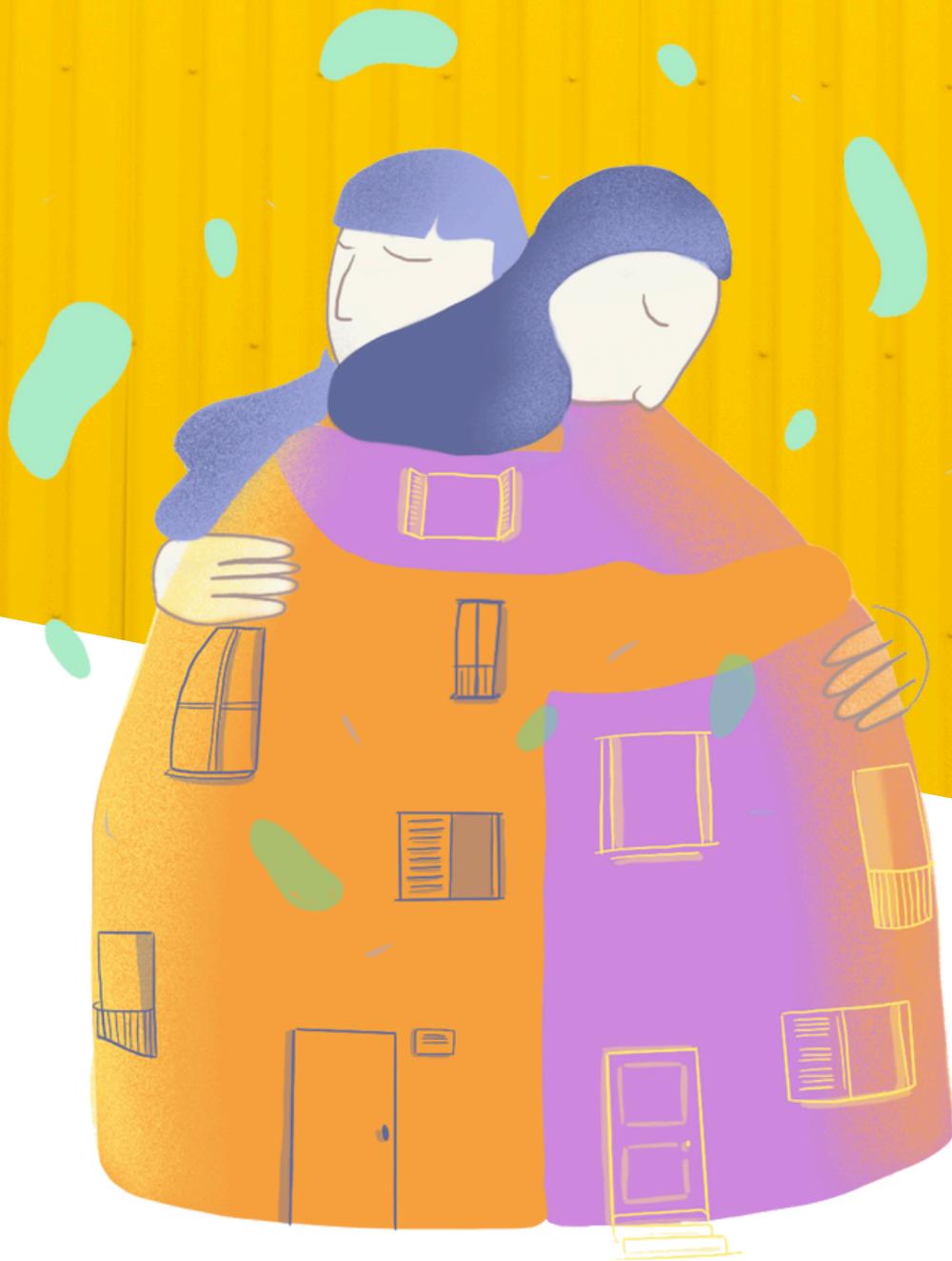


IN-DEPTH COUNTRY STUDIES ON SHELTERS FOR WOMEN VICTIMS OF GENDER-BASED VIOLENCE

The cases of Brazil, Chile, Costa Rica, El Salvador and Peru



The **Organization of American States (OAS)** brings together the nations of the Western hemisphere to promote democracy, strengthen human rights, foster peace, security and cooperation and advance common interests. The origins of the Organization date back to 1890 when nations of the region formed the Pan American Union to forge closer hemispheric relations. This union later evolved into the OAS and in 1948, 21 nations signed its governing charter. Since then, the OAS has expanded to include the nations of the English-speaking Caribbean and Canada, and today all of the independent nations of North, Central and South America and the Caribbean make up its 35 member states.

The **Follow-up Mechanism to the Belém do Pará Convention (MESECVI)** is an independent, consensus-based peer evaluation system that looks at the progress made by States Party to the Convention in fulfilling its objectives. MESECVI is financed by voluntary contributions from the States Party to the Convention and other donors, and the Inter-American Commission of Women (CIM) of the OAS acts as its Secretariat.

In-depth country studies on shelters for women victims of gender-based violence. The cases of Brazil, Chile, Costa Rica, El Salvador and Peru.

Approved by the Committee of Experts of the MESECVI, during its Nineteenth Meeting, held on November 12, 2022.

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Presentation

The European Union's EUROsociAL program and the Committee of Experts of the Follow-up Mechanism to the Belém do Pará Convention have undertaken a collaborative effort to delve into the functioning of shelters for women victims of gender-based violence in various countries in Latin America. The aim is to identify best practices and the significant challenges posed by this crucial and necessary public policy at the regional level.

One of the outcomes of this collaboration is the current study conducted in Brazil, Chile, Costa Rica, El Salvador, and Peru. It allows us to explore the normative and institutional framework of shelters, their coverage and location, accommodation capacity, budget for operation, funding sources, as well as, monitoring and evaluation mechanisms.

Additionally, the study enables us to observe some general trends in the region regarding this public policy. For instance, it highlights a significant increase in the number of shelters at the regional level over the past decade, with a trend towards continued growth.

Noteworthy State efforts, in some cases, focus on proper regulation through national laws, action protocols, operating guidelines, and management models that have been strengthened through experience. These efforts also involve providing State budgetary allocations to ensure the continuity of shelter provision by creating specific budget lines for their operation.

The study also identifies some national best practices that could inspire other institutions responsible for shelters at the national level. These include: i) assessment mechanisms and the preparation of periodic reports that allow for continuous evaluation of results, recognizing critical points and actions for effective management; ii) mechanisms allowing for confidential submission of complaints or reports within shelters, which are reviewed by oversight bodies to ensure proper review; iii) financial support for six months for sheltered women to find support in the process of exiting violent situations, and iv) efforts to adapt facilities for women with disabilities.

However, the study presents significant challenges for the proper and effective implementation of this public policy. These challenges include the need to ensure shelter confidentiality for the safety of victims, the importance of comprehensive services and specialized care within these spaces, the lack of budget for proper shelter operation in certain cases, and the necessity for these services to provide access to justice, housing plans, job training, or employment access to achieve economic autonomy.

We hope that this tool proves to be of utmost utility for various institutions and civil society organizations at the regional level to continue strengthening this crucial public policy, providing a dignified way out for women victims of gender-based violence. This violence confronts us with a complex and multi-causal phenomenon deeply rooted in our societies, requiring systemic, sustained, and multidisciplinary efforts for its addressing, treatment, and eradication. From the European Union's EUROsociAL program and the MESECVI, we will continue working in support of organizations and States to strengthen public policies dedicated to the prevention, care, investigation, punishment, and the provision of reparation of women and girls victims of gender-based violence.



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ACRONYMS

GENERAL

CEDAW - Convention for the Elimination of all Forms of Violence against Women

CSJ - Supreme Court of Justice

LGBTTTIQ+ - Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and other gender identities

MAMs - National Machineries for the Advancement of Women

MESECVI - Follow-Up Mechanism to the Belém do Pará Convention

NGO - Non-Governmental Organization

UNDP - United Nations Development Programme

UNFPA - United Nations Population Fund

BRAZIL

CEAM - Women's Reference Centers

CRAS - Reference Centers for Social Assistance

CREAS - Specialized Social Assistance Centers

SPM - Secretariat for Policies for Women

STF - Supreme Federal Court

CHILE

DAVT - Division of Victim and Witness Care

MinmujeryEG - Ministry of Women and Gender Equity

PII - Individual Intervention Plan

PUEIR - Unified Initial Risk Assessment Guideline for Violence Against Women

SATT - Telephone and Telematic Care Service

SernamEG - National Service for Women and Gender Equity

URAVIT - Regional Unit for Victim and Witness Care

SENAME - National Service for Minors

COSTA RICA

CEAAM - Specialized Centers for Care and Temporary Shelter for Women Affected by Violence

COAVIF - Center for the Care of Intrafamily Violence

CUC - Cartago University Center

FONATT - Special Fund for Victims of Trafficking

INA - National Learning Institute

INAMU - National Institute for Women

MIVAH - Ministry of Housing and Urban Settlements

PANI - National Child Welfare Agency

PLANNOVI - National Plan for the Care and Prevention of Intrafamily Violence

PND - National Development Plan

PROCAL - Promotion, Training, and Alternative Action Foundation

EL SALVADOR

APROCSAL - Association of Salvadoran Cultural Promoters

BANDESAL - Development Bank of El Salvador

CAIPEM - Center for the Comprehensive Care of Foreign Migrant Women

CAM - Municipal Agent Corps

CAMUJER - Center for the Treatment for Women In Violent Situations

CBI - Kindergarten

CONAMUS - National Coordinator for Salvadoran Women

CONAMYPE - Salvadoran National Commission for Micro and Small Enterprise

CONNA - National Council for Children and Adolescents

CTE - Specialized Technical Committes

DGME - General Directorate of Migration

DIGESTYC - General Directorate of Statistics and Census

EHPM - Multi-Purpose Household Survey

ENVCM - National Survey on Violence against Women

ENVSM - National Survey on Sexual Violence against Women

FARMAMUNDI - Farmacéuticos Mundi

FGR - Prosecutor General of the Republic

FONAVIPO - National Fund for Popular Housing

FSV - Social Housing Fund

FUNSALPRODESE - Salvadoran Foundation for Economic and Social Development

IMU - Instutite for Research, Training and Development of Women

UNIMUJER - Specialized Care Units for Women Victims of Domestic Violence of the Office of Citizens Complaint

USAID - US Agency for International Development

UTE - Technical Executive Unit of the Justice Sector

PERU

CAR - Residential Foster Care Facilities

DGCVG - General Directorate Against Gender Violence

HRT - Temporary Shelter Homes

MIMP - Ministry of Women and Vulnerable Populations

MML - Municipality of Metropolitan Lima

PNCVFS - National Program to Combat Sexual and Domestic Violence / National Program to Combat Violence against Women/Aurora Program

SISOL - Metropolitan Health Solidarity System

UPE - Special Protection Units

WOCCU - World Council of Credit Unions

Introduction

Since 2019, the Gender Equality section of the European Union, EUROsocial+, and the MESECVI have been working through Expertise France to conduct an analysis of domestic violence shelters for at-risk women and girls in Latin America, and to exchange experiences and share standards with Europe. The analysis has been conducted in several phases.

Stage 1: Studies on standards for domestic violence shelters

The first stage of the initiative took place in 2020. This was a study that mirrored one in Europe, and looked at shelter standards in 16 countries in Latin America. The official information submitted by each country was compiled into the “Regional study on Domestic Violence Shelters in Latin America, and was finalized in January 2021. This study identified the following trends:

- An increase in the number of domestic violence shelters. In 2008, the MESECVI reported the existence of 201 shelters in 28 countries; the most recent analysis (2020) identified 568 shelters in 16 countries;
- The transfer of the responsibility for the management and oversight of domestic violence shelters from civil society to the government in the majority of countries, even though several countries resported a mix of management models. These models include State-run shelters, private sector run shelters, and shelters run by a public-private partnership;
- The majority of State-run shelters are managed by municipal governments;
- The development of legal frameworks that encompass shelters, and their inclusion in public policies and government programs;
- The growing institutionalization of shelters through the creation of management models, specialized protocols, manuals and guidelines for admission, protocols for the behavior and treatment of persons arriving at and leaving the shelter;

- The lack of monitoring and evaluation reports on the shelters, which represents one of the most serious weaknesses;
- Initial efforts were made to allocate funds in the budget specifically for shelters, even though in many cases, shelter funding is included in the larger budget as part of plans to combat gender-based violence and promote gender equality;
- Funding and/or access to funding restrictions due to the COVID-19 pandemic.

Stage 2: In-depth studies

Stage Two, which began in 2021, consisted of in-depth studies of shelters in five countries in Latin America.

Objective of the in-depth studies

The in-depth studies were conducted to achieve the following objectives:

1. to benefit from a deep analysis of the care models of domestic violence shelters and their operations;
2. to better understand the different approaches of the facilities;
3. to study the objectives which guided the creation and operation of the facilities and
4. to analyze the context within which they were created and the model that currently guides their operation.

This study is based on three hypotheses:

- In certain circumstances, the only way that women and girls in violent situations, who face risks to their lives and their physical security may find safety, is to leave their homes and seek refuge in a shelter;
- Shelters are safe spaces for women and children whose lives are threatened by domestic violence, and seek to guarantee their safety and promote the empowerment of those who have been victims or witnesses of violence;
- The State has an obligation to create, maintain and guarantee the accessibility, availability; safety, quality, and efficiency of shelters for victims of domestic violence.

Starting from the hypothesis that it is the State's responsibility to establish and sustain shelters for women victims of domestic violence as stipulated in international treaties, then it is important to determine the following:

- The extent to which the State fulfilling its obligation to maintain shelters for women victims of domestic violence.
- How do these facilities operate?
- What are the objectives of the shelters? Are the shelters achieving their objectives?
- Are there any existing mechanisms to evaluate the operation and effectiveness of the shelters?

The experts provided a general overview of the shelters in each country, as well as, an in-depth analysis of one shelter that represented the most common model in that country.

Methodology

To conduct this in-depth analysis, the team developed a methodological guide and each expert used a template with the following nine categories to be analyzed:

1. a brief description of the country and current context;
2. an historical overview of shelters in the country;
3. the legal and institutional framework;
4. the operation of the shelters: process for entry; process for discharge, follow-up, and determining a post-shelter support system;
5. life in the shelter;
6. capacity of the shelter;
7. authorized length of stay;
8. evaluation and monitoring and finally
9. recommendations for the State.

The responses for each category were collected from both primary legal and document sources; interviews with key stakeholders; and an on-site visit to at least one shelter, all in compliance with applicable official COVID-19 protocols and requirements in each country.

The countries chosen for this in-depth analysis were selected to provide a representative overview of each sub-region of Latin America, ensuring that

there was included at least one country with a federal system of government and that each of the different care models that had been identified in the regional study, was included.

The team, coordinated by Susana Chiarotti bolstered by the steady support and guidance of Sandra Berthelot from Expertise France and Eva Villareal from the Executive Secretariat of the MESECVI, comprised the following experts: Brazil: Leila Linhares Barsted; Chile: Katherine Paez; Costa Rica: Ana Lorena Hidalgo; El Salvador: Ivonne Argueta; and Peru: Marcela Huaita. The whole team met twice to discuss the models in each country; the difficulties faced during the visits; the main findings and the questions that arose as the studies progressed.

The duration of the study was only a month and half. Two factors that complicated the work of the local experts were the short time allotted for the study and the restrictions imposed in each country to respond to the COVID-19 pandemic.

Summary of country study results

Legal Framework

All five countries included in the analysis have laws targeting violence against women. In El Salvador and Peru, these are comprehensive laws that cover all forms of violence in the three contexts where it occurs: the family, society, and by the State.

In El Salvador, Article 26 of the Special Comprehensive Law for Women's Access to a Life Free from Violence, established ISDEMU as the coordinating and supervisory entity for the Women's Shelters Program (Casas de Acogida - PCA).

Going beyond the legislation, Peru also provides a set of tools for the operation of the shelters that includes: criteria for referrals to women's shelters; guidelines for the maintenance and operation of Temporary Shelter Homes (HRT); Basic Internal Regulatory Model for HRT; and Norms for the Registration of HRT.

Brazil^[1] does not have a comprehensive law against violence against women, but is currently developing policies to comply with the Maria da Penha law, including the following, among others: the National Pact to Combat Violence against Women; Guidelines for the Protection of Women at Risk of Violence; the National Guidelines to Combat Violence against Women in Rural Areas and the Rainforest; and the Technical Regulation for the Standardization of Specialized Police Stations for the Care of Women.

Chile^[2] and Costa Rica do not have comprehensive laws that would support the development of coordinated policies to combat all forms of gender-based violence in all contexts in which it occurs – in the family unit, in the community, and by the State. In Chile, Law 20.066 targets intrafamiliar violence, while femicide is addressed within the context of intimate partner violence in Law 21.212.

In Costa Rica, the requirement to establish women's shelters is included in the Law for True Gender Equality of 1990, and reinforced by the law that targets intimate partner violence^[3]. At the same time, the number of laws concerning public sexual harassment, human trafficking, and sexual assault has also been increasing over the years.

Public Policies on Women's Shelters

While the State is involved in the regulation of women's shelters in each of the five countries, the level of commitment among them varies. Furthermore, it was noted that the entities responsible for the oversight of women's shelters tend to be the agencies responsible for policies on women, better known as National Machinery for the Advancement of Women (MAMs).

In Brazil, the policy on women's shelters was systematized in 2011 in the National Guidelines for Shelters for Women at Risk of Violence, a document developed by the Special General Office for Women's Policies of the Presidency of the Republic in response to demands from the women's movement. It included the dual paradigm of protection/empowerment of women in situations of violence and was based on the principles defined in the National Plan for Policies on Women and the National Policy to Combat Violence against Women: equality and respect for diversity; women's autonomy; social justice; governmental transparency; and social participation and autonomy.

Chile's policy on violence is broader than that required by its legislation. The National Service for Women and Gender Equity (SernamEG) addresses violence "in all its manifestations, against all types of women, and in all spaces and contexts in which it occurs." The Homes for Women (Las Casas de Acogida) are thus included in item 2 of the The Program for the Care, Protection and Reparation for Violence against Women: Residential Protection for women victims of serious and/or life-threatening intimate partner or former intimate partner violence, and item 3: Residential Protection for Women Victims of Human Trafficking and Migrant Victims of Exploitation.

In 1996, Costa Rica rolled out the first National Plan for the Prevention and Eradication of Violence against Women (PLANOVI) which established a foundation for intervention, Access to Support Resources (Acceso a recursos de apoyo). This mandate was solidified in the PLANOVI Operating Plan 1996-1998 which ordered the following actions: facilitate the placement of persons affected by domestic violence; coordinate the existing governmental and non-governmental entities to guarantee temporary refuge and financial assistance (in the case of children) for those impacted by domestic violence; develop community-based alternatives for temporary shelters. When it was created in 1998, INAMU took over management of domestic violence shelters, and in 2013 assumed responsibility for victims of human trafficking as per enacted legislation. The National System for Caring for and Preventing Violence against Women and Domestic Violence was established in 2008, with its scope later expanded to "violence against women" as defined in the Convention of Belem do Pará. Finally, in 2018, the National Policy for the Care and Prevention of Violence against Women of all Ages was passed, as well as the First Five-Year Plan 2017-2022.

While in El Salvador, the National Policy for Women's Access to a Life Free from Violence (PNVLV- 2013) mandates the "Creation of a program of domestic violence shelters under the management and supervision of the ISDEMU," in practice, that has not taken place. The shelters that do exist differ widely and are not governed by one singular applicable standard. Further, while the legislation clearly places the responsibility for shelters on the Salvadoran Institute for the Advancement of Women (ISDEMU), at the date of publication of this report, the ISDEMU has neither assumed nor advanced this responsibility. In 2015, the ISDEMU created the National System for the Care of Women Facing Violence and the various governmental entities responsible for providing those services established the Institutional Units for Specialized

Specialized Care for Women Facing Violence. In 2019, there were 106 UIAEM across the 14 departments of the country.

In 1996, Peru established the Ministry of Women that included domestic violence as one of its main areas of responsibility. In 2001, the National Program to Combat Domestic and Sexual Violence (PNCVFS), now known as the “Aurora Program,” was created to provide services to women victims of domestic violence in recognition of the need to establish referral agreements with existing shelters for victims. Responsibility for coordinating with professional educational institutions to find attorneys, medical doctors, psychologists, and social workers to provide pro-bono services to shelter residents has been delegated to local governments, as stipulated in the 2003 Organic Municipal Law.

In El Salvador, municipal governments have been assuming responsibility for the creation of shelters for women victims of domestic violence, thereby fulfilling the obligation included in the LEIV. This not only expands service coverage, but also allows for the future possible network of municipal shelters that would provide access to alternative safer refuge facilities.

All five countries report that shelters for victims of human trafficking are handled separately and are usually overseen by agencies responsible for Justice, Security, or Migration. On the other hand, in countries where the responsibility for managing shelters for domestic violence victims falls to the municipal government, there is a tendency to either ignore the issue of human trafficking or to consider it the responsibility of the national policy or security, among other explanations.

Municipal governments play a role in the management, establishment, and implementation of shelters for women victims of domestic violence in the countries surveyed, with the exception of Costa Rica. In the majority of cases, these countries must allocate funding to establish and maintain the facilities. One perspective shared by all five countries was that public policy on domestic violence shelters should be at the local and national levels in order to avoid the constant policy changes due to frequent changes in political leadership.

Shelter care models

Despite differences in resources and coverage, shelter models in all five countries try to provide a comprehensive menu of services beyond mere safety. Services include legal and psychological assistance. All function as part of a system of referrals from other entities and as one component of a network of services that include healthcare, justice, and social development in support of finding employment, housing, and support networks for the victim and her children.

While the objective of all shelters is to provide support services to victims of all types of violence, in general, the majority of users come to the shelter after having suffered from domestic violence.

In 2011, Brazil changed its shelter model from one that had previously focused on domestic violence, adding other forms of violence and creating two types of facilities: a) long-term (90-180 days) Women's Shelters, to provide physical and emotional safety for women whose lives are at risk and assist in the process of reestablishing the lives and self-esteem of the victims; and b) short-term Women's Shelters (for stays up to 15 days) for cases of human trafficking or women whose physical security was at risk, but whose lives were not in danger. These shelters are intended to protect the physical and emotional safety of the victim and conduct an assessment of her specific situation in order to refer her to the correct facilities/services as needed. The eight State-run shelters investigated^[4] are part of a network of services for women in situations of domestic and family violence that is maintained by municipal and/or national governments.

Despite changes in legislation, the Network for the Care of Women Victims of Violence does not handle care for women victims of human trafficking or provide for training for the professional personnel that support the assistance network for trafficking victims. None of the shelters we studied received victims of any other kind of violence besides domestic violence.

Chile has two types of Women's Shelters: those that provide residential protection for women victims of serious or life-threatening violence inflicted by a current or former intimate partner, and those that provide support to women vulnerable to human trafficking and migrants at risk of exploitation.

There are 43 of the former type and one of the latter. The shelters are based on a three-pronged action model: protection, self-protection, and improvement of the psycho-social condition of the women and her children. This is done through the implementation of multi-disciplinary interventions and the establishment of networks of public and private institutions that can assist women in accessing paid employment, housing, education, justice and primary support networks.

Since its inception, the model has treated with Women's Shelters as one component of a broader program to provide protection to women victims of gender-based violence, where they can not only find temporary shelter, but also psychosocial assistance and legal protection. In the last few years, a psychologist specializing in juveniles has been added to shelter staff to provide both support for children who are also considered victims of the violence inflicted on their mother, as well as, to address the difficulties (due to the lack of reparation quotas) that are inherent in working intersectorally with SENAME (National Children's Service). Management of Women's Shelters can fall to municipalities, governorates, foundations or non-profit organizations as well as health care services. The model requires a minimum staff for the Shelters but does not restrict the ability of the governing entity to add other professional personnel.

Costa Rica reformed its shelter model in 2014, and has since stipulated that the CEAAM consists of two components:

1. Facility for the care of the women who enter the shelter, providing support for the following three modalities: a) immediate safety b) assistance for the rebuilding of their lives; c) independent living.
2. Facility for the Prevention and Care of women and girl children victims of domestic and intrafamiliar violence in the communities surrounding the CEAAM and for the follow-up with women who have left the shelter.

The CEAAM buildings themselves are designed to maximize space, but also to provide physical separation for the residents and staff to ensure that the women do not feel like they are under constant supervision or control. The design also reinforces concepts of privacy and healthy cohabitation; guarantees access to outdoor spaces for training and recreational purposes; and strengthens the security of the facility for both residents and staff.

Other alternative housing resources that are available to women victims of domestic violence include: The Office for Treatment and Protection of Victims and Witnesses of the Office of the Public Prosecutor and the National Child Welfare Agency (PANI). In the PANI, young women between 15 and 18 years of age are in a sort of institutional limbo when it comes to access to protective services. As minors, they are technically the responsibility of the PANI, but their life style does not fit within with the protective spaces and safe houses that are specifically designed for children. The shelters run by the INAMU can accept them as victims of domestic violence, but those facilities are focused on services more appropriate for an adult population. While there is certainly overlap, these young women are at a different stage of life and therefore have different specific material, emotional, and psychological needs. Furthermore, there has been a marked increase in attempts at femicide and sexual violence against women in this age range.

Costa Rica does not have a shelter dedicated exclusively to women victims of trafficking, but those women are eligible to enter the INAMU shelters, which can access a fund specifically allocated for victims of trafficking (FONATT). The FONATT will cover rent and other living expenses for a period of five years for trafficking victims who are ready to launch a new independent life project, as well as, for those who are not housed in shelters.

El Salvador has two models of shelters for victims of gender-based violence: a) A State-run shelter managed by the central government that provides comprehensive specialized services for women victims of gender-based violence; and b) municipal or departmental shelters run by local governments or other government entities that primarily serve the municipality or department and provide some specialized services for women victims of gender-based violence.

The State-run shelters in El Salvador have evolved since their initial creation. At first these facilities simply served as housing but did not provide any specialized services or protective measures for the women who sought safety behind their doors. Now, however, the model is based on providing protection and temporary shelter for women victims of gender-based or social violence and their children as well as the development of the residents through the provision of psychological, social and legal assistance. The goal is to provide them the tools they need to ensure their economic independence and empower them to build a life for themselves and their children.

The municipal shelters still lack the basic elements to guarantee the safety and comprehensive support women need to overcome their situations.

Peru has three types of shelters for women victims of domestic violence, each serving victims of different ages: a) Temporary Shelter Homes for adult women victims of domestic violence; (HRT); b) Residential safe houses for girls and adolescents (CAR); and c) “Temporary shelters for victims of human trafficking and sexual exploitation”.

The team visited the “Casa de la Mujer” shelter managed by the Bureau of Women and Equality of the Metropolitan Municipality of Lima, opened within the context of the COVID-19 pandemic and the resulting increase in violence against women. The objective of this HRT is to provide shelter, food, and comprehensive care for women victims of gender-based violence and their children whose lives are in imminent danger. The facility also offers residents medical, psychological, social, and legal assistance.

The policies that govern domestic violence shelters in Peru divide the responsibility for shelters between the Ministry for Women and Vulnerable Populations (MIMP) and the municipalities. The Ministry is responsible for the following tasks, among others: managing, supervising, monitoring, evaluating, training, and overseeing the staff of the HRT; equipping the facility; advising and assisting during the operation and sustainment of the HRT; and developing and conducting training and technical assistance to the interdisciplinary staff of the HRT.

The local governments are responsible for the following: securing a facility that meets the minimum requirement of four private spaces for professional staff; treatment space accessible to persons with disabilities, restrooms, storage, kitchen, laundry room, work/creative spaces, and child care space; ensuring the security of personal data; ensuring the facility operates in compliance with the guidelines established by the MIMP; providing security for residents; providing 24/7/365 external security; and providing a technical/occupational instructor, among other things.

Funding

While many countries experienced budget shortfalls as a result of the COVID-19 global pandemic, many also did not. The Chilean government, which is

responsible for the funding of all 43 existing shelters, increased the annual budget allocated for shelters between 2018 and 2021 from \$4.358.769.622 Chilean pesos to \$5.010.421.872 Chilean pesos. In addition, we are able to determine both the total shelter budget, as well as, the average amount allocated for each facility. The shelters are primarily set up through agreements with municipalities and governorates, and in fewer cases with non-profit organizations. In areas where there are not enough offers submitted, shelter management is awarded through a competitive direct contracting process. The regional SernamEG staff are responsible for identifying and collaborating with organizations able to guarantee the operation of the facility and ensure the confidentiality of the location of the shelter.

In both Chile and Costa Rica, the budget line items for domestic violence shelters are easily identified. INAMU's annual operating budget for the CEAAM is estimated to be 400 million Costa Rican Colones, approximately 500 million Costa Rican Colones for staff salaries, and another 500 million Colones for rental expenses and other subcontracted services. For the year 2021, the total budget was approximately 1400 Costa Rican Colones or US\$225,806 at the current exchange rate. This amount represents 8% of the total institutional income.

In Brazil, funding for shelters is set aside in the local budgets approved by the local legislature and authorized by the governor and/or mayor. With the exception of the State of Pernambuco, the individuals we interviewed did not know how much budget was allocated for shelters and this reinforced the need for funding that meets the real-life requirements of the shelters. The majority of shelter coordinators were unable to provide information on the annual budget of the shelter they managed and noted that the technical staff made up of social workers and psychologists had decreased in the last several years.

The government budget for shelters in El Salvador is unknown. The budget for the CAMUJER municipal shelter is not specified in the municipal budget, and the only amount we identified was US\$50 drawn from the municipality's petty cash fund to be used on a monthly basis for food when there are residents in the shelter. If needed, this amount can increase up to US\$300.00. The shelter

for Women in Usulután (which is no longer in operation) had intended to use monies provided by the municipal governments in the hopes that the management of the facility would transition to the department. Services would then be provided by public institutions that would also pay staff salaries and cover the costs of the services provided. The basic and operational expenses are the responsibility of APROCSAL; they are estimated to be US\$15,000.00 annually to ensure effective operation.

In 2021, Peru increased the annual budget for the eradication and care of violence against women by 44% above the amount allocated for 2020. In 2021, the shelter budget was 690.7 million Salvadoran Colons, according to the MIMP Observatory, to be used for the prevention, treatment and recuperation of women victim of gender-based violence.

Shelter capacity and coverage

If we compare the number of shelter places available in each of the five countries with the population, we quickly see that that the number of places is insufficient to serve the needs of women victims of domestic violence.

50% of Brazil's 214,777,924 strong population is women, and according to the 2018 data collected by the SPM, there are 155 domestic public and private domestic violence shelters in the whole country. The Brazilian Institute of Geography and Statistics noted in 2018 that only 2.4% of cities in Brazil have this kind of facility, and they are concentrated in cities with more than 500,000 inhabitants. This represents 58.7% of the existing shelters.

In Chile, with a population of 19,340,976, of which 50.6 % are women, “total shelter capacity nationally is 387 places, or one place for every 45,410 inhabitants or one place for every 23,183 women. The only shelter for women victims of human trafficking and exploited migrants is located in the Metropolitan Regional; it can accommodate 10 women.”

In Chile, there is a least one shelter per region. While in some cases the number of shelters is inadequate, there is good coverage at the territorial level and there is always the opportunity to transfer to another facility if the closest shelter is full.

Costa Rica, with a population of 5,138,564 inhabitants, of which 49.2% are women, has three shelters (CEAAM) with a total capacity of 28 rooms for women and their children, to serve an estimated population of 5,057,999 inhabitants in 2019. In periods of urgency, capacity has been expanded to receive up to 32 women, by housing two families in the same space and/or when it is used for women without children who are, then, easier to place. This arrangement, however, is not ideal as it can lead to problems of coexistence and affect intimacy within the family groups. When there is not enough space for an at-risk woman, she and her children will be housed in a hotel, and transported to the CEAAM during the day where they can receive their meals and participate in the rest of the activities at the facility during the day. This resource is budgeted for all three CEAAMs, but only two report its use.

In 2020, a second hotel service, "filter hotel," was opened to house women and their families who presented with symptoms of COVID-19. Once the quarantine period had elapsed, the women would enter the regular facility.

El Salvador, with a population of 6,498,808 inhabitants, of which 52.5% are women, has a total of 59 shelter spaces with 4 shelters that specialize in treating with cases of violence against women. One of them is managed by the Salvadoran Institute for the Advancement of Women (ISDEMU) and the other three by different municipalities. As of 2019, the ISDEMU shelter had the capacity to house 15 women and 20 children for a total of 35 places. The three municipal shelters can house six families - 6 women with an average of 3 children each, for a total of 4 people. When we compare the number of places with the population in the departments and municipalities where the shelters are located, we see that the number of available places is insufficient, In the department of Chalatenango there are 100,613 women; in the department of Usulután there are 180,680 women; and in the municipality of Sensuntepeque in the Department of Cabañas there are 21,636 women. During visits to two municipal shelters (SAIVCH and CAMUJER), we were able to verify the infrastructure and equipment in each one. In general, the shelters are modest, with basic equipment and include some spaces that are not for the exclusive use of the women who are housed there.

In April 2021, Peru, with a population of 33,408,690, 49.9% of which are women, had a total of 40 HRTs operating nationwide: 19 are co-managed by

the local government and the National Aurora Program; eight are managed by the local government alone; 4 are managed by churches; six are managed by civil society organizations; and three are managed by charitable organizations.

Metropolitan Lima is home to approximately 5.828 million women, 60.2% of whom have suffered some type of violence at some point. In 2019, there were 38 registered femicides and 151 registered attempted femicides in the region. There are only two HRTs run by the Metropolitan Lima region (MML), but there are two additional ones run by the MIMP, and others run by private organizations. The HRT in San Juan de Lurigancho has 22 beds for women victims of violence and their children.

In one of its reports published in 2017, the Office of the Ombudsman states that one of the difficulties for the care of victims of trafficking for sexual exploitation is the lack of specialized temporary shelter homes at the national level. In 2020, an alternative civil society report on human trafficking reports that five specialized CARs for trafficked children and adolescents were opened, tripling the number of specialized CARs. Despite this increase, there remains a deficit of these facilities for adult women victims of human trafficking.

Operation of the shelters

In the five countries studied, the operation of shelters follows rules stipulated in manuals, protocols and guidelines and there are protocols for admission to the shelters, life in the shelter, and discharge.

In Brazil, all shelters reported the existence of care protocols and receive women who have been assessed to be at risk of death. Referrals to shelters are made by the Police, and especially by the Women's Police; Women's Assistance Centers (CEAM); Women's Referral Centers (CRAS), or the judiciary. The shelters may be located in private buildings rented by the State or the municipality, or in buildings constructed for this purpose by the public authorities. Every shelter has a kitchen with an employee who prepares the food.^[5]

Shelter residents are responsible for doing their own laundry and that of their children, in dedicated spaces where there are washing machines and dryers.

Mothers are responsible for taking care of their own children, in order to strengthen family ties. Psychological and social assistance support is provided by shelter professionals on an individual and group basis and most of the shelters do not offer job training. The State-run shelter, "Lar de Mulher" in Rio de Janeiro is in a good state of repair and is accessible for persons with disabilities. The facilities are well ventilated and include 15 rooms with one bathroom for every two rooms, a nursery, a library, recreation room for children, a TV room, shelter management spaces, staff rooms, room for festive activities, a hairdressing room, a kitchen, a dining room, a laundry room equipped with washing machines, and a large outdoor area.

In Chile, the operation of shelters is governed by standardized statutes which were updated in December 2020 by Exempt Resolution No. 685, which establishes the "Technical Guidelines for Domestic Violence Shelters. Programs for the Care, Protection and Reparation for Violence Against Women". These guidelines include detailed instructions on how to

Brazil: In 2020, the National Council of Justice approved the Risk Assessment Form that identifies the risk factors of a new aggression or femicide. It also allows the victim to gain awareness of the degree of risk she is at, and to assist in the development of a safety and support plan for the women. This form is intended to be used when women request help from judicial units, prosecutors' offices or preferably, police stations. CNJ - National Council of Justice.

Available at: agenciapatriciagalvao.org/destaques/instituto-formulario-de-risco-na-justica-para-mulheres-v (In Portuguese)

In Chile, the standardization of shelters makes it possible to provide the same quality of service to all women throughout the country. This is ensured by means of operational profiles and detailed regulations that address all factors for the proper functioning of shelters.

implement the intervention model, and include training for remote or in-person work, establish participation requirements, technical requirements, intersectoral coordination, a profile of the implementation team, program management instruments and guidance on self-care of the shelter personnel. In addition, they establish the expected technical results and identify goals and performance indicators and explain the program's monitoring system.

Admission to the shelters is by referral from the Courts, Public Prosecutor's Office, Women's Centers or Regional Directorates of SernamEG. There is no requirement to have previously filed a criminal complaint, nor is there an obligation to do so while staying at the shelter.

The intervention model includes a Pre-Admission Phase, which has a maximum duration of seven working days from the arrival of the woman (and her children) at the shelter. In this phase, an initial evaluation is conducted to determine if they meet the criteria for admission. During this period, the shelter will offer the woman shelter and she can decide whether to reside/stay there and adhere to the psycho-socio-legal intervention process.

In the case of the woman's children, the team's social worker takes the necessary steps to enroll them in kindergartens or schools near the shelter and to register the woman and her children in the nearest health service. Efforts are made to reintegrate the women and their children back into the community. Shelters do not have recreational facilities, and women and the children's educators are expected to entertain and take care of this themselves.

In order to regulate internal coexistence, each shelter is required to develop a Coexistence Protocol based on the technical guidelines provided by SernamEG. In addition, meetings that include both residents and staff are held to decide daily issues (meals, housekeeping and cleaning task distribution and organization of shared activities, etc.). None of the cooking and cleaning tasks are outsourced, but, rather, are performed by the shelter residents themselves.

Coordinating daily domestic life and cohabitation in the shelter presents many complexities and challenges for the intervention the trauma that the women

and their children have experienced trauma – they have been uprooted and forced to leave their environment and adapt to an institutional space, where they are living with strangers and following various unfamiliar norms and rules.

In Costa Rica, admission to a CEAAM is not a direct process, but rather made by the Management of the INAMU Domestic Violence Program, D-VIO, through a procedure called "User Assessment", which includes the use of the Risk Assessment Scale. This is a standardized instrument that is part of the "Inter-institutional Protocol for Intervention, Assessment and Risk Management in Situations of Violence against Women in Partner Relationships". The application for admission is made by the competent institutions through the COAVIF - Center for Attention to Domestic Violence - attached to the 911 Emergency System. This is an emergency callcenter that functions as a gateway to the National System to Combat Violence against Women and is under the technical supervision of the INAMU Domestic Violence Program.

The protocol prescribes the following path: Receipt of complaint // Provide information // Coordinate with 911 // Assess the risk of the situation. High risk: coordinate with 911 for placement in a shelter // Carry out the transfer // The victim must have a personalized safety plan // If the alleged aggressor is not detained: inform the victim about support and protection resources. In all cases, communicate directly with the affected woman to conduct your own risk assessment and explore the woman's desire to leave her home and if there are safe family or social support networks that will allow her to leave the risky situation.

El Salvador has two modalities of entry to the shelter:

1. By referral from institutions such as the Public Prosecutor's Office, Police or Supreme Court of Justice, as well as NGOs, provided that the persons being referred are identified as being at risk. A letter must be sent to ISDEMU requesting protection and shelter for women who are victims of gender-based violence and who do not have support networks.
2. Directly. A woman can request shelter in one of ISDEMU's specialized care centers at the national level.

Admission is carried out by those in charge of the Office of Specialized Attention, through an interview that includes a risk assessment. The process is

expeditious, lasting no more than 24 hours from the time admission is requested, and the woman is not required to have filed a complaint.

In El Salvador's State-run shelter, there are rules of coexistence for residents including respecting others, respecting other people's property, not using foul language, using proactive communication, respecting rest hours, and respecting the principles of equality and non-discrimination. The rooms are closed during the day and authorization is required to enter them. Women and their families must comply with scheduled activities such as meals, therapy, rest periods, etc.

In Peru, the Metropolitan Municipality of Lima (MML) has a Shelter Protocol "Casa de la Mujer", which accepts any woman victim of physical, psychological, sexual or economic violence with or without children, at high risk or when her mental and/or physical integrity and even her life is in danger. The referring institution must conduct a psychological evaluation in order to determine the severity of the situation for referral to the shelter or the presence of a mental health problem which would prompt a referral to a specialized institution. Some homeless women have also been admitted to the HRT.

Referrals can come from the following: Family Courts or those competent in violence against women; the Public Prosecutor's Office; the Women's Emergency Center - MIMP; the National Police of Peru, after coordination with the responsible institutions and with the Office of Women and Equality; Care Center in cases of gender-based violence; Serenazgo de Lima, after coordination with the Office of Women and Equality of the Municipality of Lima. Institutions working with cases of gender-based violence use a risk assessment sheet developed by the sector and updated in 2019. There is no requirement to file a formal criminal complaint to enter the shelter and admission takes place the same day or the day after the case is known.

Lunch is provided by the Municipality, and the residents are only required to prepare breakfast and dinner. Dishwashing is done in shifts, as is the laundry in the laundry area.

To address the issue of violence, residents must first work on their recovery at the individual level. When they reach a "reflective stage," they move on to the

other group/stage that include experiential workshops. The shelters offer two types of job training: one related to the development of skills such as sewing and bakery, for which they have a minimum infrastructure (machines and supplies) within the HRT itself and another to improve their employability, through lectures and personalized support for the development of their CVs./resumes.

Given the context of COVID-19, children and adolescents who stay with their mothers can follow their classes either on TV or through the computers at the HRT. In addition, the HRT has a toy library, equipped by the UNHiCR, and it is run according to the Montessori method.^[6] It is there where they develop diverse skills for both learning and recreation.

One of the obstacles encountered in the shelter visited is that it does not have the rooms to provide enough privacy for each woman/family. There are only big rooms which must be shared. Screens have been installed as a temporary measure to provide visual privacy, until more permanent solutions can be found, such as a change of location and the initiation of projects to improve

Security

Maintaining the safety of the shelter resident is critical and requires more than the presence of security personnel, and, the police, generally, providing oversight.; Physical security measures including bars on windows and doors, security cameras, etc., are also required as is the obligation to maintain the confidentiality of the resident(s), so as not to jeopardize the security of the shelter.

This sometimes can lead to conflicts between the management of the shelters and the shelter residents.^[7] In all the interviews, especially those with women who have already needed shelter, the conflict between the need for security and the lack of freedom is evident throughout the period of stay in the facility.^[8]

In Brazil, the CEAMs and CRASs inform the women about the rules of the shelter, such as the need for secrecy and the restrictions on communication with the outside world for security purposes. All shelters have security guards to ensure the safety both of the women in the shelter and the shelter staff.

In Chile, while all shelters follow general guidelines, the security conditions or control measures vary amongst the shelters, with some being more restrictive than others. At the time of admission, the measures for safeguarding the security and confidentiality of the shelter are explained and residents are asked to be careful with the use of social networks, not to publish photos of the facility, etc. The issue of security is one of the topics that causes the most tension, as it is difficult to find a balance between security and autonomy, especially with younger women, who have a more intense use of social networks and technological devices.

There is, however, a degree of flexibility in this regard, with shelters and their staff ultimately adopting more permissive or more restrictive positions, taking into account the risk for each individual woman. The security aspect is more relevant and reinforced in the case of the Shelter for Women Victims of Trafficking. In cases where women are transferred to another region of the country, they are able to leave the shelter to go to work, seek employment, or to carry out other activities such as paperwork, shopping, etc.

Basic security, space distribution and equipment requirements are also established, such as: Coordination with the police and the Quadrant Map of the sector where the shelter is located; availability of landlines and cell phones; controlled access to the building through sign-in logs and closed circuit TV. The building must have a single access road monitored by closed circuit TV and be surrounded by external fences with a height of two meters, which do not allow visibility to the interior of the shelter, etc.

