific case of Latin America, these countries, which are characterized by being in the process of development, have high rates of violence against women and, because of their sociodemographic particularities, have been strongly impacted by COVID-19 in health, social and economic aspects [9].

Intervention in cases of violence against women during the pandemic assumes the challenge of addressing beyond the individual, because it not only affects the victims, but is also a sample of the patterns that make up the relational model of society [10]. One of the most widely used psychotherapeutic intervention approaches for working with women victims of violence is systemic psychotherapy involving family systems [11], likewise, trauma-based cognitive behavioral therapy has also had favorable efficacy [12]. However, in the COVID-19 pandemic scenario, a transition from face-to-face psychotherapy to a virtual one, called Telepsychology, has become imperative [13]. It is also essential to monitor the training of psychotherapists in the adaptation of their clinical practice to virtuality [14]. To address this problem, telephone calls

have been made available for counseling women victims of violence and information dissemination campaigns through the mass media [9]; but these strategies have multiple limitations due to the fact that in Latin America there are still difficulties in accessing connectivity and finding out about channels of help, as well as in accessing the means to file complaints or receive professional attention.

Based on this, the objective of this research was to describe the scientific production that reports the challenges in the psychotherapeutic approach to victims of violence against women in the scenario of the COVID-19 pandemic in Latin America.

2. Materials and Methods

This study is descriptive, as it aims to describe and synthesize the scientific production on the challenges in the psychotherapeutic approach to victims of violence against women [15].

The collection of information was carried out in October 2022, considering articles published in three sources or databases: Scopus, Web of Science and PubMed. Studies in English and Spanish were considered, taking into account research conducted during the COVID-19 pandemic. The search was performed with descriptors for women, violence against women, COVID-19 and Latin American countries. In Scopus and Web of Science, search adjusters were used in the title, abstract and keywords; while in PubMed in the title, abstract and Mesh words. The search period was not limited to find all the available literature on the subject.

We included studies on the psychotherapeutic approach to violence against women that were conducted in the setting of the COVID-19 pandemic, that were in any Latin American country, that may have been of an empirical or review nature, and that considered violence against women as a primary or secondary variable. Studies dealing with other types of violence or from regions other than Latin America were excluded.

The information was organized in a database in Microsoft Excel 2019. For this purpose, titles and abstracts were compared with the inclusion and exclusion criteria before reading the full texts. Data were collected from the body of the article, considering: authors, year of publication, type of article, study design, objective, sample and results. All of the above is visualized in (Figure 1).