In Costa Rica, access to CEAAM facilities is restricted and the only persons who may enter without prior authorization from the head of the unit are residents, their children, employees working at the center, and INAMU employees, in coordination with the head of the unit.

In El Salvador, due to the political and security situation in the country, especially because of the gangs, security has to be a priority and a state shelter was built with a more specialized model of care. Security concerns led to the shelter being moved on several occasions, as it was involved in highly complex cases related to organized crime, which on one occasion led to the house being machine-gunned. Currently the location of the shelter is secret, and it is located in a mountainous area with natural landscapes and large gardens. There is a security system both inside and outside the shelter,

although according to one of the interviewees, the current location does not fully guarantee security, as it is adjacent to ravines from which it could be accessed. Measures are also established for the women both in their stay inside the shelter and in relation to contact with the outside world. Upon admission they are required to turn in their cell phones in order to maintain confidentiality.

Visitors are prohibited in the shelter, however, residents may have contact with family members outside the shelter, if the visit was previously scheduled and takes place at one of ISDEMU's Specialized Care Centers. Phone calls are restricted, except for foreign women, but require the authorization by the Executive Directorate, for the purpose of conducting business at the embassy. For any activity outside the shelter's facilities, assigned personnel will escort the residents in order to protect their lives and physical safety.

Peru has a similar rule on mobile phones. With the victim's consent, cell phones are confiscated upon arrival to avoid the risk of contact with the aggressor, although they are allowed to contact a family member to they know the victim is in a safe place.

Discharge

This is the area where we observe the greatest differences between countries, not only in terms of the regulation of the causes and the exit paths, but also in the options available for women to help them achieve independence and build a life free of violence.

Brazil's departure criteria empower the woman with the ability to decide to leave the shelter at any time. In general, the technical staff expect her to have the support of family members who can receive her safely, often in a location outside her municipality of origin. In this situation, the shelter provides resources to transport them to more distant places. Other women feel it's safe to leave when the aggressor is arrested or when the courts order protection measures under the Maria da Penha Law. The departure is always reviewed by the technical team together with the resident and she is instructed to reach out to the Referral Center for a post-exit follow-up.

After leaving the shelter, in many states, in addition to continuing to receive the Bolsa Familia subsidy if this is already allocated, women also receive a

monthly housing allowance. They also continue to receive assistance from the Public Defender's Office and, in some states, are protected by the Maria da Penha Patrol or the Municipal Guard.

Chile has developed protocols to respond to different types of exit from the Shelter: 1) exit 2) transfer 3) desertion 4) withdrawal, and 5) death. Regardless of the type of exit, the technical team evaluates the level of achievement in the following categories:

- Decrease in the levels of risk and violence as presented at admission.
- Decrease or symptomatic relief of depressive, anxious or other symptoms associated with the violence experienced as presented at admission.
- An increase in the woman's awareness of the risk and seriousness of the violence experienced.
- Strengthening of support networks, with the woman having primary and/or secondary networks that can provide support.
- An observed greater capacity to recognize the issue of violence in the context of intimate partner or ex-partner violence, as part of the continuum of violence against women.

Costa Rica has defined the following three departure categories for the discharge of a woman from a CEAAM:

- a. *Discharge for having completed the CEAAM process.* In this case and at the discretion of the interdisciplinary team, the woman is ready to leave because the imminent risk has ended.
- b. *Technical discharge.* This happens when the resident has demonstrated any of the following behaviors: Death threats against other residents, their children or staff; Physical or sexual aggression against other residents, their children or towards staff; Revealing to the aggressor the address of staff, names of other residents or staff; Repeated failure to comply with coexistence or security rules; and
- c. *Voluntary discharge.* This is the situation when the resident decides to leave the CEAAM against of the technical recommendations of the staff. In this case, residents must sign a document confirming that they are leaving the center of their own free will and that the risks they face have been explained to them.

In El Salvador, the following criteria are taken into account in order to exit the shelter: the women have a family support network; they are ready for

domestic or international relocation; their legal cases have been completed; and that there is no longer an imminent risk. The national shelter does not have a budget and programs to provide housing solutions for women who leave the shelter or to provide economic support. There are no public policies or programs to support women victims of gender-based violence to help them resolve their housing issues or resources to help them find ways to generate income.

The LEIV establishes the responsibility of the Salvadoran State to provide safe housing for women victims of gender-based violence through various modalities. However, despite these legal mandates, since the entry into force of the LEIV (January 2012) to date, the Salvadoran government has not implemented any of these modalities, leaving shelters unable to offer alternatives to women who leave. In most cases, women are relocated to the homes of relatives in other municipalities or departments of the country, and often go to friends' houses. In a small minority of cases the women return home, but they would have worked on their empowerment in the programs provided by the shelter.

In Peru, once the actions to protect the integrity and promote the recovery of the victim have been completed, the referring institution and the shelter professionals will evaluate the level of risk with the sheltered person in order to determine their departure from the shelter and their reinsertion into their family or social support networks. There are two types of discharge:

1. Voluntary discharge. They do not feel comfortable in the shelter and ask to leave. In this situation, the psychologist works with the resident to make her aware of the risk she may be facing. Residents, however, are adult women. They cannot be held against their will and must sign an affidavit.
1. Removal to a safe space. In these cases, a protection network, of either family, friends or institutional, has been identified where she can continue to live, even with security measures. They also work on reintegration into their family network of origin (sometimes outside the capital) or into networks of friends, so that they do not become dependent on the support provided by the HRT.

Post-discharge follow-up

Post-departure follow-up is a key factor in guaranteeing women's safety and the possibility of building a life project. However, this activity has not received

the attention it deserves. For the process to be successful, women must be supported by a robust and interconnected network of services, including support in areas such as healthcare, education, and employment and housing, among others.

Brazil: In some states and municipalities, the Maria da Penha Law Patrols, made up of military police and municipal guards, have been created. These patrols periodically visit women who have obtained protection measures against their aggressors.

In Brazil, discharge from the shelter is always reviewed by the technical team together with the resident. The women is instructed to call the Referral Center for a post-departure follow-up, although, unfortunately, these Centers have also seen a reduction in staffing. Many of the Women's Secretariats or Coordinating Offices have suffered budget cuts, which has increased their instability and prevents them from adequately following up on women leaving the shelters.

In Chile, women who leave the shelters do not receive any type of monetary assistance. While economic independence is recognized as key to overcoming the experience of violence, this area is not yet robustly developed.

Chile Table 7. Number and timing of follow-ups by type of departure

TYPE OF DEPARTURE	FOLLOW-UP
Departure	<ul style="list-style-type: none"> • 1st follow-up: 30 days after departure • 2nd follow-up: Between 60 and 120 days after departure • 3rd follow-up: Between 180 to 270 days after departure
Abandonment	<ul style="list-style-type: none"> • 1st follow-up: From 7 days after departure • 2nd follow-up: 30 a 90 days after departure
Transfer	<ul style="list-style-type: none"> • Sole follow-up: With the women 7 days after departure
Withdrawal	<ul style="list-style-type: none"> • Sole follow-up: From 15 days after departure

Source: *Technical Guidance: Women's Shelters (SernamEG, 2020)*

Once the woman is discharged from the shelter, the direct intervention stage concludes, and the follow-up phase begins. (See Chile Table 7.) In this phase, instruments are used to measure the levels of violence and risk to the woman, in order to understand her situation outside the shelter and be better able to detect situations of risk that merit new admission to the SernamEG Network or to other entities or protection measures. The follow-up includes an interview with the woman (at home or by telephone), and secondary sources, such as family or institutional support networks, may also be contacted. In cases of high and/or life-threatening risk, a home visit should always be made as long as it does not compromise the woman's safety; and it is therefore suggested coordinating with the support networks that could facilitate the contact.

Once the follow-up evaluation has been carried out, if the woman is once again determined to be experiencing high-risk and/or life-threatening violence, her re-entry into the shelter is considered. If the risk is initial or medium, or if the woman refuses to return to the shelter, she is referred to the Women's Center.

Costa Rica's follow-up process includes three modalities: by telephone, at home, and through external consultation and attendance at training sessions. Prior to discharge, the psychologist will work with the resident to draw up a safety plan that includes the follow-up elements. In addition, the CEAAMs maintain Whatsapp groups with residents who wish to maintain contact and/or participate in activities. Follow-up is complicated in the case of some women who return to places far from the CEAAM that took care them or far from another CEAAM, so that the referrals that continue the process are not always fulfilled. Costa Rica's report identifies several government programs accessible by women who leave the CEAAM, but despite the efforts that have been made to provide women with resources to break the cycle of economic dependence that keeps them in violent relationships, these programs are not sufficient, universal or sustained over time.

In El Salvador, the follow-up of those who have left the shelter is carried out by the technical staff of the Directorate of Specialized Care at the national level, through interviews at ISDEMU offices or during visits to the home. The duration of the follow-up phase, however, has not been established and is terminated at the request of the resident or when the process she is undergoing has been completed. This follow-up is based on the Life Plan that each woman developed during her stay at the shelter and is documented on standardized forms.

In Peru, the follow-up of women who depart the shelter is not protocolized. Formally, this is conducted by the legal advisor, in the event that there is a formal complaint and the case is taken up by CEM. However, this follow-up is more related to the legal aspect of the case than to the personal situation of the individual.

Predominant characteristics among shelter residents

Although this area was not a focus of the study in the as defined in the Methodological Guide, several of the consultants provided relevant data on the subject. In general, poverty, lack of connections and lack of family and social support networks are common determinants for seeking shelter.

According to the study that focused on Brazil, "The vast majority of women served in these spaces have children, present a profile of poverty and low educational level, are unemployed or have very tenuous employment; many come from social territories plagued by a high incidence of violence, and live in unstable housing situations. They thus present several social vulnerabilities only aggravated by gender-based violence and by a set of other characteristics that amplify gender discrimination, such as race and ethnicity. Many have no family support networks or access to public or community institutions. In this sense, the limitation of shelters to overcome these different vulnerabilities was verified."

The increase in women among migrant populations has led to a change in the profile of women who seek shelter in several countries, including those studied here. The situation of migrant women depends on several factors, in particular their economic status and the existence or lack of family or social support networks in the receiving country.

In Chile, the arrival of increasing numbers of migrant women of different nationalities currently poses a challenge, since cultural differences in things such as meals and forms of upbringing, etc., can be points of conflict if not properly addressed.

According to the report submitted by Costa Rica, the age of most of shelter residents ranges between 17 and 45 years with an average of six children, aged between one month and 15 years. They have little fromal schooling

(incomplete or complete primary school and incomplete or complete secondary school); they are unemployed and/or tend to be housewives, domestic workers and non-professional employees. In terms of nationality, while the highest number of residents are Costa Rican, there is also a high percentage of migrants in irregular situations. Most of them live in rented or borrowed housing.

Shelter staff

The research team paid a visit to the Lar da Mulher shelter in Rio de Janeiro, created in 2007 and managed by the First Lady of the country. All staff at this shelter are contractors, i.e., they are not permanent employees and there are no public administration employees. New contracts must be drawn up every year for each member of the staff, and an effort is made to rehire the previous members of the team, if possible. The current staff is small and consists of one director, one social worker, one psychologist, four educators, one recreationist and two drivers.

Among the obstacles faced by the staff, two stand out: the limitation of technical and support equipment, resulting in fatigue and overloading of the team with implications for their overall health; and, in addition to the absence of a supplementary budget to cover emergency expenses, the low budget for maintenance and the expansion of activities.

At the time of this study, there are 445 professionals working in the shelters in Chile: 82 have an employment contract and 363 are "fee-based" workers, i.e., they only have a contract for the provision of services without the right to social security or health contributions, vacations or social security in general. The high number of fee-paid workers demonstrates the fragility of the teams and impacts the continuity of interventions for shelter residents.

In Costa Rica, the roles, functions, tasks and requirements of shelter staff are described in INAMU's Class Manual and Roles Manual. Vacant positions are posted externally for competitive recruitment and the process for managing new appointments due to layoffs, leaves of absence, vacancies, is regulated in the "Procedure for the Recruitment and Selection of Human Talent to Fill Vacancies in the INAMU". All openings must be posted for competitive recruitment, either internally or externally. In addition, CEAAM staff hired for

food service, housekeeping, and custodial and janitorial tasks are in permanent positions funded through the institutional budget and these are professional positions that require at minimum a degree.

In El Salvador there is no uniform policy for shelter personnel. In the shelter run by the national government, contracted personnel are trained according to the requirements of their specialization.

However, in the shelters that depend on the municipalities there are different realities. Some have a large number of staff with higher qualifications and specialization, while others do not have sufficient staff or the staff they do have does not have training in the area. In some cases, the personnel assigned to the shelter also perform other additional tasks. One of them (CAMUJER) has only one permanent resource, the head of the Municipal Women's Unit (UMM), who has several responsibilities in addition to administration of the shelter. When the shelter is activated, two women from the Municipal Agents Corps (CAM) are assigned to provide security on a rotating 24-hour shift. They are also supported by the municipal health services (Municipal Clinic) if required. The woman in charge of the UMM has received training in gender issues, but not in treatment of cases of violence.

In these municipal shelters the personnel is hired, but their employment is unstable as their tenure is affected by change of government that takes place every three years in the municipalities. The same is true of personnel hired for short-term collaborative projects. In addition, police officers in charge of security rotate continually, resulting in a loss of accumulated experience.

In Peru, personnel in the shelters created by the Municipality of Lima are hired directly using municipal resources, guaranteeing their continuity.

Shelter evaluation and monitoring

The evaluation of shelters is a key tool for analyzing not only how they are operating, but also whether their objectives have been met, the results of their work and the benefits in the lives of their residents. Evaluations should be conducted on a periodic basis, by external and independent personnel who publish reports that are accessible to the public at no cost. The reality is very different.

Brazil assigns responsibility for the monitoring and evaluation of shelters to the Secretariat for Women or other secretariats to which the shelters are institutionally linked. Our analysis found that not all shelters make evaluation reports available. On the other hand, all shelters' activities are visible on the web pages of the Secretariat for Women or of the state and municipal governments, many of them with photos, interviews with staff members and testimonies from women who were provided support by the shelter.

In Chile, the "Program for Attention, Protection and Reparation for Violence against Women" does not have an evaluation system to monitor compliance with the shelters' stated objectives and goals. While there is a monitoring system of progress indicators related to the management of the Program itself, most of the relevant progress indicators used for monitoring do not have associated goals. The monitoring system is conducted by advisors, with the support and supervision of the Technical Guidelines, led mainly by the regional SernamEG officers responsible for Violence against Women. The regional SernamEG must make at least two visits per year to the shelters and hold two video or telephone calls per month for counseling or technical supervision. In June and August a report on the the status of the program implementation is submitted to the Regional SernamEG Manager.

In Costa Rica, an evaluation and redefinition of the CEAAM model was carried out in 2014. At the national level, Law 8688 for the Creation of the National System for Violence against Women establishes a Policy Evaluation and Compliance Committee under the direction of the Ministry of National Planning, comprised of several institutions, the Office of the Ombudsman's, and the NGOs that are members of the System. In addition, it orders the highest political body at the ministerial level to submit a biannual report to the Governing Council on the progress of national and sectoral policies approved by the National System and to report to the public on the status of the fight against Violence against Women and Inter-familial violence during the first half of November every year.

In order to monitor progress against the First Five-Year Plan of the current National Policy for the Treatment and Prevention of Violence against Women of all Ages 2017-2032, INAMU developed an electronic tool called quickscore, which is a software program that automates the tracking of the rate of

compliance with the policies. In addition, two evaluations were contracted out to external third parties in 2014 and 2015.

Until 2019, the State-run shelter in El Salvador was evaluated in three ways: a) Staff evaluation: conducted via a form distributed to all staff twice a year; b) Performance evaluation: through a format designed especially for the shelter, that allowed the technicians to evaluate the caregivers and c) External evaluations: coordinated by the Executive Management. Between 2011-2019 two such evaluations were carried out, but the results were not socialized.

Costa Rica has two regular mechanisms that allow residents to evaluate the shelters: a) a complaints or suggestions mailbox where residents can submit their concerns, and which is only accessible to the Comptroller of Services, and b) a mandatory evaluation or service satisfaction survey that residents complete, generally at the end of their stay. The annual reports are prepared based on this information.

Although the MIMP evaluates the HRTs in Peru, it does not make the reports public, with the exception of one that was published in 2014. In 2019, the Office of the Ombudsman's conducted direct evaluations of temporary places of refuge and published the results in a publicly available report. On the other hand, no monitoring reports have been found in recent years regarding the status of HRTs managed by civil society organizations.

Issues pending debate and gaps in public policies

1. Adolescents between 15 and 18 years of age: In Limbo

At the present time, shelters and facilities specializing in violence against women are mainly focused on serving adult women, and no specific protocols have been identified to address gender-based violence in girls and adolescents, especially in the age group between 15 and 18 years of age. Many

adolescents in this age group live in couples as adults, and some have already become mothers.

It is important to be able to analyze the different situations and living conditions, in terms of gender-based violence, and in light of their stage of development, in order to identify gaps in social and legal protection and their specific needs if we want to break the cycles of violence and exclusion early in their lives.

The issue is that, in general, the systems that protect children and adolescents lack specialized approaches to gender-based violence against girls and adolescents, rendering them a population that goes doubly unprotected (Brazil, Peru, Costa Rica).

2. Child and adolescent victims of trafficking

When children and adolescents have been the victims of sexual exploitation or trafficking, it is highly likely that they will be admitted to a specialized center or shelter that handles this type of situation. There, the State can guarantee access to education, healthcare and housing until they reach the age of majority, and provide each one individualized and personalized treatment and care.

Since residence in these facilities is mandatory, it can be perceived as a deprivation of freedom. This is difficult, especially for adolescent girls, who may not perceive themselves as "victims" when subjected to sexual exploitation and trafficking, but instead feel like prisoners when they are held in state facilities intended to assist with their reintegration into society. This situation merits a deep evaluation of the state's response to this type of victim, and requires further research to understand how to best approach it. (Peru)

3. The Agenda of the Women's Movement

During the 1980s and 1990s, women's organizations demanded that the State provide shelters for women victims of domestic violence. As States have assumed greater responsibility for this obligation, the demand for shelters seems to have diminished. At the same time, the women's movement's

responsibility for the management of shelters has also decreased. While there are still some shelters organized by grassroots women leaders, these are the exception, and the national agencies encourage and supervise local governments and municipalities to fulfill of their obligations to the victims of gender-based violence.

The most recognized non-governmental organizations in the field of the defense of women's rights, have not developed any studies on this issue in recent years, with the exception of those that are members of networks of shelters, such as RIRE.

One exception would be the shelters for victims of human trafficking, which in Peru have received attention from new organizations that address the issue, especially with respect to the treatment of adolescents in specialized care centers.

Since the emergence of the "NI UNA MENOS" and "ME TOO" movements, the women's movement has focusing on the following demands to systems of justice: the need to end impunity; to conduct adequate investigations with enhanced due diligence; to eradicate gender stereotypes from the justice system and ensure the enforcement of precautionary, provisional or preventive measures. Attention is shifting from the victim to the perpetrator, and women are insisting on their right to continue living their lives, going to work, and are protesting against the injustice inherent in having to leave their own homes while the perpetrator remains free.

4. Municipalities and the national government

In most of the countries studied, with the exception of Costa Rica, the management of shelters has transitioned to local municipalities. Although the national government drafts and passes the laws and public policies on violence prevention, the municipalities are responsible for maintaining and managing the shelters, which require specific budgetary allocation.

However, given the lack of priority or resources dedicated to this problem in some municipalities, response to complaints of domestic violence is sometimes delayed or discontinued. For this reason, the governing bodies at

the national level should engage in management agreements with regional, provincial and municipal governments for the establishment of shelters and allocate part of the budget to staff them and thus ensure their operation.

This becomes even more important in countries with federal governments, where state or provincial autonomy can result in a different solutions to the same problem or even in a lack of any solutions at all.

The Ministries or Secretariats of Women's Affairs at the national level should also guarantee the stability and continuity of municipal policies regarding shelters, so that they are not subject to frequent changes of government. In the country studies we conducted, we observed that some municipalities went from having a clear policy regarding their obligations to provide services to victims of gender-based domestic violence under one municipal administration, to shuttering these services in the following administration and offering a completely different type of support to shelters. The fact that the existence of shelters is subject to these changes does not inspire faith in the women that security is provided when their lives are threatened.

5. Alternatives to combine the role of shelters with other risk prevention measures and the role of new technologies:

Shelters for victims of gender-based violence are essential tools that must be included in a system of violence prevention and protection for women and girls. While they are certainly one part of a harm reduction policy, they do not necessarily create, on their own, conditions for the broad empowerment of women.

Additional measures that can also reduce risk include: an increase in the speed with which protection measures are granted, placement of electronic ankle tags on the perpetrators of violence who remain free while awaiting trial; and a GPS device given to the victim that allows her to verify whether the aggressor is violating the protection measure ordered by the justice system. The agility of the justice system is fundamental both to guarantee the effectiveness of protection measures and to avoid impunity on the part of aggressors. (Brazil).

New technologies, such as electronic bracelets and ankle tags for aggressors,

panic buttons and geolocators for potential victims, among other devices, play an important role in risk prevention and in the demand for shelters in the area of domestic violence.

In Costa Rica, INAMU provides emergency kits that include geolocation equipment for high-risk cases. Its activation triggers the immediate deployment of law enforcement and in general it is very very effective. Electronic ankle monitors, which must be ordered by a judge, are also placed on the offender as an alternative to imprisonment. However, the effectiveness of this system relies on a robust and agile monitoring system that can respond immediately when non-compliance is detected. In addition, since the defendant is the one responsible for changing the batteries to keep the device activated and the competent authority may take hours, days or weeks to provide effective and personalized follow-up on the accused, this mechanism is a risky alternative for use as a protective measure for victims of domestic violence.

Summary of recommendations from the five countries

1. An adequate legal framework that includes the provision of shelters for the dangers suffered by women, especially in those countries where the issue can be addressed in either civil or criminal proceedings, each one governed by different risk indicators (Chile);
2. Shelters should be part of comprehensive public policies for the prevention of violence, risk prevention and protection of women and girls, and subject to consistent nation-wide criteria and guidelines (El Salvador);
3. Ensure that public policies on shelters for women in situations of violence are permanent State policies, at the national, local and municipal levels, and are not subject to cancellation or a decrease in the quality of care due to frequent changes of government (all countries);
4. Push for management agreements with regional, provincial and municipal governments at the national level for the establishment of shelters, allocating part of the necessary budget to staff them, thereby guaranteeing coherence in protective coverage;

5. Expand coverage and investment in institutional programs, guidelines and projects for social assistance, educational opportunities and preparation for employment, housing, and healthcare that gives priority to women affected by domestic violence; legal representation in all judicial proceedings, including criminal cases; and diversification of the partnerships with the private sector to improve women's access to employment. (Costa Rica);
6. Establish an institution to be responsible for the oversight of all shelters, such as a National Center for Shelters or other entity to strengthen and align public policies across the states and municipalities and collect data (Brazil);
7. Include shelters in specific programa, and assign goals and performance indicators aligned with their objectives (Chile);
8. Deepen the implementation of an intersectional approach, placing special emphasis on the cultural competence of the different activities performed in shelters, in order to respect the sensibilities and accommodate the needs of the increasing number of migrant women seeking refuge from violence (Chile, Peru);
9. Guarantee the continuity of employment, social security and labor rights for shelter workers (Chile), and guarantee their training and specialization in gender-based violence (El Salvador);
10. Increase the numbers of shelters for women, adolescents and girls who are victims of human trafficking (Brazil, Chile, Peru);
11. Review state handling of cases of trafficking and sexual exploitation of girl and adolescent victims, in particular the mandatory detention policies in state institutions as a way to to promote their social reintegration (Peru);
12. Budgets: Include specific, adequate, and publicly accessible budget line items for the installation and operation of shelters in the annual budgets of the state institutions responsible for their creation and administration These items should be made known to the population (Brazil, El Salvador);
13. Care for women of in-between ages: Domestic violence shelters should

admit girls and adolescents who are direct victims of gender-based violence, especially those between 15 and 18 years of age who live with a partner and who, in some cases, are already mothers. This issue is of particular concern, since child and adolescent protection systems usually lack the specialized services needed to handle gender-based violence against girls and adolescents, thereby making them a population of women in a situation of double lack of protection (Costa Rica, El Salvador, Peru);

14. Institutional coordination: Promote alignment between shelters and public policies on employment and income, education, and housing to ensure the safety and empowerment of women (Brazil);

15. Follow-up of women who leave the shelter: Develop a formal and systematized process to follow-up on the status of women who have accessed shelter services and collect post-departure statistics (Peru). The follow-up should be intersectoral, and include a network of social programs that provide comprehensive economic, psychological, social and legal assistance for a defined period of time. This comprehensive and specialized support is part of the reparations that the State owes to these women for failing to protect their right to a life free of violence (Chile);

16. Guarantee financial resources, in addition to the Bolsa Familia, for women after they have left the shelter, to include housing assistance (Brazil);

17. Establish a basic national emergency fund for policies to protect women in situations of violence, as already exists in the area of education (Brazil);

18. Encourage private companies to create jobs reserved for shelter residents after they leave the shelter (Brazil);

19. Data: Produce qualitative and quantitative information on domestic violence shelters (Chile);

20. Ongoing evaluation and monitoring of shelter facilities by their governing entities, with guaranteed public access to the reports. Encourage evaluation by independent institutions, such as the Ombudsman's Offices (Peru);

21. Expand and diversify the network of shelters for women affected by domestic violence and their children, encouraging the participation of other social stakeholders such as municipalities and the private sector, through the implementation of innovative modalities such as the permanent rental of shelter houses in the cantons and temporary hotel resources for emergencies in the localities, among others (Costa Rica);

22. Guarantee the specialization of the services provided in the shelters by providing ongoing training to all personnel. Create job description for shelter personnel. Consider the development and accreditation of official training programs for the care of women and girls in shelters who are victims of gender-based violence, and include this accreditation among the qualifications required for employment at the shelter. (El Salvador).

In-depth Country Study of BRAZIL

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Introduction

This case study is intended to increase knowledge about shelter policy in Brazil and contribute to improving protection of victims of gender-based violence by reinforcing the role of specialized shelters.

Domestic Violence Shelter policy in Brazil was systematized in 2011, in the National Guidelines for Shelters^[10], developed by the Policy Secretariat for Women (SPM) of the Presidency of the Republic to respond to the demands of women's movements. At its center, it focuses on the duality of the protection/empowerment of women in situations of violence. These Guidelines are governed by the rights and obligations established in the Inter-American Convention of Belém do Pará and the Maria da Penha Law.^[11]

The case study was structured according to the three hypotheses included in the Methodological Guide^[12], and also explores the extent to which the shelters that were investigated follow the Brazilian National Guidelines for Shelters.

Considering the size of the country and the large number of reported shelters^[13], we decided to limit our study to shelters under the responsibility of public authorities.^[14] To collect the information, we conducted several interviews, including with the coordinators of 8 shelters, located in the northeastern, midwestern, southeastern and southern regions of Brazil. We also interviewed the former Coordinator for Policies to Combat Violence against Women of the SPM, who served in that role from 2003 to 2016; the director of a shelter run by a non-governmental organization; and a woman who had sought services from a shelter in Rio de Janeiro. We also conducted an on-site observation of one shelter in the state of Rio de Janeiro and consulted government documents; national, state and municipal legislation; and statistical data.

For the purposes of this case study we adopted the nomenclature “shelter homes”, which is the name given in Brazil to these institutional spaces for the protection of women at risk of gender-based violence.

In addition to this introduction, this study includes the following information: 2. Concept of shelters; 3. The history of the creation of shelters; 4. Institutional framework of the legislative policy governing shelters; 5. Evaluation of the shelters - achievements and obstacles encountered, as well as strategies to overcome them; 9. Conclusion - The degree of compliance of the shelters we investigated with the National Guidelines for Shelters; 10. Recommendations.

Also included: Annex I – Summary of the Information on Shelter Homes; Annex II –Photos of the shelter homes visited.

The concept of shelter homes

In Brazil, the concept of shelter homes was first defined in 2005 by the Secretariat of Policies for Women, in a specific Term of Reference: “shelters are safe places for the care of women whose lives are in imminent danger due to domestic violence. It is a confidential and temporary facility, where users can stay for a certain period of time, and after which they must meet the necessary conditions to resume the course of their lives^[15].”

This Term of Reference stipulated that a) shelters must be created by law and must establish relationships with services and managing bodies through technical cooperation, partnerships, and must also define the responsibilities and obligations regarding the security of the facility; b) they must have an ongoing association with law enforcement to ensure the protection of women victims and their children. This Term of Reference classifies shelters as a public service (either municipal, state, autonomous and/or by consortium) and part of the network of assistance for women in situations of violence, in order to provide temporary, emergency measures of protection and safe places for women victims and their children. The document also noted the need for shelter facilities to include the following basic infrastructure: space for bedrooms, where women can store their personal belongings, maintain the family bond and ensure their privacy; spaces for shared coexistence; spaces

for a shared kitchen and dining room; recreational space for children; shared laundry facilities; sufficient numbers of bathrooms to accommodate the number of people in the shelter; accessibility modifications that accommodate the needs of persons with special needs and disabilities; adequate space for technical and administrative offices, designed to protect residents' privacy; and infrastructure to support communications and transportation.

The passing of the Maria da Penha Law in 2006 reinforced this concept and, in 2009, shelters were included in the typification of complex special social protection assistance services as "institutional shelter facilities for women in situations of violence".

A significant breakthrough occurred in 2011, when the concept of shelters was mentioned in the National Guidelines for the Sheltering of Women at Risk of Violence^[16], developed by the Women's Policies Secretariat, to include the "range of possibilities (services, programs, benefits) for temporary shelter for women in situations of violence (domestic and family violence against women, human trafficking of women^[17], etc.) who are at risk and in need of protection in a welcoming and safe environment". The word "shelter" refers not only to the facility itself (shelters, safe houses, halfway houses, temporary short-term shelters, etc.), but also to other measures such as programs and assistance (short-term assistance for emergency situations) that ensure the physical, psychological, and social well-being of women in situations of violence, as well as their and their family's personal safety.^[18]

History of the creation of the shelters

The first shelters^[19] appeared in Brazil in the early 1980s during in the process of re-democratization of the country, when women's movements began to demand the creation of institutional mechanisms for the protection of women in situations of violence, including: specialized police stations, domestic violence shelters and women's rights councils.

Since the early 1990s, new shelters were established by state and municipal governments across most of the country. These facilities were created in response to pressure from the women's movement, which demanded these facilities in the context of the high incidence of violence against women, the historical failure of the State to protect women from this specific crime and the continued impunity of the aggressors. Data collected by the Secretariat of

Policies for Women - SPM, in 2018, noted the existence of 155 governmental and non-governmental shelters in Brazil, although there was no information regarding any type of monitoring or evaluations of these facilities.

The relative increase in the number of services for women in situations of violence, including governmental shelters^[20], also occurred thanks to legislative advances such as that included in the Federal Constitution of Brazil 1988, which explicitly established the obligation of States to combat domestic and family violence. In 1994, Brazil signed the Convention of Belém do Pará and, in 2006, passed the Maria da Penha Law. Also in the 2000s, the Inter-American Commission on Human Rights and the CEDAW Committee made explicit recommendations regarding the need for public policies to guarantee women's right to a life free of violence.

The institutional framework of legislative policy on shelters

Despite the advances made in the 1990s, Brazil did not have an institutionalized national policy to address violence against women until 2003. The new federal government elected that year, led by President Luis Ignácio Lula da Silva, created the National Secretariat of Policies for Women – SPM. The SPM held ministerial rank, and in dialogue with women's movements, undertook a major effort to define a national policy for equality and equity through the introduction of gender mainstreaming in public policies throughout the country^[21]. This policy was systematized by its inclusion in the National Policy Plans for Women^[22], the Maria da Penha Law, the National Pact for Confronting Violence against Women^[23], Guidelines for Shelters for Women in Situations of Violence, the National Guidelines for Confronting Violence against Women in the Countryside and the Jungle, the Technical Standard for the Standardization of Centers for the Care of Women in Situations of Violence, and the Technical Standard for the Standardization of Specialised Police Stations for the Care of Women, among others.

These plans are aligned with other policies, including the National Plan to Combat Human Trafficking, the National Policy for Social Assistance and the National Policy for Women's Health.

The National Policy for Women in Situations of Violence^[24] was guided by the same principles defined in the National Policy Plan for Women and the

the National Policy to Combat Violence against Women, including: equality and respect for diversity; women's autonomy; social justice; transparency of public acts; and participation and social control.

In addition to these National Plans, some states and municipalities have included provisions in their legislation for the creation and maintenance of temporary residential shelters for women victims of violence and their children, as well as, financial support and social benefits. Funding for the maintenance of shelters is provided for in budget allocations approved by the local legislature and approved by governors and/or mayors. Many states have also developed technical standards for shelters following the National Guidelines developed by the SPM.

Shelter model

The National Guidelines introduced important changes to the shelter model, which until then had been limited admission to shelter to at high-risk women and those whose lives were threatened due to domestic and family violence. Since 2011, there has been a recognition that this model did not take into account the new demands and contexts of gender-based violence, such as caring for women in situations of domestic and family violence who are not at imminent risk of death, or caring for victims of human trafficking of women (both under serious threat and risk of death, and not). The new shelter model includes:

- a. A public, long-term (90 to 180 days), generally confidential facility for women in situations of domestic and family violence (both accompanied by their children or alone) whose lives are at imminent risk, aimed at guaranteeing the physical and emotional integrity of women, helping them to rebuild their lives and restore their self-esteem.
- b. A public, short-term (up to 15 days), non-discretionary facility, separate from the facility for women in situations of violence, aimed at women (accompanied or not by their children) in situations of gender-based violence (especially domestic and family violence and victims of human trafficking), whose lives are not at imminent risk and designed to ensure the physical and emotional integrity of the woman and assess the woman's situation for necessary referrals.

The National Guidelines for Shelters also include other measures such as programs and short-term emergency assistance to ensure the physical, psychological and social well-being of women in situations of violence, as well as their and their family's personal safety.

Among the benefits are those provided for in Decree No. 6.307, dated December 14, 2007, are those intended for cases of short-term need.^[25] These benefits can be used to assist women in situations of violence, since violence against women, "is characterized by the occurrence of risk, losses and damage to personal and family integrity." This Decree recognizes violence against women as one of the bases for granting the benefit, identifying the "circumstantial damage resulting from the rupture of family ties, the existence of physical or psychological violence or life-threatening situations in the family" as one of the possible causes of situations of risk, loss and damage.

The Guidelines detail the rules to be observed with respect to coordination with other facilities within the network for care, admission procedures, the composition of the technical team, the operational structure of shelters, physical dimensions, and post-residential support, among others.

The Guidelines also define the referral process flow, identifying specialized and non-specialized services in the care network, such as the Women's Care Referral Center - CEAM.^[26] This process flow includes an initial assessment interview for the admission of the woman to the shelter conducted by the CEAM, which will then arrange for the transport of the woman and her children to the shelter, to a short-term facility or to other facilities, as needed. As the location of the facility must remain confidential, transport must be done by the facility's on-staff driver. Law enforcement can also be called to provide support if additional protection or security is required, or if the woman's and/or her children's belongings need to be collected from her home, for example.

The procedures for leaving the shelter are also defined in the Guidelines, with the CEAM guiding the woman through this new process of coordination and negotiation with the local care network. It emphasizes that, during discharge from the facility, it is essential that the shelter and the CEAM develop joint strategies to guarantee the woman access to housing (rental assistance) and

employment, participation in social programs and income generation, etc. These strategies should be formalized through technical cooperation agreements and terms of partnership with the stakeholder Secretariats and sectors - Education, Housing, Labor, Social Assistance, and System S,^[27] among others.

Brief description of the country and the current context

Brazil is a country on the South American continent with approximately 220 million inhabitants. It is constituted as a Federative and Presidential Republic and governed by a democratic constitution approved in 1988, after a long period of military dictatorship. It consists of a national union, comprised of 26 states, a Federal District and 5570 municipalities.

Articles 5, 6 and 7 of the Federal Constitution list Brazilian citizens' individual and social rights, and specifically declares the equality of men and women in public and private life. In Article 226, point 8, the Federal Constitution defines that the State shall guarantee assistance to each member of the family as an individual, and create mechanisms to diminish violence within their relationships. Paragraphs 2 and 3 of Article 5 recognize that the rights and guarantees expressed in the Constitution include those listed in international treaties on human rights, to which Brazil is a signatory, and that Brazil submits to the jurisdiction of the International Criminal Court, As a signatory to all international human rights treaties, covenants and conventions, since 2002, Brazil has submitted its National Report to the CEDAW and since 2004, has responded to the questionnaires of the Follow-up Mechanism of the Convention of Belém do Pará (MESECVI).

Brazil's women's movements, networks and organizations played an important role in the drafting of the Federal Constitution, as well as, in the development and approval of specific legislation for the advancement of women, including, for example, the Law on Family Planning (1996), the Maria da Penha Law (2006) and the Law against Femicide (2015). They also are active in the defense of violated rights, proposing new rights, monitoring public policies for the implementation of rights, and in the resistance against the rollback of rights.

Between 2003 to 2017, public policies to promote gender equality and equity made significant advances thanks to the collaboration between the Special Secretariat of Policies for Women (SPM) and feminist movements. Since 2003, the National Policy to Combat Gender-based Violence against Women has been integrated into various documents and laws, as mentioned above. This policy is implemented through a network of assistance that includes Referral Centers - CEAMs, Social Assistance Referral Centers - CRAS, Shelters, Temporary Residential Shelters, Women's Police Stations - DEAMs, civil and military police, Public Defender's Office, Ligue 180, and healthcare services dedicated to providing assistance in cases of sexual and domestic violence, among other public agencies.^[28] With the exception of Ligue 180, all the services listed above are the under the responsibility of the state, municipal and Federal District governments. Some states, such as Rio de Janeiro, Minas Gerais and São Paulo, specifically included in their constitutions provisions for the creation of mechanisms to care for victims of family violence, such as DEAMs, temporary shelters for women and children, and short-term, emergency financial assistance.

However, these legislative advances, national plans and pacts and the increase in services have not succeeded in reducing the rate of gender-based violence against women, most notably the rate of femicide. This can be explained by the scanty investment in prevention policies, established in Article 8 of the Convention of Belém do Pará and Article 8 of the Maria da Penha Law, as well as, in the various recommendations of the Committee of Experts of the MESECVI and the CEDAW.

Data from the IPEA indicate that between 2013 and 2018, at the same time that the rate of homicides of women outside the home decreased by 11.5%, deaths inside the home increased by 8.3%, indicating an increase in femicides.^[29] The rates also reveal a higher incidence of homicides against Black women. Data from the Dossier of the Woman 2020 published by the Rio de Janeiro Institute of Public Security indicate that in 2019, 68.2% of victims of femicide^[30] in that state were Black.

According to figures from the National Council of Justice (CNJ), more than one million cases related to the Maria da Penha Law go through the courts and almost four hundred thousand precautionary measures were ordered in 2018.

In the same period, in 2019, at the same time both violent deaths, in general, and femicides were increasing in the country, the federal government expanded access to firearms and access was increased even further in 2020.^[31]

Despite the formal guarantee of equality in the Federal Constitution, gender inequalities are present in the lives of women who earn 50% less income than men in the same jobs, suffer from higher rates of unemployment,^[32] and have low representation in the halls of power in society and government, filling a paltry 15% of the seats in the National Parliament. The persistence of gender stereotypes in the country's culture contributes to the increase in discrimination against women.

In 2017, a coup ousted President Dilma Rousseff, eliminating the Secretariat for Women's Policies. Public policies aimed at prevention, care, access to justice for women victims of violence and the punishment of aggressors suffered setbacks at the federal, states and municipal levels, due to the decrease in funding, the lack of political will on the part of governors and mayors, and the absence of coordination at the national level. Misogynist language proliferated on social networks and in discourse by public authorities, including the President of Brazil himself.

The economic crisis that broke out in 2016 deepened due to instability and the loss of jobs, affecting women especially, and resulted in an increase of extreme poverty that disproportionately impacted women who are the sole supporters of their families.

In 2018, the language of familism, sexism and racism employed by social conservatives characterized the actions of the federal executive branch. There were attempts to weaken the Maria da Penha Law or put forth legislative proposals promoting repressive policies, deprioritizing the policy for the prevention and care for women in situations of violence. In the states and municipalities, the economic crisis served as a pretext to weaken services for women. In this context, the work of feminist movements, networks and NGOs has been essential in preventing further setbacks in public policies, legislation and the work of the judiciary.

The COVID-19 health emergency has increased women's risk of domestic violence. Access to government reporting channels has become more difficult,

as has seeking protection. A document prepared by the IPEA ^[33] in 2021, makes recommendations aimed at executive action throughout the country, especially within the context of the COVID-19 epidemic, including the following: the expansion of the budget for public policies to reduce domestic and family violence against women; the development of alternatives for outreach for the poorest communities and those with difficulty accessing digital media, especially by women in rural areas; the guarantee of a 24/7 access to emergency services and specialized police stations. In addition to the expansion of the capacity of shelters, the opening of new spaces and agreements with private organizations that manage domestic violence shelters also stands out among the suggestions.

Innovative approaches

It is important to highlight the innovative and positive actions developed by the governments of some states and municipalities, such as the creation of the Maria da Penha Law Patrols, which are made up of military police and municipal guards who periodically visit women who have obtained protection measures against their aggressors.

The Courts of Justice in some states have developed seminars and courses on gender violence for their members, and the National Council of Justice (CNJ) has made an effort to maintain current updated data on the number of women who have obtained protection measures throughout the country.

Recently, feminist advocacy before the Federal Supreme Court (STF) led to the determination of the argument of legitimate defense of honor traditionally used as a defense by those accused of crimes of femicide as unconstitutional. The letter sent to the President of the STF by the Committee of Experts of the MESECVI also had an important impact on this decision.

The Federal Senate created a Database on Violence against Women based on the recommendations of the Joint Parliamentary Commission of Inquiry (CPMI) on violence against women. ^[34]

Public Defender's Offices and Public Prosecutor's Offices in some states have been actively involved in monitoring services to combat violence against women.

In 2020, the National Council of Justice approved the Risk Assessment Form^[35] that guides the identification of factors that predict the risk of a new aggression or femicide, provide the victim insight into the level of risk she is facing, and assists in the development of a safety and support plan for women in a situation of violence. This form should preferably be used when women request assistance from judicial units, prosecutors' offices or police stations. Among the questions the victims must answer are the following: Are you pregnant? Do you have any physical or mental conditions? Are you of African descent? Does your aggressor have access to weapons? Are you employed? Does your aggressor use alcohol or drugs? Has your aggressor ever attempted suicide? Have your children ever witnessed the aggression? The responses to these questions will guide the following steps, which may include, for example, removal of the abuser from the home, referral of the woman to a shelter, referral of the abuser to a program for psychosocial reflection, referral of the parties to employment and income services and referral of victims to counselling services.

Another positive point, despite the many challenges, is the existence of shelters that, formally or within their means, continue to offer service to women victims of violence whose lives are threatened, access to safe refuge throughout the country.

General information about the shelters^[36]

Eleven^[37] interviews were conducted, including with the managers of 8 shelters located in the states of Pernambuco and Rio Grande do Norte (Northeast Region); the Federal District (Midwest Region); Minas Gerais and Rio de Janeiro (Southeast Region); and São Paulo and Rio Grande do Sul (South Region)^[38]. The managers reported that the facilities are governed by the National Shelter Guidelines developed in 2011 and fall under the responsibility of the public authorities of the states and municipalities. For the most part, they are associated with the state and municipal Secretariats or Coordinations of Women's Policies. Only one is linked to the Municipal Health Secretariat.

In this section we highlight the common characteristics of the shelters we investigated, following the format of the Methodological Guide.

Photos of the shelters can be found in Annex II.

Shelter description

All eight of the government-run shelters investigated^[39] are part of the network of care for women in situations of domestic and family violence maintained by the state and/or municipal governments. The existing shelters admit adult women, mostly accompanied by their children. In recent years, however, there has been a noticeable increase in young women, still minors, already living in violent marital relationships, who are seeking shelter. Most shelters are reserved places; however, there are shelters that, after assessing the risk to the woman's and the territory, allow residents to leave the shelter to go to work or to receive training.

Shelter personnel

In addition to the director or coordinator, shelters also employ social workers, psychologists, educators, administrative and cleaning staff, food service workers, security guards and drivers. In all the interviews, we heard that the technical team, which consists mainly of social workers and psychologists, has suffered a reduction in recent years. The professional staff are civil servants hired by the public authorities; and legal assistance is provided by the Office of the Ombudsman in each state.

Regulatory and institutional framework

Shelters for women are included in state and municipal public policies to combat violence against women and formally follow the National Guidelines published in 2011. All of them were created by state and/or municipal legislation. Most of the shelters surveyed have operated continuously and part of the local network of policies for women.

Almost all the coordinators/directors were unable to provide information on the annual budget of the shelter^[40]. Funding is allocated by the state and/or municipal Ministries of Women's Affairs, Social Assistance or Health.

All the shelters receive admission forms sent by the Referral Centers and supplemented by the shelter staff, for the women seeking to enter the facility. Similarly, the shelters send exit forms to the Referral Centers for post-referral follow-up.

The director of the shelter is chosen by the secretariats that oversee the shelter and supervision is usually carried out either by the director herself or by the local Secretariat for Women's Policies and the Office of the Public Prosecutor. In general, shelter capacity, including women and children, ranges from 15 to 60 persons.

Operation of the shelter

All shelters reported the existence of treatment protocols and admit women whose lives are at imminent risk. The referral is made by the Police Station, specifically the Women's Police Stations, the Social Assistance Referral Centers (CRAS), or the Judiciary.^[41] The Women's Referral Centers (CEAM) and the Social Assistance Reference Centres (CRAS) inform women about the rules of the shelter, such as maintaining its secrecy and restrictions on communications with the outside world for security reasons. The shelters can be set up in private buildings rented by the State or the municipality, or in buildings constructed for this purpose by the public authorities. The managers interviewed reported that the houses follow the specifications set out in the 2008 specifications.

Women are admitted to the shelter the same day they are seen, following a risk assessment. This assessment is carried out using the Risk Assessment Form, issued by the National Council of Justice (CNJ), and completed by the specialized center or police station. The length of stay in the shelter can be up to 90 days. In some cases, residents will remain in the shelter for a shorter period of time if they have family support. In other cases, residents may stay in the shelter for up to six months. Most shelters can offer different options for residential care, such as emergency care, short-term care for 30 days and medium-term care for 90 days, which can be extended for up to six months. Shelters also provide social and psycho-educational support and recreational spaces and activities for the children of women in the shelter.

All shelters employ security guards to ensure the safety of both shelter residents and shelter staff.

Discharge

Shelter residents are free to depart the shelter at any time. In general, shelter technical staff expect residents to have the support of family members who

can provide them a safe environment, often in locations outside their municipality of origin. Shelters offer transportation assistance to women who are transitioning to more distant locations. Some residents like it is safe to leave when the aggressor is arrested or when the courts grant protection measures under the Maria da Penha Law. Shelter technical team will work with the resident to analyze the decision to exit, and will call the Referral Center for post-shelter follow-up.

Most of the residents who bring their children with them to the shelter due to poverty, are already receiving the Bolsa Família subsidy^[42] prior to admission to the facility. After they leave the shelter, in addition to continuing to receive this benefit, many states also provide the women a monthly housing allowance. They also receive financial assistance from the Public Defender's Office and, in some states, receive protection from the Maria da Penha Patrol or the Municipal Guard.

Some shelters reported that the local Secretariats for Women are trying to get training and jobs in the S System^[43] to include the women in housing programs outside of their zone of risk^[44] where they lived with their aggressor.

Life in the shelter

All shelters have a kitchen and an employee responsible for food preparation^[45]. Shelter residents are responsible for their own laundry and that of their children in the laundry room where there are washing machines and tanks available for their use. The shelter staff consider it important that the mothers take care of their own children, as a way of strengthening family ties.

Psychological support and social assistance is provided by shelter professionals on an individual and group basis as residents seek to understand the violence they have experienced and identify the patterns of violent relationships.

Most shelters do not offer job training, but prior to the COVID-19 pandemic, some shelters allowed residents to take course outside the shelter. In addition to the technical team, the Public Defender's Office offers legal assistance in the field of criminal and family rights.

Children admitted with their mothers are enrolled in a school near the shelter address and escorted to class every day. During the COVID-19 pandemic, children in the shelter continued to attend classes online.

The age limit for children in the shelter varies, reaching a maximum of 18 years of age. Some shelters set different limits for adolescent boys and girls. In almost all shelters there are very young women between 17 and 18 years of age who are victims of violence, and in these cases the shelter coordinates with the Court for Children and Adolescents.

Communication with the outside world is restricted to interaction with the Public Defender's Office, the courts, referral centers and healthcare services. One shelter allows women to leave the facility to attend courses.

Visited shelter - Lar da Mulher Domestic Violence Shelter

The facility visited, Lar da Mulher, is located in the state of Rio de Janeiro, in an area of high population density and relatively close to the center of the city of Rio de Janeiro. It is maintained by Rio Solidário, run by the first lady of the state. It was created in 2007 and has operated continuously since its opening. Between 2007 and the first quarter of 2021, the shelter admitted 2527 women and children (1038 women and 1489 children).^[46]

All shelter staff are on contract and there are no civil service employees at the facility. Staff contracts must be renewed on an annual basis and an effort is made to rehire the same members of the team. The current team is small and consists of 1 director, 1 social worker, 1 psychologist, 4 educators, 1 recreationist, and 2 drivers.

The director reported that the shelter follows the National Shelter Guidelines published in 2011. The shelter also is subject to the State Technical Standard, that aligns with the federal standard, and which defines the objective of the shelter to support, protect and strengthen women, offer psychological, social, medical and legal assistance to them and their children, and is designed to inform women of their rights, teach them about healthy loving relationships and provide them the tools to resume their lives in safety.

It was also reported that the team organizes events with reflection groups, and there are recreational and relaxation activities to help women reestablish the

family and friendship ties broken by their absence due to fear of the aggressor. The women are referred to the shelter by the CEAM, or by the CRAS in municipalities that do not have CEAM, and also by the CEJUVIDA of the Rio de Janeiro State Court of Justice. The State Council on Women (CEDIM) is authorized to visit the shelter, as is the Office of the Public Prosecutor.

The building is owned by the state government and is in good condition. The facilities are well ventilated and include 15 rooms with one bathroom for every two rooms, a nursery, a library, a recreational room for children, television room, offices for shelter management, staff offices, a room for festive activities, a room for hairdressing activities, a kitchen, a dining room, a laundry room equipped with washing machines, and a large outdoor area. The shelter also has a vehicle to transport the shelter residents to court hearings or to receive medical care, and there are two employees who are responsible for security. The house is accessible for persons with special needs.

Children in the shelter are enrolled in the public school system in the region. The shelter has internet access and the children continued to take classes virtually during the COVID-19 pandemic.

At the time of the visit, the shelter was occupied by a woman and her daughter who had been transferred from a shelter in the municipality of Rio de Janeiro, which had been closed due to a breach of secrecy, and a new resident who was being interviewed by the shelter's social worker.

The shelter does not provide ongoing job training, but its social assistance team makes it easier for residents to receive social benefits such as Bolsa Família during the stay at and after departure from the facility.

At the time of the visit, the technical team could be seen playing with the women and children who were residents of the shelter.

Evaluation of the Shelter Houses - Achievements and obstacles encountered, as well as strategies to overcome them

Monitoring and evaluation of shelters is the responsibility of the Women's Secretariat or other secretariats to which the shelters are institutionally

linked.^[47] We confirmed that not all shelters make evaluation reports available to the public.

On the other hand, the activities of all the shelters are visible through the websites of the Women's Secretariat or the state and municipal governments. Many of them include photos, interviews with staff members and testimonies from women who have been supported by the shelter.

Watching women break the cycle of violence and establish their lives with their children was highlighted as a positive in every interview conducted for this case study. An excerpt from one of the female managers interviewed sums up this sentiment:

“The challenges are routine and unpredictable. After all, each woman who arrives at the shelter has a different life situation, each with her own set of circumstances, as well as the scars from deep pain and suffering. We need to treat each one individually. It is a wonderful feeling when we manage to help the women we admit to the shelter understand the entirety of the situation of violence they have suffered and leave the shelter with the thought that it is possible to have a dignified life, without violence, and that they have the right to conquer their own space outside the shelter.”^[48]

Obstacles and recommendations for overcoming them

- The main obstacles pointed out by the interviewees are: the limited number of technical and support staff, which results in fatigue and burnout of the team members and that could have health implications;
- The low budget available for maintenance and expansion of services, and the lack of supplementary funds to cover emergency costs.

Recommendations for overcoming the obstacles highlighted by the interviewees

1. Adequate funding for the needs of the shelters and unexpected expenses;
2. Guarantee the continuity of the technical teams with the necessary funding to meet the needs of the shelter;
3. Creation of shelters to handle non-life-threatening situations, as provided for in the 2011 WPS Guidelines;
4. Greater integration/transversality between the different government

- sectors with the expansion and strengthening of the Network for the Care of Women in Situations of Violence;
5. Implementation of policies addressing employment and income and education and housing for women in situations of domestic violence who are admitted to shelters;
 6. Disbursement of the social assistance stipend after leaving the shelter, to supplement the monies received from Bolsa Família;
 7. Encourage private companies to create jobs for former shelter residents
 8. Guarantee that the public policies adopted for women are permanent State policies and are not subject to discontinuity due to the change in local government;
 9. Creation of a national protection system with resources drawn from a basic emergency fund for policies for the protection of women in situations of violence, as already exists in the field of education; and
 10. Investment in education for the deconstruction of gender stereotypes

Conclusion - The degree of compliance of the shelters investigated with the National Guidelines for Shelters

Brazil has made progress in defining a National Shelter Policy that has guided the creation of shelters. The shelters effectively prevent many women from becoming victims of femicide and provide them a safe space, psychological support, social assistance, legal assistance and the ability to maintain the connection with their children.

The vast majority of women who receive assistance in shelters have children, they are on the low end of the economic and educational spectrum, are unemployed or have unreliable employment, many come from social environments with a high incidence with a high rate of violence, and live in unstable housing. They present several social vulnerabilities aggravated by gender violence and share a set of other characteristics that amplify gender-based discrimination, such as race and ethnicity. Many have no support from family networks or public or community institutions. The care they receive in a shelter is not able to overcome these various risk factors.

All the shelters formally follow the stages and flow of the shelter process developed in 2011 by the Secretariat of Policies for Women. They all reported

that women are initially referred to the shelter by a Referral Center (CEAM) or a Specialized Social Assistance Center (CREAS). The shelter itself transports the women and their children; and in cases where the location of the shelter itself is not confidential, the shelter driver provides transportation. Once the admission process has begun, the Referral Center or the CREAS continues to monitor the case.

However, there is no information available on how the shelters and the services of the Protection Network coordinate to ensure women's access to housing, employment, inclusion in social programs and the generation of income. This process should be formalized through technical cooperation agreements and terms of partnership with the stakeholder Secretariats and sectors - Education, Housing, Labor, Social Assistance, System S, among others - as highlighted in the interviews with the managers of these shelters.

Further, the number of shelters remains very low, considering the high incidence of gender-based violence against women and the size of the country. The data available on the number of existing shelters do not correspond to the reality on the ground. As an example, the state of Rio de Janeiro, appears to have four government shelters on the list. In reality, there is really only one shelter that is up and running and another in the process of coming back online. This situation is not unique

The proposal to create a National Consortium of Shelters as suggested in the Guidelines has not materialized. The existence of this entity would enable greater coordination between shelters, helping to overcome many of the obstacles pointed out in the interviews, such as greater exchange of information, the strengthening of the teams, the ability to apply pressure for the implementation of the demands and recommendations of the managers, including an increase of the budget and the number of technical team members, as well as training options for women while they are in the shelter and after they leave.

The Guidelines recommendation that, due to the complexity of residential care for women and their children in situations of violence and the high costs of maintenance of the facilities, the implementation of shelters should be managed by a consortium (preferably public) or in a regionalized format as was only actualized in the states of Pernambuco and Minas Gerais.

Shelters also report that they follow the standards of the National Guidelines in terms of the composition of technical teams, adequacy of space and operational structure. However, in all the states surveyed, the information highlights the reduction in the size of technical teams, especially in recent years. The document prepared by the Public Prosecutor's Office of the Federal District points out some of the obstacles that impact all the facilities within the Women's Assistance Network: insufficient budget allocation and the weakness of the technical staff from both the qualitative and quantitative point of view. In this sense the document identifies the issue of the illness of professional staff in light of the reduction of the teams and the lack of social control, since, given the secrecy required in the case of shelters, these teams also do not have access to external evaluation.^[49]

One positive point relates to the Bolsa Familia subsidy provided during and after shelter care and, in some states, the additional benefit of a housing subsidy, as provided for in the National Guidelines.

The procedures for leaving the shelter were also aligned with the recommendation in the Guidelines that the CEAM be responsible for guiding the women through this new process of coordination and negotiation of in the local service network. It would be necessary, in this sense, to have information from these CEAM on the status of the women after they leave the shelter. However, as in the case of the shelters, the CEAM have also been affected by the reduction of staff or by the fragility of many of the Women's Secretariats or Organizations, demonstraing the low level of political and budgetary investment in these organisms. The policies intended to combat gender-based violence have focused more on security and very little on prevention and care of women in situations of violence.

The National Guidelines address gender-based violence. However, the eight shelters surveyed are only designed to assist women in situations of domestic and family violence. No shelters were identified for women victims of human trafficking. This type of violence is handled only by the Ministry of Justice and not by the Women's Secretariats in the states and municipalities. Thus, the Network of Assistance to Women Victims of Violence did not include assistance for women victims of human trafficking, nor did it include ongoing training for professionals in the assistance network on the issue of human trafficking.

The National Guidelines also point to the issue of the obligation of confidentiality. Secrecy is a requirement for the establishment and existence of shelters and shelter residents must commit to not jeopardize the security of the shelter. This issue can be a source of conflict between shelter management and residents for the duration of their stay in the facility.^[50] The conflict between the need for safety and the lack of freedom was raised in every interview, especially in the interview of a woman who had been previously housed in the shelter.^[51]

The experience of the state of Pernambuco should be seen as an alternative to shelters. Speed in the granting of protection orders, the placement of electronic anklets on the perpetrators of violence and who are at liberty while awaiting trial, as well as the possession of a GPS unit by the victim that allows her to verify if the aggressor is in violation of the protection order imposed by the justice system. The agility of the justice system is therefore fundamental, both to guarantee protection measures and to avoid impunity for the aggressor.

In many states, experiments such as the Maria da Penha Patrols, that operate as part of law enforcement, have proven to be effective. These patrols periodically visit women who have been granted orders of protection by the justice system to escape their aggressors and serve as a mechanism to protect them and dissuade them from contacting their aggressors. The Coordinator of the Section to Combat Violence against Women of the SPM from 2003 to 2016, draws attention to the need to think about providing security to women victims not just through confinement in a shelter, but also through the utilization of these new mechanisms of protection.

Although the National Shelter Guidelines have been formally adopted by shelters, and developed and institutionalized by state and municipal governments, it is nevertheless difficult to advance the empowerment of women and enable them to break the cycle of multiple vulnerabilities beyond that of the violence they experienced.

Recognizing the legislative advances and the importance of shelters, it is clear that these facilities are part of a harm reduction policy, but do not necessarily create, on their own, the conditions for the broad empowerment of women. For

this, it is necessary to provide women effective access to all the rights enumerated in CEDAW, the Convention of Belém do Pará and in constitutional norms; and a true implementation of much broader and integrated social policies, institutionalized by the State and not just existing as government policies that can be ignored and weakened.

Recommendations for the Brazilian State

1. Implement the 2011 National Shelter Guidelines;
2. Promote the alignment of shelters and public policies on work and income, education, and housing that allow for the security and empowerment of women;
3. Report on efforts to implement shelters to protect women victims of trafficking in persons.
4. Encourage public and private companies to create jobs for former shelter residents after exiting of the shelter;
5. Guarantee that public policies aimed at women in situations of violence are permanent State policies and are not subject to discontinuity due to changes in local governments;
6. Promote greater investment in the prevention of violence against women to deconstruct gender stereotypes;
7. Ensure integration/transversality among the different governmental sectors with the expansion and strengthening of the Network of Care for Women in Situations of Violence;
8. Create a National Shelter Center to strengthen public policies in states and municipalities;
9. Invest in the training of professionals working in the Network of Care for Women in Situations of Violence on gender violence and discrimination;
10. Ensure the provision of funding for the maintenance of shelter facilities;
11. Ensure funding for the recruitment of technical team members to fill vacancies and fulfill the needs of the shelters;
12. Guarantee financial resources, in addition to the Bolsa Família, for women after they have been admitted into the shelter, to include housing assistance;
13. Established a basic national emergency fund for policies to protect women in situations of violence, like the one that already exists in the area of education;
14. Generate qualitative and quantitative information on shelters.

In-depth Country Study of CHILE

Katherine Páez Orellana^[52], Expert

Introduction

With the ratification of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women "Convention of Belém Do Pará", the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Optional Protocol to CEDAW and the General Recommendations adopted by the Committee on the Elimination of Discrimination against Women, Chile has assumed the obligations inherent as a participant in the international system for the protection of human rights, and in particular, women's rights.

Despite this international commitment and the progress made in extending the definition of femicide to include the motive of gender in addition to that of kinship (Law No. 21.212), there remain shortcomings within Chilean legislation related to addressing the complexities of the issue of violence against women. One of the main concerns at the legislative level is in Law No. 20.066 on domestic violence, which requires cohabitation for the violence against women to be defined as domestic violence, rendering invisible the gender-based violence that occurs outside the context of the family.^[53]

In this context, the National Service for Women and Gender Equity (SernamEG) has decided to both adopt the definition of violence established by the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, namely, "any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere", as well as the international recommendations on the issue.

Consequently, SernamEG has incorporated into its intervention model for violence against women a more comprehensive understanding of the phenomenon than exists in the current legislation. It declares it covers

violence in, "all its manifestations, all women in their diversity, in all spaces and contexts in which it occurs^[54], explicitly mentioning physical, psychological, sexual, economic/patrimonial and symbolic violence in its its bases. In addition, Human Rights and Gender Equity, Territoriality and Intersectionality and Interculturality perspectives are included, not only to promote women's human rights, but also to ensure the relevance of the model.

The Program for the Care, Protection and Reparation of Violence against Women is based on this comprehensive approach, in which the protection component is delivered through the implementation of shelters, known in Chile as Casas de Acogida. There are two types of shelters in the program: those that provide residential protection for women victims of serious or life-threatening intimate partner or ex-partner violence, and shelters for women who are victims of human trafficking and migrant victims of exploitation.

There are currently 43 shelters operating in Chile that provide temporary shelter for women over 18 years of age, with or without children (under 14 years of age) who are at serious or life-threatening risk, and one shelter that specifically serves women over 18 years of age with their children (under 14 years of age) who are vulnerable because they have been the victims of human trafficking, regardless of the form of exploitation (sexual servitude, involuntary servitude, bonded labor, etc.), nationality and culture of origin.

Current context in Chile

The levels of inequality in Chile remain high, not only in terms of income, but also in terms of gender relations. Nation-wide, only 60.64% of women between 24 and 65 years of age are employed, compared with 85.01% of men. In addition to this under-representation in the labor market, women also are paid only 88% of what men receive on average for the same work (OECD, Better Life Initiatives 2020 Country Note Data, 2020).

Specifically regarding violence against women in Chile, while the rate of physical violence against women has decreased from 5.8% to 3.7%, cases of psychological and sexual violence have increase. Psychological violence is the most prevalent, affecting 20.2% of women in 2020, while sexual violence

affects 2.8% of women (INE, n.d.). Similarly, the vulnerability that women feel in the streets stands out, where only 44.73% feel safe walking in the streets at night compared to 56.55% of men.^[55]

Table 1. Prevalence of physical, psychological, and sexual violence against women, by year

Year	Physical Violence	Psychological Violence	Violencia sexual
2012	5.8	16.8	1.8
2017	4.3	20.2	2.1
2020	3.7	20.2	2.8

Source: Gender Statistics, INE

The percentage of women in the country who have been the victims of domestic violence has increased from 18.2% in 2012 to 21.7% in 2021. (See Table 1.) However, among young women, between 15 and 29 years old, who have experienced physical violence in the context of intimate partner relationships, reports of this type of violence have decreased over time, dropping from 8.7% in 2009 to 6.5% in 2015 (INE, n.d.).

The number of femicides has changed little over the last decade, with the highest number registered since 2011, in 2019 with 46 femicides. (See Table 2.) Meanwhile, since 2014 the number of attempted femicides has not dropped below 100. In 2019 there were 109 women victims of attempted femicides, representing 1.13 women per 100,000 in the country.

Table 2. Number and rate of completed and attempted femicides, by year

Year	Number of femicides completed	Rate of femicides per 100,000 women	Number of attempted femicides	Rate of attempted femicides per 100,000 women
2010	49	0.57		
2011	40	0.46		
2012	34	0.38	82	0.93
2013	40	0.45	76	0.85
2014	40	0.44	103	1.14
2015	45	0.49	112	1.23
2016	34	0.37	129	1.4
2017	44	0.47	115	1.23
2018	42	0.44	121	1.27
2019	46	0.48	109	1.13

Source: Gender statistics, INE

Institutional context

In Chile, the institution in charge of gender issues is the Ministry of Women and Gender Equity (MinMujeryEG). This ministry was created in 2015, with the objective of coordinating and evaluating policies, plans and programs aimed at promoting gender equality, equal rights and the elimination of all forms of arbitrary discrimination against women.

The organizational structure of the Ministry of Women and Gender Equity includes the National Service for Women and Gender Equity (SernamEG), which operates in a decentralized manner and is responsible for implementing the policies, plans and programs assigned to it by the Ministry of Women and Gender Equity (Law No. 19.023). SernamEG has regional offices in all regions of Chile, and it conducts its work in alignment with four thematic lines: Women, Sexuality and Motherhood; Women's Participation and Policy; Women and Work; and Violence against Women.

With respect to the issue of violence against women, SernamEG focuses on promoting and strengthening women's right to a life free of violence, organizing various activities to prevent violence against women with young people, together with other actors in both the public and private sectors. This service also provides a specialized response to women over the age of 18 who live with or have been the victims of gender-based violence at the hands of an intimate partner, former intimate partner, cohabitant and/or co-parent of shared children, providing legal representation and psychosocial care.

In cases of femicide, there is also the "Intersectoral Care Network for Direct and Indirect Victims of Femicide". This intersectoral mechanism, created in 2010, seeks to provide timely and effective response to cases of violence against women, by using protocols to support victims and their families and prevent revictimization. It is currently made up of the Investigative Police, Carabineros de Chile (the national police force), the National Service for Women and Gender Equity, the National Service for Minors, the Ministries of the Interior and Public Security, the Public Prosecutor's Office and the Forensic Medical Service (SernamEG, 2020).

Historical review of shelters

The shelters established as part of SernamEG's work on violence against women result from the change in the institutional focus of the agency, which has gone from handling domestic violence in general to focusing more specifically on violence against women and gender-based violence, creating a specific work unit, the "Unit for the Prevention of Violence against Women". Complementarily, the agency also broadened the scope of its work, incorporating a focus on care into its mission.

It is within this context that outpatient care centers for women victims of domestic violence were initially created, followed by Women's Care Centers, which expanded their scope to include violence against women and gender-based violence, even while remaining outpatient facilities. As a result, the institution began to see the need to provide a residential option, and in 2007 they opened shelters to provide temporary refuge for women experiencing life-threatening or serious violence within the context of an intimate partner relationship.^[56]

Since the beginning, the shelters have been considered one tool within the programmatic grid related to the protection of women victims of gender-based violence, where victims are given psychosocial intervention and judicial protection, in addition to a place to reside temporarily. From this perspective, the model has not undergone major changes since its creation; however, as the shelters were implemented, the institution realized the need to include the children of the women in the shelters into the care model, leading to the addition of a child psychologist to shelter staff.

The addition of the child psychologist into the shelter care model arose not only from the need to provide support for the children of the women residents, (as they are also considered to be victims of the violence experienced by their mother) but also due to the difficulty of working intersectorally with SENAME (National Service for Minors), mainly owing to the lack of reparation quotas.

Another service that has developed over the years is the legal support provided to women in shelters. It was initially thought that the Judicial Assistance Office of the Judicial Branch would assume this responsibility. However, the need for a faster, more relevant and gender-sensitive response and more personalized attention, meant that the SernamEG lawyers who work in the Women's Care Centers or regional lawyers handling cases of extreme violence would be added to the care model provided to shelter residents, since very few shelters have a lawyer on staff, due to the low number of women residing in the shelters.

As a result of the aforementioned changes, shelters are now defined as residences that offer temporary protection to women and their children who are at serious and/or life-threatening risk due to violence by their intimate partner or former intimate partner. Admission to the facility is free of charge and they are provided a temporary, confidential, safe and secure place of residence, as well as with legal and psychosocial care.

Shelter Model

The shelters are the mechanism through which the two components of Program for the Care, Protection and Reparation of Violence against Women are implemented. These are Component 1: Residential protection for women

victims of serious and/or life-threatening violence in the context of intimate partner or ex-partner violence, and Component 2: Residential protection for women victims of human trafficking and migrants in situations of exploitation.

The general objective of the Shelters is to:

To ensure the protection of the residents care through quality temporary residential care for all women over 18 years of age, with or without children, whose situation of risk is of a serious or vital nature as a result of the violence they have experienced at the hands of their current or former intimate partner.

The specific objectives of the Shelters are:

- Guarantee fundamental rights, such as food, shelter and security, for women and their children while residing in the shelter.
- Assess the level of risk and violence, in order to identify and address the protection needs of women and their children.
- Provide psycho-social-legal assistance in protection and crisis intervention services to women and their children.
- Activate primary and secondary inter-institutional networks to enable the woman to return to the community.
- Promote women's awareness of the risk and consequences of the violence they experienced, improving their strategies for self-care and the developing their independence in the various areas of their lives.
- Provide psycho-educational care and crisis intervention to the children of women who enter the shelter for emotional support, re-signification of the violence experienced and incorporation of self-protection strategies.

The target population for the shelters is women over 18 years of age and their children up to 14 years of age, who are victims of serious and/or life-threatening violence at the hands of an intimate partner or former intimate partner.

The care model of the shelters consists of three main lines of action: protection, self-protection and improvement of the psychosocial conditions of women and their children. Care is provided using an interdisciplinary approach and by establishing networks of public and private institutions to serve as the foundations for residents' access to paid employment, housing, healthcare, education, justice and primary support networks.

The intervention that takes place in the shelters is carried out in two modalities: individual and group. The group intervention seeks to develop a socio-educational approach, addressing issues such as violence against women, working on strategies for self-care and mutual care, as well as, creating a shared space for the dissemination of women's rights and strategies to prevent violence.

In order to undergo an individual psychosocial intervention, residents must first undergo a quick introduction and crisis intervention session, in addition to developing the coordinated networks, in an effort to approach the potential opportunities and to some degree desensitizing their social fabric of their lives. In the legal area, guidance, advice and/or escort is provided to facilitate access to justice and legal representation. When women arrive accompanied by children, the individual intervention program must be coordinated with that/those of the children. It is important to note that children who enter the shelters with their mothers are considered to be victims of gender-based violence, and in cases where there is a suspicion or a history of mistreatment and/or abuse, referral and coordination with the programs of the National Service for Minors should be made, along with the activation of legal actions.

In addition to the shelters for victims of violence, there is also a shelter for women victims of trafficking in persons and exploited migrants. However, given that there is only one of these shelters in the entire country, in regions without one, women can seek protection at the gain shelters for victims of violence. In these cases, the technical teams must use the specific registers of the shelters for victims of human trafficking.

Shelter may be run by municipalities, governors' offices, foundations or non-for-profit institutions and health services. The care model establishes a minimum team that must be available in the shelters, but does not restrict the ability of the shelters to add other professionals for the staff.

At a minimum, shelter staff must include the following personnel, job requirements outlined in table 3:

Tabla 3. Perfil y requisitos del equipo ejecutor

TITLE	JOB DESCRIPTION/REQUIREMENTS	SCHEDULE
Coordinator	<ul style="list-style-type: none"> Professional degree in psychology or social work. Experience coordinating and managing teams. Technical and practical knowledge with a gender perspective 	44 hours

TITLE	JOB DESCRIPTION/REQUIREMENTS	SCHEDULE
<p>Coordinador/a</p>	<ul style="list-style-type: none"> • Knowledge of interventions for women victims of gender-based and domestic violence. • Experience with psycho-social projects dealing with populations with serious violations • Knowledge of networks and intersectoral collaboration. • Knowledge or experience in public management (planning, budgeting, etc.) 	44 hours
<p>Social Worker</p>	<ul style="list-style-type: none"> • Professional Degree: Social Work • Background of related experience; • Knowledge of issues related to gender, gender-based violence, sexual violence, care of women in violent situations; • Management of community institutional networks; training and experience working with vulnerable populations, mental health and a community perspective. 	44 hours
<p>Psychologist</p>	<ul style="list-style-type: none"> • Professional degree in Psychology • Experience with interventions for women victims of domestic or gender-based violence, crisis intervention, psychoeducation and group therapy • Experience or knowledge of psychoeducation that includes a gender perspective for women victims of domestic or gender-based violence. • Experience in intervention with victims of crime is desirable. • Experience in intervention with women, children and adolescents who have experienced violations of their rights. 	44 hours
<p>Child and Adolescent Psychologist</p>	<ul style="list-style-type: none"> • Professional Degree of Psychologist. • Experience treating women, children and adolescents whose rights have been violated, considering first crisis intervention, psychoeducation and group work. • Experience treating victims of crime is desirable. 	22 hours

TITLE	JOB DESCRIPTION/REQUIREMENTS	SCHEDULE
Lawyer	<ul style="list-style-type: none"> • Law degree • Experience and/or expertise in national legislation, criminal law, family law and litigation in Criminal Procedure and Family Courts. 	22 or 44 hours
Social technician or administrative support	<ul style="list-style-type: none"> • Technical degree in administration, secretarial studies or other degree related to the area of social sciences. • Computer and information records management. • Experience working with women experiencing violence is desirable. • Experience in group work and community activities is desirable. 	44 hours
Educadora	<ul style="list-style-type: none"> • Technical Degree in Social Education or other technical degree related to the area of social sciences and education. • Verifiable experience working with women experiencing violence. • Experience working with with women, children and adolescents who have experienced a violation of their rights • Experience linked to the educational and development field, experience with emergency compensatory medical care, with a focus on rights and gender. 	44 hours

Fuente: Technical Guidelines. Shelters [57]

There are currently 445 professionals working in the shelters, of whom 82 have an employment contract and 363 are fee-based workers, i.e., although they have a working day and specific tasks, they only have a contract to provide services, without the right to collect social security, make health contributions, take vacations or social security in general. (See Table 4.) The high number of fee-based workers can mean instability not only for the teams that run the shelters, but also jeopardize the continuity of the care provided to shelter residents.

Table 4. Contractual status of shelter personnel

	Fees	Fixed-term or indefinite-term contract	Total
Attorney	16	2	18
Administrative Support	18	2	20
Social Worker	3	1	4
Assistant	1	0	1
Coordinator	29	7	36
Coordinator/Social Worker	2	1	3
Coordinator/psychologist	2	0	2
Coordinator/social worker	1	0	1
Educator	205	46	251
Program Manager	1	0	1
Program Management Manager	1	0	1
Estafeta (Courier services)y E. Calderas	1	0	1
Night Watchman	2	0	2
Psychologist	52	15	67
Social Worker/Coordinator	1	0	1
Social Technician	3	1	4
Administrative Technician	2	0	2
Social Technician	4	1	5
Administrative Social Technician	1	0	1
Social Technician or Administrative Support	4	3	7
Social Worker	14	3	17
Total	363	82	445

Regulatory and institutional framework

Although shelters have existed in Chile since 2007, they have been only included in the Program for Comprehensive Care, Protection and Reparation for Violence against Women since 2013. This includes established them as part of a comprehensive strategy aimed at "improving the conditions of women who live with or have experienced violence and who enter the Program's facilities through care, protection and reparation actions".

The operation of the shelters is governed by standardized statutes, which were updated in December 2020 through Exempt Resolution No. 685, which establishes the "Technical Guidelines for Shelters. Program of Care, Protection and Reparation for Violence against Women". These guidelines detailed information on how to implement the intervention model, provide guidance for face-to-face or remote work, establish participation requirements, technical requirements, intersectoral coordination, define the profile of the implementing team, set out program management tools and finally, determine the mechanisms for self-care for the staff. In addition, these same guidelines establish the expected technical results, identifying the goals and progress indicators and explaining the program's oversight system.

Funding for shelters increased 2018 and 2021, going from \$4,358,769,622 Chilean pesos annually to \$5,010,421,872 Chilean pesos annually. This increase has provided shelters 15 million Chilean pesos more for their operations during 2021, compared with what they received in 2018. (See Table 5.)

Table 5. Total and average budget per shelter, by year

Year	Number of Shelters	SHELTER BUDGET	AVERAGE SHELTER BUDGET
2018	43	4,358,796,622	101,367,363
2019	43	4,499,654,872	104,643,137
2020	43	5,002,611,106	116,339,793
2021	43	5,010,421,872	116,521,439

Source: Developed internally based on data provided by SernamEG

The shelters are run mainly on the basis of agreements with municipalities and governors' offices and, to a lesser extent, with private non-profit organizations. In some cases, when there is not a sufficient supply of shelter providers in the region, direct tenders have been offered, and the SernamEG regional offices are then responsible for contacting institutions capable of providing guarantees for the implementation of the system and which can also provide a facility with a confidential location, that can be used as a shelter.

The shelters are headed by a coordinator, whose role is to direct, advise and supervise the coordination and management of the care project and coordinate with the SernamEG Regional Director, among other tasks. He or she is also responsible for coordinating the administrative and financial management of the shelter and for coordinating with the Regional Directorate of SernamEG, among other activities. The professional in charge, who like the rest of the team working in the facility, is selected by the governing entity, and they must meet the requirements and profile established in the Technical Guidelines.^[58]

Monitoring of the shelters performed by advisory services, using the technical guidelines as a guide. This process is mainly led by SernamEG's regional officers for Violence against Women, since they are the ones who have direct links with the governing entity. At the mid level, advisory services are enhanced by working directly with the national officers and, if necessary, institutional support can be provided.

The following tasks are performed by the consultant:

- Request facility management reports
- Follow-up and monitoring of the system of records.
- Review compliance with the objectives of the facility.
- Analysis of complex cases.
- Recognition of strengths and best practices in intervention.
- Identification of the key challenges in the facility faces.
- Coordination and intersectoral coordination to enrich the response to the practical and strategic needs of the population served in terms of violence against women.
- Advise the teams on intersectoral agreements and their operationalization at the local level.

- Management of local and/or regional trainings that contribute to the continuous improvement of care or violence against women for shelter residents. for the population served.

In addition to the above, the executing team's background certificates and certificates of ineligibility to work in educational settings or with minors are reviewed. This review is conducted twice a year and both certificates must be updated every six months.

The regional SernamEG officer will visit the facility at least twice a year, and hold two video or telephone calls per month (if there is not enough staff) to provide technical advice or oversight. On each occasion, an evaluation report is prepared, which can be used to engage the governing entity to request improvement plans via the agreement made in the follow-up report.

Finally, during June and August, an evaluation of the governing entity, will take place. The Regional Manager of SernamEG, together with the Department of Administration and Finance and the Regional Lawyer, will develop a technical-financial analysis to determine the status of the implementation of the program.

When the shelters were first established, 11 shelters were set up in locations throughout the country, but not in all regions. There are currently 43

Table 6. Number of Shelters 2007 and 2021

REGION	Allocation per year	
	2007	2021
Arica and Parinacota	1	1
Tarapacá	1	2
Antofagasta	1	3
Atacama	1	3
Coquimbo	0	2
Valparaíso	0	4
O'Higgins	1	2
Maule	1	3
Ñuble	1	1
Bío Bío	1	3
Araucanía	1	4
Los Ríos	0	2
Los Lagos	0	3
Aysén	1	1
Magallanes	1	2
Metropolitana	0	7
TOTAL	11	43

Source: Developed internally based on data provided by SernamEG

shelters in operation in every region of the country, or one shelter for every 408,697 people and one shelter for every 208,651 women.^[59] (See Table 6.)

The total capacity of shelters nationwide is 387 places^[60], es decir, un cupo por cada 45.410 habitantes y un cupo por cada 23.183 mujeres, i.e. one place for every 45,410 inhabitants and one place for every 23,183 women.

The only shelter for women victims of trafficking in persons and migrants in situations of exploitation is located in the Metropolitan Region and can accommodate 10 women. It is currently run under an agreement with the EDUCERE Foundation, an organization that focuses on working with people whose rights have been violated and has a specific focus on gender and equity.

Shelter Operation

Arrival

Admission to the shelters is by referral from the courts, the Public Prosecutor's Office, the Women's Care Centers or the regional offices of SernaMEG. The criteria for admission to, or residency in the shelter, do not require a formal complaint filed with the court to enter. The only requirement for admission is an assessed high risk and that the victim is 18 years old or over, therefore these facilities are accessible to women of any socioeconomic level or nationality.

However, there are some important differences to be considered with regard to risk assessment (a key requirement for admission to the shelters), based on the referring entity. Women referred by SernamEG (either by Women's Care Centers or one of the SernamEG's regional offices) will be subject to the institution's own qualitative and more in-depth risk assessment guidelines. Women referred by the judicial system could be one of two scenarios: those referred from family courts will have been evaluated according to the specific guidelines of the court in question (there are no standardized guidelines for family courts), with a high degree of discretion on the part of the courts' technical advisers; and those referred from the Public Prosecutor's Office (criminal system) will have been evaluated using a standardized quantitative guideline.

The Unified Initial Risk Assessment Guideline (PUEIR) is strictly speaking a computer program that uses mathematical algorithms. It is developed by means of a structured questionnaire with a score assigned to each question, which then automatically provides a quantitative level of risk, thus allowing a uniform classification of the risk situation in three categories: Vital/High, Medium or Low. Requests obtain the PUEIR under the Transparency Act have been denied using rationale that it is sensitive information that could impact security of the Nation, as it is used by law enforcement and the Public Prosecutor's Office. However, given the consultant's experience in issues related to violence against women, we are aware of the questions in the guideline, which include the aspects detailed in the text.^[61]

In cases where women are referred from institutions that do not use the PUEIR, such as the Women Care Centers or the Regional Directorates of SernamEG, a more in-depth risk assessment is conducted by the teams, which occurs over more than one session and includes other contextual elements are not covered by the PUEIR. In family courts, the risk assessment is usually conducted by the technical adviser, with each court having its own guidelines.

There is a specialized intervention model for the treatment of victims of crimes in a domestic context for those cases that are referred by law enforcement or directly by the Office of the Public Prosecutor. This topic is handled by the Division of Victim and Witness Care (DAVT) of the National Prosecutor's Office, according to a General Instruction that provides action criteria for crimes committed within the context of domestic violence (Oficio 792-2014).

These instruments establish that priority status must be given to any complaints of interfamilial violence received, and that they must be processed administratively within one working day of the complaint. At the same time, the victim must be contacted (in person or by telephone) within the same timeframe and the Unified Initial Risk Assessment Guideline (PUEIR) must be conducted. The assessment will assign a level of risk for each case. The computer system automatically alerts the Regional Unit for Victim and Witness Care (URAVIT) of high risk/life threatening cases, flagging them for specialized attention by URAVIT professionals. In cases determined to be high risk/life threatening, prosecutors will determine the appropriate precautionary measures (ordered by the court) and/or autonomous measures (issued by the Prosecutor's Office itself or in coordination with other institutions), giving priority to obtaining precautionary measures.

Depending on the results of the risk assessment, which must be carried out in depth by a URAVIT professional, more complex protection measures may be considered, depending on the requirements of the case, such as reinforcement of the home, relocation of the victim to a shelter or specific accommodation, or measures involving coordination with other institutions.

In cases in which the assessment shows a high risk to the life of the woman, the protocol of the Public Prosecutor's Office requires that the victim be referred to a shelter. If the victim accepts, the process of coordination is initiated and the prosecutor must also request complementary precautionary measures prohibiting the aggressor from contacting the victim (unless he or she is in pretrial detention)^[62]. The Protocol also calls for the regional SernamEG to be informed of all cases involving high risk/life-threatening situations and, if there are no places available, for this to be communicated in writing to the regional SernamEG office as soon as possible. It should be noted that, in cases where there are no immediate vacancies available and/or the woman must be transferred to another region, the URAVITs have resources to pay for temporary housing services for victims.

Women who are referred to shelters by Women's Care Centers or the Regional SernamEG itself, trigger a timeline that begins the moment the shelter becomes aware of the situation. However, the intervention model includes a Pre-Admission Phase, which refers to the period prior to the psychosocial and legal intervention process that takes place in the shelter. This pre-admission phase lasts a maximum of 7 working days from the arrival of the woman (and her children) at the facility. During this time, an initial assessment is made to determine whether they meet the criteria for admission. The woman is then presented with an offer of shelter and she can then decide whether she wants to remain and undergo the process of psycho-socio-legal intervention.

Also during this period, the technical team provides first aid treatment and crisis intervention services to the woman and her children (if there are any). The care intervention model and the Coexistence Protocol are explained to them, and they are given the opportunity to settle into the shelter and get to know the technical team and the rest of the residents.

Discharge

There are five different ways to leave the Shelter: 1) discharge, 2) transfer, 3) withdrawal 4) expulsion, and 5) death.

Prior to the woman's exit from the shelter, regardless of the type of exit, the technical team evaluates the woman's level of achievement in the following dimensions:

- Decrease in the levels of risk and violence presented at admission.
- Decrease or symptomatic relief of depression, anxiety or other symptoms associated with the violence experienced that were present at admission.
- An increased awareness on the part of victim of the risk they face and the severity of the violence they experienced.
- Strength of support networks. The woman has access to primary and/or secondary networks that can provide support.
- There is a greater capacity to identify violence as a problem within the context of intimate partner or ex-partner violence, as part of the continuum of violence against women.

Discharge

Depending on the criteria established, women who have reached the level of Achieved or Moderately Achieved may be discharged from the shelter. In addition, a discharge will be considered favorable when the levels of compliance in the Individual Intervention Plan (IIP) correspond to moderate and satisfactory in the evaluation.

It is important to note that the technical guidelines for shelters state that the woman's departure must be accompanied by support measures to ensure that she leaves the shelter in safe conditions, with connections to support networks and the tools to facilitate access to development opportunities for employability, education and/or training, habitability and social security, among other elements or protective factors that provide a support structure for the start of a life free from violence. Likewise, in order for the woman to leave the program, an exit plan must be established that defines objectives by area to be developed, depending on the specific needs of each woman.

Within the expected steps that lead to departure from the shelter, the following must be ensured:

- A safe residential space where the woman can settle when she leaves the shelter. There is a cooperation agreement in place between SernamEG and

the Ministry of Housing designed to identify housing solutions for women victims of violence who have used shelters. The purpose of this agreement is to enable women to leave the shelters with housing for themselves and their children (if they have any). This agreement has been progressively advancing so that women in shelters can have preferential access to subsidies. At present, the most common subsidy they can access housing rental subsidy, and while they are renting, they can work with the SERVIU team^[63] to obtain a permanent housing solution.