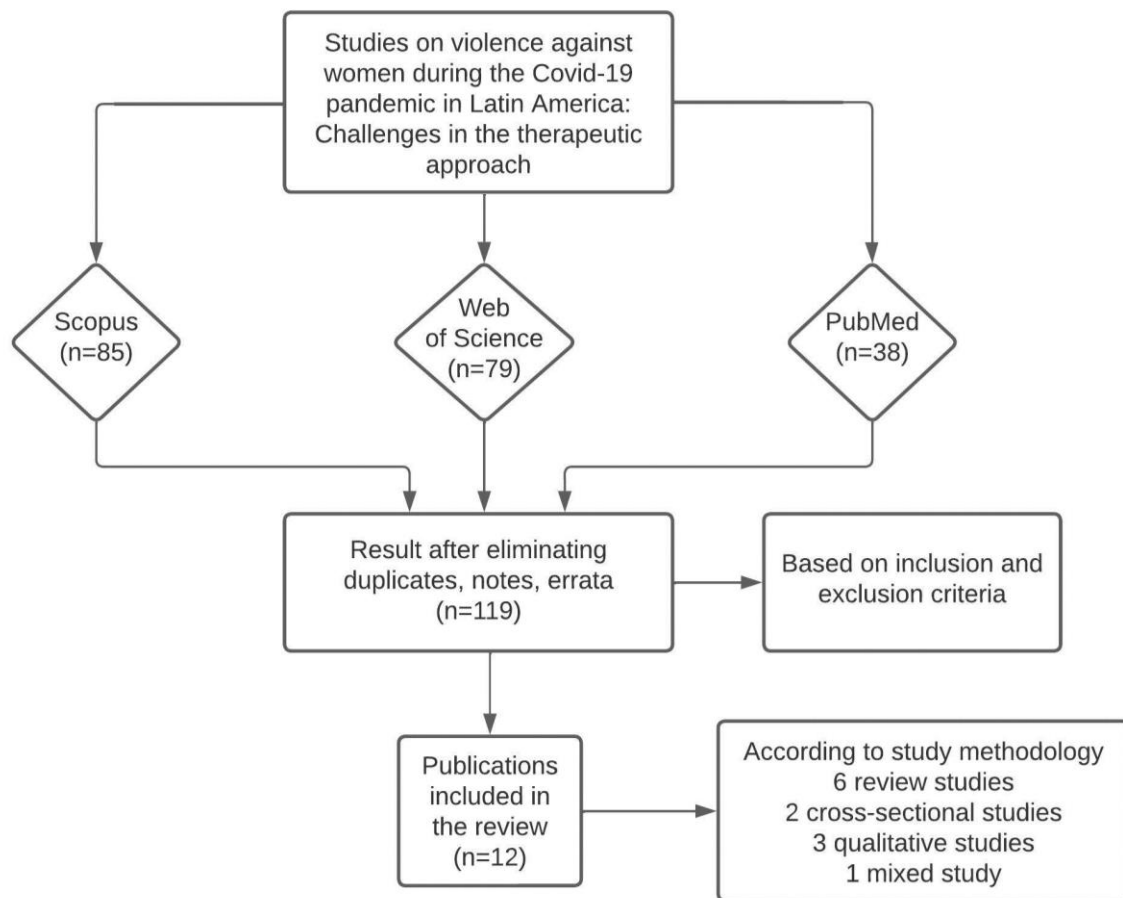


Figure 1. Flow chart of the research selection process

3. Results

Up to October 2022, 85 research papers were found in Scopus, 79 in Web of Science and 38 in PubMed, obtaining a total of 119 studies. After reviewing the documents, those that were duplicated were eliminated and evaluated according to the inclusion criteria, taking into account those investigations that considered violence against women in the pandemic environment as main or secondary variables at the Latin American level, obtaining a sample of 12 studies. Of these studies, 6 were reviews, 2 cross-sectional studies, 3 qualitative studies and 1 mixed study. The objectives of the studies were to evaluate the situation of violence against women during the COVID-19 pandemic in Latin America, as well as to evaluate the implementation of tools for addressing violence against women in this setting (Table 1).

Several studies point out the need for the production of educational material and information related to cope with domestic violence during the pandemic; as well as the dissemination, through brochures or virtual advertising campaigns, of the services available via telephone or virtual applications to receive complaints and care for victims of violence against women [16-18].

Studies report that the use of helplines, digital care

platforms and teletherapy has proven to be advantageous in Latin America in the context of the COVID-19 pandemic, maintaining the privacy of people who requested help and reducing victimization, improving the monitoring of health actions and outcomes, and bringing the service closer to those at greatest psychosocial risk in the community [16, 19, 20, 17, 21, 22].

However, several limitations have been found related to factors such as accessibility, both for the urban and rural population. A large number of people were unable to access mental health services, telephone lines were collapsed because they were intended for emergency calls due to COVID-19 cases, technical problems associated with the emergency system were not taken into account, nor were the obstacles faced by women in making emergency calls when they are locked up with their aggressors [23, 24], and there was also the need for additional modifications for survivors who have different developmental needs and who live with disabilities [25]. Service providers pointed out that it was not possible to follow up with people requesting help [20, 26].

The need to train health professionals and service providers in how to respond to domestic violence and in important teletherapy competencies was raised [16, 20]; likewise, initiatives were implemented to increase the

number of teams in the attention and prevention lines. Activities were carried out to orient family members and neighbors so that they can report cases, and support groups and communication channels have been created with the community for women in situations of violence [19, 21].

Among the strategies used to address violence against women during the pandemic were telephone and internet communication channels [19, 17], such as helplines, websites, smartphone applications, digital robots that provided information on reporting procedures, electronic services that sought to map cases of violence, specialized services to address this problem and, in some cases, the expansion of face-to-face care [21].

Countries such as Mexico implemented a reporting system through WhatsApp entitled: "You are not alone". In Colombia a women's hotline was created as a psychological and legal first contact telephone service; in Brazil a new form of registration for domestic violence reports was expanded through the electronic police station of the Civil Police, also the Red Light campaign was implemented against domestic violence, which promotes reporting through the drawing of an "X" symbol on the hand and

showing it in pharmacies in order to receive help. Likewise, companies in Brazil have created products, communication channels on websites, boots on apps, conversations with a help bot on the Uber app and support groups of women volunteers have been created [18]. In Argentina, a WhatsApp service was set up for those who could not make phone calls; in Ecuador, an emergency protocol called "Canasta Roja" was implemented, in which women in imminent danger could request help and receive urgent attention by communicating with a call center and indicating keywords; in Argentina and Chile an initiative of national governments was implemented, where women went to local commercial services and said "Mascara 12" and the staff in charge knew immediately that the woman was in a violent situation and needed help [22].