- Management of protection measures. The validity of the precautionary measures that protect the woman should be confirmed in order to request or arrange for their renewal. These measures should include the development of a security plan in coordination woman.
- Identification of support networks. Shelter staff and the woman should together contact the people and/or institutions identified as potential support networks.
- Verify the status of the woman's intimate partner or ex-partner. Identify whether he is incarcerated or whether there are effective security in the neighborhood or environment where the woman will live after her release. Based on this information, the appropriate measures for judicially ordered protection should be taken.
- Referral to a Women's Center. The woman should be linked to the Women's Center closest to where she will live to continue her intervention on an outpatient basis.
- Intersectoral coordination with the referring entity. All discharges from the shelter must be reported, coordinated and worked on together with the entity that requested or managed the referral, such as URAVIT or the corresponding Prosecutor's Office, Family Courts, SernamEG.

Women who depart shelters in Chile do not receive any type of cash transfer. Although economic independence is recognized as a key factor to overcoming the experience of violence, since there is often a strong economic dependence on the aggressor, this area has not yet been developed in a robust manner. SernamEG has a specific line of work based on another program, the Women Heads of Household Program^[64], but there remain difficulties in linking it with other programs for job training and/or productive development other than those of the Service itself.

In terms of post-shelter security, when a woman who is at high risk or whose life is threatened departs, staff must notify the emergency service line provided by the Telephone and Telematic Assistance Service (SATT) to report violence against women so they are aware that she is no longer in a secure space and may require assistance in the future. The carabineros provide no specific surveillance services (beyond ensuring compliance with protective measures, if any) to protect women after they leave the shelter.

Transfer

Another way to depart a shelter is to transfer to another shelter within the same region or in another region for reasons having to do with security or protection. The transfer to another shelter should take place under the following conditions:

- Remaining in the current shelter represents a risk to the woman's safety, since her aggressor knows the location of the facility or because it is a small town where it is risky for the woman to try to rebuild her life in the same place as before
- The offender has discovered the location where the children are attending school
- The woman has effective primary or secondary networks in another commune or region
- There are risks within the shelter related to coexistence, and where the transfer of the woman could help to re-establish a more congenial atmosphere of coexistence.

In order to carry out the transfer, the woman being transferred must be a willing participant in the process, and there must be proper coordination with the region of destination.

Withdrawal

Withdrawal refers to the unilateral decision of the woman to leave the shelter without the recommendation of the professional team or another institution. When this happens, the risk associated with her decision is assessed and the shelter immediately notifies the SernamEG Regional Office, and coordinates with the referring institution (URAVIT, Public Prosecutor's Office, Family Court, etc.)

The woman should be offered a connection to a Women Care Center and request activation of an emergency number in cases where the risk remains high/life-threatening. The woman's refusal to accept either of these offers should be documented.

Expulsion

Expulsion refers to the duly justified decision of the professional team to terminate the woman's residence in the shelter and request her departure. This may occur for reasons that jeopardize the safety of the woman herself, other shelters residents, children in the shelter and/or the shelter personnel.

In order to expel a woman from the shelter, authorization must be requested from the SernamEG Regional Office and the national organization, and an Assisted Withdrawal Plan should be developed. In addition, the Prosecutor's Office or Family Court must be notified, as appropriate.

The following steps must be completed in order to expel a woman from a shelter:

- The regional authorities responsible for violence against women must prepare a report for the SernamEG Unit to Combat Violence against Women at the national level with a technical assessment justifying the rationale for the expulsion. They must also oversee the development of the Assisted Withdrawal Plan prepared by the shelter.
- The shelter requesting the expulsion must develop an Assisted Withdrawal Plan that describes the inter-institutional measures that will be implemented to safeguard the woman's departure, and ensure her access to support networks in all relevant areas. Once the request has been made to the National Technical Area, there is a 48-hour deadline for response. The shelter that carries out the expulsion must notify the Prosecutor's Office or Family Court as appropriate, and coordinating with URAVIT, the Prosecutor's Office or Family Court, and the Carabineros. Carabineros may act as certifying office during the process of expulsion and will provide support to the team and the other residents of the shelter if necessary.
- The woman should always be offered a connection to a Women's Care Center or other service provider in the area. If she refuses the offer, her refusal must be documented in her file.

- If the woman has been ordered to remain overnight in the shelter, the corresponding law enforcement service, courts and prosecutor's office must be notified.

Death

Sometimes, women pass away while they are residents in a shelter. If the death occurs in the shelter itself, the shelter Coordinator must contact law enforcement and health services to report the death. The police will then contact the prosecutor on duty and the Forensic Medical Service (SML). In addition, the Regional SernamEG Coordinator for violence against women should be notified immediately, so they can report the death to the national organization.

The procedure above applies to the deaths of both adults and children in the shelter, with the addition of the following steps:

- The shelter coordinator (or her delegate) should assist the mother or caregiver of the deceased child in communicating with the family and/or support networks.
- In the event the deceased child is under protection measures ordered by a family court, the respective court must be notified of the death.

Post-departure follow-up

Once the woman leaves the shelter, the direct intervention stage ends and the follow-up phase begins. In this phase, mechanisms are utilized to determine the levels of violence and risk to the woman, in order to understand her situation outside the facility and, identify detect possible risk that could require re-admission to the SernamEG network or to other bodies or the implementation of protection measures.

Follow-up includes an interview with the woman (at home or by telephone), and, with her agreement, contact with secondary sources such as family or institutional support networks that can provide additional information (unless there were three unsuccessful attempt to make contact with her). All post-shelter contact should be assessed on a case-by-case basis.

In high-risk and/or life-threatening cases, a home visit is preferable as long as it does not compromise the woman's safety. It is suggested that the woman's support networks be engaged to help coordinate in-persons visits.

Once the follow-up evaluation has taken and the woman is once again the victim of life threatening or high risk violence, she will be readmitted to the shelter or referred to the Women's Care Centre if the risk is low or medium, or if the woman refuses to return to the shelter when the violence is serious..

In short, post-shelter follow-up monitoring has the following objectives:

- Assess levels of violence and risk
- Evaluate the continuity of violence and psychosocial care.
- Evaluate the possibility of a referral, either by reemphasizing the referral to the Women's Care Center in their area or to other institutions, as needed.
- Make contact with the women and suggest they join groups made up of other former residents of the shelter. Form groups of women survivors of violence.
- If high and/or life-threatening risk is detected, offer the woman readmission to the shelter, coordinate with URAVIT or the Prosecutor's Office when appropriate, and place an emergency call through SATT, among other measures to ensure the woman's safety. All measures must take place with the consent of the woman.

The intervention model includes guidelines for the number and timing of follow-up contacts, according to the type of departure from the shelter, as shown in the table below:

Table 7. Number and timing of follow-up contacts, by type of departure

DEPARTURE TYPE	FOLLOW UP
Discharge	<ul style="list-style-type: none"> • 1st follow-up: 30 days after departure • 2nd follow-up: Between 60 and 120 days after departure • 3rd follow-up: 180 to 270 days after the date of departure
Transfer	<ul style="list-style-type: none"> • 1st follow-up: From 7 days after departure • 2nd follow-up: 30 to 90 days after departure
Withdrawal	<ul style="list-style-type: none"> • Single follow-up: 7 days after departure
Expulsion	<ul style="list-style-type: none"> • Single follow-up: From 15 days after departure

Source: *Technical Guidelines: Domestic Violence Shelters (SernamEG, 2020)*

Life in the shelter

Each shelter has at least one technical team consisting of a coordinator, a psychologist, a social worker and contract educators. Most shelters also have a half-time child and adolescent psychologist. Very few shelters maintain a lawyer on staff, since legal assistance is generally coordinated with the lawyer at the local Women's Care Center. Since the shelters are run by providers other than SernamEG, in some cases the providers may decide to supplement the professional staff using their own resources, but they are not permitted to decrease it.

Psychological and social support is provided in the shelter itself, since both the psychologist and the social worker are permanent employees who work in the shelter during the day. Facilities with a child and adolescent psychologist on staff will provide that service in the shelter on a half-time basis. The intervention model of the shelters provides for individual psychological care, including a diagnostic assessment, the joint development of an Individual Intervention Plan (IIP), and the implementation and evaluation of the IIP. It also offers group therapy using a socio-educational approach, to provide residents a safe space to learn to recognize violence against women as a problem, work on strategies for self-care and mutual care, and share and distribute strategies for the expansion of women's rights and the prevention of violence.

Legal support is generally not provided by a member of the shelter's technical team, and as mentioned above, is usually coordinated with the attorney who works in the Women's Care Center in the region where the shelter is located (in Chile most communes have a Women's Care Center, which is part of SernamEG and managed by the municipality).

As part of the effort to reintegrate the women and their children into the community, the team's social worker enrolls the children residing in the shelter in nearby kindergartens or schools, and registers the family with the nearest healthcare service. There is no recreational staff in the shelter to entertain the children, so the children's mother and the contract teachers work together to provide this type of care.

Upon admission to the shelter, the women are asked to agree to adhere to the rules of coexistence to ensure the welfare of all, explaining that they are part of a larger community and the shelter is home to both adult women and children.

Each shelter is responsible for developing a protocol for coexistence based on the technical guidelines provided by SernamEG), in order to regulate and encourage internal harmonious cohabitation.

The shelter schedules meetings that include both the residents and the technical staff to make decisions about daily activities such as meal coordination, housekeeping duties for bedrooms and common spaces, and scheduling shared activities, etc. Food preparation and housekeeping are the responsibility of the residents, and neither of these chores are outsourced to external contractors.

Daily life in the shelter as described above presents a series of complexities. The women and children staying in the facility have been deeply traumatized by the violence that led them there. They are further damaged by the need to abandon their homes and their sudden insertion into an institution they must share with strangers, and various new rules and regulations that they must follow, etc. As a result, the coordination of daily life and managing coexistence often present a considerable challenge to the intervention itself.

Another issue presenting challenges to coexistence is the ever growing increase in the arrival of migrant women from different countries. The

differences in cultural expectations around meals and forms of upbringing, for example, can cause conflict if not properly handled.

The policies or conditions concerning contact with the outside vary amongst the shelters, with some being more restrictive than others. There are, however, some general guidelines shared by all facilities. Upon admission, women are told that the policies regarding outside contact are in place to protect the security and confidentiality of the facility, and they are instructed to be extremely careful with what they post on social media – not to publish photos of the shelter, etc. The SernamEG personnel interviewed for this study reported that this security-based issue is one of the most common causes of tension, as it can be difficult to find the balance between autonomy and security, especially for younger residents, who are very active users of social networks and technological devices. That being said, some degree of flexibility has been observed, as the shelter technical personnel have adapted the rules to be more permissive or more restrictive, depending on the individual circumstances and risk factors of each resident. It is to be noted, however, that this security policy is considered to be more important, and is thus more strictly enforced, in shelters for victims of human trafficking.

Women who transfer to shelters in different areas of the country are permitted to leave the facility to go to work, seek employment, or engage in other activities, such as completing paperwork or shopping, etc.

Capacity and characteristics of the shelters

Shelter conditions, infrastructure and furnishings

The entities that manage shelters must ensure the facilities meet certain requirements regarding their location, infrastructure and furnishings:

a) Location and access

- The property must be in excellent condition, in terms of both its infrastructure and its furnishings.
- It should be easily and safely accessible, ideally located near one of the key institutions involved in the implementation of the care model (police, courts, etc.).

- All necessary measures should be taken to safeguard the confidentiality of the location of the facility.

b) Infrastructure

- The spaces within the shelters must be safe for women and their children, given that it is intended to provide a place for family and community coexistence, while they are being cared for and working on rebuilding their lives.
- Spaces and furniture should be appropriate for the psychomotor development of children and adolescents, and take into account their needs according to their stage of development. Spaces should be childproofed as needed to protect infants and young children as they move around the facility.
- The space should have modifications to ensure its accessibility to residents or children with disabilities, to ensure their easy movement throughout the facility.

c) Security measures

Basic security and safety measures are listed below:

- Coordination with law enforcement and street map of the area where the shelter is located.
- Landline and cell-phone
- Physical security measures including controlled access via registration upon entry closed circuit TV.
- A single point of entry controlled by closed circuit TV, ensuring proper functioning of the cameras.
- External fencing at a continuous height of 2 meters, prohibiting visual access to the facility.
- Protective bars on all windows.
- Building made with solid construction material
- Good structural condition of the floor, ceiling and walls.
- Protection for children and people with disabilities on stairways and elevated, uneven or sloped floors.
- Compliance with fire prevention standards.
- Certification of gas and electricity installations.

- Clearly marked emergency exits.
- Accessibility modifications at entry points, bedrooms, patios, rooms and common areas.
- Coordination with security experts to develop a shelter safety plan.

d) Space distribution and minimum space requirements

The shelters must have the following spaces available for the professional team:

- An office for the coordinator, with the necessary furniture and computer equipment.
- A room suitably equipped for group activities to accommodate at least 15 people comfortably.
- Two rooms for private care with welcoming furniture and decorations.
- A room for working with children, with sufficient space and materials for play.
- A team workspace, with at least 4 workstations, with the necessary furniture and computer equipment.
- A room/office for educators, equipped with the appropriate furniture and equipment.
- A fully equipped and properly functioning bathroom (for the exclusive use of shelter personnel).
- A kitchenette equipped with a dishwasher, microwave, hot water kettle and a refrigerator for the use of shelter personnel.

Shelters should have the following spaces available for women and their children:

- One room per family (mother and children) for use as a single or shared bedroom. It must be furnished with a full size bed and full bedroom furniture suite, including an armoire, bedside table, a non-slip bed frame, a desk or a table for children, and a sleeper chair to accommodate an extra person (if necessary).
- A common living space (living room and/or sitting room) with sufficient seating, a coffee table, TV and DVD player.
- Kitchen space large enough to accommodate the maximum capacity of shelter residents. It should be equipped with an industrial range, a double

dishwasher, two large refrigerators, kitchenware, cooking utensils, crockery, etc.; two microwaves, a large electric oven, two kettles, and two blenders. There should also be a pantry large enough to store food and a freezer.

- A furnished dining area large enough to accommodate the maximum number of shelter residents.
- At least one full bathroom for every four families. It should be equipped with a full-sized bathtub with a hand-held shower for bathing infants and young children. It must have an anti-slip floor/mat and handrails in the shower, bathing rails, a mirror, a towel rail, and a toilet paper holder.
- Laundry facilities equipped with a washing machine, spinner and/or dryer, drying rack, laundry baskets, ironing baskets, etc.
- A warehouse for the storage of materials and equipment.
- A space on the outside of the building to store large trash cans (8-liter lidded containers) with airtight seals.
- A hut to house two 45 kilos gas cylinders if the shelter does not have a bulk gas tank or municipal gas service.
- A playroom with children's furniture - high chair, cribs, changing tables - as well as toys, games and educational material for children.
- Heating (electric, gas or wood stoves, or a central heating system) and ventilation (large fans or air conditioning system) according to the local weather conditions.
- Sufficient water heaters according to the distribution of the plumbing system, gas supply and number of bathrooms in the building.

Length of stay in shelters

According to the technical guidelines, the average length of stay in shelters is six months; however, the duration of the intervention, and therefore the length of stay, may be extended depending on the specific circumstances of each woman. According to data provided by SernamEG and presented in Table 8, the actual

Table 8. Average Length of Stay in Shelter Homes, by year

AVERAGE LENGTH OF STAY IN SHELTERS		
YEAR	MONTHS	DÍAS
2018	3	107
2019	3	96
2020	3	112

Source: Developed internally based on data provided by SernamEG

average time spent in shelters over the last three years has been around three months.

It should also be noted that within the current context of the COVID-19 pandemic, departing shelters has become very difficult and some women have been in the shelter for a year or even two.

Evaluation of shelters

The "Program for the Care, Protection and Reparation for Violence against Women" does not include a system of evaluation to assess the achievement of shelter objectives and goals. It does have, however, a system of management indicators to evaluate the implementation of the program itself. These indicators are part of program's management, and correspond to goals established at the institutional level.

As can be seen in Table 9, most of the indicators flagged for follow-up and monitoring do not have associated targets.

In addition, none of the objectives address the evaluation of the fulfilment of the specific objectives of the shelters.

It is worth noting that in 2017 the Budget Office of the Ministry of Finance of Chile ordered an evaluation of the "Program for the comprehensive prevention of violence against women" and the "Program of care, protection and comprehensive reparation for violence against women" of the National Service for Women and Gender Equity that was conducted by a panel of experts. This is the only evaluation of the program that has been performed. However, the results are now irrelevant, as the program was redesigned in 2019.

Thus, the only monitoring mechanism for the program, but not for its evaluation, are the Annual Management Reports that collect the data on the indicators above along with other relevant information regarding the management of each of the shelters.

Table 9. Management indicators for Residential Shelter Facilities

INDICATOR	DESCRIPTION	MEASUREMENT FREQUENCY	EXPECTED OUTCOME
Care of women in shelter facilities	The number of women admitted in year "x" added to the number of women admitted in previous years.	Monthly Quarterly and Annually	There is no target associated with this indicator. Performance is based on the delta between year x and year x-1.
Pre-admission care for women in shelter facilities	Number of women in pre-admission phase in year x	Monthly Quarterly and Annually	There is no target associated with this indicator. Performance is based on the delta between year x and year x-1.
Percentage of women graduates of shelter facilities who maintain or improve their status	Women graduates of the shelter program who receive follow-up services in year x, and who maintain or improve their status at departure during the follow-up assessment.	Quarterly and Annually	89%
Percentage of women by type of departure from the facility	Women who have left the facility in year x.	Annually	There is no target associated with this indicator. Performance is based on the delta between year x and year x-1.

Source: *Technical Guidelines. Residential Shelter Facilities (SernamEG, 2020)*

It is worth noting that in 2017 the Budget Office of the Ministry of Finance of Chile ordered an evaluation of the "Program for the comprehensive prevention of violence against women" and the "Program of care, protection and comprehensive reparation for violence against women" of the National Service for Women and Gender Equity that was conducted by a panel of experts. This is

the only evaluation of the program that has been performed. However, the results are now irrelevant, as the program was redesigned in 2019.

Recommendations

Below are the recommendations based on the findings of this research:

- At the most general level, there are limitations due to the existing legislative framework in Chile regarding violence against women. The country does not have a framework law to address the issue - the legislation governing this issue is Law 20.066 known as the "Law on Domestic Violence". It establishes a dual jurisdiction for the legal response to violence against women, allowing cases to be filed in both family and criminal courts. Furthermore, until 2020, the criminal definition of femicide (Law 21.212) only recognized as femicide murders of women within the context of an intimate relationship, i.e.. It was typified as femicide only when cohabitation could be proven or there were children in common. These limitations in practice, with respect to protection in general and access to shelters in particular, create a distortion. How the victim enters the system – either through the family court or criminal court - will determine if the Unified Initial Risk Evaluation Guideline (PUEIR) or another guideline will be used to evaluate risk, as well as the degree to which the required steps and processes are standardized. On the other hand, in the criminal court, the protocol for prosecuting Domestic Violence only applies to crimes committed in a domestic context. This means that all women victims of violence whose aggressions did not occur in a domestic context (for example, in a relationship, or inflicted by a friend or acquaintance, etc.) would be treated as regular crimes without the application of the PUEIR, preferential time limits, or access to the special considerations regarding precautionary and protective measures. **The first recommendation for the Country of Chile: The approval of a Law Protecting the Right of Women to a Life Free of Violence (this bill already exists but is stalled in the Legislature).**
- Along similar lines, it is important to **move towards greater institutionalization of the "Care, protection and reparation in violence against women" program, so that the existence or funding of shelters are not at risk** in the face of changes in authorities and political agendas.

An example of such institutionalization was the creation by law of the Social Security System, which could serve as a template for the creation of an Intersectoral System for the prevention, care, protection and reparation of violence against women, thus ensuring its continuity and funding.

- In the current model, the shelters are only one component within the "Care, protection and reparation for violence against women" program and therefore do not have their own design that would allow them to have measurable goals and performance indicators associated with their objectives. Therefore, we recommend the considering **making the shelters a program in their own right.**
- The current intervention model is theoretically based on a territorial and intersectional approach, despite the fact that the Technical Guidelines do not sufficiently operationalize that approach. In that light, we recommend **working towards a greater operationalization of the territorial and intersectional approaches, placing special emphasis on the cultural relevance of the different activities that take place in the shelters,** in consideration of the increasing presence of migrant women. While it is important to maintain the standardization of the intervention model, since it ensures a certain standard of care for all women, there should be some flexibility to allow for changes to respond to different realities
- **Increase the number of shelters for women victims of human trafficking.** At present there is only one shelter, located in the Metropolitan Region, that serves this population. In view of the fact that the crime of trafficking is increasingly relevant, and considering the increase in migration despite the country's restrictive migration laws, we recommend giving consideration to the creation of new shelters for victims of human trafficking, especially in the regions closest to the busiest international border crossings.
- At present, the vast majority of shelter personnel (both professionals and technicians) are fee-based contractual employees, meaning their employment status is not guaranteed and their social security and labor rights are precarious. This situation discourages them from remaining on staff, resulting in high rates of turnover, which can have a negative impact on the psychosocio-legal processes these personnel are providing to the residents of shelters. We therefore **recommended evaluating strategies improve the working conditions of shelter personnel.**

- **Discuss the need to consider the experience of being a victim of violence against women as a vulnerability factor**, at least in those cases in which this assessment could be considered a life-threatening risk. This should also be included as a factor in the Social Household Registry, since women who have had this experience are in a worse socioeconomic situations and require priority access to specialized care and the benefits and services provided by the State.
- **Strengthen intersectoral collaboration, especially after women leave the shelter**, so there is a network of social programs that can provide them comprehensive economic, psychological, social and legal support for a period of time. In this sense, it is important to understand that this comprehensive and specialized support is part of the reparations that the State owes these women by failing to provide for their protection.

In-depth Country study - COSTA RICA

Ana Lorena Hidalgo Solís ^[65], Expert

Current Context of Violence Against Women (VAW)

The most up-to-date data on violence against women in Costa Rica, in particular with respect to related to femicides, attempted femicides and other crimes that most affect the demand for shelter services, are presented below.



Graph: Femicides registered in Costa Rica by type 2007 - 2021

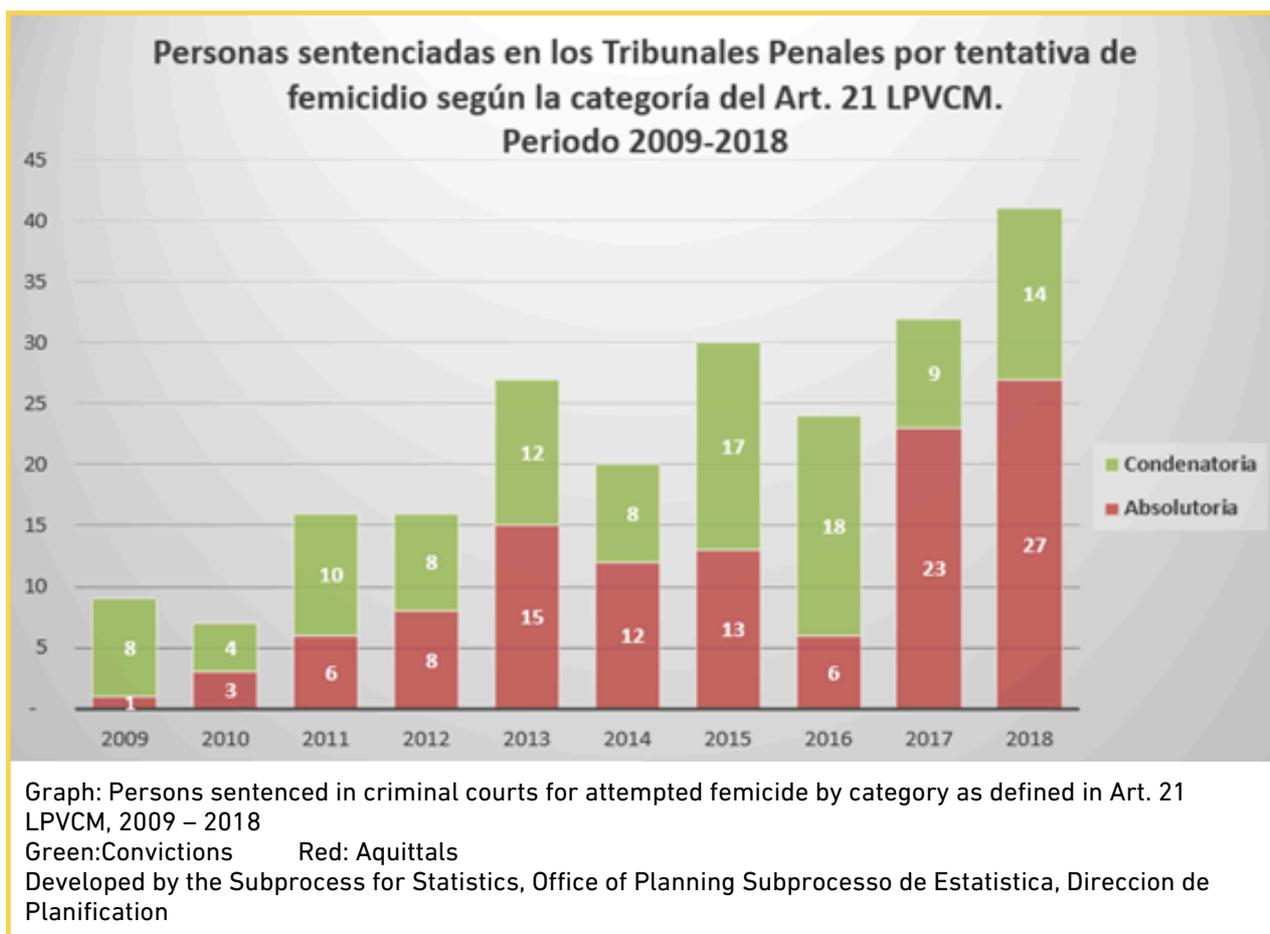
Red: Femicidio Ampliado: Belem do Para; Green: Femicides LPVCM Article 21

* Information updated May 6, 2021 with data from the Office of the Deputy Prosecutor for Gender, Subprocess for Statistics of the Judicial Branch and the Inter-institutional Commission for the Prevention of Femicide. Developed by the Observatory for Gender-based Violence against Women and Access to Justice

** Femicidio ampliado was added to the list in the session held February 17, 2021, due to a reclassification of the violence death of women as a crime.

Source: Observatory for Gender-based Violence against Women and Access to Justice ^[66]

The data in this graph show a downward trend over the last 13 years in the number of deaths of women due to both types of femicide, both intimate partner homicides and those associated with other manifestations of violence against women. There has also been an increase in the number of sentences for this crime, as shown in the graph below.

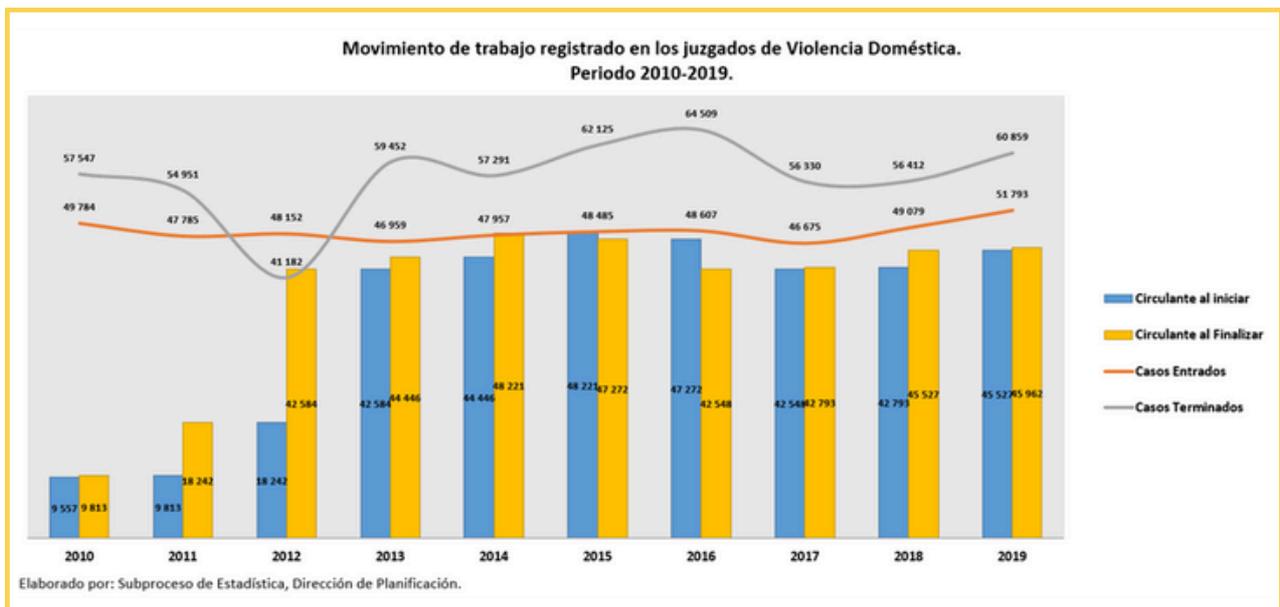


Source: Observatory on Gender Violence against Women and Access to Justice [67]

However, when these data are compared with the data on attempted femicide, it is clear that violence against women, especially that which is capable of causing serious and/or incapacitating harm, continues to be a cause for concern. It is likely that many women do not die due to third party invention and because emergency protection measures are immediately activated, but not because there was no risk of death.



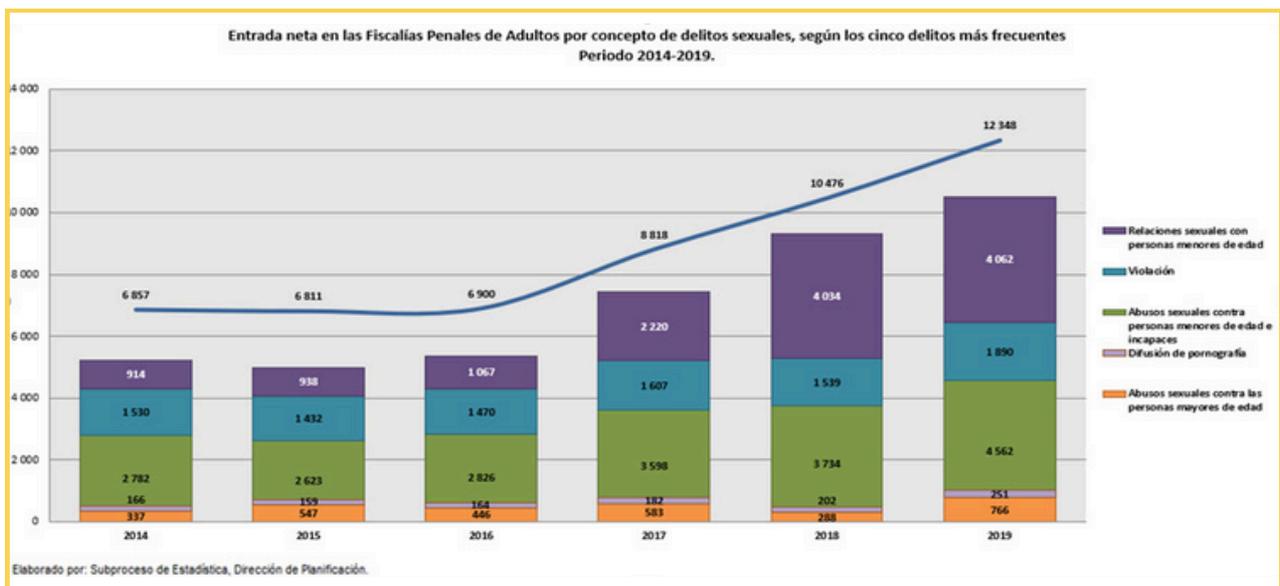
Source: Observatory on Gender Violence against Women and Access to Justice [68]



Source: Observatory on Gender Violence against Women and Access to Justice [69]

There has also been a slight decrease in the requests for protection measures under the Domestic Violence Act (not all coming from women, but the majority).

Data on other crimes against women, specifically sexual crimes, can be seen in the following table, clearly showing an upward trend.



Source: Observatory on Gender Violence against Women and Access to Justice [70]

Additional information on violence against women in its different manifestations is available from the following resources:

- Statistical Compendium: INAMU (2018): National Policy for the Care and Prevention of Violence against Women of All Ages Costa Rica 2017-2032. Public Policies for Gender Equality and Equity Collection, pp. 156-204.
- Judicial Branch: Observatory on Gender Violence and Access to Justice

Historical and regulatory background on shelters

Historical development of national laws and plans

Costa Rica is a signatory to the main instruments for the protection of women's human rights and against violence against women, including the Vienna Declaration (1993), the CEDAW Convention (1993), the Convention of Belem do Para (1994), the Beijing Platform for Action (1995), as well as, the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (2000).

In addition, there is a variety of national legal instruments related to the prevention, care and punishment of different manifestations of violence against women, which are available for review at the following link: [Regulations | Gender Equality Observatory \(cepal.org\)](https://cepal.org).

The obligation of the government of Costa Rican to provide shelter for women affected by gender-based violence appears for the first time in the Law for the Promotion of True Equality for Women^[71] which specifically states:

Article 15: The Ministry of Justice shall implement adequate programs, in coordination with the Center for Women and Families,^[72] for the prevention of violence or sexual assault by an immediate or close relative^[73] as well as to guarantee the protection and counseling of victims.

The Domestic Violence Act (Law 7586/1996) also establishes for the first time the obligation of the national women's machinery, previously known as the Center for Women and (CMF), to provide services specific for women affected by violence against women:

Article 22: National Plan.

The CMF should develop a national plan to implement a unified system

consisting of the institutions that can offer special services to victims of gender-based violence or who work to prevent gender-based violence.^[74]

This law resulted in the passage the same year of the first National **Plan for the Care and Prevention of Domestic Violence (PLANOVI, 1996)**, which established the Access to Support Resources intervention model:

"(4.4) Access to support resources. This level of intervention is intended to offer affected persons an integrated menu of support options and resources to break out of the cycle of violence and build a new life. At this level the various governmental institutions, NGOs, international agencies and community organizations must work together to coordinate the available support resources, so that those who request assistance are aware of the options and can access the available services."^[75]

The **PLANOVI Plan Operating Plan 1996-1998** solidified this mandate with the following actions:

Action 3.5 Facilitate the temporary housing of persons affected by domestic violence.

(3.5.1) Coordinate with existing governmental and non-governmental agencies to ensure temporary shelter and economic support (in case of children) to persons affected by domestic violence.

(3.5.2) Build two temporary shelters in provinces of B and C.

(3.5.3) Conduct an inventory of institutions for the temporary housing of affected persons and establish a database.

(3.5.4) Conduct awareness-raising workshops for people working in temporary placement centres and community leaders.

(3.5.5) Develop community-based temporary placement alternatives".^[76]

It should be noted that this operational plan creates housing obligations not only for national women's mechanisms, but also for other public entities that serve specific population groups: PANI (children), IMAS (community homes), healthcare (CEN-CINAI).

In 1998, the Law Establishing the National Women's Institute (INAMU) was adopted, upgrading the Institute to an autonomous institution with its own budget and internal organization. This law entered into force in 2000 and establishes among its objectives the following:

Article 3: Aims

(b) To protect women's rights as enshrined in international declarations, conventions and treaties and in the Costa Rican legal system.

(c) To coordinate and ensure that public institutions establish and execute national, social and human development policies and the sectoral and institutional implementations of the national policy for gender equality.^[77]

The creation of specific institutions for the prevention of violence against women began with **Executive Decree No. 26664-C-J-PLAN-MTSS-MIVAH-S-MEP-SP, dated January 27, 1998: Creation of the National System for the Care and Prevention of Domestic Violence**. Consisting of 20 public institutions and NGOs, it establishes the following of interest for this report:

Article 5, paragraph 10:

Provide, as available, appropriate specialized services for the necessary care of persons affected by violence through public and private sector entities, including shelters, family counselling services, and when needed, and care and custody of affected children.^[78]

In 2008, this specific institutional framework was elevated to the rank of law through **Law 8688, Creation of the National System for the Care of Violence against Women and Domestic Violence**, expanding its scope to "violence against women" as defined by the Convention of Belem do Para, establishing the following:

Article 3: System purpose

(b) Promote the creation and strengthening of specialized governmental, private or mixed services to care for persons affected by violence against women and/or domestic violence.^[79]

The second **National Plan for the Care and Prevention of Violence against Women in intimate partner and family relationships, and Sexual Harassment and Rape (PLANOVI - WOMAN 2010-2015)** of 2010 includes the following in its regulatory plan of action:

Care component: Strategic line 1: Increase the number of services available to respond to the different manifestations of violence and allocation resources for housing, subsidies, education, care, technical training and job placement.

Care component: Strategic line 1: Increase the number of services available to respond to the different manifestations of violence and allocation resources for housing, subsidies, education, care, technical training and job placement.

Expected outcome:

1.5 Women affected by violence and their children receive priority attention for access to and allocation of resources for housing, subsidies, education, care, technical training and job placement.

1.5.1 Development of formal mechanisms that guarantee priority access to and allocation of institutional resources for care, technical training and job placement.

1.5.2 Implementation of mechanisms for access to institutional resources for women in situations of violence.

1.5.3 Monitoring and evaluation of the actual access of women and their children to the support resources provided by the different institutions.

Strategic line 2: Improvement in the quality of care provided by the institutions through the standardization of services, specialization of personnel in the area of domestic violence and systematic evaluations of the adequacy of services.

Expected outcome:

2.1.1 Conduct a diagnostic assessment on existing services to identify gaps in the provision of comprehensive care.

2.1.2 Conduct a survey on the perception of women users of the services on the quality of institutional interventions.

2.1.3 Review and update/develop institutional instruments and regulations in the institutions that provide direct care to women affected by violence, based on the results of the evaluations.

2.1.4 Formalize the instruments and standards of the institutions that provide direct care to women affected by violence.

2.1.5 Train staff on the application of instruments and standards for the direct care of women affected by violence.

2.1.6 Monitor and evaluate the application of the regulations within each institution and in their inter-institutional coordination".^[80]

In 2013, Law 9095, Law to Combat Trafficking in Persons and Creation of the National Coalition against the Smuggling of Migrants and Trafficking in

Persons (CONATT) was approved. Chapter VIII. Attention and Protection of Victims of this legislation establishes the following:

Article 37: Rights

(b) Access to appropriate, accessible and safe accommodation and food, clothing and hygiene.

(c) Access to free comprehensive healthcare services, including specialized therapies and treatment, as part of their recovery process, if necessary.

Artículo 52: Financiamiento

Article 52: Financing

Creation of the National Fund to Combat Trafficking in Persons and Smuggling of Migrants (FONATT), financed by the collection of a one US dollar (US\$1.00) tax exit established in Act No. 8316, Regulatory Act on the Rights of Departure from the National Territory, September 26, 2002".^[81]

The regulations of this Act establish INAMU's obligations in the area of the care for and prevention of trafficking in persons as follows:

"Art. 22, k): The National Women's Institute (INAMU): Through its competent bodies and with the support of CONATT, must propose, formulate and implement the following actions: a. a. Establish a ongoing training program on trafficking in persons as part of its internal training policies for IMANU civil servants. b. create a communications campaign, in partnership with CONATT, to discourage demand and alert women to the dangers involved in trafficking in persons. Develop, in partnership with the ERI, programs for the immediate and individualized attention of women survivors of trafficking in persons and participate in their implementation. d. Participate in the design of individualized reintegration plans based on an individual assessment of the history, experience, and characteristics of each survivor-victim. e. Include within INAMU's existing programs and services the a specialization on the care for and prevention of trafficking in persons, specifically of women. f. Design a program aimed at detecting and referring cases of trafficking in persons, the results of which will be communicated annually to CONATT."^[82]

This law also establishes obligations for PANI (for the care of children) and OAPVT (for the victims of crime) to assist and protect victims of trafficking, including providing them shelter.

In addition to the above, in response to the various obligations created by law, over the years Costa Rica has issued regulations, standards and other types of internal provisions, and services creating services in different institutions, outlined in the National Policy for the Care and Prevention of Violence against Women of All Ages 2017-2032 and the First Five-Year Plan 2017-2022.^[83]

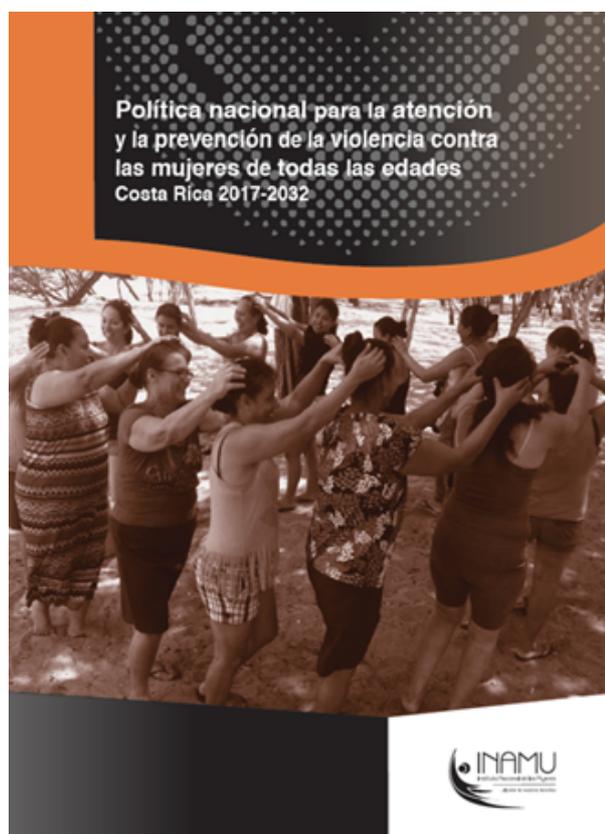
While the need to strengthen the shelter service has been pointed out at different times, it is considered to be the specific and exclusive responsibility of INAMU, which manages the buildings and direct investment, and to which the different institutions contribute by providing support resources for the victims, according to their areas of competence. As noted above, exceptions are made for girls and adolescents, victims of trafficking and women at very high risk.

Current regulatory and institutional framework

The obligations of the Costa Rican government concerning care for and prevention of violence against women are set out in different current policy and multilevel planning instruments.

In 2017, the third National Policy for the Care of and Prevention of Violence against Women of All Ages 2017-2032 and the First Plan Five-Year Plan 2017-2022 was developed and approved. Like the previous ones, this is an inter-institutional and intersectoral policy framework.^[84]

The strategic objective and performance indicator of Action 6 of this policy, which is currently in specifically addresses the prevention of femicide, providing for care in shelters:



Strategic objective: increase the access of women at risk of femicide to institutional and community support and protection resources and services.

Indicator: 50% - Percentage of cantons in which women identified as being at risk of femicide have access to institutional and community resources and services for support, effective protection and follow-up.^[84]

The naming of femicide as a specific problem as one of the six prongs of this national policy is justified based on the recognition that not all violence against women is lethal and that there are aggravating factors in cases of violence against women that can lead to their deaths. The state, therefore, should have mechanisms and resources to provide effective protection, including shelters.

While any woman of any age faces the risk of losing her life at the hands of a known or unknown perpetrator femicide who has chosen her as the object of his absolute control, some women find themselves in conditions of multiple exclusion that limit their resources for protection, in particular the youngest women, girls and adolescents, those who live in marginalized communities, or migrants. This policy must recognize this diversity of conditions and situations in which women live in order to protect them more effectively from the risk of femicide.^[85]

The **First Five-Year Plan of the National Policy for the Care of and Prevention of Violence against Women of All Ages 2017-2032** and the **First Five-Year Plan 2017-2022** for the period 2017-2022 have both been registered. Both the policy and that plan include strategic actions and goals, as well as, disaggregated obligations and goals for each of the institutions that make up the National Violence against Women-Domestic Violence System.

The National Development Plan (PND) is first in terms of State planning. This is the guiding framework for the Costa Rican government's plan to promote the country's development. By law, the process of elaboration is directed by the Ministry of National Planning and Economic Policy, MIDEPLAN, in coordination with the bodies of the National Planning System. The plan includes the main commitments and goals that each administration acquires at the beginning of its term and by which it is evaluated. It is a central, intersectoral and inter-institutional government policy framework.

In the NDP 2015-2018, 5.15 Citizen and security sector: An indicator on the prevention of femicide was included for the first time as a goal of the administration in the area of citizen security:

INDICATOR	DEFINTION	FORMULA	UNIT OF MEASURE	FREQUENCY	WEIGHTING
Number of women at high risk of femicide reached with new preventive initiatives	Femicide is understood as the extreme manifestation of violence against women because of their gender, to the point of causing death.	Women at high risk of femicide provided with new preventive initiatives: CLAIS, CEAAM, Emergency Kits.	Number of women served	Annual	25%
DISAGGREGATION	SOURCE OF DATA	CATEGORY			
(x) National () Regional	Data provided by INAMU	() Impact () Effect () Leverage (X) Output			

Traditionally, issues related to gender equality and equity have been included in the social agenda. In this case, their inclusion in the security sector breaks with the traditional concept of "citizen security" (street crimes, crimes against property, traditional and organized crime) to assume that women are the main victims of specific security problems that impact their safety that require a response and a commitment from the security sector.

The **National Development and Public Investment Plan for the Bicentennial 2019-2022 (in force)** includes two indicators of interest within the security sector:

*"Indicator 4: Femicide rate per 100,000 women inhabitants.
Indicator 11: Number of women served"^[87]*

It also sets a specific target to care for 1,400 women in shelters (CEAAM) for the period of evaluation.

The inclusion of femicide prevention in the NDP, which is the highest-ranking public policy and planning document within the structure of the Costa Rican

government, gives greater visibility and sustainability to the service because it is an measurable goal with an assigned budget and responsibility shared by various ministries.

The next level of planning is the Institutional Operational Plan (POI), which is an internal institutional policy and planning framework that responds to the Institutional Strategic Plan PEI (Quadrennial) and the PND.

The **INAMU POI 2019 and 2020** include following on care for women at risk of femicide in CEAAM:

<p>Strategic Objective - Institutional Strategic Plan</p>	<p>4. To promote the protection, prevention and care of women in facing violence against women in its various manifestations, as well as other forms of gender-based discrimination.</p>	<p>Indicator: _4.1 Annual number of women who receive services for prevention and protection against violence in all its manifestations, by region/canton</p>	<p>Institutional Program POI</p>	<p>Program to Protect and Promote the Combat of Violence against Women</p>	<p>Indicator: 4.1.6 Annual number of women at risk of femicide using INAMU preventive services and resources for the first time (Kits, CEAAM)</p>
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Each indicator records performance targets, responsible parties and allocated budget. Indicator 4.1.6 is further broken down into actions that must be reported. As a whole, it ensures the sustainability of the service within INAMU.

On another level and of interest for this report, on August 14, 2018, Executive Decree No. 41240-MP-MCM is issued, declaring the intervention, care and prevention of violence against women is as a priority interest. The first paragraph of this Decree reads as follows:

"Article 1 - Declaration. Declaring the current situation of violence against women a priority interest, due to the high number of assaults and femicides that have occurred in recent years and that continue to increase, with the aim of achieving the effective intervention of the State in addressing this serious problem in all its forms, in a prompt and comprehensive manner." [88]

This decree is accompanied by an Instruction document requiring all institutions to follow the guidelines to be established by INAMU, as well as a list of prioritized actions.

Article 7 - For the enforcement of this regulation, the Prioritized Actions Plan attached as an annex to this regulation and representing an integral part of this regulation, shall be taken into consideration

Transitory article. — In the case of the prioritized action plan attached to this Guideline, INAMU will carry out a first review of the minimum expected results one year after the entry into force of this regulation.

Article 8 -This Guideline is effective as of its publication.

Declared at the Presidency of the Republic, on the fourteenth day of the month August two thousand and eighteen.

Included among the actions prioritized in this 2018-2022 Decree is the order for INAMU to expand the services of the CEAAM.

It is reported, however, that to date, this mandate has been only partially fulfilled, with resources invested only in the refurbishment of CEAAM B. However, it is has also been indicated that suitable property for the construction of CEAAM A is in the process of being purchased.

As a corollary to the previous sections, CEAAM, the shelters for women affected by violence against women, have been a part of the government's contribution to the national mechanism for women in Costa Rica since the 1990s and have been included in different national public policy and institutional planning instruments that have provided it with material sustainability to date.

Evolution of the service and current situation

The Implementation Report for 1994-1997 notes the following regarding shelters in that period:

"Within the framework of specialized care and access to support resources, special attention has been given to strengthening the network of shelters for battered women. The only shelter of this type that exists is the one run by CMF in A.^[89] Between 1995-1997, 938 persons received temporary shelter, distributed as follows: 1995 (80

women and 200 children), 1996 (106 women and 232 children) 1997 (100 women and 220 children). These figures do not include women in the outpatient service:

Beginning in 1995 and continuing to the present day, the CMF has handed over the administration of the shelter to the Foundation for Alternative Development, Training, and Action (Procal), an NGO with extensive experience in the technical management of this type of service." ^[90]

In a written interview, Ms. TT, former director of PROCAL, responded as follows:

The PROCAL Foundation administered Shelter A from 1995 to 1999 (inclusive of both years). Our participation and coordination with INAMU the management of this facility ended on December 31, 1999.

The last two years (1998 and 1999) we also took over the administration of Shelter B, which had just opened.

All the financial resources for the operation of both shelters came from INAMU. The PROCAL Foundation only contributed some furniture on loan (which we had to withdraw at the end of our agreement with INAMU, since it was included in our institutional inventory) and we contributed some human resources through PROCAL's professionals.

The Implementation Report mentioned above goes on to state:

... the constant full occupancy of this shelter shows the need for this emergency service. In this sense, the CMF has promoted the construction of two additional shelters: one in B and the other in C. JAPDEVA (public port entity) donated a piece of property to the CMF for the construction of shelter B, as well as the filling of such. The architect ACH donated the design of the project, FODESAF provided the CMF the resources for construction. IMAS has offered to equip the facility, and the work is expected to be completed in May 1998.

INA has donated a building for Shelter C, but no resources have yet been identified to remodel and equip it. ^[91]

From 2001-2005, the CEAAMs were administered by contractors - from 2000-2003 they were run by the NGO CEFEMINA, and from 2003-2005 they were

managed by a private company through a public bidding process. In all cases, funding for the operation of the CEAAMs were provided by the CMF/INAMU, including resources for the payment of personnel. Technical supervision of the contracts was the responsibility of INAMU's Gender Violence Department.

In 2005, the CEAAMs transitioned to direct administration by INAMU. Staff were recruited by competitive process and service was incorporated into the institutional structure, attached to the Technical Directorate of INAMU under the direction of the Gender Violence Area (now the department).

Shelter infrastructure and capacity

At present, INAMU has three CEAAMs. The CEEAM A is located in a different place from the original one and the building is rented, not owned. INAMU included the funding for the purchase of a suitable piece of property for the construction of a building in the 2021 budget.

The CEAAM B facility, owned by INAMU, was completely refurbished between 2020-2021 and opened its new infrastructure on May 25, 2021.^[92] The shelter was remodeled to suit the model of care (see below).

CEAAM C began operating in 2002 on land and facilities owned by INAMU. Since 2007 it has been located in a different place from the original, but in a space that was acquired, remodeled and equipped by INAMU in 2012. INAMU acquired the property at an approximate cost of \$450,000 (at the current exchange rate). The property is 1,140 square meters with a building of 555.50 square meters.

Infrastructure and model of care: CEAAM B

INAMU employees note that the remodelling and construction process was executed to meet the requirements of the CEAAM model of care and experience accumulated since 1998. The objectives of the project were as follows:

- Increase coverage and, therefore, the cost-benefit ratio of institutional investment.
- Separate the women's living spaces from the staff's work spaces so that neither feel that they are under constant surveillance or control, but rather, increase privacy and peaceful coexistence.

- Guarantee adequate spaces for the care, education and training of women and children.
- Separate the dining room and kitchen to minimize the access of outside persons to shelter residents, including providers of goods or services.
- Guarantee outdoor spaces for training and entertainment.
- Increase the security of the building, clients and staff.

We were informed that since this service is covered by Article 139 (on qualified security) of the Regulations of the Administrative Contracting Law of the Office of the Comptroller General of the Republic, the disclosure of information or photographs of the property is not authorized. The information below was provided by INAMU.^[93]

This CEAAM is located on land donated to INAMU in 1998. The property measures 5992 mts² and the buildings in total measure 2317 mt².

The remodeled facility has three buildings and the following spaces.

<p>Shelter building (remodeled)</p>	<ul style="list-style-type: none"> • Main entrance • Bedrooms equipped with closets and fans (15) • Auxiliary kitchenette • Auxiliary bedroom with toilet and shower. • Storage • Office • Standard showers (4) • Standard sanitary services (8) 	<ul style="list-style-type: none"> • Bathrooms 7600^[94] with shower • Children's bath tubs (4). • External sinks (6). • Patio (3). • Electric closet • Clothesline • Shared kitchenette. • Craft Room • TV room • Common area
<p>Office Building (new)</p>	<ul style="list-style-type: none"> • Main entrance and lobby • School support office (teacher) • Social Workers Officer • Legal Advisor's Office • Women's Psychology office • Child psychology staff office • Reception/Waiting-Room. • Administrative Support/supply storage • Office of the Administrator 	<ul style="list-style-type: none"> • Treatment room • Staff dining room • Accessible (6500) restroom • Accessible restroom (7600) with shower. • Restroom • Standard toilet (1) with sink (2). • Self-care and breastfeeding room • Electrical closet • IT room

Dining and storage building (new)	<ul style="list-style-type: none"> • Main entrance. • Loading area • Assets storage • Textile storage • Restroom (7600) • Kitchen • Pantry 	<ul style="list-style-type: none"> • Walk-in refrigerator • Electrical closet • Janitorial supplies closets de la Información • Patio • Dining room
External facilities (new)	<ul style="list-style-type: none"> • Guard house with standard sanitary service • Covered walkways and sidewalks • Access road • Wastewater treatment plant • Green areas with grass and playground 	<ul style="list-style-type: none"> • Grass-Block on slopes • Water tank room • Access ramp • Open training/recreation area • Parking • Emergency power generator • Hand washing station

The institution reports the following institutional investments in remodeling, construction CEAAM in the last three years.

Año	Inversión
2019	₡88,024,935.21
2020	₡360,370,079.44
2021	₡1,735,706,582.14
Total	₡2,184,101,596.79

Institutional investment in the CEAAM Program. Budget analysis.

According to institutional data, INAMU's annual investment in the CEAAM service is estimated at 400 million colones (for the operation), approximately 500 million colones in salaries and another 500 million colones in rental costs (some) and subcontracted services. In other words: for the year 2021, approximately 1.4 billion colones (US\$225,806 at the current exchange rate) will be spent on this service. This figure represents 8% of the total institutional income.^[95]

This is followed by an analysis of the CEAAM/INAMU budget by main operational functions and budget items linked exclusively to comprehensive

care. The planning instrument includes compliance with operational goals and budget execution. It does not include other expenditures items (personnel, utilities, etc.) that are considered regular expenses.

ACTIONS/ BUDGET LINE	SPENDING OBJECTIVE
<p>Provision of basic necessities for women and children: food, clothing, shoes, personal hygiene, school supplies, educational materials, medicines, etc.</p>	<p>A complete kit is given to women upon arrival, for use by them and their children. It is replenished during the stay as needed.</p>
<p>Training for current and previous shelter residents</p>	<p>Adult education courses (CUC contract, explained below) on generating income for both current and previous residents. It also includes psycho-physical stimulation and healthy eating activities. Staff provided workshops and talks on human rights, violence against women, and personal empowerment, according to the specific training program for each discipline.</p>
<p>Participation of children in artistic, sports and recreational activities</p>	<p>This item includes the purchase of educational and other materials necessary for this purpose.</p>
<p>Telephonic and in-home follow-up for women who have left CEAAM, in accordance with the follow-up and discharge protocol</p>	<p>This item includes travel expenses for in-home follow-up.</p>

ACTIONS/ BUDGET LINE	SPENDING OBJECTIVE
<p>Participación de niñas/os en actividades de estimulación, artísticas, deportivas y recreativas</p>	<p>Este rubro incluye la compra de materiales educativos y otros necesarios para este fin.</p>
<p>One-on-one social work, psychology and legal assistance sessions. Group attention and social work, psychology and legal assistance</p>	<p>This item refers to the work of the professional staff.</p>
<p>Subsidy for immigration procedures</p>	<p>This category supports women who need to update their immigration papers. It also supports the repatriation process for foreign women who wish to return to their country.</p>
<p>Development of a self-care program for female staff members during the year</p>	<p>This item includes the payment of external specialized services.</p>
<p>Transfer of residents' household goods when required</p>	<p>Refers to the removal of the woman's belongings (if any) at the time of discharge.</p>
<p>Comprehensive training in sexual and reproductive health for CEAAM users</p>	<p>Refers to the training goals in this area.</p>

ACTIONS/ BUDGET LINE	SPENDING OBJECTIVE
<p>Specialized medical appointments and lab tests for shelter residents and their children</p>	<p>This item refers to payment for emergency medical care that cannot wait for the social security system to processing payment and/or for domestic or foreign women who are not insured, usually for ophthalmology, gynecology, dentistry, or psychiatry. It includes payment for necessary examinations, medicines and emergency treatments.</p>
<p>Development and implementation of workshops for the promotion and defense of labor rights, including violence in the workplace</p>	<p>Refers to the training goals in this area.</p>
<p>Per diem for users</p>	<p>Refers to the payment of transport per diems for women's transportation to health centres, schools, employment.</p>
<p>Referrals to the institutions in charge and related of the PAM (IMAS), employability and housing strategy (in coordination with the Women's Delegation) for the development of the employability of the users, so that they are able to achieve economic autonomy and possible access to employment and housing</p>	<p>Refers to the goals in this area.</p>

ACTIONS/ BUDGET LINE	SPENDING OBJECTIVE
<p>Benefit to authorize the payment of 2 months rent plus security deposit to families after TS assessment.</p>	<p>The objective of this item is to support women's transition to independence. It is noted the respective regulations for its entry into force of this component, although included in the POI, are still pending approval.</p>

According to the interviewees, the breakdown of the budget provides visibility into how the CEAAM is much more than a center where women can sleep and eat. It is about making the most of their stay to work with the after-effects and impact of violence, promote a greater understanding of the dynamics of violence against, identify and strengthen their personal resources for self-protection and social and community protection, and to try to reduce risks and build alternatives for a safer exit.

CEAAM Capacity

The CEAAMs are defined as "national shelters," meaning that while they are located in different geographical areas, they serve women from all over the country. CEAAM access is centralized and admission on the results of the risk assessment (women are encouraged to leave their area of risk if required) and availability.

The capacity of the three CEAAMs is shown in the following table. Officially, there is a total capacity of 28 rooms for women and their children. The numbers under CEAAM B reflect the expanded capacity following the refurbishment.

However, the directors point out that in times of emergency, the service

CEAAM	CUARTOS
A	5 (6)
B	15
C	8 (11)

Distribution of rooms in the CEAAMs facilities

has been expanded to house 32 women (numbers in brackets). This is done by placing two families in the same space and/or women without children as that can be easier to manage. This is not, however, an ideal practice as it can lead to issues related to coexistence between people and violates the intimacy of the family groups.

In addition to the above, INAMU has resources budgeted to contract hotel rooms for the use of each CEAAM. These accommodations are used when there is no space in the shelter for an at-risk woman and the woman stays and sleeps with her children at the hotel. During the day she travels with them to the CEAAM where she is fed and participates in the rest of the facility's activities. While this is resources budgeted resource for all three CEAAMs, only CEAAM A and B report having used it.

In 2020, a second hotel service called the "filter hotel" was opened. This accommodates women and their families who have symptoms of COVID-19 and/or who test positive for the virus. COVID-19 testing is mandatory - even now - for any woman, boy or girl who wishes to enter a shelter. Once the quarantine period is over, women can enter the regular facility. This resource is still in use because of the ongoing nature of the pandemic.

Other institutional shelter alternatives for women experiencing domestic violence

The Office for the Care and Protection of Victims and Witnesses of the Office of the Public Prosecutor's offers temporary shelter options to support women victims of domestic violence crimes, including human trafficking, in high-risk situations:

Item 1 of Law 8720 establishes the objective, "to protect the rights of victims, witnesses and other subjects involved in criminal proceedings, as well as to regulate extra-procedural protection measures and their procedure". In addition the Brasilia Rules and Santiago Guidelines point out the importance of protection, and it is precisely for that purpose that the OAPVD manages and assumes the payment of financial assistance and expenses for the protection for victims and witnesses who are in a situation of vulnerability or who lack the financial resources to attend a hearing, trial, therapy, counseling, and even to relocate if necessary.

Article 3 (e) of Law 8720 defines security assessments as a "technical assessment aimed at identifying security strengths and weaknesses in people's environment, the results of which, once analysed, are used to recommend improvements and implement protection measures". These on-site assessments of building and perimeter security and compliance with Law 7600 are critically important for people in the Protection Program, since this agency does not have its own safe houses or alternative protection facilities (shelters). The assessments take into consideration the type of crime, conflict zone, crime rate and the profile of the suspects and protected persons, offering the interdisciplinary teams temporary housing options (hostels, hotels, houses to relocate to, etc.) for people who need protection, immediately reducing the risk of harm. They also make personalized security recommendations and conduct security assessments in the homes and workplaces of the at-risk person in order to implement the recommended extra-procedural measures and provide recommendations to reinforce the security already in place.^[96]

Through the agreement between INAMU-OAPVT, a significant proportion of women victims of domestic violence identified by OAPVT are cared for in the CEAAMs.^[97] The agreement defines the referral process between the two entities, and provides guidelines for the different stages of care in CEAAM: admission, care and discharge.

Very high-risk cases of domestic violence identified by OAPVT, in particular those with ties to organized crime where a higher level of security is required, are handled directly by OAPVT.

OAPVT's security restrictions did not permit access to statistical and budgetary information on temporary shelter for women affected by domestic violence, but the above-mentioned accountability report notes that a significant part of the caseload handled by this office is related to crimes prosecuted under the Criminalization of Domestic Violence Act (LPVCM), sexual crimes and trafficking in persons. The report also shows the expenditure on rent, household goods and food for users of OAPVT services, but does not indicate how much of this amount is directed exclusively to women victims of domestic violence.

The National Children's Trust (PANI) is the entity legally responsible for the protection of minors. However, it only responds to an administrative complaint of domestic abuse of a minor woman victim of intimate partner violence, with or without children, when abuse or ill-treatment of a child is reported. Their response, however, does not include shelter; when shelter is needed, PANI will sometimes refer the victim to INAMU.

Young women between the ages of 15 and 18 represent a population of concern because they are in a state of limbo when it comes to institutional protection. As minors, they are legally under the care of PANI, but because of their lifestyle, they do not fit into the protection and shelter spaces specifically designed for children, pregnant adolescents or teenage mothers. INAMU can treat them as victims of domestic violence, but the services they provide are more focused on the adult population and emphasize those needs. While there are commonalities, these young women are at a different stage of life and development and they require specific material, emotional and psychological services in order to break the cycle of the intergenerational transmission of violence and poverty as early as possible.

The level of concern has grown as data on femicide or attempted femicide has increased among women in this age group. Many of these women have been victims of crimes such as inappropriate relationships, rape or incest, but there are also young women in early violent relationships. Some are also trapped in high-risk situations because their intimate partners belong to gangs or are involved in drug trafficking or hired killings. Many are also poor and excluded from the education system and the labor market.

"...a significant percentage of young people who are unemployed or do not attend school (23%) is made up of young women with responsibilities with a set of characteristics that make them more vulnerable due to their low levels of education and their status as stay-at-home-mothers, unpaid work that excludes them from their right to social security and pensions. While there is no direct causal relationship between poverty and violence, economic dependence increases the chances of remaining in situations of violence." [98]

National Coalition Against Trafficking-Technical Secretariat-FONATT: As noted earlier in this report, the anti-trafficking law creates a special fund for

victims of trafficking (FONATT) that in June 2020 was estimated to be approximately 642 million colones.^[99] The use of these resources is defined for each specific case by the Immediate Response Team (ERI), a collaborative group established by law that includes INAMU as a service provider and leader in the area of women's rights.

The funds are available to cover expenses for rent, the purchase of household goods, basic needs, healthcare, education and training, immigration procedures, and repatriation, among others, for verified victims of trafficking, who are mostly women. To access these resources, each institution that serves this population presents FONATT with a five-year projection of the needs and individualized expenses for each victim of trafficking. Each institution is then responsible for overseeing that the resources that are transferred directly to the victims of trafficking by the trust's bank are used properly. The process map is available at this link.^[100]

There is no shelter in the country designated exclusively for the accommodation of victims of trafficking. INAMU manages this fund for both victims of trafficking in persons sheltered in CEAAM facilities when they are ready to start an independent life as well as for victims who are not housed in shelters.

Complementary protection strategies for women at risk of femicide

As part of the strategies that exist to prevent femicide, in 2019 INAMU delivered a total of 526 new Emergency Kits to at-risk women including those who cannot or do not want to enter a CEAAM and those who leave the shelter and are assessed as needing it; in 2020, a total of 510 new emergency kits were delivered.^[101] This prevention strategy, which includes geolocation equipment for high-risk cases, has proven to be an effective measure of prevention and protection for women, since the activation of the equipment triggers the immediate deployment of law enforcement personnel to the woman's location. This not only prevents death, but also facilitates the apprehension of the alleged aggressor and his transfer to the judicial system, preventing impunity for this crime.

As an alternative to incarceration, the law also allows those charged with crimes of domestic violence and sexual crimes to be fitted with electronic monitoring "anklets". Information on the number of suspects of domestic violence and sexual crimes with electronic monitoring anklets was not available.

However, information on the number of requests for this technology made by the Office of the Comptroller General of the Republic is public and raises alarm bells in cases of domestic violence. In short, it is not enough to place the device on the offender; it is equally or more important to have a sufficiently robust and agile monitoring system in place that can detect non-compliance and act immediately. The fact that the process relies on the accused changing the batteries to keep the device active or that the competent authority can take hours, days or weeks to respond effectively, suggests that this is a risky alternative for use in cases of domestic violence or sexual crimes where the victim's distance from the offender is what guarantees her safety. ^[102]

Care model

Evaluation and redefinition

In 2014, an evaluation and redefinition of the CEAAM care model was conducted by a contracted consultant, hired by the INAMU Domestic Violence Office.

The contract described the objectives of the project as follows:

"The care model must focus on making changes that improve the institutional offering, prioritizing the needs of the users and ensuring comprehensive, quality, timely, accessible, safe and effective care, based on a human rights and gender approach, which allows women affected by violence to reestablish their rights, the possibility of breaking the cycle of violence and provides options that enable the enjoyment of a life of dignity and freedom from violence. "...should be innovative and in line with current trends in specialized care for violence against women" and "should consider the feasibility of its application in accordance with the characteristics and conditions of institutional management and work at both the central and regional levels and within the framework of the restructuring of INAMU". ^[103]

Several products were delivered by the consultant resulting from the collaborative process with both CEAAM and staff from INAMU's central office. The first was a detailed report ^[104] on the technical and managerial aspects of the care model in existence at the time. The findings of that assessment were then used to develop proposals to redefine that care model.

The final proposal includes two sections: 1) *Theoretical and referential framework*. 2) *Care Model Conceptualization. Proposal for technical and administrative management.*^[105] This proposal was presented by the INAMU Domestic Violence Program and the consultants to the INAMU Board of Directors in 2015 and is the care model that is currently used in the CEAAMs.

The updated care model defines CEAAMs as follows:

Centers for Specialized Care and Shelter (CEAAM)

The Centers for Specialized Care and Temporary Shelter for women victims of domestic violence and their children (CEAAM) are defined as temporary housing resources used in situations in which the life or physical safety of women and their children is threatened and there is no other type of space that can provide them with security.

Model of Specialized Care for Battered Women

Together with the set of management processes that strengthen the coordination of the comprehensive care system to protect battered women, they take the necessary steps to compensate for damages and restore rights, in order to maximize the development of a life free of violence.^[106]

It is also noted that these places provide emotional, legal and social support, to battered women as well as support for their children. While they are conceived as temporary shelters, they should also be useful mechanisms to help battered women begin to rebuild their lives. This redefinition broadens the concept of care beyond just providing safety in emergency situations to include working with the women to provide medium-term services to promote structural changes intended to break the cycle of violence and enable them to build a life free from abuse.

Departing from this perspective, a proposed care model that consists of two components is structured as follows:

- Component for the care for women who enter the CEAAM and their children with three modalities: (a) immediate security; (b) support for the reconstruction of life; (c) independent living.
- Component for the Prevention of and Care for victims of gender-based and domestic violence aimed at women, children and adolescents in the communities surrounding the CEAAMs

[107]

Care component

The features, tasks and services pertaining to the modalities of the first component are shown the comparison table below:

MODALITY	FEATURES	TASKS	SERVICES OFFERED
Immediate security	<ul style="list-style-type: none"> • Duration: one to four weeks, can be extended as needed. • Admission to the CEAAM, including introduction to staff, information about the services offered, the rules of coexistence, guarantees of security. • Initial interventions (psychological, social and legal). 	<ul style="list-style-type: none"> • Conduct a comprehensive assessment of the situation of the women and their children. • Develop intervention plans for each technical area, adapted to the needs of the individual women. • Develop an intervention plan with their children, to include both a review of the experience of violence and the necessary stimulation or academic support. • Develop a safety plan for the resident during her stay at the center and adjust it in the event that the woman decides to leave the center before the end of the process. • Conduct a crisis intervention lasting four to eight sessions, depending on the woman's length of stay at the center. 	<ul style="list-style-type: none"> • One-on-one psychological support • Crisis intervention (4 to 8 sessions) • Healthcare services • Treatment at local healthcare facilities (EBAIS, clinic or hospital) • Legal advice • Implementation of protective measures provided for in the Domestic Violence Act • Social support • Exploration of family and social networks • Recreational activities • Other activities developed within the center
Assistance in the reconstruction of a life outside the shelter	<ul style="list-style-type: none"> • Duration: four to eight weeks. • Small studio-apartment type living spaces (living-dining-kitchen, bedroom and bathroom) on the CEAAM property, where the woman and her children can live semi-independently. 	<ul style="list-style-type: none"> • Begin the process of specialized intervention in the areas of psychology, social work and law that allow women to increase their empowerment. • Provide women basic safety training. • Provide educational and job training opportunities for women. 	<ul style="list-style-type: none"> • One-on-one psychological support • Specialized individual intervention aimed at healing the scars of learned hopelessness and the development of a new life plan. • Healthcare Services

MODALITY	FEATURES	TASKS	SERVICES OFFERED
<p>Assistance in the reconstruction of a life outside the shelter</p>	<ul style="list-style-type: none"> • Specialized intervention in the areas of psychology, social work and the law that allow women to increase their empowerment. • Instruction on the use of the emergency kit designed by INAMU. • Support in finding employment, housing, job training scholarships, and/or reintegration into the educational system (where appropriate). • Participation in courses on financial management electronic bank cards, bank accounts, etc. 	<ul style="list-style-type: none"> • Support the development of basic skills that facilitate their independence. • Establish the institutional contacts that will allow passage to the third stage. 	<ul style="list-style-type: none"> • Follow-up to the treatments started during the first stage • Follow-up to the monitoring scheme for children • Legal advice • Proceedings associated with domestic violence • Social support • Implementation of institutional networks • Development or recovery of family networks • Job training • Pre-established course offerings • Recreational activities • Recreational activities developed inside the center • Outings from the Center can be included
<p>Independent living</p>	<ul style="list-style-type: none"> • This modality was designed to be implemented in the medium or long term (as it requires investment in infrastructure or for the rental and acquisition of furnishings for temporary living spaces). • It involves apartment-type spaces, subsidized by INAMU, where women pay an affordable rent for a maximum period of six months. • The proposal is to offer this temporary living space to women to facilitate the process of merging their autonomy and independence and the new reality of what it means to leave the protected space provided by the center. • To access this modality, the woman must be employed and her children must be fully incorporated into the educational system. • Women in this modality continue to receive psychological, social and legal support from the center's professionals. 	<ul style="list-style-type: none"> • Follow-up on woman's safety conditions. • Follow-up on the woman's emotional state. • Follow-up of legal processes. • Follow-up on their social conditions (family networks, employment, training, subsidies). • Follow-up on schooling and childcare solutions. 	<ul style="list-style-type: none"> • One-on-one psychological support • Support or self-help groups • Legal advice • Social support • Partial exemption from rent payment for housing subsidized by INAMU.

This proposed care model is progressive and is aimed at achieving the physical and economic autonomy of the affected woman. It requires having resources allocated by modality, each with a specific infrastructure.

Prevention component

This concept of this component imagines community outreach by CEAAM staff members who contribute to the development of social protective factors and the creation of an environment that does not tolerate violence against women.

CEAAM professional staff will provide psychological, social and legal assistance to women and their children who are experiencing violence in communities near the centers. This community care service will also be provided to women who are in the third modality of the care model or who have already left the CEAAM.

Staff will participate in meetings of the Inter-Agency Network for the Prevention and Care of Violence that operates at the local level or in the locality closest to the center.

In coordination with the Local Network, staff can promote, develop and participate in violence prevention activities, contribute to reinforcement of the protective factors present in the community. The aim is to promote and expand the ability to confront potential risk, contribute to the development and adoption of new cultural conditions, while recognizing women having rights. Preventive actions can be directed at the population in general, the authorities, officials of institutions, families, the community, children, young people and women.^[107]

Community prevention activities conducted by the CEAAM are varied and currently include:

1. CEAAM A: workshops and care in the community clinic;
2. CEAAM B: care and training workshops in difficult-to-access indigenous territory in the same geographical area;
3. CEAAM C: legal assistance in the local public university and the development of support groups for women in communities near the center.

In all three cases, the component includes follow-up care for women who have left the center.

The care model in practice

The people interviewed noted that the available infrastructure has not permitted the progressive development of the care model due to the lack of houses or apartments to rent to the women. It remains unclear whether this modality will ever be implemented as it requires significant investment of public resources.

However, the technical program that provides comprehensive care services to women beyond just security to support them as they rebuild their independent lives, has been successfully implemented and is currently in operation.

User Profile

Understanding the user profile of the women who access these services is important information that permits the projection the demand for services based on of the type of needs they have.

The 1994-1997 PLANONI Implementation Report describes the service user profile during that period as follows:

Some of the characteristics that contribute to the profile of the users and the service provided are as follows:

- a)The women served range in age from 17 to 45. They have an average of six children, ranging in age from one month to 15 years old;*
- b)A significant percentage of them have little schooling and few economic resources, with non-existent or weakened family networks;*
- c)They have been referred by the CMF hotline, GAR, CCSS, PANI, Ministry of Education, Women's Delegation and private organizations.*
- d)The average length of stay in the shelter was 2 months;*
- e)85% of the women have left the shelter with their own life projects.* ^[108]

The following tables show the history of care in CEAAM between 2002-2016 from various sources. ^{[109] [110]}

SPECIALIZED DOMESTIC VIOLENCE SERVICES	5/2002 - 3/2003	4/2003- 2/2004	3/2004- 3/2005	4/2005- 5/2006	4/2006- 3/2007	3/2007- 3/2008	4/2008- 3/2009	2013	2014	TOTAL PERSONAS
Specialized domestic violence services	276	362	408	340	251	232	258	306	395	2.828
Care for women in Specialized Care Centers and Temporary Shelters	472	774	730	693	499	436	404	487	519	5.014
Total	748	1.136	1.138	1.033	750	668	662	793	914	7.842

Table 1.2 - Costa Rica: Total number of women at risk of imminent death admitted for care in INAMU CEAAM facilities, 2012 – 2016 - 1/Women admitted with children

CEAAM	2012	2013	2014	2015	2016
Total	370	302	395	407	386
CEAAM 1	60	108	115	112	111
CEAAM 2	160	117	156	110	143
CEAAM 3	150	77	124	185	132

Source: INAMU

The CEAAM reported that 175 women were admitted for care in 2019 and 154 women were admitted for care in 2020. The summary table below shows basic general data on the women admitted for care in these facilities in 2019 and 2020.

USER PROFILE	CEAAM A		CEAAM B		CEAAM C	
YEAR	2019	2020	2019	2020	2019	2020
TOTAL OCCUPANCY	38	52	84	52	53	50

USER PROFILE	CEAAM A	CEAAM B	CEAAM C			
EMPLOYMENT						
Domestic service	2	4	53	38	3	-
Non-professional employee	12	14	28	2		7
Professional	1	1	1	1	1	1
Informal work	1	1	6	1	1	3
Unemployed/homemaker	17	29	0	10	48	39
No information	5	3				-
EDUCATION						
Completed elementary school	6	8	16	9	22	7
Did not complete elementary school	8	14	21	10	6	12
Completed High School	6	6	5	4	17	13
Did not complete High School	5	10	35	16	1	11
Completed University	2	2	1		2	2
Did not complete University	2	5	2	5	2	5
Vocational	2	2	4	1	2	-
None	4	1	1	4	1	-
No information	3	4		1		-
IMMIGRATION STATUS						
Costa Rican national	22	28	61	38	37	34
Regular	2	0		2	1	-
Irregular	7	20	19	12	13	15
Refugees	2	1	2	0	2	1
No information	3	4	2		-	-
GENDER-BASED VIOLENCE						
Attempted femicide	1	4	6	10	1	2
Infamilial/domestic violence	36	42	75	42	51	47
Trafficking	1	2	3	0	1	1
HOUSING						
Owner	5	5	14	6	8	5
Renter	20	20	16	11	27	27
Borrowed	13	13	9	5	18	18

USER PROFILE	CEAAM A	CEAAM B	CEAAM C			
GENDER-BASED VIOLENCE						
No information	0	14	45	30		
INTERSECCIONALITY						
Migrants/refugees	11	21	2	1	2	1
Indigenous	2	0	9	2		
African descent	0	0	0	0		
Lesbians	0	0	1	1		
Transsexual	0	1	0	2		1

The D-VIO lacks a unified single-file information system, making it difficult to systematize all the information contained in the physical files.

The information provided shows that the socio-economic profile of most of the users has remained the same over the years. Important information about the women is currently recorded, including their immigration migratory status (a significant number are migrants/refugees) and the type of violence they suffered, including trafficking.

The social and economic profile of the users justifies the need for the existence and continuity of the service. Without this resource, at risk-women are left without alternatives for protection because their support networks (family, friends, neighbors), if they exist at all, suffer from the same conditions of poverty and exclusion as they do, have limited resources of their own and/or they are afraid of the aggressor and his potential to cause them harm. Women cannot count on these resources or, if they do, it can only be for a limited time.

Furthermore, many victims have very limited options to escape extreme risk situations as they do not own their own homes and are economically dependent. The situation is further exacerbated if, in addition to the trauma and emotional impact of the violence, they have to recover from physical injuries that often serious and generally involve temporary incapacity.

It is also important to take into consideration that women who are vulnerable due to the existence of multiple intersectional exclusions (irregular

immigration status, poverty, marginalization, organized crime) are at greater risk of potentially lethal gender-based violence, an issue which must be addressed by the state in a timely and comprehensive manner.

CEAAM Operations

Target population and admission criteria

Any woman over the age of 13, regardless of her social or legal status, who is a victim of any form of violence against women as defined in the Convention of Belem do Para and other international mechanisms for the protection and advancement of women's rights, who lacks support networks and who at the time of admission is at extreme risk presents of femicide or has been referred by the ERI-CONATT as an verified victim of trafficking in persons, may be admitted to a CEAAM.

The minor dependent children of the victim are also admitted, with an age limit of 13 years for male children. [\[111\]](#)

- The following persons are not eligible for admission into CEAAM facilities: Battered older women who are unable to take care of themselves. These women are referred to CONAPAM (National Council for the Elderly).
- Battered women with a physical or mental disability that prevents them from taking care of themselves. These women are referred to CONAPDIS (National Council for Persons with Disabilities).
- Battered women who are active substance abusers. These women are referred to the IAFA (Institute on Alcoholism and Drug Dependence) for detoxification.
- Battered women with an infectious-contagious disease.
- Women in situations of extreme poverty, destitution or who are considered a "social case" and are not at risk of gender-based violence.

These exclusions are justified due to the inability of the CEAAM staff to dedicate one person exclusively to the care of the basic daily needs (bathing, dressing, eating, etc.) of a person with a disability and/or and older adult, as well as the lack of training, resources and space to support the drug detoxification process.

Both entry and exit from a CEAAM, with the exception of "technical exits", are voluntary.

One requirement for admission to a CEAAM is a risk assessment certifying that the woman meets the defined parameters for entry. The Risk Assessment Scale is a standardized instrument and is part of the **Inter-institutional Intervention Protocol. Risk assessment and management of gender-based violence against women in intimate partner relationships.**^[112]

CEAAM admission process

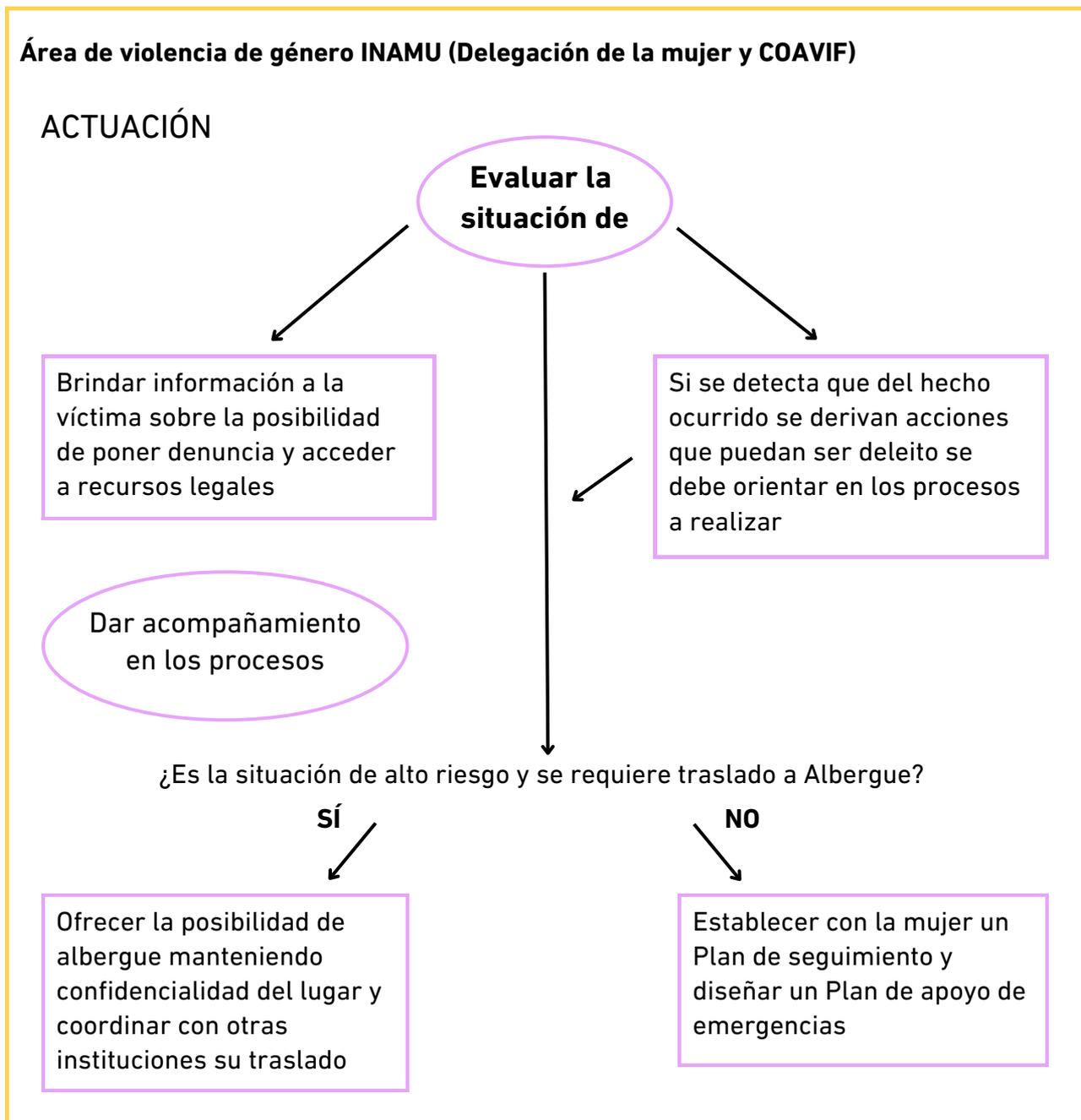
Admission to a CEAAM is not a straightforward process. The decision to admit to a CEAAM is made by the Coordination office of the Domestic Violence Program through a procedure called " Client Assessment" .

This assessment is carried out by an official on rotation from the Domestic Violence Program Coordination Office during working hours. During non-business hours (from 4 pm to 8 am on weekdays, weekends, holidays) this assessment is carried out by an on-call staff member of the D-VIO Coordination.

The Domestic Violence Program has staff available 24/7, 365 days a year. There are two staff members available simultaneously in the Domestic Violence Program Coordination Office and one in each of the CEAAMs. This work is assigned to staff on a monthly basis.

The request for an admission assessment is made by the concerned institutions through the COAVIF, the Domestic Violence Care Center that is linked to the 9 1 1 Emergency System. This is an emergency call center that functions as a gateway to the National System on Domestic Violence and is under the technical supervision of DOMESTIC VIOLENCE PROGRAM INAMU.

COAVIF employees may on their own identify a situation of risk that warrants admission to a shelter and/or process requests from other institutions (police, domestic violence courts, the Public Prosecutor's Office, health, women's offices, etc.) in the course of their work. All cases are processed by the DOMESTIC VIOLENCE PROGRAM. The following is a diagram of the process for admission to a CEAAM.^[113]



Entry pathway to a CEAAM

This protocol indicates the following actions as being within the competence of all institutions:

- Receipt of complaint
- Provide information
- Coordinate with 911
- Assess the risk of the situation: High Risk to coordinate with 911 for shelter placement.
- Complete the Transfer

- The victim must have a personalized safety plan.
- If the alleged offender is not arrested: Inform the victim about support and protection resources.
- Other common actions:
- Report all high-risk cases handled by INAMU to the Gender Violence Section.
- Maintain a database of alleged offenders or offenders that includes specific information.
- Implement an inter-institutional referral and counter-referral system for all cases handled. ^[114]

The filing of a criminal complaint and/or the request for a protection measure is not a requirement for admission to a CEAAM. If the woman is involved in active legal proceedings, information on the case is requested in order to ensure adequate follow-up. If no legal action has been taken, staff will work together with the woman to assess her suitability, willingness and interest in initiating legal proceedings as part of the CEAAM's comprehensive intervention process.

The following table provided by DOMESTIC VIOLENCE PROGRAM shows the requests for client assessment received in 2019 and 2020.

Women referred by COAVIF assessed for admission to CEAAM and admitted for care

	2019	2020
January to December	469	500
Total	469	500

The user assessment process is as follows:

- The DOMESTIC VIOLENCE PROGRAM employee receives the call from COAVIF requesting assessment at any time of the day or night. She is governed by INAMU's Rules of Availability.
- The employees receives the information from COAVIF and, if necessary, communicates with the police, judge, prosecutor or other person making the referral.

- In all cases direct contact should be made with the victim to conduct the risk assessment.
- The assessment first determines woman's desire to leave her home and the existence of safe family or social support networks that would allow her to leave the situation. If these network resources exist and are safe, her transfer to that location is coordinated with the police and/or with another entity that supports the transfer. If there are no transportation resources immediately available, the woman is provided funds for public transportation.
- In highly complex cases, the official must interview the woman in person at the Women's Delegation, depending on geographic feasibility. Funds will be provided for transportation by taxi or she will be transported by the police.
- In the absence of support networks and the woman has expressed interest in transferring to a CEAAM, available space is located and the transfer is coordinated with the police. The CEAAM is informed of the new admission.
- The staff member should complete the Client Assessment form and record the actions in an Excel database in the DOMESTIC VIOLENCE PROGRAM Coordination. This form should be submitted to the respective CEAMM along with any other available information.
- Resolution of the situation can hours or days, depending on the complexity, geographical distance, the time it takes the woman to make the decision, etc.