In countries such as Ecuador, there was a significant decrease in the number of calls reporting domestic violence since the beginning of the pandemic isolation [23]; however, in Peru, there was a 48% increase in the number of calls to helplines, a country where before the beginning of COVID-19, 60% already suffered from violence [27].

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Table 1. Characteristics of the challenges in the psychotherapeutic approach to violence against women during the COVID-19 pandemic in Latin America

Author (year)	Type of article/ Design	Target	Sample	Results
De Souza, et al. (2022).	Review/ review article	To assess the situation of violence against women in the COVID-19 environment in Latin America, mainly in Brazil.	Journal articles on domestic violence set in Latin American countries, mainly Brazil in the setting of the COVID-19 pandemic, published between March 2020 and June 2021.	The production of educational material with information on telephone numbers, police stations and relevant websites offering 24/7 services, and follow-up from the Defense Directorate via telephone and WhatsApp is recommended. Efforts should also be made in publicity campaigns, personal support initiatives, encouraging neighbors and acquaintances to seek help from social and legal assistance services. Seeking help in the virtual environment has proven to be advantageous in all Latin American countries. One of the greatest needs is the training and qualification of health professionals in all undergraduate courses, as they do not receive specific training on how to respond to the facts of domestic violence.
Gaba, Et al., (2022)	Original/ Qualitative	Describe the implementation of GBV guidance/research in Puerto Rico in the COVID-19 period and provide preliminary policy and practice recommendations.	15-year-old female survivor of sexual abuse from Puerto Rico.	Teletherapy could be an effective alternative. Clinical staff completed telehealth training. During this training, competencies needed for telepractice were detailed, including critical ethical, legal, clinical, and technical issues. Additional modifications may be needed for younger survivors who have different developmental needs and survivors living with disabilities who have unique considerations that affect participation and engagement in telehealth during COVID-19 and beyond.
Sosa Et al., (2022)	Original/ Transversal	Describe the development, implementation and evaluation of a psychological first aid program.	497 people with an average age of 32 years, of which 73% were women from the Dominican Republic.	The helpline supported a part of the population, but was not enough for the whole country, as many people will never be able to access mental health services. The model improves the monitoring of health actions and outcomes and, above all, brings the service closer to those at greatest psychosocial risk in the community. The most complex situation, valued by the service providers, is not being able to follow up with people, since, in most cases, they needed mental health care in the medium or long term, where psychological first aid was not enough.
Garcia, E. (2022)	Original/ Qualitative	Analyze violence against women with disabilities in the pandemic setting.	In a case study in a Costa Rican organization, in a sample of 15 women, the most of them with physical disabilities.	The State and the circles of daily coexistence have essentially become spaces of risk for them. The women consulted did not identify significant opportunities in the areas of employment, education and access to services that arose during the study period, since open spaces have not been adequate for people with disabilities. One aspect that they considered positive is the quick access to some services via phone calls or mail. Support networks have been fundamental as a strategy to combat violence against women with disabilities.
Valencia, Et al., (2021)	Original/ Mixed	To analyze violence against women in the pandemic scenario in the cases of Colombia and Mexico, based on the perspective of horizontal inequality.	Case studies in Medellín, Colombia and the surrounding metropolitan area and in three municipalities of the Lerma River Valley of Toluca, Mexico: Zinacantepec, Metepec and Lerma.	In the period of the pandemic, the generation of complaint channels that allow them to maintain their privacy and reduce their victimization, but at the same time are accessible to both rural and urban populations, is the first step necessary to guarantee reparation and break the cycle of discrimination that perpetuates violence against women.
Vieira, Et al, (2021)	Review/ Review article	To reflect on new ways of denouncing violence suffered by women in the quarantine period.	Search for scientific articles with the descriptors in the databases of the Virtual Health Library and Scientific Electronic Library Online.	Channels of denunciation have been created through codes or even in apps of well-known companies, such as the Red Light campaign against domestic violence, which encourages denunciations through the drawing of an "X" symbol on the hand and showing it in pharmacies in order to receive help. Companies in Brazil have created communication channels on websites, in apps, conversations with a help robot in the Uber app, volunteer women's support groups, among other ways to make complaints.