Admission

If the admission takes place during working days and hours, the procedure is as follows:

- The woman is welcomed by the head of the CEAAM.
- She must sign in on the residents' log book.
- She participates in an assessment interview with the interdisciplinary team that includes the head of the CEAAM, the adult psychologist, the lawyer and the social worker. If the woman's state of mind will permit it, the intervention is interdisciplinary, to allow all shelter service areas to learn about the woman's situation in a single interview to avoid revictimization. If the woman does not feel comfortable with the presence of the entire team, the interview will be conducted by the head of the CEAAM alone.

A file card will be filled out during the interview.

- The woman will be introduced to the service and the coexistence commitment will be read out loud in accordance with the provisions of the Fundamental Rules for coexistence and security in the CEAAM, which must be signed by the both the woman and the staff member.
- If the woman has minor children, she will be asked to fill out an emergency temporary custody consent form and authorization for medical care.
- If the woman has previously resided in a CEAAM, the re-admission form must be attached to the existing file.
- Once the interview is over, she is shown to the building and her room and is given a package that includes: underwear, T-shirts and pants, a pair of shoes and a personal hygiene kit for her and her children.
- If admission takes place during non-business hours, weekends or holidays, the process is as below:
 - The assistant will record the admission in the resident's admission and discharge log.
 - The assistant provides a tour of the facility and instructions regarding the general routine of the CEAAM.
 - The assistant provides the woman personal items for herself and her children.
 - The interdisciplinary team will conduct the assessment interview and complete the other tasks on the first business day immediately following admission.

The average length of stay at a CEAAM is 6-8 weeks. However, there are women who decide to leave voluntarily earlier and others whose stay may be extended due to their specific situation, for example: difficulties in ensuring a safe discharge, identification of a housing resource, availability of other support resources, etc.

The CEAAM directors expressed support for extending the average length of stay to provide enough time to complete and ensure adherence to the personal empowerment program. However, extending the stay would require expanding coverage and availability of the service, likely limiting that option.

Discharge categories

There are three categories of discharge from the CEAAM. In each case, the interdisciplinary team is in charge of determining the reason for discharge, which may or may not coincide with the woman's reason.

- Discharge on completion of the CEAAM process: The interdisciplinary team determines the woman is ready for discharge because the imminent risk has dissipated and she has completed the facility's programs.
- Technical discharge/expulsion: This type of discharge takes place based on incidents that jeopardize the woman's stay at the facility, and the CEAAM technical team, in coordination with the DOMESTIC VIOLENCE PROGRAM, determine that the woman must depart the shelter. The criteria for technical discharge/expulsion are outlined in the CEAAM protocol and are the exclusive determination of INAMU. The grounds for technical discharge include the following:
 - Death threats to other residents, their children or staff members.
 - Physical or sexual aggression against other residents, their children or staff members.
 - Disclosing the address of staff, names of other residents or staff to the abuser.
 - Repeated failure to comply with rules of coexistence or safety protocols.

If resident is still at high risk of violence, her transfer to another facility/program is coordinated with OAPVT.

The CEAAMs maintain a record of technical discharges/expulsions that must be consulted by the the staff member who conducts the admission assessment. The re-admissions of persons with who have been technically discharged or expelled only takes place in highly qualified and limited situations.

- Voluntary discharge: This takes place when residents decide to leave the CEAAM against the technical advice of the staff. In this case, the woman must sign a statement that she is leaving the facility of her own free will and that the risks she faces have been explained to her.

Building security

Entry to the CEAAM facilities is restricted. The only persons who may enter without prior authorization from the head of the unit (or whoever is in charge) are residents, their children, staff working at the center. INAMU staff are also allowed entry but only after coordinating with the head of the unit.

- Persons invited to the CEAAM, upon presentation of the authorization of the staff member who invited them.
- Suppliers, service and maintenance personnel with authorization from the acting manager.
- Police and patrols ONLY when requested and authorized by the CEAAM Manager.
- Under no circumstances will the following persons/groups be permitted to enter the center:
 - Staff from other institutions or entities, unless they have been invited by a staff member of the CEAAM.
 - Members of the domestic or international media. All calls from the media should be forwarded to the DOMESTIC VIOLENCE PROGRAM.^[115]

Staff

Each CEAMM has the following staff on-site:

Job Type	CEAAM A	CEAMM B	CEAMM C
Leadership	1	1	1
Psychologist (Professional)	-	-	1
Attorney (Professional)	1	1	1
Women's Psychologist (Professional)	1	1	1
Children's Psychologist (Professional)	1	1	1
Social Worker (Professional)	1	1	1
Administrative Assistant (Technical)	1	1	1
Assistant	5	5	5
TOTAL	11	11	12

The job descriptions, functions, tasks and requirements are listed in the INAMU Roles and Responsibilities Manual.^[116] The positions were posted externally as part of a competitive recruiting process when they opened, and guidance on new appointments due to layoffs, leaves of absence, and vacancies is documented in the Procedure for Recruitment and Selection of Human Talent to Fill Vacant Positions in INAMU. All open positions must be posted for competitive recruitment, either internally or externally.^[117]

In addition, the following contracted staff are employed in the CEAAMs.

Job Type	CEAAM A	CEAAM B	CEAAM C
Cook	2	2	2
Security Guard	3	3	3
Janitor/ Housekeeping	1	1	1
Teacher	1	1	1
TOTAL	7	7	7

This staff works 7 days a week all year round.

The teacher is only at CEAAM part-time Monday through Friday.

In total, each head of unit is responsible for 17 persons (with the exception of CEAAM C) for a total of 52 persons linked to the service at the national level.

Within the structure of INAMU, each CEAAM is a unit attached to the Department of Gender Violence. Direct supervision of CEAAM staff is the responsibility of the Head of Unit, who is in turn supervised by the Coordinator of the Department of Gender-based Violence.

In addition to the Roles and Responsibilities Manual, the activity of the professional staff is regulated through specific procedures for each discipline and, in the case of female lawyers, by the Department of Gender-based Violence's Legal Services Regulations.

Intervention process

The intervention process is conducted through one-on-one attention by each of the areas of professional care in addition to group activities such as workshops and recreational/ leisure activities (walks, birthdays, anniversaries, etc.).

PROFESSIONAL**PRIMARY RESPONSIBILITIES****Adult
Psychologist**

- Develop an individualized intervention plan for each woman.
- Develop specific interventions: first stage: crisis intervention, 4-6 weeks. Second stage: brief therapy (6-12 sessions).
- Prepare the woman for trial or legal proceedings
- Coordinate the joint intervention of the family group with the children's psychologist.
- Develop weekly workshops for the entire user population on topics such as: human rights, interpersonal relationships, setting boundaries, gender-power, domestic violence, construction of identities, life project, etc.
- Develop talks or workshops and/or support groups for the community component.
- Prepare reports and make necessary referrals at the time of discharge.
- Participate in interdisciplinary assessment and follow-up sessions.

Attorney

- Assess the legal situation of the victim to guarantee her immediate protection: request protective measures if she does not yet have them; follow-up and accompaniment to hearings.
- Identify other legal needs: recognition of paternity; foster care and parental authority; alimony; separations; divorces.
- File a criminal complaint if the woman wishes to do so and provide legal representation.
- Follow-up and assistance with the women's judicial processes after discharge.
- Organize a series of weekly talks or workshops for both resident and external women on human rights, the Domestic Violence Act, the Law on Alimony, the Law on Responsible Parenthood, the Law on the Criminalization of Gender-based Violence against Women, and family and criminal law. Participate in the external activities of the protection component.
- Prepare reports and make necessary referrals at the time of discharge.
- Participate in interdisciplinary assessment and follow-up sessions.

Social Worker

- Conduct an assessment and develop an individualized social reintegration plan so that the women will have the resources to rebuild their lives once they are discharged from the facility. To achieve this, the social worker will research the woman's personal resources, family resources, economic and employment situation, income, housing situation, and other specific needs, for example, migratory status.

PROFESSIONAL

Social Worker

PRIMARY RESPONSIBILITIES

- Coordinate at the local and national level (if applicable) with the institutions involved in Resource Management, municipalities, companies.
- Accompany the woman to medical appointments, to locating housing, to the management of support resources, and to accompanied discharge processes.
- Manage the enrollment of children in nearby schools to ensure the educational process is not disrupted.
- Conduct weekly talks on topics of social interest such as sexual violence, prevention of sexually transmitted diseases (STDs), sexual and reproductive health, employment, budgeting for families, among others.
- Prepare reports and make necessary referrals at the time of discharge.
- Participate in interdisciplinary assessment and follow-up sessions.

Children's Psychologist

- Assess each child's situation and their individual needs upon entry to the center, particularly the impact of being a witness to Domestic Violence.
- Reconstruct the history of each child, explore the mother-child relationship.
- Provide individual psychological care.
- Organise workshops for children on children's rights; prevention of sexual abuse; gender identity and roles; conflict resolution.
- Develop and teach mothers early stimulation techniques and develop at least one daily activity for each age group of children.
- Develop weekly talks or workshops for mothers on topics related to parental rights, parenting, among others.
- Support the work of the teacher in reinforcing educational activity.
- In case of child sexual abuse, assist in the reporting process and empower children.
- Promote play between children and their mothers.
- Prepare reports and make necessary referrals at the time of discharge.
- Participate in interdisciplinary assessment and follow-up sessions.

It is important to note that the care model document includes a detailed description of the standardized methodological guidelines by area of intervention and content of the training processes by discipline, which complements the above information.

Follow-up process

The follow-up process is based on the notion of ongoing risk, understanding that, because of the dynamics of domestic violence and the material living conditions of the women victims, the assessment of risk must continue even after they leave the facility. The possibility that the women will return to or get close to the risk environment, could return to cohabitating with the aggressor and/or be subject to his harassment and stalking implies that they are potentially always in imminent danger.

Follow-up with women after discharge is reported to occur in three ways: by telephone or at home, at outpatient clinics and through attendance at training sessions.

The model of care includes a description of the minimum requirement for the follow-up mechanism for clients as follows:

- Prior to discharge, the psychologist will work with the client to develop a safety plan that includes follow-up activities.
- The woman will be asked to call CEAAM when she has settled in at her destination, in cases where the social worker has not accompanied her to her destination
- The woman will have with her a referral for care provider near her destination. If she is in the vicinity of one of the CEAAMs, she will be referred to the outpatient program of that CEAAM.
- The CEAAM staff will coordinate with the staff at the center where she was referred to obtain information on the client's progress.
- A week after discharge, the social worker will call the woman on her mobile phone (if she has one) to find out how she is adapting to her new environment and what kind of interactions she has had with the institutions that should be providing resources and support.
- According to protocol, follow-up calls will be made three, six and 12 months after discharge.

- In the case of pending legal proceedings, the lawyer will contact the client when necessary.
- The woman will be provided an emergency kit if she leaves and will be staying in an area of high-risk (e.g., near the aggressor or his family members).
- If the woman does not have a cellular or landline telephone where she can be reached putting her at risk, the social worker will schedule a home visit one month after discharge. Support from law enforcement can be requested if the situation is too high risk.^[118]

Women are encouraged to attend the regularly scheduled courses held at the CEAAMs to maintain their empowerment. These courses serve as a complementary follow-up mechanism and enable staff to assess the woman's degree of risk and the evolution of her process.

An additional follow-up mechanism are the Whatsapp group chat that the CEAAMs maintain with users who want to and/or who participate in activities. One challenge with this approach is that some women frequently change their telephone number and lose contact until they re-establish contact with the CEAAM themselves, either out of necessity or desire.

According to what we heard, follow-up is also complicated by the fact that some women return to places far from the CEAAM that provided them care or from another CEAAM, meaning that the referrals intended to continue the process are not always contacted. When it is impossible to continue with care at a CEAAM, women are referred to the Regional Units of INAMU, the Women's Delegation or the Municipal Women's Offices.

Training Courses for women

Training is considered a very important element of the process of personal growth and the construction of violence-free lives. Since 2015 INAMU has maintained a Specific Cooperation Agreement with the University School of Cartago (CUC), a public educational institution with experience in the development of training processes for adults and marginalized populations.

Course modalities:

MODALITY	DESCRIPCION
Closed courses	<ul style="list-style-type: none"> • Closed courses are courses or training courses certified for use or participation in the various service centers offered by INAMU. In order to receive the corresponding course certificate, women must commit to completing and attending the course regularly (once or twice a week, depending on the course) through completion.
Open/ongoing courses	<ul style="list-style-type: none"> • Open/ongoing courses are held once or twice a week for transient users in INAMU's CEAAMs.

Below are the descriptions of the courses offered at the national level in the different CEAAMs in 2019, according to modality.

OPEN ONGOING COURSES	CLOSED COURSES
<ul style="list-style-type: none"> • Nutrition, cooking and healthy eating habits. • Healthcare and physical and mental exercises 	<ul style="list-style-type: none"> • Food handling • Soft Skills • Sales • Customer Service • Basic Accounting • Marketing • Gift boxes with recycled materials • Hydroponics • Basic Sewing I and II

The ongoing open courses are intended to break up the daily routine in the the CEAAMs by providing psycho-physical activities for women and children. To achieve this, an instructor comes to each CEAAM^[119] twice a week to conduct activities benefiting both physical and mental health. At the same time, a course on nutrition, healthy habits and cooking is held once a week so that the women can learn skills they can use once they depart the facility.

The table below shows course participation for 2019:^[120]

	Persons certified	Courses	Average attendance per course
CEAAM A	58	4	15
CEAAM B	25	2	13
CEAAM C	55	5	11
TOTAL	138	11	39

Fewer courses were reported in 2020 due to the pandemic, even though some virtual classes were available. The ongoing closed courses continued to be offered. Sales, marketing, accounting and sewing, however, were eliminated for this year, but hotel management and home economics were added. Reports indicate that several of these courses should have been continued in 2021 because attendees could not complete all the hours of instruction necessary to receive a certificate due to the restrictions associated with the pandemic.

Access to support resources

Access to support resources for women victims of domestic violence (sheltered or not) has been a concern and been included as an axis of intervention from the first national public policy. At the same time, however, as the interviewees point out, it is one of the most difficult axes on which to achieve results.

The main resources that exist are outlined below, with an emphasis on those for women from the CEAAMs, although the benefits are for all women affected by domestic violence.

The Ministry of Public Education

As mentioned above, the INAMU Department of Gender-based Violence has a cooperation agreement with the Ministry of Public Education (MEP) to provide a teacher at the facility half-time every weekday to assist children and women residents.

Academic support includes the following:

- Interview with families admitted with school-aged children
- Transfer application process for incoming students
- Request for official files and documents to their center of origin.
- Delivery of files and official records to the new school.
- Enrollment Processes
- Follow-up and support with the academic process
- Literacy assistance for admitted women
- Student transfer processes when families are admitted
- Serve as liaison between the schools and the shelter
- Maintain effective communication with teachers in the community school.
- Provide information on the different adult education modalities available to women interested in resuming their studies

The table below shows the 2020 results of the implementation of this agreement, as provided by the institution.

YEAR 2020	CHILDREN	WOMEN
CEAAM A	<ul style="list-style-type: none"> • Preschool (early stimulation) and school support: 54 children 	<ul style="list-style-type: none"> • Literacy (reading, writing, basic math) and academic support for women: 46 women
CEAAM B	<ul style="list-style-type: none"> • Preschool and elementary school support: 3 children 	<ul style="list-style-type: none"> • Literacy and academic support for women:
CEAAM C	<ul style="list-style-type: none"> • Preschool and elementary school support: 9 children 	<ul style="list-style-type: none"> • Literacy and academic support for women: 1 women

The institution considers this service to be of great importance because many women are unable to imagine the options available to them for their lives because they cannot read or write, do not know how to write their signature or have difficulties with basic mathematical operations. This experience helps

them to feel more capable and self-confident, and even serve as a source of support for their children's own academic process. This service can be attributed to the direct investment of the MEP in the care of women affected by domestic violence in CEAAM through the payment of the teaching staff.

This service would benefit from a process of ever more progressive partnerships with the MEP's adult and distance educational system to ensure the academic advancement for women who so desire.

Mixed Institute for Social Assistance (IMAS)

The Mixed Institute for Social Assistance (IMAS) is the governmental institution responsible for social assistance and anti-poverty programs. As part of the National System to Combat Domestic Violence, it has promoted the creation of specific provisions in the institutional budget to support the independent living processes and well-being of women affected by domestic violence.

In May 2018, the ABF-0098-03-2018 guideline was updated. This guideline conceptualizes Benefit 1023-Assistance for situations of violence^[121] defining it as financial assistance for households, family members or persons facing situations of domestic and/or gender-based violence, aimed at helping to meet their immediate needs. This benefit is intended to address situations of domestic, sexual, psychological, and patrimonial violence; femicide; commercial sexual exploitation, harassment and sexual harassment, and sexual abuse. The benefit is granted on a one-time basis as an economic supplement granted to meet basic needs.

The IMAS 2020 Annual Report reports that this benefit was granted to 892 families.

Table 44 IMAS. Number of families in 2020 receiving Assistance for Situations of Violence, by Families, Persons, and Amount Transferred according to region.

ARDS	N° Familias	Monto Transferido	% Monto Transferido
Noreste	184	148,724,000	23.56%
Brunca	152	103,414,135	16.38%
Chorotega	142	101,480,000	16.08%
Heredia	105	83,500,000	13.23%
Alajuela	72	53,578,000	8.49%
Puntarenas	83	49,840,000	7.9%
Cartago	57	38,650,000	6.12%
Suroeste	35	25,380,000	4.02%
Huetar Norte	29	16,375,000	2.59%
Huetar Caribe	35	10,261,400	1.63%
TOTAL	894	631,202,535	100%

Source: SABEN Personalizable Report, for the period ending January 10, 2021. Generated January 12, 2021

In addition to this benefit, which is specifically granted in situations of domestic violence, the agency has other benefits for indigenous, Afro-descendant or LGBTQ+ women not necessarily affected by domestic violence, but which they could eventually access. Additionally, it offers programmatic assistance that could benefit victims of domestic violence and women who have left the shelters: support for small businesses, educational and school support, scholarships, and assistance for home repairs, among others.

The interviewees indicate that this is one of the most frequently used benefits to support women in the CEAAMs. They point out certain limitations, however, including that it does not always provide assistance to women who are above the poverty line (although the guidelines do not state this as a disqualifying criterion) or undocumented migrant women and that much depends on the management of the local IMAS office as they enjoy a certain independence.

They also note that the one-time amount of 150,000 (approximately US\$242 at the current exchange rate) is not enough to support the social and economic reinsertion of women into the community.

National Institute of Learning (INA)

The National Institute of Learning (INA) is a governmental institution that provides technical training to the public to promote employability. Historically, the ability of women victims of violence to access this academic resource has been limited by the minimum entrance requirements - ninth grade or baccalaureate - which many women in CEAAM cannot meet, and by other factors including the lack of income to be able to study and support to overcome cultural barriers, among others. To respond to the demand for these types of educational opportunities, INAMU established a training program with the CUC (mentioned above) to offer users the tools they need to generate their own income.

INA has reported on a program they have been developing since 2011 specifically to promote the integration of women affected by domestic violence.

"Since 2011 and to date, the Huetar Caribe Regional Unit has been developing the Demonstrative Experiment of Care and Prevention of Domestic Violence and Sexual Abuse outside the Family. In 2014, an impact evaluation of this experiment returned very positive results, highlighting the importance of the personal empowerment of women as an aspect that favors permanence and completion of the training and vocational training processes. Likewise, the study pointed out the relevance of financial aid as a determining factor in the training process of women given their condition of violence that includes patrimonial violence. This financial aid favored the autonomy of the target population. Another element to note is the assistance that the participants of the experience received, which became an essential factor in avoiding desertion from the program."

In 2015 they proposed the institutionalization of the program according to the following parameters:

General objective: To institutionalize in the INA the strategy implemented in the Huetar Caribe Regional Unit for the prevention and care of domestic violence and sexual abuse outside the family, through the implementation of activities already included in the strategy.

Specific objectives: To implement actions for the prevention of domestic violence and sexual abuse outside the family in the Regional Units of the INA.

[...] b. Ensure that women remain in vocational training and education by providing them support them in their exercise of their right to a life free of violence.

c. Encourage women to remain in the training and vocational training services so they can complete the training process by providing the required financial aid.

d. Strengthen the links between APIEG and the Regional Units to facilitate the development and sustainability of the project, through intra-institutional cooperation.^[122]

Official letter PE-1902-2018 from the Executive President of INA issued guidelines for the prioritization of care for women victims of gender-based violence.^[123] This guideline reinforced the previous project, pointing out t, among other things:

... WHEREBY:

In accordance with the provisions of Executive Decree No. 41240-MP-MCM, which declares the intervention, care and prevention of violence against women to be of priority interest, this Executive Presidency orders the implementation and application of the following provisions, effective immediately:

I. Guarantee preferential access for women victims of violence to INA's SCFP. This is on the understanding that women must meet the requirements established by the relevant technical areas for admission to the various training and vocational training services.

II. Women victims of violence who choose to study in our institution will have the ability to access any vocational training program in any training center in the country, without any restriction based on their place of residence.

III. In the same order for the presentation of the admission exam, in the

event that they do not pass, women who wish to participate in the SCFP may repeat the tests within a period of two months after having failed them.

IV. In addition, a regionalized strategy of care for these women should be implemented, according to regional abilities, in order to guarantee the attendance and departure of women from the SCFPs.

V. In addition, each regional unit must submit a bimonthly report to the respective liaison of the Office of the Adviser on Gender Equality and Equity, that includes the care provided to women victims of violence, and recognized as care provided in accordance with our regular activities.

The INA staff member interviewed noted that this support program for women affected by domestic violence is currently being implemented in three regions of the country and includes the financial resources that allow them to provide scholarships to students and support them. It reports a total of 249 women beneficiaries in 2019 and 108 in 2020.

Ministry of Housing and Urban Settlements

The lack of home ownership is one of the main limitations faced by women who want to build an independent life. This specific condition of vulnerability should be considered as one of the criteria for prioritization in the National Housing Financial System. In 2016, Guideline N. 54-MP-MIVAH was issued, defining the priority populations in housing projects financed under Article 59 of the Law of the National Financial System for Housing.

Among the items of interest in this guideline are the following:

l. That one of the purposes of the constitutional model based on the Rule of Law is to guarantee an economic system that allows all its inhabitants access to a decent standard of living

V. That in report No. DFOE-EC-IF-12-2015, the Comptroller General of the Republic especially noted that for housing projects financed under Article 59 of the Law of the National Financial System for Housing and Creation of BANHVI (Housing Mortgage Bank), Law No. 7052 dated November 13, 1986, the need to issue control mechanisms to ensure that the beneficiaries of the housing bond are selected based on a

supported and technically documented process of choice

XVI. That Article 3 of the Act establishing the National System for the Care and Prevention of Violence against Women and Domestic Violence, Act No. 8688 dated December 4, 2008, establishes that one of its functions is to promote the development of programs to expand, promote and strengthen the personal and economic autonomy of persons affected by housing projects.

Article 5. – Directs the actions so that the attention of families in extreme need who are potential beneficiaries of a social housing project financed under Article 59 of the LSFNV is prioritized in accordance with the following table.^[124]

Priority	Extreme Need	Women served under Lar 8688 or Law 7769	In an emergency situation or at imminent risk	Presence of elderly people or people with disabilities	Living in a slum or in unstable housing conditions
1	✓	✓			
2	✓		✓	✓	✓
3	✓		✓	✓	
4	✓		✓		✓
5	✓		✓		
6	✓			✓	✓
7	✓			✓	
8	✓				✓
9	✓				

In an interview with a MIVAH staff member, we were unable to obtain information on how many women affected by domestic violence – identified as priority one in this guideline - have benefited from a public housing project since the approval of the guideline. The director of CEAAM A reports that housing has been granted to four users of this service.

Healthcare Sector: Ministry of Health – Costa Rican Social Security Fund

Costa Rica has two institutions associated with healthcare services for the public: the Ministry of Health (governing body) and the Costa Rican Social Security Fund (CSSF).

In 2018, the Ministry of Health updated the regulations regarding care for victims of violence, including victims of domestic violence, in healthcare

facilities. Compliance with these guidelines is mandatory for the application of the CSSF through Executive Decree 41623, dated January 17, 2019.

3. SCOPE OF APPLICATION Compliance with the National Standard for the Comprehensive Care of Persons in Situations of Violence in Healthcare Facilities is mandatory for all healthcare providers operating in the country, whether public, private or mixed, for-profit or not-for-profit, as well as for healthcare professionals who provide care to persons in situations of violence in their private practice.

4. UPDATE The National Standard for the Comprehensive Care of Persons in Situations of Violence in Healthcare Facilities will be updated every three (3) years after its official publication....

7.4 HEALTHCARE All public, private or mixed health services operating in the country should comply with the following guidelines: 29

- Guarantee comprehensive interdisciplinary healthcare that recognizes, values and respects differences to people in situations of violence under the principles of quality, accessibility, equity, acceptability, non-discrimination. - Provide support and guidance to persons affected by violence. - Explore the possibility that the person may be a victim of commercial sexual exploitation or human trafficking. In this case, immediately notify 9-1-1 to activate the respective authorities. -Safeguard the confidentiality and safety of the victim, as well as that of the staff member. - Record the suspected violence in the patient's medical record, in a physical or electronic document, both in internal or external consultation and with emergency services. – Assess the risk to the victim's physical safety or life during the process of comprehensive care, in accordance with the technical documents in effect. Note the results in the patient's medical record and work with the victim or her support networks (mother, family members, neighbors, etc.) to develop an emergency plan – Coordinate with the necessary inter-institutional and intersectoral entities to ensure the protection and comprehensive healthcare of the person at risk of violence, taking into account their individual characteristics, including disability, age, sexual orientation and expression of sexual identity, and ethnicity, among others. - Define a route for referral, counter-referral and follow-up for the situations of violence faced. - Create spaces for reflection and self-care for healthcare personnel responsible for the direct care of people in situations of violence.

In 2001, the CSSF institutionalized a comprehensive care program for victims of domestic violence and subsequently for victims of gender-based violence against women. The CEAAMs maintain cooperation agreements with EBASIS or nearby clinics to provide care for women users and their children. The majority of users are cared for by the CSSF, although this is more difficult in cases of undocumented migrant women and occasionally, Costa Rican women without social security.

Public-Private Partnerships for Employability

Since 2016, INAMU's Department of Public Policy Management has been leading the Gender Equality Seal program, described below:

the objective is for private companies and public institutions to review their internal processes, identify the existence of any gender gaps and develop actions to gradually resolve the issue. This is part of the implementation of a management system that reports on progress and setbacks in terms of equality within the organization. For INAMU, the ultimate aim of this program is to enable public and private organizations to confront this issue and incorporate a gender perspective across all their processes, policies and actions. Ensuring that the company is a space free of all types of violence against women and that it creates opportunities for both women and men in an equitable and egalitarian manner becomes a fundamental characteristic of those organizations that want to make progress on this issue. The premise of this program is that when women participate in the labor market under equal conditions, there is greater efficiency in the country's productive activity, a larger and more diverse workforce, a contribution and participation by different economic actors and, therefore, greater dynamism in the economy (INAMU, 2009). As of the first semester of 2020, the Program had certified 8 organizations, 3 organizations with the Gender Equality Seal, 41 recognized for having Best Labor Practices for Gender Equality. 524 organizations had received information about the program, 67 had committed to participating and 118 organizations received training.^[125]

To take advantage of this connection with the private sector, the INAMU Department of Public Policy Management is also implementing a program to promote women's employability, with the aim of achieving the following:

Objective

Facilitate employability options for women who have received assistance from and have been referred by the National Women's Institute to companies that are participating in INAMU's Gender Equality Seal Programme.

Beneficiary population

Women who have sought assistance from INAMU entities for situations of domestic violence (Women's Delegation, CEAAMs), women in the Avanzamos Mujeres program or women assisted by the seven regional units.

INAMU will only invite those private companies to participate in the program that have received training under the Gender Equality Seal Program, that are certified or have received recognition for good labor practices for gender equality, in sectors that demonstrate the greatest dynamism, growth and ability to recruit new staff.

According to the Coordinator of the Department of Public Policy Management of INAMU, this program is underway and has been included in the institutional POI; and there is an active effort to expand the number of participating companies. Below are the results to date of the initiative:

- Seven women who completed the hospitality course at CUC did an internship at the Wyndham Hotel. Of these seven, two were hired as employees.
- The Spanish telecommunications company, Telefónica, trained 12 women referred by CEAAM to repair smartphones in support of self-employment.
- MECO, a construction company, has hired 12 women in various parts of the country.

An analysis of these results could conclude that while efforts have been made to provide women with resources to break the cycle of economic dependence that keeps them in violent relationships, the reality is that they are not sufficient, broad enough, or long standing enough to make a real impact.

It is important to understand the importance of helping women and their children become economically independent in order to break the cycle of violence. These services (employment, housing, etc.) must be personalized and sustainable to meet the needs of each woman and her family.

Response to COVID-19

To ensure continuity of service while ensuring a safe environment for residents, their families and staff, INAMU developed and implemented the Protocol for the Management of COVID-19 in Care Centers and Shelters for Women Victims of Domestic Violence and their Children.

Ministry of Health official letter MS-DEM-6163-2020 states that the care for victims of violence is necessary during the health emergency and issues criteria to enable INAMU care facilities to continue to provide services, applying the guidelines and sanitary measures established by the Ministry of Health in response to the epidemiological emergency in the country caused by the pandemic.

Guideline INAMU-PE-0006-2020 states that Excepted Services such as the Women's Delegation Unit and the Specialized Care and Temporary Shelter Centers for Women Affected by Violence (CEAAM) of the National Women's Institute (INAMU) will continue to operate normally in response to the national health emergency caused by COVID-19, in a hybrid in-person/virtual working model.

This protocol requires that all women seeking admission to the facility must take a COVID-19 test and the admission process going forward will depend on those results. It also establishes safety standards and procedures at the "filter hotel" and for the rules of coexistence within the CEAAM regarding cleaning, technical care (implementing a hybrid care model that incorporates teleworking), and case management, among other areas.^[126]

Monitoring and evaluation mechanisms

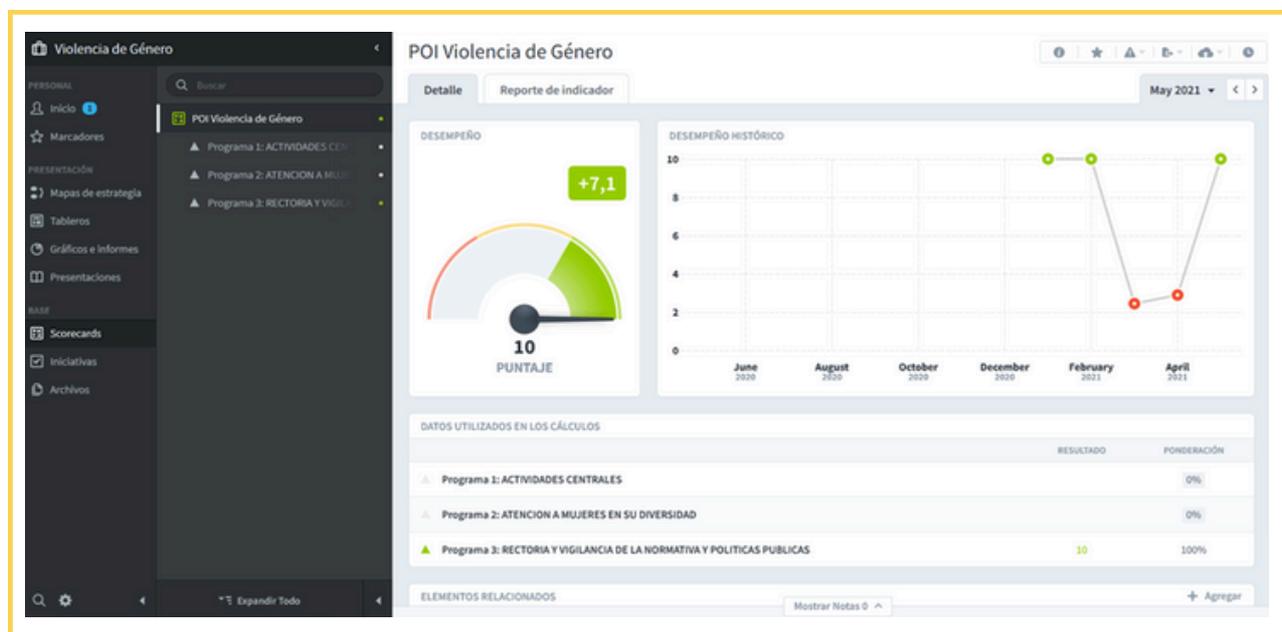
There are different monitoring and evaluation mechanisms corresponding to the different levels of planning.

National and institutional level

At the national level, Article 14 of Law 8688, Creation of the National System to Combat Gender-based Violence against Women establishes a Policy Evaluation and Compliance Commission under the direction of the Ministry of National Planning consisting of the various institutions, the Office of the Ombudsman

and the NGOs that are members of the System. It also mandates the highest political body at the ministerial level to: a) Submit a bi-annual report to the Governing Council on the progress of the national and sectoral policies approved by the National System; b) Issue a report to the public on the annual status of Gender-based Violence and Domestic Violence during the first half of November every year.

To monitor the progress of the First Five-Year Plan of the current National Policy for the Care and Prevention of Gender-based Violence against Women of All Ages 2017-2032, INAMU developed quickscore, a software program that automates the tracking of the degree of compliance with the policies. The indicators and targets (and required formulas) are loaded into the tool and then compliance is verified by entering the data reported for each target or indicator. The tool accepts explanatory notes and documents that serve as documentation for the data reported. The formulas indicate the value of an empty box for a target or indicator. If there is no data for a particular box, it is filled with a zero or simply not counted. The tool is internal to the institutions that comprise the National System and who have specific goals set in the Five-Year Plan that they must fulfill. Below is a screenshot of the software.



Evaluation of the CEAAMs

INAMU notes that the CEAAM shelters have been evaluated on several occasions. The most recent evaluations were reviewed by Mesa and Ramellini in 2014^[127] as part of the due diligence for the project to redefine the model of

care, contracted to CEDAL in preparation for the development of the new national policy. The final report on this project was submitted in January 2016. ^[128]

The CEDAL report provided the following summary of the status of the CEAAM at that time as follows:

Category	<ul style="list-style-type: none"> • Analysis
Availability	<ul style="list-style-type: none"> • 24/7/365
Accessibility and coverage	<ul style="list-style-type: none"> • There are three available shelters. • Although there are only three shelters available, they so far have proven to be effective for the placement of women and their children from all over the country, whose lives are at risk and who have no other relocation options, despite the fact that admission to a CEAAM could mean they are uprooted from their traditional places of residence. • Since the facilities operate 24/7, they can be accessed based on the determination of risk either by COAVIF/911 or the security forces and their referral to a facility is recommended. In other words, depends on the ability of the National System to respond in a timely manner to the case
Specialization	<ul style="list-style-type: none"> • 1. Emergency care • 2. Individual and group therapy for both victims and their children. • 3. Referrals and diversion to needed services • 4. Support for the construction of life projects, locating housing, and developing options for income generation, etc
Target population	<ul style="list-style-type: none"> • Women victims of violence at risk or at risk of death without support networks to guarantee their safety and that of their children.

Quality

- The highly specialized psychosocial support that the women receive in the CEAAM facilities is of high quality and is provided by professionals with extensive experience in the treatment of these cases. There is, however, a need to review the model of care and to propose actions to improve the methodology of the treatment. There is no assistance or follow-up for women who have left the shelter/program.
- From the time they are admitted until the time they are discharged, residents receive the psychosocial support they need to ensure the best possible outcome when they leave the shelter. However, post-care follow-up is non-existent and there is no systematized information on how many women have managed to successfully rebuilt their lives. .
- Staff at the shelter have been described as showing signs of fatigue and burnout due to the lack of shift rotation, which could compromise the quality of care.
- Shelters residents and their families have private rooms, allowing them to maintain a sense of autonomy and privacy.
- The furnishings and infrastructure of the Centers are in poor condition, despite the fact that there have been efforts since 2013 to obtain funding to renovate the facility/infrastructure and obtain better furnishings. The resources allocated by INAMU for this purpose will be used beginning this year, in 2015.

Information gathered from the interviews indicates that these findings and those from the consultants' report were used to redefine the model of care discussed above, including an increase in investment in the infrastructure of the facilities.

Standard mechanisms for the evaluation of the service by users

There are two regular mechanisms for women users to lodge complaints and/or provide feedback on the services provided by the CEAAM.

Comptroller of Services: The network of service comptrollers is an ongoing program managed by the Office of the Comptroller General of the Republic. Staff from Comptroller's Office visit the CEAAMs on a regular basis and maintain a complaints or suggestions box in the facility itself, accessible only by the Comptroller's Office, where women can submit their concerns. The

following link (content in Spanish) provides information on the reports prepared by the Comptroller's Office on the services provided by INAMU, including the CEAAM (complaints, dissatisfaction, kudos, etc.): <https://www.inamu.go.cr/web/inamu/datos-de-solicitudes-de-informacion-peticiones-denuncias-y-sugerencias>

Evaluation of the service by users

The directors of the CEAAMs noted that women are regularly asked to complete evaluations or satisfaction surveys on their experience in the facility, generally upon discharge; the feedback is then used to prepare an annual report. The survey uses a Likert Scale to evaluate the following criteria and produce the annual report, as shown in annex 3.

Standards of Excellence

Strategic Action 4.1 "Expansion of the coverage of public services specialized in Gender-based Violence against Women and promotion of excellence in the delivery of these services" is included in Axis 4 of the current National Policy, "Effective protection, true access, due diligence, punishment and non-revictimization".

Indicator 4.1.2: *"Number of institutions in the system that provide direct care with services aligned with domestic and international criteria and standards of excellence for comprehensive care of the different manifestations of gender-based violence, disaggregated by type of service. The target for the period is 5 institutions by the end of the period."* ^[129]

This indicator is particularly important for the CEAAMs because INAMU is one of the five institutions whose services must meet the standards of excellence by the end of the rating period.

To achieve this goal, INAMU awarded a consulting contract through competitive bid BA1-CR-2015-002 to develop *"Standards of excellence for the quality and efficiency of comprehensive care services for women victims of violence in the institutions that comprise the National System for the Care and Prevention of Violence against Women and Domestic Violence"*. ^[130]

Standards of excellence are understood as the basic indispensable quality requirements that a program or service must have in order to meet and/or exceed client expectations. As the standard is the technical norm that can later be used as an evaluation criterion to determine quality, it must be monitored and evaluated periodically through the use of indicators to ensure that a quality service/product is being provided. In other words, the concept of excellence is somewhat equivalent to the highest quality mentioned above.

With respect to services provided for the care of women victims of violence, standards of excellence apply to every step of the process, including, for example: a) the quality of the structure and organization of the services, b) the quality of the care process and c) the quality of process that monitors the intervention.

The standards of excellence were developed based on the characteristics of violence against women and the obligations that the Convention of Belém do Pará imposes on the States Parties to provide care for women who experience violence and in consultation with officials, members of the PLANОВI Follow-up Commission, and users of the services. From this perspective, any standard must be developed using a human rights and gender perspective. In addition, the study consulted with.

Twenty-two standards of excellence were developed, divided into four categories: Quality of the Structure of the Services, Quality of the Organization of the Services, Quality of Care, and Quality of the Follow-up Process. Each of these standards has quantitative indicators and descriptors that are presented in a table that allows their verification.

These standards can be used as a guide by any of the institutions that make up the National System for the Care and Prevention of Violence against Women and Domestic Violence (PLANОВI). Specific indicators and descriptors based on these standards were developed for the Ministry of Public Security, the judiciary (courts specializing in domestic violence and the Public Prosecutor's Office) and the National Institute for Women (INAMU), taking into account the specific characteristics of each of these three entities. ^[131]

Examples of indicators and a monitoring matrix are attached in the annexes to this document. The CEAAM directors noted that they are in the process of reviewing and adapting the standards, taking advantage of the occasion to

review internal procedures and aspects of the care model that, over the years, have been shown to require improvement.

Public policy best practices

Best practices for public policies regarding shelter services are listed below:

1. Shelters are an integral part of an comprehensive national public policy for the care, prevention and eradication of gender-based violence, to be used as a third level resource for prevention. They are sustained and enhanced by the coordinated actions of the various institutions or sectors that assist women to build an independent life free of violence, and where her stay in the shelter represents a single moment in the continuum of comprehensive care that provides guaranteed access to various support resources after leaving the shelter.
2. The shelter is linked to a strategic national goal, in this case the prevention of femicide, and included at the highest level of national policy as a guarantee of visibility and long-term sustainability.
3. There is an inter-sectoral and inter-institutional commitment to a multilevel planning mechanism that tracks the obligated institutions' compliance with goals, objectives and budgetary execution.
4. Shelters are public; secular; financed by the State; based on human rights, gender and intersectionality approaches; and accessible to all women in the country who require specialized assistance.
5. Laws are enacted that include funding earmarked for the direct care of women victims of gender-based violence, as in the case of the Law against Trafficking in Persons.
6. An intervention model is promoted in shelters that combines the protection and security of victims with programs aimed at interrupting the cycle of violence and achieving personal empowerment and autonomy, guaranteeing the investment of institutional resources in health, social assistance, care, academic training, income generation and employability training, and housing, among others.

Recommendations to the Costa Rican government

Based on this review of the experiences and public policies deployed by the State with respect to shelters for women victims of gender-based violence, we respectfully submit the following recommendations for consideration:

1. Guarantee the permanent inclusion of Prevention of Femicide in the National Development Plan as an expression of national policy and priority of citizen security, to include the various existing mechanisms for the protection of victims (such as the CEAAM) and other similar entities.
2. Ensure the content of the National Development Plans, which depend on each new political administration, be maintained as the state policy of the sector, in order to eliminate the potential weaknesses observed in these programs.
3. Expand and diversify the network of shelters for women affected by gender-based violence and their children, encouraging the participation of other social actors such as municipalities and the private sector, through the use of innovative modalities such as the permanent rental of shelter homes in the cantons or temporary hotel rooms for use in emergency situations in other localities, among others, in order to supplement the care provided by INAMU.
4. Expand coverage and investment in institutional programs, guidelines and projects that support social assistance, academic advancement and preparation for employment, housing, care and comprehensive health care, with priority access for women victims of gender-based violence and women in CEAAMs, within the framework of the National System for Care and Prevention of Gender-Based Violence, ensuring compliance and fulfilment of the annual targets in the existing policy monitoring instruments
5. Expand and reinforce investment in programs and activities offered in the CEAAM, especially those aimed at promoting literacy and academic advancement, teaching skills or trades to generate income, providing legal representation in all legal proceedings, including criminal proceedings, and diversifying partnerships with the private sector to promote women's employability.
6. Analyze the issues impacting the population of women between the ages of 15 and 18 with respect to gender-based and domestic violence, taking into consideration their specific needs at their stage of development in order to identify gaps in social and legal protection and promote an early break in the cycles of violence and exclusion.
7. Explore the current institutional mechanisms that could collaborate with and complement the work of INAMU by offering temporary shelter to women, in different modalities, and that favor greater decentralization and immediacy. One alternative could be through the network of local governments and/or social organizations and private enterprise through public-private partnerships.

In-Depth Country Study - EL SALVADOR

Ivonne Argueta Vásquez,^[132] *Expert*

Introduction

This report contains elements that allow for a more in-depth analysis of shelter care models and shelter operations, based on the existing situation in El Salvador, with the aim of gaining a deeper understanding of the different approaches to these services in the country.

This in-depth study is based on the "Regional study on shelters for victims of gender-based violence in Latin America", prepared by Eurosocial+ and the Mechanism for the Follow-up of the Convention of Belém Do Pará (MESECVI). That study analyzed the existence of shelters in different countries in the region, including El Salvador, where five of these facilities were reported to exist and which are the subject of this second study.

Despite the existence of shelters for women victims of domestic violence in El Salvador, the country does not have a duly established public policy governing the creation and operation of these facilities. As a result, the documented examples vary greatly from the other and do not respond to a single, formally established set of criteria shared by all facilities. There is also no consolidated and well-articulated institutional framework that coordinates and oversees the operation of shelters, and while internal legislation places this responsibility on the Salvadoran Institute for the Development of Women, to date the program has yet been implemented.

This report was prepared using the information derived from the regional study, supplemented by information gathered during the data collection phase of this study, which investigated a total of seven shelters.

The information systematized in this document is derived from primary sources, including in-person and virtual interviews with people responsible for

or knowledgeable about shelters and the written responses to the interview questionnaire. In addition, documentary information that complements the knowledge about the care models and operation of the shelters, as well as, the official statistical information that is the basis for the section on the context in the country, was also collected and included in the analysis.

It was only possible to obtain information on five of the seven existing shelters. We were unable to conduct interviews or obtain any information about one municipal shelter and one national shelter, despite various efforts to do so. In addition, we were only able to conduct site visits to two of the facilities in order to document their infrastructure and how well they are equipped.

In some cases it was possible to compare the official information about the shelters with information provided by people with first-hand knowledge of the operation of some of the shelters, allowing for a critical analysis of some of the elements studied.

Methodology

General overview

This in-depth study was conducted using a qualitative research framework due to its social character and its topic of study, objectives and context. Further, the theoretical and methodological tools of qualitative research allow us to better understand and/or interpret the realities being investigated.

The study took place during April and May 2021, and its geographical scope encompassed the national territory of El Salvador. In institutional terms, priority was given to the government agencies and civil society organizations responsible for the operation and management of the shelters identified.

Limitations of the study

Due to the confidential nature of the shelters and the associated security measures, it was not possible to have in-person access to all the shelters from which information was obtained.

Likewise, due to the changes in municipal governments that occurred in May 2021 and the resulting turnover of the personnel working within the

municipalities, it was also not possible to obtain any information at all from one of the shelters that was identified.

The study also faced limitations in access to public information, in particular due to the restrictions imposed by the Office of the President of the Republic on public officials regarding the disclosure of information during interviews on public policies or government actions that are being developed. As a result, we are missing information on one national government-run shelter and the one specialized state-run shelter only provided a response to the interview questionnaire though email, preventing a deeper discussion on the topic.

Finally, there were also difficulties related to the COVID-19 pandemic - one of the interviewees tested positive for the virus, which limited our ability to access the physical space of that shelter.

In order to carry out the study, we used the methodological tool designed by the MESECVI and Eurosocial+, basing the design of the questionnaire on that, and including open-ended questions in the format of an in-depth interview. This questionnaire was distributed to key stakeholders, enabling us to obtain greater knowledge on the functioning of the shelters. Interviews were conducted both virtually (three) and in person (three).

In addition, we conducted on-site visits to observe the infrastructure of two shelters, one municipal and the other specialized, and took photographs of the spaces and resources available in each of them. This gave us the ability to verify first-hand whether they do in fact meet the specific needs of women victims of gender-based violence.

We also conducted an extensive document review in preparation of the development of the country context section and to identify the elements of the regulatory framework that governs each of the shelters. We analyzed national legislation, documents from previous research related to the objective of the study and technical documents provided by some of the interviewees (see Annex 4). In addition, we used the data gathered in the "Regional study on shelters for victims of gender-based violence in Latin America" to identify the shelters to be investigated, and supplemented that information with information on other shelters in the country gathered during a web search. We also pulled from the author's prior knowledge of the existence of other shelters.

We identified seven shelters in the country that provide specialized or general shelter and protection services for women victims of gender-based violence, about which it was possible to obtain information about five, as detailed in Table 1.

Table 1. Shelters for women victims of gender-based violence in El Salvador

SHELTER NAME	RESPONSIBLE INSTITUTION	SHELTER MODEL	SOURCE OF INFORMATION
Shelter Luciérnagas	<ul style="list-style-type: none"> Salvadoran Institute for the Advancement of Women (ISDEMU) 	<ul style="list-style-type: none"> Specialized State-run 	<ul style="list-style-type: none"> Virtual and in-person interview
Center for the Care of Women in Violence Situations (CAMUJER)	<ul style="list-style-type: none"> Municipality of Sensuntepeque 	<ul style="list-style-type: none"> Municipal shelter 	<ul style="list-style-type: none"> In-person interview On-site visit
Shelter Home	<ul style="list-style-type: none"> Association of Promoters of Salvadoran Culture (APROCSAL) the Municipality of Santiago de María 	<ul style="list-style-type: none"> Municipal shelter 	<ul style="list-style-type: none"> Virtual interview
Shelters of the Program to Protect Victims and Witnesses	<ul style="list-style-type: none"> Executive Technical Unit of the Judicial Branch 	<ul style="list-style-type: none"> Non-specialized government-run shelter 	<ul style="list-style-type: none"> Virtual interview
Comprehensive Treatment Center for Foreign Migrants (CAIPEM)	<ul style="list-style-type: none"> General Directorate of Migration and Aliens (DGME) 	<ul style="list-style-type: none"> Non-specialized government-run shelter 	<ul style="list-style-type: none"> Refused to grant an interview or permission for a visit
Section for the Comprehensive Care of Victims of Chalatenango (SAIVCH)	<ul style="list-style-type: none"> Supreme Court of Justice (CSJ) 	<ul style="list-style-type: none"> Departmental shelter 	<ul style="list-style-type: none"> In-person interview On-site visit

SHELTER NAME	RESPONSIBLE INSTITUTION	SHELTER MODEL	SOURCE OF INFORMATION
Shelter for women victims of gender-based violence	<ul style="list-style-type: none"> Municipality of Atiquizaya 	<ul style="list-style-type: none"> Municipal shelter 	<ul style="list-style-type: none"> Refused to grant an interview or permission for a visit

Brief description of the country and current context

Country description

El Salvador is the smallest country in Central America, with a total surface area of only 21,041 km². It is part of the so-called Northern Triangle of Central America along with Guatemala and Honduras. The three countries share similar social, economic and security conditions, and send a constant, massive flow of migrants northward, mainly to the United States.

According to data from the Multipurpose Household Survey (EHPM), the total population of the country in 2019 was 6,704,864 people, composed of 52.9% women and 47.1% men. The majority of the population, 61.7%, resides in the urban region compared to 38.3% in rural areas. In addition, there are 2.8 million Salvadoran men and women residing outside the country, of which 90% (2.5 million) are in the United States.^[133]

El Salvador enjoys a demographic bonus, since 51.4% of the population is under 30 years of age and only 13.6% is over 60 years of age, with a dependency ratio of 50.7% for the 15 to 64 age group. This simply means that there are more economically active people than economically inactive people, and so the conditions are there for greater economic productivity.^[134]

In 2019, El Salvador scored a Human Development Index of 0.673, placing it at number 124 out of 189 countries in the world. The gender inequality index stood at 0.383, placing El Salvador 85th among countries worldwide.^[135]

The levels of inequality in the country are high with 22.8% of households living in monetary poverty. This percentage increases in rural areas where 24.8% of

households are poor compared to 21.7% in urban areas. While 28.1% of households suffer from multidimensional poverty, this number represents 543,875 households with 2,146,595 residents, for an average of 3.95 residents per household. This rate of poverty is higher in rural area (46.0%) than in urban areas (17.5%), and has a Gini coefficient of 0.35.^[136]

Life expectancy in El Salvador at birth is 73.2 years and is higher for women (77.4 years) than for men (68.3 years). The main reproductive health indicators of the country indicate that there is a crude birth rate of 17.8 per thousand inhabitants (si-ESTAD), the maternal mortality rate for 2017 stood at 31.1 per 100 thousand live births (ECLAC), while the crude infant mortality rate is 4.5 per thousand live births. The teenage pregnancy rate in 2017 was 31.5 per thousand girls and adolescents between the ages of 10 and 19 years old^[137], representing a serious health problem at the national level.

In terms of education, the main indicators show that the average level of education at the national level is 7.1 grades, and when separated by sex, it is 7.3 grades for men and 7.0 for women. The illiteracy rate at the national level stands at 10%, and is higher among women (11.7%) than among men (8.1%), a gap of 3.6 percentage points.

Only 51.7% of the 1,938,530 households nationwide own their own homes, and 40.5% of these live in overcrowded conditions. This is a more critical issue in rural areas where 55.2% of households live in overcrowded housing, while in urban areas this percentage is 31.9%.^[138]

Status of violence against women

El Salvador has one of the highest rates of violence among countries in the world, according to the National Survey on Violence against Women 2017 (ENVCM). 64.7% of women nationwide have been the victims of violence at some time in their lives, a percentage that is higher in urban areas (69.1%) than in rural areas (64.4%). The main types of violence they experience are psychological violence (53.4%), sexual violence (43.4%) and physical violence (26.5%).

In addition, the first National Survey on Sexual Violence against Women 2019 (ENVSM) revealed that 7 out of 10 women between 15 and 49 years of age have experienced some form of sexual violence in their lifetime and 23% reported having suffered it in the twelve months prior to the survey (Belloso, 2021).

Likewise, the National Report on Acts of Violence against Women 2020 reported 9,176 acts of violence between January-June, of which 2,271 were sexual violence, 2,812 were physical violence, 2,043 were property violence, 1,845 were related to other crimes, 97 were femicidal violence and 42 were incidents of workplace violence. Among the acts of femicidal violence, 57 were recorded as violent deaths - 29 classified as femicides and 31 classified as homicides.

The main victims of gender-based violence are young women, with 69% of victims of sexual violence being women aged 10-18, while women aged 20-34 account for 41% of victims of physical violence, and 76% victims of human trafficking are girls and women aged 10-24.

Violence against women also has implications for the public health services. The Ministry of Health (MINSAL) reported that during the same period they treated a total of 265 cases of psychological violence, 82% of them involving adult women and 18% involving minors under 18 years of age. In addition, 373 cases of self-inflicted violence were treated, 79% of them involving adult women and 21% involving minors under the age of 18.

El Salvador has a legislative framework that recognizes and punishes violence against women, based on the country's ratification of the Inter-American Convention on the Prevention, Eradication and Punishment of Violence against Women, the "Convention of Belém Do Pará" and through the approval of national laws such as the Law on Domestic Violence (1996) and the Special Comprehensive Law for Women's Access to a Life Free of Violence (LEIV) in 2010. These, in addition to various reforms to legal frameworks including the Penal Code and the passage of other secondary laws to punish these types of violence and harmonize them with the LEIV, make up this legislative framework.

The approval of the LEIV established the ISDEMU as the governing body for this topic, and it has since worked to strengthen the influence of the steering role. The LEIV also creates the Specialized Technical Commission (CTE), which was established in June 2012 as the mechanism responsible for implementing the Law. The CTE reports up to ISDEMU and is currently composed of 25 institutions of the Executive and Judicial branches of the government.

In 2013, the Salvadoran Legislative Assembly approved the National Policy for Women's Access to a Life Free of Violence (PNVLV). Its corresponding Action Plan was passed in 2016, establishing the State's obligation to comply with the provisions of the LEIV, currently in force. In addition, during the period July 2019-June 2020, 15 municipal plans for the prevention of violence against women were developed, 6 were approved and 44 were being monitored.^[139]

Within the context of institutional strengthening, ISDEMU created the National System of Care for Women Facing Violence in 2015. The various State institutions responsible for providing these services have established Institutional Units for Specialized Care for Women Facing Violence (UIAEM), and in 2019, there was a total of 106 of these units in 14 departments of the country^[140]. Between July 2019-June 2020, 81 UIAEM provided care to a total of 52,136 women victims of gender-based violence nationwide.^[141]

Finally, it is important to note that in 2016 the Legislative Assembly approved the Decree for the creation of a specialized legal jurisdiction to handle cases of violence against women. To date three Courts of Instruction and three Sentencing Courts have been established in the departments of San Salvador, Santa Ana and San Miguel, as well as, a Chamber in San Salvador. In the period between July 2019-June 2020 alone, these courts obtained a total of 42 convictions for the crimes defined in the LEIV, compared to the 17 convictions obtained by the ordinary courts for these same crimes.^[142]

Within the framework of the Third Evaluation Round, the Committee of Experts of the MESECVI recommended to the Salvadoran state the review of preventive measures for femicides. This involves conducting a thorough assessment of the risk that women in situations of violence may be facing and designing new strategies to ensure their protection. This includes increasing shelter resources and enhancing emergency response to safeguard the lives and physical integrity of women. In the follow-up phase of the same Round, the Committee recognized as a positive step the development of Guidelines for the operation of Institutional Units for Specialized Care for women facing violence (UIAEM) and for the accreditation of Shelters.

Regarding measures aimed at improving the quality of services and strengthening the institutional framework designed to assist women victims and survivors of violence, it is necessary to highlight specific elements that significantly affect the efficiency of the provided protection services, particularly:

- a) The impact of staff turnover trained to assist victims and survivors, which, among other consequences, leads to the interruption of services provided.
- b) The impact on resources allocated to protect and provide assistance and services to women victims of violence.

It is also important to acknowledge the efforts of women's and feminist organizations in the country. They continue to generate actions and projects aimed at providing services to women victims of violence and advocating for state institutions to fulfill their obligations.

[143]

Shelter Care Models

Based on the information collected on five of the shelters in El Salvador, there are three shelter care models operating in the country, classified according to the agency responsible for their operation or the main population they serve:

1. Specialized state-run shelter for women victims of violence: This facility reports directly up to the central government and offers specialized comprehensive services for women victims of gender-based violence.
2. Municipal or departmental shelters for women victims of violence: These shelters are run by municipalities or other government agencies and offer some specialized services to women victims of gender-based violence services who reside within their jurisdiction.
3. Non-specialized state-run shelters for victims of social violence: These are state-run facilities that provides services to victims of various crimes or those whose situation requires temporary protection. This may include women victims of gender-based violence, but they do not offer specialized services.

Each of these models is detailed in depth in the sections below.

Specialized state-run shelter for women victims of violence

This model corresponds to the only shelter in the country administered by the central government, specifically by the Salvadoran Institute for the Advancement of Women (ISDEMU), which is the country's mechanism that

promotes women's issues and the governing body of the Special Comprehensive Act on Women's Access to a Life Free from Violence (LEIV). Article 26 of LEIV establishes ISDEMU's role as the coordinating and supervisory body for the National Shelter Program (PCA).

The information used to develop the content about this shelter care model comes from two primary sources: a face-to-face interview with a former shelter worker and the responses to the in-depth interview questionnaire provided by ISDEMU. Additional information is derived from legislation and official reports that were consulted. The information from both sources has been compared and contrasted to identify the main elements of each of the categories of analysis.

Historical overview of the shelter

The shelter was created on March 8, 1996, by an initiative of the First Lady of the Republic and the then-President of the Board of Directors of ISDEMU, with the aim of advancing the development of Salvadoran women by providing shelter for victims of domestic violence who had no family support networks. It was created within the framework of the commitments arising from the Beijing Women's Conference, which also created the mechanism for the advancement of women in the country.

At that time, there was a precedent of a shelter for women victims of domestic violence in the country. The National Coordinator for Salvadoran Women (CONAMUS), a non-governmental organization (NGO), created the first shelter of this type on November 25, 1989, within the context of the war. The CONAMUS shelter operated until 2001, when its funding expired.

Shelter Care Model

Currently, the shelter care model is based on providing protection and temporary shelter to women and their children who are victims of gender-based or social violence. It also seeks to advance the development of women through psychological, social and legal support, and provide them the skills they need to establish economic autonomy and empowerment; all of which contributes to the construction of a life project for them and their children.

Since its creation, the model has evolved, and currently focuses on treating women as individuals and not seeing them simply as a casualty of crime. Initially, the shelter functioned more like a "nursery for women" because,

while it did provide women refuge from the violence they were experiencing at home, it did not provide any type of specialized care or security/protective measures. It sometimes even served to provide accommodation to women who were not victims of violence, but who for various reasons needed a place to spend the night.

This initial operating model reflected the family-oriented vision the ISDEMU Board of Directors had at the time and management of the shelter was handed over to the NGO Proyección Social without any guidance whatsoever from ISDEMU. This explains why no specific care model was defined and why the staff was not trained to provide specialized care for women victims of violence. A few years later, ISDEMU took over management of the shelter, signing agreements with various governmental institutions, including the Office of the Attorney General of the Republic (FGR), the National Civil Police (PNC) and the Office of the Attorney General of the Republic (PGR), enabling these institutions to refer women victims of domestic violence to the shelter. However, the shelter still continued to operate as if it were a transient hotel for women who needed to spend one or more nights.

In 2011, a process of transformation began. This included a changeover of the staff that worked there, and the new personnel received training in the care of women victims of gender-based and other forms of violence they could be faced with, as well as on the services that would be provided. As part of this process, an assessment of the operation of the shelter was conducted, raising a red flag that certain existing practices could constitute a risk for women, such as the practice of sending residents outside the facility for medical appointments. The changes to the process were made and an agreement was signed with the Ministry of Health (MINSAL) to designate the medical staff to provide the needed services at the shelter itself.

This transformation process also involved a review of care models in other countries, a review of the political and security situation in the country, especially with regard to gangs, and an emphasis on the security of the shelter, resulting in the development of a more specialized model of care.

These security efforts led to the shelter being moved on several occasions, due to the involvement of some of the residents in some very complex cases. In one case, the shelter was attacked with machine-guns in response to caring for victims involved in two cases related to organized crime.

Currently the location of the shelter is confidential, but reports indicate that it is located in a mountainous area with natural landscapes and large gardens, surroundings that contribute to better management of the emotions of the shelter residents. There is now also a security system both inside and outside the shelter to ensure the safety of the residents and shelter staff. However, in the opinion of one of the interviewees, the current location of the shelter still does not fully guarantee security, as it is adjacent to streams from which it could be accessed.

The shelter is staffed by multidisciplinary teams made up of the following personnel: a social worker, a psychologist, a lawyer, five caregivers, an administrative liaison, a driver, a general assistant, an errand runner, an occupational therapist, a kindergarten teacher and a cook. The staff is contracted by ISDEMU, under employment agreements governed by the National Law on Salaries. However, under the current administration this type of longer-term contract has been replaced by contracts that must be renewed on an annual basis in most central government agencies.

In addition to ISDEMU staff, there are also three police officers appointed by the National Police who are responsible for the security of the shelter and a doctor appointed by MINSAL who provides medical care.

During the period 2011-2019, candidates for employment at the shelter were evaluated using the following criteria: years of experience, gender training (required), awareness (empathy, treatment of victims) and interest in undergoing ongoing training. ISDEMU used this information to staff the shelter, building a team trained to provide specialized services. However, with the change of government in 2019, a good part of the staff was transferred or resigned, resulting in significant disruption to the team.

At present, it is reported that the staff working at the shelter are trained and sensitized on gender issues and the legislative and institutional frameworks that protect and guarantee the human rights of women. In addition, ISDEMU is making efforts to provide training to staff through support from cooperation organizations, for example, on the Essential Services Package (ESP) of the Spotlight Initiative, financed by the United Nations Population Fund (UNFPA).

One issue that has represented a challenge in terms of human resources has been the process of caring for the mental health of shelter staff. During the

period 2011-2019, the shelter sponsored one mental health day a year for personnel and other similar days were provided with the support of civil society organizations or agencies of United Nations, as there was no budget for this type of activity.

Likewise, shelter staff are required to work long hours without adequate remuneration for their time, and as a result, there are issues associated with the time staff take off to compensate for the unpaid hours they work.

The shelter's annual budget is between US\$80,000 and US\$100,000, and while official figures do not detail the exact amount specifically allocated to the shelter, it is included as a budget line item under the Program for a Life Free of Violence, managed by ISDEMU.

Regulatory and institutional framework

The development of regulations and institutions on shelters for women victims of gender-based violence in El Salvador is still emerging. It was not until the approval of the Special Comprehensive Law for Women's Access to a Life Free of Violence that legislation was passed for the first time.

The LEIV created the Shelter Homes Program (PCA), managed and overseen by ISDEMU, that orders these facilities to be provided by the State, municipalities, women's protection NGOs and civil society, provided they are duly accredited by the Institute (Art. 26). The objectives of the PCA are as follows:

- a) To care for the women and affected family members who are at risk due to situations of violence, and who are referred to the facilities by the governmental and non-governmental institutions authorized by law; and
- b) Ensure immediate support, physical and emotional safety, and psychosocial care to women victims of violence.

Despite this mandate, to date the Program has still not been implemented and ISDEMU claims that the provisions of the LEIV do not provide sufficient legal foundation to require the creation of shelters that respond to the demand for protection. The law therefore, must be reformed to specifically identify the bodies required to create the PCA and the entities required to support them at the national level.

Taking up the mandate established in the LEIV, the National Policy for Women's Access to a Life Free of Violence (PNVLV) includes the below among the guidelines that address the care of women facing violence:

"Create a shelter program, under the coordination and supervision of ISDEMU, that includes specific protection programs and specialized care services for women and their affected family members who are at risk and vulnerable due to situations of violence, and who are referred to the facilities by the government institutions and non-governmental organizations empowered for this purpose by the Special Comprehensive Law" (ISDEMU, 2013:33).

It also states that in the area of the administration of justice, "the Protection Program should include all actions aimed at protecting women who face violence and their immediate entourage. To this end, an intervention process that includes protection measures and police assistance, housing protection, restraining orders, shelter housing, etc., must be developed to guarantee their safety. A risk assessment must also be developed to establish a baseline and determine the type of measures that need to be engaged in any particular circumstance, to meet the specific needs of each woman." (ISDEMU, 2013:34).

The current PNVLV has been in effect since 2013. However, to date no progress has been reported toward the development of these guidelines and the creation of the shelters as mandated in the LEIV. This remains an overdue outstanding debt of the Salvadoran government to women victims of violence. Despite their mention in a more global public policy, there is no evidence of the existence of governmental guidelines for the creation of additional shelters at the national level. This reality was also noted by some of the people interviewed from municipal or departmental shelters, who agree that, despite the fact that the LEIV establishes a clear mandate for ISDEMU to create the shelters, there is no clear governmental commitment to do so.

At the institutional level, The Director of Specialized Care and the Human Resources department at ISDEMU have selected a person to be responsible for the shelter. Previously, this appointment was made by the Executive Director with the approval of the Institute's Board of Directors.

Internal oversight of the shelter is carried out by the Directorate of Specialized Care in coordination with the ISDEMU Unit for Protection Centers, which was

recently created as a result of a change in the organizational structure of the Institute to allow better management and supervision of the public services offered by the Institute. This Directorate is made up of three divisions:

- Care Centers 126 (a virtual platform and call center);
- Departmental care centers; and
- Protection centers.

Shelter operation

Arrival

Since its creation, the shelter has had an admission protocol, which was updated in 2011 to include care pathways that identify the origin of shelter residents by the referring entity. (ISDEMU, institutions or direct request).

There are two ways to gain admission to the facility:

- **By referral**: a woman may be referred to the shelter by such institutions as the Attorney-General's Office, the National Civil Police, the Attorney-General's Office, and the Supreme Court of Justice (through the Peace, Family and Specialized Women's Courts). NGOs may also make referrals, provided that the physical or psychological safety of the referred individuals is assessed as being at risk. Referrals can also be made by official correspondence to ISDEMU, requesting protection and shelter for women, their children, mothers or sisters who are victims of gender-based violence and who do not have support networks.
- **Directly**: a woman can apply directly for shelter at any one of ISDEMU's nationwide specialized care centers.

Admission is determined by the Directorate of Specialized Care, that conducts an interview with the victim to determine the degree of risk facing the woman and her family group (see annex 5), and taking into account the information provided in the referral. If risk is assessed, the admission process begins immediately, and is completed within 24 hours of the initial request. Admission does not require the woman to have filed an official complaint of violence.

The results of the risk assessment are shared with the sheltered women, not only as a matter of principle, but also out of respect for their right to be duly informed about their personal and legal situation.

Admission criteria are listed below and require that victims are:

- Woman (including trans women).
- Male children up to twelve years of age.
- Female children of any age.
- Mother, sister or other female relative who is a direct member of the woman's household.
- Victim of gender-based or social violence.
- Lacking support networks for relocation.

Admission to the shelter must be voluntary and, upon entry, residents who agree to stay are required to sign an informed letter of consent and commitment to confidentiality, as well, as a letter of consent allowing their children to participate in the corresponding activities provided by the facility. They also complete an entry form (See annex 6).

Their belongings are then searched by the police to verify that they are not in possession of any prohibited objects and the social worker explains how the shelter works, assigns them their space and provides them with the schedules for the various activities.

Departure

The following criteria are evaluated as part of the process of departing the shelter:

- The existence of a family support network.
- Preparations for domestic or international relocation are complete
- The legal procedures have been completed.
- There remains no imminent risk.

The shelter does not have the budget or programs to help women find housing or provide any kind of financial assistance. There are also no public policies or programs that support women victims of gender-based violence with housing or employment.

However, the shelter has developed relationships with NGOs or cooperation agencies that sponsor programs aimed at finding housing solutions, humanitarian aid and financial support, so that some of the women can be included in these programs.

The LIEV establishes the responsibility of the Salvadoran government to provide housing protection for women victims of gender-based violence through five modalities:

- Social assistance and subsidies: These funds must come from the Special Fund for Women Victims of Violence established in article 37 of the LIEV.
- Access to public housing for women: Article 38 of the LIEV declares women victims of gender-based violence as a priority group for access to protected public housing and programs under the terms established by the legislation in effect, taking into account their circumstances and the context of the lack of protection and vulnerability they face.
- Protection from removal from shared rented housing: This modality allows a woman victim of violence inflicted by her intimate partner the right to continue to reside in the shared rented dwelling for up to ninety days even if the lease is in the name of the aggressor, who must pay the rental fees, provided that a court order is issued as a protective measure (art. 39).
- Access to housing: the State, through the competent institutions - Ministry of Housing, the Social Fund for Housing (FSV) and the National Fund for Popular Housing (FONAVIPO) - must develop a Housing Policy that progressively incorporates an inventory of housing specifically reserved for women who face acts of violence, and who are experiencing a total lack of protection and high-risk conditions. Priority should be given to older women and women with disabilities (art. 40).
- Protected housing: Temporary housing in the form of publicly protected housing for women who are in proven cycles of violence, which must be guaranteed by the State through a regulation governing the procedure for women who have met the conditions for situation of violence qualifying them to have access to this form of protection (art. 41).

Despite these legal mandates, since the LIEV went into effect in January 2012, the Salvadoran government has not developed any of the modalities of housing protection for women victims of gender-based violence, leaving shelters with no alternatives to offer to women who leave.

In most cases the women are relocated to the homes of relatives in other municipalities or departments of the country, or often to the homes of comadres^[143]. In a minimal number of cases the women will return home, but only after they have worked to develop their empowerment through the the programs provided by the shelter.

Once the women have left the shelter, the technical staff of the Directorate of Specialized Care at the national level will follow up either through interviews conducted in ISDEMU offices or by in-home visits. There is no set duration established for this follow-up process, but rather it ends at the request of the woman or when the process she is undergoing has been completed. This follow-up is based on the Life Plan developed by each woman during her stay in the shelter, and follow-up actions are documented on a form.

Ongoing coordination is established with some institutions to facilitate certain procedures and formalities that the women must engage in once they leave the shelter, for example: appointments for care or transportation to hearings and administrative procedures. In some cases, the PNC has been able to arrange for police to patrol the area where the women live, especially when there are court-ordered protection measures in place.

Life in the shelter

The shelter currently provides the services described below:

1. Legal counsel: This is coordinated with the lawyers of ISDEMU's Specialized Attention Center in San Salvador and, in other cases, with duly accredited legal aid organizations from the universities and personnel trained in the framework of the protection of women's rights. However, this modality has been fading out over the years. One weakness of this service is that ISDEMU's lawyers are restricted by law from representing the women in court and can only provide legal counsel and assistance.

The women continue to receive legal advice and assistance even after they leave the shelter.

2. Psychological care: there are currently two psychologists who provide care for adult women and children. This service is provided on-site in the shelter in the form of individual or group sessions for adults. In the case of children, care is provided under the supervision of the psychologist through play and art therapy, among other activities. Art therapy for women and children takes place in the shelter with support from the Ministry of Culture.

Psychiatric care is provided by public hospitals and, on some occasions, by private psychiatrists. The psychologists reside at the shelter with the residents and there is ongoing coordination between the two professionals for the care of women and children.

3. Medical care: Within the shelter, medical care is provided to residents by the doctor assigned by MINSAL, who is on site on a weekly basis. Prior to the COVID-19 pandemic, she was available on call as needed. If women need medical treatment outside the shelter, they are guaranteed transport and are escorted to their appointments for their protection.
4. Child care: Mothers, or the other women in the family group, are responsible for caring for their own children. The shelter has a fully equipped playroom and hosts family activities for shelter residents.
5. Educational activities: A teacher provides in-person instruction, depending on the children's level of education. In addition, adults who wish to continue their education are able to do so. A computer is available for the use of the residents.
6. Recreational activities: There is a recreational center where games, movies, comedies, children's movies, music, and books are available to all residents. Recreational activities are hosted by the psychologists, teachers and comprehensive care technicians.
7. Training for women: Training programs to foster entrepreneurship are currently being developed by the comprehensive care technical staff, according to their individual skills and abilities including: baking, gardening, handicrafts, artisanal crafts, food preparation and preparation of homemade sweets.
8. ISDEMU reports that it is negotiating cooperation agreements with the National Commission for Micro and Small Enterprises (CONAMYPE) and the Development Bank of El Salvador (BANDESAL) to provide training on entrepreneurship.

Food: Food is prepared by a person assigned by the institute, under the guidance of the doctor, who develops menus to ensure the women and their families are receiving good nutrition. The diet is basic but varied, consisting of three meals and two snacks daily. The menu can be adapted to accommodate medical needs or cultural customs, for example ensuring that tortillas are served at every meal to residents who come from more remate areas and who are accustomed to eating that way.

The cook prepares the meals with the assistance of two volunteer helpers from among the women in the shelter. There is no cook on Sundays, but the food is prepared and can be easily heated up by the residents who take turns serving.

9. Laundry and housekeeping: Shelter residents are responsible for washing their own clothes and that of their family group, and there is a schedule for the use of the washing machine or wash tub (since most residents refuse to use the washing machine). Housekeeping is done by facility personnel, but residents are expected to maintain their own living spaces. These chores are scheduled based on the location of bedrooms and common areas.

The shelter has established rules of daily coexistence, including the following: residents must refer to all people with respect and respect other people's property; the use of foul language is not permitted; residents should communicate assertively; respect rest schedules; and respect the principles of equality and non-discrimination.

- There are also security measures established for residents both inside the shelter and with regards to contact with the world outside:
- Cell phones are confiscated upon admission to maintain confidentiality.
- Bedrooms are locked during the day and authorization is required for entry.
- Women and their families must follow the established schedules for activities: meals, therapy, rest, etc.
- Visitors are forbidden in the shelter, however, residents can visit with family members outside the shelter, as long as the meeting was previously scheduled and takes place within the confines of one of ISDEMU's Specialized Care Centers.
- Telephone calls are restricted, except for foreigners who have authorization of the Executive Directorate, to make calls for the purpose of handling procedures or formalities at the embassies.
- For any activity outside the shelter facilities, the assigned staff will provide escort in order to protect life and physical safety.

As part of the security protocol, there is a permanent video surveillance system monitored by the shelter security personnel or by ISDEMU's technology unit. Security is provided by officers of the PNC who are assigned to the shelter.

The following biosecurity measures have been implemented in response to the COVID-19 pandemic:

- Daily temperature checks of all shelter residents.
- Required wearing of masks/facial coverings.
- Hand sanitizer located around the facility.
- Periodic sanitization of all facilities.
- Modification of the admission protocol, with the installation of an entry station separate from the main facility, to receive people who are entering for the first time, and who must remain isolated for a period of 15 days in order to prevent any possible contagion.

Shelter Capacity

Until 2019 the shelter had the capacity to house 15 women and 20 children, which is wholly inadequate to respond to the need produced by the incidence of gender-based violence in the country. Official data indicate that the prevalence of this type of violence is 67.4% nationwide and there were a total of 9,134 acts of violence against women recorded in the period between January-June 2020 alone.

Furthermore, given that this is the only shelter with nationwide coverage, the number of beds is insufficient when compared to the total population of 3,549,068 women in the country (MINEC-DIGESTCY, 2020:4).

According to the information gathered, the shelter has never exceeded its capacity, but due to the security situation, other shelters have been used to separate women belonging to opposing gangs, housing them in shelters managed by REMAR, a Spanish Christian organization.

The shelter consists of a large, airy house, ventilated by a very cool climate. It is located in an urban-rural area and has eight bedrooms, a common living area, a dining room, a kitchen, a cleaning area, storage rooms, administrative workspaces, a multipurpose room, a medical clinic, extensive green areas, a terrace, security gates and a gym.

It is equipped with commercial grade stoves, ovens, refrigerators, freezers, industrial kitchen appliances, beds, living and dining room furniture, televisions, sound equipment, computers for the use of residents, a large screen television, chairs, desks, a well-equipped medical clinic, and fans, among others furnishings.

The shelter maintains a registration system with files on each resident, a system which presents some challenges. Until 2019, all ISDEMU staff had access to these records, and so only basic information was recorded in serious cases, with more detailed information kept separately with access restricted to shelter personnel.

There is no overall data on the number of women served in the years that the shelter has been operating, and the data reported only covered the time period from June 1, 2020 to May 18, 2021. During that timeframe, 97 people received shelter, but the information does not specify how many of them are the direct victims of violence and how many of them are family members who accompanied the victims to the shelter.

Length of stay in the shelter

In general, women victims and their families can stay in the shelter for a maximum of three months, with the exception of cases of human trafficking, since their release depends on the decision of the Attorney General's Office.

The length of stay can also be extended, depending on the particular needs of the woman. The longest period of residence of a victim of violence was 2 years and 6 months, in the case of an unaccompanied transgender migrant girl who was detained by the DGME and referred to ISDEMU. She remained in the shelter until her migration status was resolved.

Evaluation of the shelter

Until 2019 the operation of shelter was evaluated through three types of assessments:

- Staff evaluation: All staff were evaluated twice a year using a standardized form.
- Performance evaluation: Shelter technicians evaluated the performance of the caregivers using a system custom designed for the shelter.
- External evaluations: Two external evaluations, coordinated by the Executive Directorate, were conducted between 2011-2019, but the results were not shared.

Evaluation of the operation of the shelter is now the responsibility of the Director of Specialized Care, the Head of the Protection Centers and the Shelter Coordinator.

ISDEMU reports that there are internal evaluation reports, but was unwilling to grant access to them. Below are some highlights of the following strengths and weakness that appeared in the results:

- a)"The shelter is equipped to protect the life, health and safety of women and their families who are facing violence and who do not have a support network.
- b)The shelter is equipped to provide appropriate legal and psychological assistance to women and their children.
- c)The coordination of vocational training and educational opportunities provided by shelter staff and the Directorate of Specialized Attention provides women and their children the tools they need to rebuild their lives.
- d)The capacity of the shelter is sometimes insufficient to meet the demand for the protection of women. The recommendation is to open more shelters to be able to respond to the demand for protection in cases of gender-based violence".

We were unable to find any research or evaluations of the shelter authored by academia or women's and feminist organizations in the country, and it was therefore impossible to provide a perspective on the functioning of the Luciérnagas shelter beyond that presented in the official version.

Municipal or departmental shelters for women victims of violence

This model corresponds to the shelters that have been created more recently in the time since the approval of the LEIV. We identified the existence of four of these shelters; we were able to obtain information on three of them and conduct sites visits to two of them. It is important to note that two of these four shelters were not in operation at the time of the study, as they were awaiting authorization from ISDEMU to begin operating. The Usulután shelter has been waiting for this authorization since 2019, and is therefore considering the option of starting operations under the auspices of the municipality instead, which is legally obliged to establish shelters by order of the LEIV.

Below are the shelters that provide the model for municipal or departmental shelters:

1. Comprehensive Care Section for Women Victims in Chalatenango (SAIVCH): This facility is currently in operation; it is administered by the Supreme Court of Justice and is located in the municipality of Chalatenango.

2. Center for the Care of Women in Situations of Violence (CAMUJER): This facility is currently in operation; it is administered by the Office of the Municipal Mayor of Sensuntepeque.
3. Shelter for Women Victims of Violence in the department of Usulután: This facility was not in operation at the time of the study; it is administered by APROCSAL and the Municipal Government of Santiago de María.

Historical overview of the shelters

These shelters comply with the provisions established in the LEIV, and are therefore based on the recognition of women's right to a life free of violence and the obligations of government entities and municipalities to guarantee that right.

They were created between 2014 and 2019, and derived from the desire of municipal or judicial authorities to comply with the obligations established in the LEIV. Their creation was supported by other institutions or organizations, either through technical assistance or funding for construction and furnishings.

SAIVCH was created in 2014 within the framework of a cooperation agreement among various governmental institutions (PGR, PNC, ISDEMU and MINSAL) and the CSJ, which is responsible for the operation of the shelter. CAMUJER was created in 2015 with support from the United States Agency for International Development (USAID) and ISDEMU.

The Shelter for women in Usulután was created in 2019 under the NOSOTRAS Agreement that brought together a coalition of civil society organizations – APROCSAL; the Salvadoran Foundation for Social and Economic Development (FUNSALPRODESE); Farmacéuticos Mundi (FARMAMUNDI); and the Institute for Research, Training and Development of Women (IMU). These organizations worked together to conduct a needs assessment in the municipality of Santiago de María, which revealed high rates of violence in the country and municipality, as well as high levels of teenage pregnancy. It identified as urgent the need for a shelter for women victims of violence and the shelter was established in coordination with the municipal government and MINSAL.

Governmental institutions provided, or will provide, the physical space where the shelters operate. Once established, the shelters become part of the infrastructure of

the institution, sometimes sharing that space with other services that those public institutions are legally mandated to provide.

ISDEMU plays a role in three processes associated with the creation of shelter: the definition and provision of services (SAIVCH); providing advice on some aspects of the creation of the shelter (CAMUJER); and authorizing shelter operation (Women's shelter in Usulután).

These shelters were established to help provide an inter-institutional and intersectoral response to the needs of women victims of gender-based violence; in this sense, their initial objectives were aimed at complementing and/or coordinating the services provided by State institutions.

Shelter Care Model

Given that El Salvador has no public policy that provides for the protection and shelter of women victims of gender-based violence, each of the municipal or departmental shelters has developed different models for the delivery of services, based on the needs identified at the local level.

As mentioned above, these shelters are intended to contribute to the comprehensive response that the government is obligated to provide to women victims of gender-based violence, and it is why they provide services that complement or coordinate the services provided by other institutions.

The model developed for each of the shelters was derived from a very diverse collection of agreements and construction processes. In the case of SAIVCH, the model was built based on the experience of the ISDEMU shelter and was later complemented by the experience of CAMUJER. It was defined as a space intended to safeguard the lives of women and provide them shelter while they worked to meet their needs, consolidating the services provided by the state under one roof.

CAMUJER was designed based on the discussions held at the Municipal Roundtable for the Prevention of Violence (MMPV). The Roundtable defined the shelter model and the services to be provided, positioning itself as complementary to the facility run by the Specialized Care Unit for Women in Situations of Violence of the PNC's Citizen's Complaints and Assistance Office (UNIMUJER), in cases when shelter is required for more than 24 hours.

The model of the Shelter for women in Usulután is based on theoretical knowledge of similar experiences in Ecuador. It is aimed at supporting the social reintegration of women victims of gender-based violence, inspired by a sense of the need for restorative justice and a coordinated system. The intent is to contribute to the government institutions that are embracing their responsibility towards the victims and the Shelter serves as a place where the public services that already exist in the municipality are consolidated, a characteristic it shares with the SAIVCH.

This heterogeneity in the models of care makes it clear that there is a need to unify and adequately regulate the government response to gender-based violence. While there has been occasional collaboration among the facilities to provide protection to women in need, and the exchange of experiences through staff visits between shelters, formalized coordination is currently lacking.

There are also differences in the circumstances of personnel working in these shelters: some facilities have both personnel with greater qualifications and the specialized knowledge to respond to cases of gender-based violence and larger numbers of people on staff, while others do not have any personnel assigned or lack training in this topic area. It is important to mention that in some cases shelter personnel perform additional responsibilities beyond those assigned in the shelter.

The SAIVCH currently has 11 personnel on staff: seven officers appointed by the PNC (who rotate in and out); a coordinator, a lawyer, a psychologist for children and adolescents appointed by the CSJ, and a doctor appointed by MINSAL. From 2014 to 2019, the shelter also had lawyers appointed by the PGR and a psychologist for adult women appointed by ISDEMU, as these were among the original institutions that collaborated to create the SAIVCH. Over time, however, these organizations have disengaged from the space for various reasons and currently these two services are lacking.

The police officers appointed to work in this shelter must match the following profile:

- Awareness of the care for women victims of gender-based violence
- Empathy
- Knowledge of the applicable regulations
- Completion of the UNIMUJER course
- No disciplinary proceedings, in the case of men who have not been aggressors.

The staff working in this shelter have strengthened their skills for the specialization of care through trainings, including: victimology and crisis intervention processes, the UNPFA's Essential Services Package course and ISDEMU's course on the ABCs of Violence-free Living.

CAMUJER has only one permanent employee, the head of the Municipal Women's Unit (UMM), whose responsibilities include the administration of the shelter. In addition, when the shelter is activated, two women from the Municipal Agents Corps (CAM) are assigned to provide security in 24-hours shifts. The CAMUJER also relies on municipal health services (Municipal Clinic) if required, but these resources are not for the exclusive use of shelter residents. Although the person in charge of the UMM has received training on gender issues, she does not have specialized training in gender-based violence and approaches cases based on her empirical knowledge.

The Women's Shelter in Usulután employs three people under the NOSOTRAS agreement: a psychologist, a lawyer and a nurse. In addition, the person in charge of the UMM performs certain functions related to the operation of the shelter in addition to the other responsibilities corresponding to her role. The APROCSAL shelter employs one administrator and eight staff members who operate the shelter in shifts, in addition to other the other duties stipulated in their employment contracts.

The staff who will work in this shelter have received training on the care of victims of gender-based violence, including a course on psychological first aid, care for women and other training provided by ISDEMU. It is important to note that the women in charge of the shelter project under the NOSOTRAS Agreement worked at the first shelter in the country that was established by CONAMUS, and therefore has hands-on experience and knowledge in this area.

The staff working in these shelters are governed by the hiring practices of the corresponding organization or institution, and in most cases work under a longer-term employment contract. However, those whose employment depends on the municipalities face the risk that a change in political administration, that occurs every three years, will result in their replacement or even the elimination of the facility.. The shelter for women victims of gender-based violence in the Municipality of Atiquizaya is an example of this situation - at the time of the study, the employment status of the staff was unclear and the facility was not in operation.

Likewise, the policy of rotating the law enforcement personnel assigned to the shelter contributes to the loss of accumulated experience, which also occurs at the end of short-term cooperation projects when the assigned staff leave. An example of this will take place at the shelter in Usulután, when the current project ends in 2023 and the municipality is expected to assume responsibility for the shelter, including the personnel.

Funding for the operation of shelters is a critical issue. The CSJ has allocated no budget for the SAIVCH – staff salaries are funded by the entity that runs the shelter. Furthermore, the other institutions that are part of the agreement contribute only staff, but no financial support. Rather, this shelter is supported by contributions made by civil society organizations, donations (mainly in-kind), and in some cases by funds donated by the staff members themselves from their own salaries to purchase food, clothing or equipment, for example.

The CAMUJER shelter also does not have budget allocated for its operation within the municipal budget, receiving only US\$50.00 per month from the City's petty cash fund for food when the facility is occupied. While this disbursement has been increased when required, the maximum amount that has ever been distributed in one month for the shelter is US\$300.00.