Table 1 continued:

Fornari, Et al., (2021)	Review/Qualitative approach		To learn about the strategies for confronting violence against women propagated by the digital media at the beginning of the COVID-19 pandemic.	We searched 4 sources: newspapers and online portals, social networks, official government pages and third sector portals.	Three categories were identified: Strategies for communicating with women, channels for informing through a telephone line or the Internet were revealed. Strategies adopted by customer service, psychological, police and legal services adopted an expansion of face-to-face care and the possibility of remote care, by telephone or internet; strategies to inform the population, related to cope with domestic violence during the pandemic was disseminated through brochures and virtual campaigns, neighbors were oriented and their participation was encouraged to report cases, support groups were created for women in situations of violence.
Saletti-Cuesta, Et al., (2021)	Original/Qualitative		To investigate how health services deal with gender-based violence and legal termination of pregnancy in the context of the pandemic.	Professionals from the first and second levels of care (Psychology, Nursing, Social Work, Medicine and Bio-imaging) and key informants from social organizations, management or gender violence assistance centers.	Care spaces have been modified, health promotion and prevention activities have been suspended, which have significantly changed the approach to gender-based violence, privacy, time and contact with patients has been reduced, and the link with the environment has been suspended. The pandemic deepened the existing social inequalities; but innovative approaches have been created, such as the use of telephone lines or video calls to deal with gender violence, monitoring or accompaniment of the legal interruption of pregnancy. Several channels of communication with the community were improved, such as community radio, the creation of WhatsApp groups or home visits, and a computerized registration system for gender violence incidents was created.
Agüero, (2021)	Original/Transversal		To analyze the impact of stay-at-home policies to address COVID-19 on domestic violence in Peru.	Number of calls made to the 100 line during 2019 and 2020.	Estimates show a 48% increase in calls to the helpline since the pandemic began, with effects increasing over time. This increase is taking place in a country where almost 60 percent of women were already experiencing violence before COVID-19. Policies need to be proposed to reduce the unintended consequences of violence.
Vieira, Et al., (2020)	Review/article	review	To establish some relationships between isolation by COVID-19 and the increase in violence against women, taking into account the scenario of a patriarchal society.	Data published by the press in various countries, as well as reports from international organizations and agencies aimed at combating domestic violence. As well as a brief bibliographic review with authors discussing the social role of women.	To overcome these difficulties, digital platforms were launched for care channels, applications and websites were created, through these channels, victims, family members, neighbors or even strangers can send photographs, videos, audios and other documents that record situations of domestic violence and other human rights transgressions. The number of teams in the care and prevention lines should be increased, the dissemination of available services should be expanded, health workers should be trained to identify risk situations, and support networks should be strengthened.
Carvajal (2020)	Review/article	review	To explore the Ecuadorian case on the emergency strategy to address gender-based violence during the COVID-19 pandemic.	...	The ECU 911 and 1800-DELITO numbers collapsed because they were also intended for emergency calls for COVID-19 cases. The technical problems associated with the emergency system were not taken into account, nor were the difficulties faced by women in making emergency calls analyzed. This was evidenced by a significant drop in the number of calls reporting domestic violence since the isolation by COVID-19 began.
Lima, (2020)	Review/article	review	To analyze the emerging evidence on the impact of COVID-19 on domestic violence and local government interventions in Latin American countries.	...	Countries such as Mexico, Colombia, Brazil, Argentina, Ecuador and Chile have implemented various strategies such as the use of smart phone applications, keyword hotlines, online reporting and emergency protocols so that service providers know immediately that a woman is in a violent situation and needs help.

4. Discussion

This research found that the use of helplines, the implementation of digital platforms and teletherapy have proven to be effective and have beneficial results in Latin American countries to address violence against women in the context of the COVID-19 pandemic [16]. This is due to the fact that the privacy of the victims or of the people who make the reports [20] has been maintained, which has allowed access to a greater number of people, bringing the service closer to those who are at greater psychosocial risk within the community, and has meant care with less risk of COVID-19 infection for the victims, which had been a previous limitation of face-to-face care [23, 25, 19].

Regarding synchronous virtual care in mental health, Feijt, et al. [28], found that mental health professionals used videoconferencing as the main tool, and that this online interaction has benefits such as convenience and flexibility for the people being treated and for the service providers; there have been cases, in which people who receive this service are less inhibited in their expressions, while others become less dependent on their therapist, and better adherence to treatment has also been reported [29].

From the review of each of the research studies included in this study, it was found that the following strategies have been the most widely used in Latin American countries: Dissemination of information on violence against women and care channels, through virtual platforms and media, helplines, creation of websites, implementation of various applications for use on smartphones [17], making complaints through digital channels, initiatives to support and train people who belong to the community so that they can make complaints through different care channels [21], implementation of emergency protocols so that victims can ask for help safely, using commercial services and virtual channels [18, 22]. Likewise, the studies report that they have expanded the possibility for victims to contact help services through them [25] and that, by improving their implementation and correcting the shortcomings mentioned above, they constitute an excellent alternative that can continue to be used in the future [20].

Despite the efforts of local and national governments and the agencies responsible for providing care in cases of violence against women during the pandemic, there have been several difficulties in terms of accessibility factors for people who do not have smartphones and/or who live in rural areas where there is no good coverage in the telephone signal [26, 24]; the collapse of telephone lines, found in countries such as Ecuador, where there were only two official helpline numbers: ECU911 and 1800DELITO, which were also intended for emergency calls to report cases of COVID-19 or for the transfer of corpses in cases of death at home, there were several technical problems related to the emergency systems that were not foreseen or sought to be solved [23].

The above described may be due to the fact that the change from face-to-face to online care was unplanned, due

to the pandemic context, and the necessary support mechanisms and technological infrastructure had not been fully implemented [28]. Likewise, Valenzuela, et al. [9] point out that these actions have a bias in terms of socioeconomic level; since, in order to be informed about the available help strategies, women must have access to mass media; in addition to spending time away from their aggressor to make the request for help, which is not usually the case. On the other hand, it is necessary to consider that in Latin America, there is a considerable percentage of the rural population that does not have adequate connectivity and that the strategies implemented have not been adapted to women with disabilities [25], low educational level or migrants who do not speak the language [20]. For this reason, the strategies proposed should take into account the availability of safe shelters for victims, telephone and virtual counseling lines, as well as specialized, efficient, inclusive and easily accessible security systems [25, 9]

There are suggestions for optimizing the accessibility and inclusiveness of strategies to address violence against women in the pandemic.

In this regard, UN Women [30] recommends the establishment of alternatives for intervention for women who live in rural areas or have limited access to the Internet; for example, the implementation of emergency alerts in pharmacies, hospitals, health centers and supermarkets. On the other hand, regarding the need to implement modifications in the remote assistance services, referring to the special needs of people with disabilities who wish to use these channels, the National Council for the Integration of People with Disabilities [31] points out that it is essential that these services are accessible to all, making them compatible with screen readers, reading large print, voice recognition and subtitles.

Another limitation reported by the professionals providing the service was the difficulty in following up on each of the cases in the medium and long term, since most of the people requesting help needed mental health care in the medium and long term, with psychological first aid being insufficient for an adequate psychotherapeutic approach [26].

Research indicates an urgent need to train health professionals and service providers in cases of violence against women, since there are no specific undergraduate courses to prepare future professionals in terms of their capacity to respond and act in cases of violence against women and it is also important to train them in skills related to teletherapy [16]; since it is one of the most widely used strategies in this context and, due to its effectiveness, it is very likely that it will continue to be used in the future [20, 24, 21]. For this reason, according to Burgoyne and Cohn [32, 33], it is important that service providers seek from their national professional and/or organizational associations the technical regulations with specific guidelines for the intervention of these cases under the virtual modality [34].

Limitations and Strengths

Among the limitations of this study, we can mention the characteristics of the findings: All the information could not be accessed because they were pay articles and were not included, although they met all the criteria; on the other hand, few studies have been found that talk about specialized strategies in the psychotherapeutic approach to violence against women during the pandemic context. In this sense, it is possible that, due to the search descriptors chosen, not all the studies published up to the cutoff date were included; however, to ensure adequate responsiveness in the search strategy used, a researcher with expertise in publications of narrative review studies was asked to verify these descriptors [35].

5. Conclusions

The most used coping strategies for violence against women in the pandemic scenario were telephone and virtual support services; therefore, it is recommended that work be done to optimize their implementation in order to continue using them in similar situations.

Among the limitations encountered in the assistance services is the difficulty in following up and monitoring the case in the medium and long term. For this reason, it would be important to implement specialized psychotherapeutic intervention programs to address these cases, so that timely referral, intervention and follow-up can be carried out for each of the clients who require it.

There are few studies that deal specifically with the psychotherapeutic approach to violence against women in the context of pandemics; it would be important for researchers interested in this field to conduct longitudinal and/or experimental studies to gain a better understanding of the subject.

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