The Usulután Shelter has based the funding for its operating model on stipends received from the municipality, in the hope that the department will assume responsibility for the management of the facility, and the services will be provided by employees of public institutions who will pay personnel salaries and fund the services provided. In addition, it is expected that the expenses for food and equipment for the shelter will be included in the budget of the institution as in the case of the UMM of Santiago de María. The NOSOTRAS Agreement provides for the payment of rental fees for the facility where the shelter is located while it is being moved into a building owned by the Municipality. On the other hand, the basic costs and operating expenses will be assumed by APROCSAL, with an estimated annual budget of US\$15,000.00 required for its effective operation.

Regulatory and institutional framework

As noted above, Article 26 of the LEIV provides the legal basis for shelters by establishing the State's responsibility for the creation of the PCA, to be coordinated and overseen by ISDEMU.

Government institutions, municipalities and NGOs are also authorized to establish shelters, which must be accredited by ISDEMU. SAIVCH and CAMUJER worked with the Institute during the process of creation and have received accreditation. The shelters in Usulután and Atiquizaya^[144], however, are still not accredited despite their engagement with ISDEMU. According to several sources, the accreditation process was impacted following the change of the central government in 2019, making it more difficult to schedule meetings and obtain information from the Institute - a situation that was only exacerbated by the COVID-19 pandemic and resulting quarantine restrictions that made it impossible to continue the processes.

At the time of this study, neither of the two municipal shelters was in operation due to lack of accreditation, despite the fact that both have already prepared and have submitted the required technical documents to ISDEMU and have resolved any issues raised. Nevertheless, authorization for their operation remains pending.

The three shelters receive institutional support either from the municipalities or the judicial branch. For the the SAIVCH, the normative framework that governs their operation are the commitments established in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará), the Law on the Comprehensive Protection of Children and Adolescents (LEPINA) and the Law against Domestic Violence (LCV).

The management or coordination of the shelters is handled differently in each one. The SAIVCH does not have a designated shelter manager, since this function is provided by and is the responsibility of UNIMUJER, meaning that whoever is the officer on duty is responsible for the management of the facility. The person in charge of the UMM is also responsible for the management of CAMUJER, as instructed by ISDEMU; and the Usulután Shelter is managed by a monitoring committee made up of the organizations that are part of the NOSOTRAS Agreement, APROCSAL, MINSAL and the municipal government of Sensuntepeque. Coordination of the Usulután facility is the responsibility of the person in charge of the UMM.

Oversight of the shelters is primarily the responsibility of ISDEMU, as established in the LEIV, and is specifically executed by the departmental

delegate. However, other authorities also oversee the operation of the shelter, as in the case of SAIVCH, where the head of UNIMUJER, the head of ODAC, the Service Control Unit and the PNC Institutional Gender Unit also supervise the work carried out by the agents. As in the case of CAMUJER, the MMPV monitors the functioning of the shelter and the UMM submits reports to it.

Operation of the shelter

Arrival

All shelters have a protocol, manual or care pathway that defines the guidelines for the provision of services – as part of this study, we were only able to get physical access to the CAMUJER manual.

Admission to the shelter can occur in two ways:

- a) Referral: Women can be referred by the UNIMUJER of the PNC, by official letter stating that they are the victims of violence or by the National Council for Children and Adolescents (CONNA) in the case of minors (CAMUJER). Women can also be referred by government institutions (FGR, ISDEMU, public hospitals, UMM) or by women's groups in the territory (Shelter for Women in Usulután).
- b) Direct request: Women can approach the facilities directly, either to request shelter or because they have been identified as being at risk during the assessment process. In SAIVCH, the need is determined by actively listening to the women who use the facility. In Usulután, women come directly to the Women's Health Unit in search of services. Direct request is not an option for access to CAMUJER - women can only access the facility through a referral from UNIMUJER.

In some cases, the institutions that refer women to shelters have integrated this procedure into their care pathways, and in others they learn about the shelters from various awareness strategies promoting their existence and encouraging referrals of at-risk women.

The entry criteria vary by shelter, but there are some commonalities, as listed below:

- Women experiencing gender-based violence.
- Emergency situations representing an imminent threat to their physical safety.
- The existence (or not) of an official complaint of violence filed with the authorities.

- Accompanied by daughters of any age and sons up to the age of 12 or 18, although exceptions can be made for the age of adolescents on a case-by-case basis.
- Resident of the municipality or department (in theory) but women from all over the country and from abroad are also admitted.

In the two shelters that are currently operating (CAMUJER and SAIVCH), admission is granted immediately upon receipt of a referral or as soon as the need for shelter is determined. As part of the admissions process, the women are given a tour of the shelter facilities and the rules of the shelter are explained to them so that they can decide whether they wish to remain or not. If they decide to stay, they are registered in a book or via an entry form and given a personal care kit and, if necessary, clothing for themselves and their children (SAIVCH). When they enter, they are also given a letter of commitment, which is read to them and signed (See Annex 6).

In the SAIVCH, when the women's children are not present but also require shelter, the facility coordinates with the PNC for their transfer to the SAIVCH.

Women who require medical treatment are referred to the appropriate health care provider either co-located with the shelter (Municipal Clinic or delegated MINSAL medical staff) or at the nearest public hospital.

At CAMUJER, once a woman has been admitted, the shelter coordinates with the head of CAM to authorize the deployment of two female security agents who can provide protection for the woman, since the shelter does not have permanent staff due to the low level of demand for services. In addition, the PNC must send a copy of the referral letter to the following agencies: ISDEMU as well as, the PGR to secure legal assistance; the Council for the Protection of Children and Adolescents if the woman is accompanied by minors; to the FGR if it is determined that a crime may have been committed; and any other institution, as needed.

As noted previously, in order to determine whether the woman is eligible for admission, shelters conduct risk assessments. In the case of CAMUJER, this function is performed by UNIMUJER, which determines the level of risk and authorizes an initial 24-hour stay in its facilities. If more time is required, the victim is then transferred to the shelter where PNC personnel share the results of the risk assessment with the victim.

In the case of SAIVCH, the assessment is also conducted by UNIMUJER staff who provide care to the victim, with the possible support of CSJ personnel. The level of risk is determined through a process of active listening and the results of the assessment are shared with the victim in order to offer her the services of the shelter.

Although the Usulután Women's Shelter is not yet in operation, there is a defined admissions procedure, given that the main path of entry is through referral. Shelter staff will conduct an assessment to determine the degree of risk facing the victim by analyzing the situation, context, challenges and emergency measures needed. The decision to admit the women or not is based on this assessment and is included in her case file. The results of the assessment are not shared with the victim in an attempt to minimize further risk.

Departure

The means for departure also vary by facility, but again, there are some shared elements:

- a) Voluntary departure
- b) The conclusion of all procedures and processes (judicial, psychological or health) by the following means:
 - Decision of the referring institution
 - Granting of safety measures and the women feels prepared to leave
 - Apprehension of the aggressor
- c) Non-compliance with the rules of the shelter.
- d) Expiration of the authorized length of stay in the shelter or transfer to another shelter with a larger capacity, for example the case of SAIVCH, which only provides shelter for 24 hours.

In all cases, the departure is documented either by a sign-out record or completion of the sign-out registry.

The shelters do not provide alternative housing solutions for women, as there is no funding for this purpose, and there are no independent or government programs to which they can be referred. They also do not provide financial assistance, but in some cases, they have been able to coordinate with civil

society organizations that sponsor programs on productivity initiatives, to request support for women who want to start businesses or who require emergency funds.

The SAIVCH follows up with women who have left the facility only when they continue to receive psychological care. At the current time, this service is unavailable, and so they are referred to ISDEMU instead. SAIVCH also follows up with women who need ongoing legal assistance. In some cases, a follow up includes a home visit or they are invited to participate in support groups. Follow up activities are conducted by social work students who are doing their internships at the SAIVCH.

The facility will also follow up when contact is lost and the woman is known to be at risk, when they abandon their psychological treatment or when there is a need to have a better understanding of the situation in the victim's home.

CAMUJER conducts any follow-up activities. The Usulután Woman's Shelter plans to maintain contact with residents who exit the facility through the territorial teams in order to connect them to the self-help networks in the region where they live. Follow-up contact will be documented on the ISDEMU forms that have been developed for this shelter and will take place both in the short-term (every two months during the first year after discharge) and in the long-term (every six months after beginning the second year after discharge). They also plan to have clients complete a satisfaction survey and submit an exit report.

The shelters maintain ongoing relationships with state and municipal institutions to facilitate certain procedures and steps that women must take once they leave the shelter. One example of this kind of coordination is with the Attorney General's Office and the courts to help expedite the ordering of protective measures for women, to notify the aggressors about the granting of protective orders, or to receive updates on the status of the judicial proceedings. They also coordinate with the PNC or municipal authorities to provide transportation for women to judicial proceedings or healthcare appointments, even after they have left the shelter, as in the case of SAIVCH, since many do not have their own vehicle and must therefore rely on other methods of transportation.

Life in the shelter

All of the shelters offer or provide services in common, although they vary in some elements, to care for women victims of violence. Table 2 provides an overview of the services provided by each shelter, followed by an in-depth discussion.

Table 2. Services available at each of the municipal or departmental shelters

Service	SAIVCH	CAMUJER	Usulután Women's Shelter
Legal Counsel	X	X	X
Psychological care	X	X	X
Medical care	X	X	X
Educational Activities		X	X
Recreational activities	X	X	X
Personal Care Kit	X	X	X
Occupational work-shops		X	X
Security	X	X	X
Food	X	X	X
Laundry and housekeeping	X	X	X

1. Legal Counsel is provided within the shelter by competent personnel assigned either by one of the institutions that provides services inside the shelter, such as SAIVCH, served by personnel from the CSJ; or in the case of CAMUJER, personnel from the legal department of the municipality. In Usulután, the APROCSAL legal team is expected to provide this service at the shelters' facilities.

It is important to mention that the staff of the CSJ are restricted by law from representing shelter residents in court and can only provide legal counsel. They were formerly permitted to do so through the PGR, which

was part of SAIVCH, but they withdrew from the agreement in 2019. Therefore, to obtain legal representation, women must be referred to the PGR or FGR. CAMUJER also follows the same procedure to secure legal representation, since the personnel provided by the municipality are not engaged for this purpose and are not trained to handle cases of gender-based violence, but rather in municipal law.

2. Psychological care: None of the shelters in operation currently offers this service within their facilities, since they do not have the appropriate personnel. Women who require this type of support are referred to the PGR, ISDEMU or the National Counsel for the Defense of Human Rights (PDDH). Until 2019, the SAIVCH did provide this service within the shelter through ISDEMU, with follow-up on a bi-weekly or monthly basis. However, in 2020, it was removed from the agreement and no longer offered in the facilities. This shelter currently only offers psychological care for children and adolescents, which is provided by a psychologist from the CSJ. In the event psychiatric care is required, women are referred to the nearest public hospital that can treat their condition.

In the Women's Shelter in Usulután these services are expected to be provided by APROCSAL's team of psychologists and women may also be referred to public facilities as long as there is space, otherwise these needs will be met using funds from the agreement.

3. Medical care: Primary care is provided within the shelters' facilities by personnel designated for this purpose. In CAMUJER this care is rendered by the municipal clinic for general medicine and basic medication. In the SAIVCH, residents are seen by the MINSAL doctor who sees patients at the shelter once a week, and who is equipped with the medical devices and supplies needed to perform a complete check-up. If other more specialized services are required or the residents are not available, they are referred to nearby public hospitals or health units.

The PNC is responsible for applying the protocol in cases of sexual violence in CAMUJER, and the shelter is not involved in the process. The SAIVCH has defined a care protocol for cases of sexual abuse, immediately transferring women to the nearest hospital so that the appropriate procedures can be performed, and occasionally receives a report from forensic medicine detailing the care of the patient.

4. Educational activities: The shelter does not maintain personnel or programs that guarantee the minor children who arrive at the shelters

with their mothers the ability to continue their education. While there is coordination with the Ministry of Education, Science and Technology (MINEDUCYT) to guide educational activities, children continue their education in a less structured and more intuitive manner by watching educational programs on television and reading the books purchased by the facility. These activities, however, are only supervised by the person in charge of the CAMUJER shelter and the children's mothers, who are not trained as educators. The SAIVCH does not provide any kind of educational activities while children are in the facility.

In Usulután, there are plans to coordinate with MINEDUCYT to allow children to continue their studies in blended or virtual formats and to enroll children under 6 years of age in the local municipal Child Welfare Center (CBI).

5. Recreational activities: SAIVCH has a playroom, supervised by a psychologist, that is equipped to provide care for children and adolescents. It is furnished with toys and games for children or they can go outside and play in the internal courtyard of the shelter. Until 2019, CAMUJER had a playroom with games for the children of women who entered the shelter, but as it was municipal space it was not reserved for their exclusive use. The playroom was closed permanently during the COVID-19 pandemic and the space was filled by municipal offices.

In Usulután, there are plans to provide recreational activities for children through partnerships with the municipal Houses of Culture or to persuade the local leadership to sponsor these activities and, if not possible, promote them through APROCSAL.

6. Personal Care Kit: In both shelters currently in operation, women are given a personal care upon entry that contains items for them and their children, including: underclothes, a towel, shampoo, toothpaste, toothbrush, deodorant, soap, etc. In addition, the SAIVCH provides clothes to allow the woman and her children to bathe and change. It is important to mention that these shelters do not have the budget to purchase the supplies included in these kits, and that this gesture is possible because of the cooperation of NGOs and donations they receive.

7. Occupational workshops: CAMUJER offers some occupational training options to the women residents. These are developed by the person in charge of the shelter, who uses her personal skills and knowledge to teach the women some activities, especially those related to handicrafts. Although the municipality has a vocational training center that offers courses on computers, dressmaking, tailoring, cosmetology and

hairdressing Monday to Friday, and English on Saturdays, these courses are open to anyone, not just shelter residents. In addition, as they take place outside the shelter, residents do not enroll due to the lack of safety precautions.

In Usulután, there is a plan to coordinate with Ciudad Mujer to allow women to participate in courses offered by the economic and educational section.

8. Security: All shelters have security personnel assigned to them, provided either by the PNC or CAM. However, in the case of CAMUJER, they are only assigned when there are active cases, since they are designated permanently to the shelter. It is also important to note that the location of the shelters is known and they are easily accessible, as they are located within facilities that are used for other service, posing a potential risk to residents' safety.

9. Food: The shelters ensure that the women have access to basic ingredients and the supplies, utensils and appliances they need to cook. Residents are responsible for cooking for themselves and their families. There is a shared kitchen for this purposes, and if needed, a schedule can be developed to manage its use. The reasoning behind this practice is to encourage the residents to develop a routine and treat the space as if it were their own home.

At SAIVCH, non-perishable and quick-cooking food (soups, sardines, biscuits, juices) is guaranteed and the bag of food is given to the women so that they can prepare it themselves. If they are not able to do so (generally because of their state of mind), the team will take over the preparation. The shelter does not have the budget to provide this food, and often it is either purchased by staff with their own money or donated by organizations.

10. Laundry and housekeeping: Residents are responsible for washing their own laundry and that of their children and for keeping the facility clean. The shelters provide any needed cleaning and laundry supplies and equipment. As with the kitchen, a schedule can be developed for the use of the washing machines and cleaning supplies, if needed.

None of the shelters offer childcare services, and mothers are responsible for the care of their children. If needed the shelter can provide them with information or guidance on parenting.

All shelters have implemented rules of daily coexistence for the residents and, as mentioned above, non-compliance can result in removal from the facility.

- Respect for shared rules and coexistence.
- Participation in the distribution and performance of shared tasks.
- Treat shared objects with respect.
- Respect your colleagues and staff.
- Respect the established schedules.

The shelter also has security measures in place that apply both within the facility and with respect to contact with the outside world:

- Confiscation of bladed weapons or objects that could pose a danger (SAIVCH).
- Residents must remain in the inner areas of the shelter (SAIVCH) or the municipal complex (CAMUJER).
- Residents who leave the shelter to attend legal proceedings or go to medical appointments must be escorted by a police officer or CAM in a vehicle that belongs to the institution.
- Policies on the use of cell phones and social networks varies. SAIVCH makes the decision on a case by case basis and CAMUJER places no restrictions at all. The shelter in Usulután plans to ban the use of mobile phones.
- Visits are forbidden.

The shelters that were in operation were impacted by the COVID-19 pandemic, mainly in terms of infrastructure and the availability of resources. CAMUJER lost the space they were using as a children's playroom, which was replaced with municipal offices. They also lost the use of another room that was taken up by the office of the UMM. The SAIVCH lost the use of the vehicle assigned to UNIMUJER, when it was taken to distribute the food packages the government was providing to citizens during the pandemic. To date they remain without a vehicle, despite their efforts to get one assigned, and are now dependent of the availability of vehicles from police department in other municipalities.

It is important to mention that while the CAMUJER facility is operational, it has admitted no women since 2019, which is attributed to the lack of reports of domestic violence. The SAIVCH, while it did provide reporting and shelter services, psychological care and legal advice were only available over the phone during the pandemic, and it is believed that this is the cause of the decrease in demand, since many women may not be comfortable using these

services remotely. The shelter in Usulután was not operational at the time of the pandemic, but was already fully equipped. The MINSAL requested use of the space for health care workers (especially nurses) who needed to find places to stay during the months the quarantine was in effect (March-June 2020) due to restrictions on transportation and the refusal by some communities to allow them to stay in their homes because of their exposure to the virus.

The SAIVCH has adopted biosecurity measures to guard against COVID-19 for women seeking access to services, including the mandatory use of masks, which can be provided if needed. Masks, sanitizing gel and liquid hand soap are included in the personal care kits women receive upon entry.

Shelter capacity

Altogether, the three shelters have the capacity to house six families - six women with an average of three children each, for a total of 24 people, as shown in the table below.

Table 3. Number of places in municipal and departmental shelters

SHELTER	NUMBER OF PLACES FOR WOMEN	NUMBER OF PLACES FOR CHILDREN
SAICVH	<ul style="list-style-type: none"> • 4 unaccompanied women or 1 women with her family 	<ul style="list-style-type: none"> • 4
CAMUJER	<ul style="list-style-type: none"> • 2 women with their families 	<ul style="list-style-type: none"> • 6
Women's Shelter in Usulután	<ul style="list-style-type: none"> • 3 women with their families 	<ul style="list-style-type: none"> • 9

Both the SAIVCH and CAMUJER have only one large bedroom shared by the women and their families. In Usulután there are three rooms, one per family. It is evident that when comparing the number of places available with the population in the departments and municipalities where the shelters are

located, the number is insufficient. According to the 2007 Population and Housing Census, 100,613 women reside in the department of Chalatenango, 180,680 in the department of Usulután and 21,636 in the municipality of Sensuntepeque, department of Cabañas.

Furthermore, if we consider that **there is a high rate of gender-based violence in these departments and states, the government's response to providing protection and shelter to women is minimal.** According to the 2017 National Violence Survey, the rate of gender-based violence in Chalatenango is 44.2% in, 61.9% in Cabañas and 66.8% in Usulután. Likewise, according to the latest report on Acts of Violence, between January and June 2020 alone, there were 316 acts of violence recorded in Chalatenango, 265 in Cabañas and 480 in Usulután.

In order to get a better sense of the space and how the facilities are equipped, on-site visits were made to two shelters (SAIVCH and CAMUJER) as part of the study. In general, they are modest spaces with basic equipment, and in some cases are not for the exclusive use of the shelter residents.

The SAIVCH is located in the center of the municipality of Chalatenango, the departmental capital of Chalatenango, in a facility owned by the CSJ. It shares the space with the Gesell Chamber that is used during criminal investigations. The space was designed to coordinate the services provided by the governmental institutions for women victims of violence, but currently only three institutions (CSJ, PNC and MINSAL) participate, since ISDEMU and PGR withdrew from the inter-institutional cooperation agreement.

The facility is located in a large colonial-style house with a central courtyard, surrounded by the various spaces for the provision of services. Women seeking admission arrive at offices located the entrance to the building, and are then led toward one of the rooms in the interior of the SAIVCH for care, depending on the case in question.

The facility includes an area for active listening where women can talk about the events they are experiencing and receive information about the services that are available. It also has an office for legal counsel, a space set up for the provision of healthcare services, a playroom that connects to the Gesell Chamber, a kitchen area, bathrooms separated by sex, and a storeroom. It also has a space set aside for psychological care, which was intended for use by

ISDEMU, but which is currently not in use. The entire space is shared by the women who come to the specialized facility seeking assistance for issues related to gender-based violence, regardless of whether they are residents or not. There is also a large room with a separate bathroom for use as a dormitory, and residents are not permitted to leave the interior area of the SAIVCH.

The SAIVICH is equipped as follows:

- 2 staterooms (camarote)
- 1 crib
- 2 wardrobes
- Stovetop with 3 burners
- Oven
- Coffeemaker
- Dining set
- Kitchen utensils
- Mats
- 2 refrigerators – 1 medium-sized one for the UNIMUJER staff, and a small one, donated for use by shelter residents.
- Washer and dryer, donated.
- Medical furniture/ fittings
- Office furniture
- A playroom and a room for active listening
- Furniture, books, and toys for the playroom

Instalaciones del SAIVCH





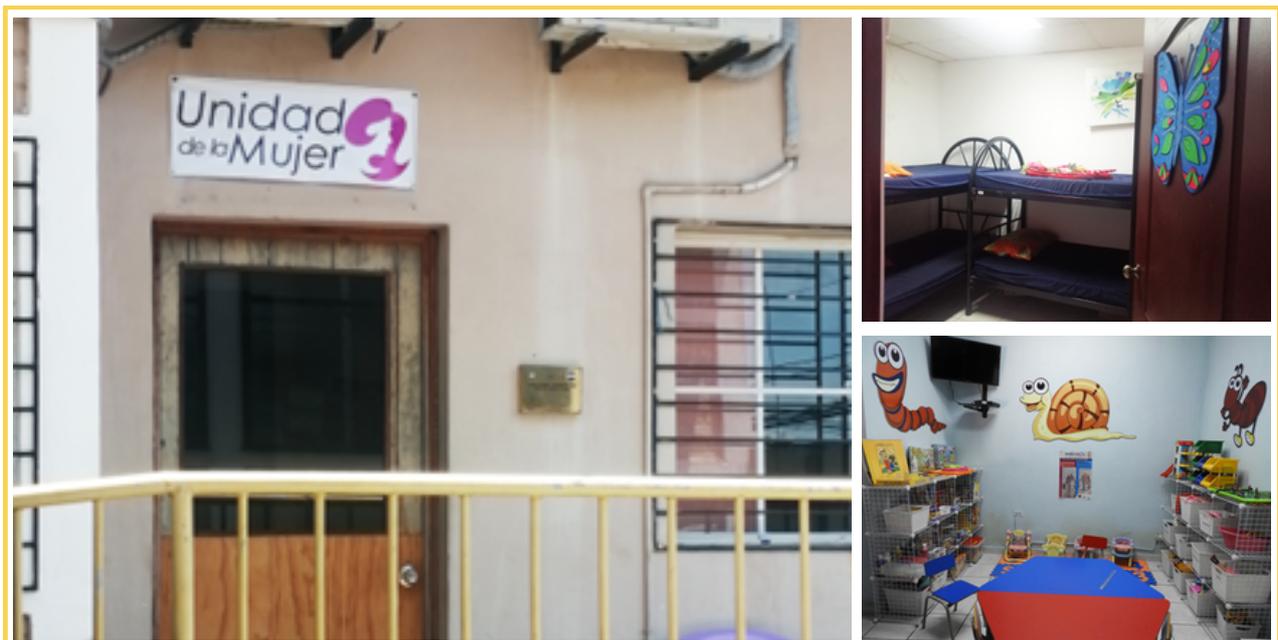
CAMUJER is located within the municipal office complex of Sensuntepeque in a small new facility, built specifically for the shelter. It is a totally enclosed space accessed through the municipal offices. It has one bedroom, a room that serves as a listening space, a bathroom and a laundry area.

The former playroom, kitchen and dining room are located in another building in the same complex. In order to access them, women must leave the shelter and cross the open spaces in front of the municipal office and the office that used to house the playroom, exposing the residents to a degree of risk.

The other bedroom currently contains the office of the UMM and is used as a space for occupational workshops, educational activities and as a TV room for residents. As such, it does not provide the optimal environment for the activities it is intended to house.

The CAMUJER is equipped as follows:

- Washer
- Dryer
- 2 staterooms (camarotes)
- Living room
- Television
- Wardrobe
- Kitchen
- Dining room
- Refrigerator
- Kitchen utensils and appliances





Both shelters maintain a registry to keep track of the number of women who have been treated in the facilities. Between 2018 and 2020, the SAIVCH housed a total 14 women with their children, and the CAMUJER shelter housed 11 women and 21 children.

Women treated in the CAMUJER Shelter 2015-2020

Year	Women	Girl Children	Boy Children	Adolescents	Length of Stay
2015	4	1	3	0	3-6 days
2016	3	3	4	2	4-22 days
2017	2	2	0	1	16 hours-4 days
2018	2	3	2	0	2-44 days
2019	0	0	0	0	No requests received
2020	0	0	0	0	
2021	0	0	0	0	
Totals	11	9	9	3	

Length of stay in the shelter

The length of stay varies among the shelters. The SAIVCH, as a service of UNIMUJER, provides temporary emergency shelter for a period of 24 hours, which can be extended for up to two days while efforts are made to place the woman in a longer-term facility.

CAMUJER offers refuge for a period of one month, since the referring agencies want to ensure that all necessary steps are taken to identify support networks or family members where the women can be relocated. If necessary, this can also be extended, with the longest stay reaching 44 days.

The shelter in Usulután provides shelter for a maximum of three months, which may be extended based on a decision of the shelter committee and depending on demand.

Evaluation of the shelters

Information on the operation of CAMUJER is provided in the periodic reports the UMM submits to the municipality on the progress of its Annual Operating Plan.

None of the shelters undergo procedural evaluations on their operation, although the person in charge of the CAMUJER shelter said she was aware of an external evaluation carried out by USAID on the project that sponsored the construction and equipping of the shelter, the results of which were presented to the mayor, but not shared with her.

SAIVCH only has one process that could be defined as an internal evaluation, but it is more focused on the performance of the shelter personnel than on the effectiveness of the services provided.

Government shelter for victims of social violence

This model corresponds to shelters that primarily serve people involved in judicial or immigration processes who require protection. Women victims of violence could be included in this group, but would just receive the care available from the services at that facility, rather than the differentiated and specialized care available in shelters that focus on women victims of gender-based violence. Two shelters of this type were identified as part of this study: the shelters managed by the Victim and Witness Protection Program (PPVT) of the UTE and the CAIPEM of the DGME. Information was only available on the Victim and Witness Protection Program shelters and that model is described below.

It is important to note that the director of the PPVT did not claim that these shelters are for the care of women victims of gender-based violence and noted that there is a shelter managed by ISDEMU for these cases. However, he did acknowledge that they can provide services to these types of victims if they fit the profile and undergo the legal procedure established to qualify for protection.

Historical overview and shelter care model

These shelters were established in 2006 to comply with the provisions of the Special Law for the Protection of Victims and Witnesses (LEPVT). Until 2020, there were 11 of these shelters at the national level. However, four of them were forced to close due to the COVID-19 pandemic and at the time of the study, there were 16 shelters in operation. These shelters are classified according to the population they serve: shelters for victims, shelters for witnesses with plea bargains, and shelters for anonymous witnesses.

There are many different classifications of shelters, including separate shelters for women and men, and shelters for victims and witnesses of different types of crimes. However, there is currently no shelter specifically for women victims of gender-based violence, but we were told that the possibility would be considered, if the need arises.

The PPVT shelters are governed by the Law and the regulations that establish all the elements to be considered for their implementation. Their purpose is to provide temporary housing to protected persons, when required by the degree of threat or risk of danger requires it. (Art. 40 RLEPVT). The persons who may receive protection from the PPVT include witnesses or other persons who are at risk or in danger because of their direct or indirect involvement in the investigation of a crime, in a judicial process or because of their family relationship with the person(s) involved (Art. 2 LEPVT).

These shelters are designed so that the people who enter them essentially disappear and are completely cut off from their previous lives in order to protect their lives and physical safety.

Regulatory and institutional framework

As mentioned above, the LEPVT and its regulations constitute the regulatory framework for the creation and operation of these shelters. The UTE is responsible for establishing, managing and administering the shelters or safe houses within the framework of the PPVT (Lrt. 8 lit. d LEPVT) and the Office of Protection is responsible for carrying out the tasks related to the administration and operation of the shelters. The shelters operate without interruption throughout the year, except in cases of verifiable force majeure and have technical and operational documents that define and guide their operation.

Operation of the shelters

As mentioned above, in order for a person to qualify for entry into the witness protection program, they must meet the criteria established in the LEPVT and be at serious risk of danger, i.e., there is a real and imminent threat to their lives, physical safety, liberty or property (Art. 4, Section a, LEPVTT). The terms established in Art. 23 of the LEPVT must be met in order to exit the shelters.

Since these shelters become the new permanent homes of the people who enter them, they must ensure that people can continue to lead full lives while they are protected. In addition to providing protection and shelter, they also guarantee education, healthcare, food, clothing, job skills training and, in cases of extreme risk that cannot be resolved domestically, permanent relocation abroad. They also provide security services at protectees' homes, through the agents of the Executive Protection Service (PPI). The operation of the shelters is governed by the LEPVT and its regulations.

Shelter capacity and length of stay

The capacity in PPTV shelters varies according to demand. There are currently 120 persons in shelters and 200 protectees, who are subject to either ordinary or extraordinary protection measures. There is no limit on the duration of the protective measures and to date, the longest period someone has remained under protection was 12 years.

The infrastructure and equipment of the shelters vary according to their classification, but the space should be as home-like as possible since the protectees will spend a great deal of time there and should be able to live as normal a life as possible.

Recommendations

The results of this in-depth study of shelters in El Salvador indicate that there are elements that must be strengthened in order to provide effective protection for women victims of gender-based violence who require shelter. The following recommendations address the areas of legislation, integration of services into public policy, budget, care for girls and staff training.

1. Although the country has a **regulatory framework** that requires the creation of a shelter program, this legislation is insufficient to establish and institutionalize a public program that coordinates, guides, promotes, monitors and evaluates shelters for women victims of gender-based violence. It is therefore essential that El Salvador adopt a specialized legal framework that regulates the creation, operation, sustainability and progressive coverage of these shelters by defining the institutional mechanisms that guarantee their operation and clearly establish the responsibilities of the government and budgetary resources necessary to provide comprehensive, specialized and quality services.

In line with the first recommendation, it is also urgent and indispensable for the Salvadoran government to prioritize the care of victims of gender-based violence and to adopt a public policy aimed at complying with the obligations established in the LEIV in terms of shelter and protection. It should also increase the number of governmental services guaranteed by this policy in order to ensure the services provided by the shelters are comprehensive. These resources could include the creation of specific programs in the areas of housing, employment, education, healthcare (including mental health) and security aimed at providing development opportunities and protecting the women housed in the country's shelters, regardless of whether they are at the national or municipal level.

2. One of the main challenges for the shelters is that most of them lack the necessary funding for their proper functioning. The State must assume the responsibility for all costs related to the building and operation of shelters using public funds, and include funding for the creation and operation of shelters in the annual budgets of the responsible governmental institutions.

The budgets should be designed to incorporate specific programs or lines of work, as well as the line item expenditures that cover all the requirements and needs of these specialized services, including those not listed in the current budgetary guidelines.

3. Shelters should accept girls and adolescents who are direct victims of gender-based violence for care, since the current care models and services provided are mainly focused on caring for adult women, and no specific protocols have been developed to address this younger population. This is of particular concern, since the systems for the protection of children and adolescents lack a specialized approach to gender-based violence against girls and adolescents, making them a population in a situation of a double lack of protection.
5. Finally, the State must guarantee the specialization of the services provided in shelters by investing in ongoing institutionalized training for all personnel working in shelters and defining the requirements that must be met by those who provide these services. The State should consider the creation and accreditation of official training programs for the care of women and girls who are the victims of gender-based violence in shelters and include this accreditation among the requirements for candidates for employment at the shelter.

In-depth Country Study – PERU

Marcela Huaita Alegre, Expert ^[145]

Introduction

Conceptual clarifications that will form the basis of the study. Shelter concept. Local denomination.

The Convention of Belem do Para (Article 8, paragraph d) establishes as an obligation of the States Parties, the adoption of specific measures to provide appropriate specialized services for the care of women victims to violence, through both public and private sector entities, and thus incorporates temporary shelters.

Within this context of obligation, Peru has two systems that provide shelter for women victims of gender-based violence, depending on whether they are adults or minors. The law establishes Temporary Shelter Homes (HRT) for adult women and specialized Residential Shelters (CAR) for minors.

This report will focus primarily on HRTs, although the CARs for girl and adolescent victims of gender-based violence will be mentioned. The study will also discuss existing regulations on so-called temporary shelters for victims of human trafficking and sexual exploitation, which can be either HRTs or CARs.

Brief description of the country and current context

The country of Peru is located in South America and has a land surface area of 1,285,216.20 km² . The country enjoys a great diversity of natural regional landscapes (coast, highlands and jungle) and a broad cultural mix of people that includes mestizo, Quechua, Aymara and Amazonian indigenous communities. INEI estimates that the population of Peru will reach 33,335,304 inhabitants by the year 2021 (INEI, 2021). The capital city, Lima, is the most densely populated, and is home to a little more than 10 million people.

In the last 20 years, there have been changes in the dynamics of the population, especially with respect to the reduced birth rate and the increase in life expectancy at birth (CEPLAN, p. 12). These changes have affected both the population growth rate and the age distribution of the population. At the same time, there has been a marked increase in foreign immigrants (698,000) over the last five-year period between 2015-2020, mainly due to arrivals from Venezuela, which has increased the total population of the country (INEI, 2021).

Since 2020, a questionnaire has been randomly distributed on an annual basis to women of childbearing age (15-49 years old) in Peru as part of the Demographic and Family Health Survey (ENDES), allowing for the collection of comparable national data on the prevalence of domestic violence in the country. According to the survey conducted in 2019, 57.7% of women report having been the victims of intimate partner violence at some point, with a greater frequency among residents of urban areas (58.3 %) than those in rural areas (55.3 %). Among the forms of violence, psychological and/or verbal abuse is the most common (52.8%), followed by physical violence (29.5%), and finally, sexual violence (7.1%). It should also be noted that both psychological and/or verbal abuse and physical violence were reported in higher proportions in urban areas (53.7% and 29.7%, respectively) and sexual violence was more prevalent in rural areas (7.6%) (INEI, 2020 p. 285).

For the purposes of comparison, in the last decade there has been a 20.2% decrease in the number of women victims of violence, with psychological and/or verbal abuse being the most common types of violence. In general, women who reported having been the victim of some type of violence at the hands of an intimate partner decreased by 19.2% in the last 10 years, with a 14.7% decrease in the five-year period between 2014-2019, (INEI 2020, p. 286).

With respect to assistance, 70.5% of battered women did not seek help from institutions, and 55.3% did not seek help from people close to them or from family members. Only 44.7% turned to people close to them, most frequently their mothers (34.8%). Likewise, of the 29.5% of battered women who sought assistance from an institution, 77.6% went to a police station, 11.1% went to the Public Prosecutor's Office and 9.8% went to DEMUNA, the Office of the Municipal Defender. Smaller percentages went to other institutions (INEI 2020, 296 et seq.).

During the period 2015 – 2019, Peru saw an increase in the rate of femicides, from 0.5 cases per 100,000 women in 2015 to 0.9 cases per 100,000 women in 2019. (INEI, 2021, Femicide, p. 18). By 2019, 83.1% of femicide victims were of reproductive age, between 18 and 49 years of age, with young women between 18 and 29 years of age being the most vulnerable to this crime (41.9%). During 2019, 97.3% of women victims of femicide (144) were of Peruvian nationality, while 2% of victims were Venezuelan (3) and 0.7% (1) of another nationality (INEI, 2021, Femicide, p. 41).

Within the context of COVID-19, while reports of violence decreased during confinement, the number of telephone calls to domestic violence hotlines and online services increased, especially those provided by the Ministry of Women (MIMP). Calls to the MIMP hotline increased from 12,893 calls in January 2020 to 26,869 calls in July of the same year (MIMP, 2020 Statistical Bulletin), reflecting the reality of the rate of violence suffered by women.

That same year, according to the Office of the Ombudsman, 3,835 girls and adolescents were reported missing, establishing an important link between the disappearance of women and other forms of gender violence, such as trafficking in persons and femicides. Of the 138 femicides identified in 2020, in 34 of these cases (25%) of the victims had previously been reported as missing (Office of the Ombudsman, 2020 Missing Women, p. 5).

Peru is both a transit and destination country for trafficking networks. Poverty, unreliability and lack of confidence in the justice system due to corruption scandals and other issues, have led to crimes linked to illicit enterprises such as mining or logging and given rise to human trafficking networks for both labor and sexual exploitation, as well as, networks dedicated to the sexual exploitation of children. In addition to all of this, the issue of migration has devolved into a high-risk and vulnerable situation that has created irregular routes of entry of trafficked women. According to the MIMP, 100% of the victims of trafficking in 2020 were women and 64.5% of them were girls or adolescents (MIMP, Violence Observatory).

In response to all of the above, Peru has developed important legislation that addresses all forms of violence against women and their families - Law 30364 (2015); a National Policy on Gender Equality (2019), which includes the reduction of violence against women as one of its objectives; and the National Plan to Combat Gender-Based Violence (2015-2021).

In addition, Peru created the National System for the Prevention, Punishment and Eradication of Violence against Women, that includes the High Multisectoral Commission (CMAN) as the highest ranking entity in the system. It consists of various Executive Branch agencies (Ministry of Women and Vulnerable Populations, Interior, Justice, Education, Health, Social Development, Labor, Culture, and Defense), the Judicial Branch, the Public Ministry and the Office of the Ombudsman. It is also important to highlight the annual increase in the public budget for the eradication of and attention to violence against women, with a 2021 budget of S/. 690.7 million, which represents a 44% increase over the 2020 budget (MIMP, Violence Observatory). The funds are intended for the prevention, care and recovery of victims.

Historical overview of shelters in Peru

There are two types of shelters for victims of gender-based violence in Peru, differentiated according to the age of the victims:

- Temporary Shelter Homes for Women Victims of gender-based violence (HRT)
- Residential shelters for girls and adolescents (CAR)
- The law also denotes, "temporary shelters for victims of human trafficking and sexual exploitation," for HRTs and CARs specializing in this area

Temporary Shelter Homes for Women Victims of Gender-based Violence

In Peru, shelters for women victims of domestic violence emerged in the 1980s from grassroots social organizations. The first reference to a shelter is "La Voz de la Mujer" ("the Woman's Voice"), which was established in 1983 by Rosa Dueñas, a community leader and Councilor for Social Affairs of the Municipality of Lima (RE CARE portal). In the following years, other shelters were opened, some by grassroots women leaders, such as: "La Casa de la Mujer Maltratada Física y Psicológicamente" ("Home for Physically and Psychologically Abused Women"), "Hoy por ti Mujer" ("Today is Your Day, Woman), "Hogar de la Esperanza Mamá Victoria" ("Mama Victoria House of Hope"). While these shelters lacked funding, they did have the strength and drive of their leaders. This increase in the number of shelters also spread to other regions of the country and in 1998 the National Network of Shelters (RE CARE portal) was created, which remained active until the first decade of the 21st century but which has lost strength in recent years.

Years later, other shelters opened, sponsored by non-governmental institutions such as CEDAPP and DEMUS, as well as, by efforts organized by municipal governments (Municipality of San Borja), but they closed when their projects ended (ESPINOZA, p. 12). In the 2020s, while there are still private temporary shelters in existence, there is a growing number of temporary shelters run by the State, with different institutional arrangements at the local, regional and national governmental levels.

In the area of legislation, the need for the State to “Promote the establishment of temporary shelters for victims of violence and the creation and development of institutions to handle the aggressors at the municipal level” (Art. 3, inc. g). (Art. 3, inc. g). Law 26260) has been included in every law that addresses “family violence” in Peru since the first one that was passed in 1993. This law has been revised several times and a 2000 amendment establishes that the State must “Promote at the municipal level policies, programs and services for prevention, care and rehabilitation, such as Public Defenders for Women, temporary shelter homes, counseling services, mutual help groups, Municipal Defenders of Children and Adolescents and rehabilitation services for aggressors, among others” (Art. 3, inc. f). (Art. 3, para. f, as amended by Law 27306).

At the same time, in 1996, Peru created the Ministry of Women^[146], and established as one of its main functions the fight against domestic violence. In 2001, National Program to Combat Domestic and Sexual Violence (PNCVFS), now known as the “Aurora Program,”^[147] was launched specifically to address this issue. Since its creation, this program has provided services to women victims of domestic violence, and identified the need to establish agreements with existing HRTs to refer victims when required (personal communication from the Director of the Aurora Program).

In the following years, two laws that specifically address HRTs were passed: the first was aimed at minor victims of sexual violence (2002); and the other extended protection to all victims of domestic violence (2004). In effect, Law 27637 (2002) provides for the creation of HRTs for “minors who are victims of rape and who are at risk or who have been abandoned” (Art. 1). It establishes the PNCVFS as responsible for the management and administration of the HRTs, also providing that the HRTs will be built on property confiscated by the

State (Art. 4). Due to the characteristics of these specialized HRTs, a separate section of this report will go into more detail on these facilities for children and adolescents.

As mentioned above, Law 28236 passed in 2004, "Law that creates temporary shelter homes for victims of domestic violence" complements the previous law, providing guidance on the operation of the HRTs as follows:

- The HRT are targeted at victims of domestic violence, who are in a situation of abandonment, at risk or in imminent danger of losing their lives, or whose physical, mental or emotional health is threatened as a result of domestic violence (Art. 1).
- The length of stay in the HRT will be determined by the technical guidelines that govern the intervention of the services that each specific case requires (Art. 3).
- The HRT will be build/established on property confiscated by the State (Art. 4).
- The HRT should be promoted at the national level, through local governments (Art 2).
- Local governments are responsible for coordinating with Professional Associations to provide HRT users with access to free ongoing professional services from lawyers, doctors, psychologists, and social workers (Art 4).

The responsibility delegated to local governments is, in turn, corroborated by the Organic Law of Municipalities (Law 27972 of 2003), which, when regulating the responsibilities on "Social programs, defense and the promotion of rights" establishes the specific functions shared between the provincial and district municipalities: "To promote, organize and sustain, according to their abilities, day-care centers for infants and small children, establishments for the protection of children, people with disabilities and elderly people, as well as shelters." (Art. 84, inc. 3.2).

In 2005, Supreme Decree N "007-2005-MIMDES, regulations of Law 28236 were promulgated. In addition to providing a glossary of terms, the Supreme Decree established the nature, objectives and admission process of the HRTs. It also outlined the responsibilities of the PNCVFS at the national level, those of local governments, the administrative structure they must have, the

coordination that must take place with other public bodies such as healthcare and the judiciary, as well as the establishment of a local network for the prevention and care of family and sexual violence. Finally, the governing body is entrusted with the approval of complementary norms, among them:

- Home Referral Criteria.
- Guidelines for the care and operation of the shelters
- Guidelines for the Registration of shelters.
- Model of Basic Internal Regulations of the shelters

In the years following, the sector worked to develop these regulations, implement a Register of HRTs, develop an intervention model, provide technical advice on the administration and management of the homes run by local governments, and carry out oversight activities to evaluate their operation, among other things.

In 2012, the General Directorate against Gender-based Violence was created in the Women's Sector, differentiating it from the PNCVFS. This action separated the sector steering functions, which were assumed by the Directorate, from those of direct services to the public, which are the responsibility of the PNCVFS. Both groups report up to the Vice-Ministry of Women. The name of the new directorate as "against gender-based violence" reflects the change of focus that has taken place in the sector, broadening its work to include other forms of violence, not only domestic and sexual violence. This new Directorate is also responsible for providing technical assistance and overseeing the services provided to victims of gender-based violence by both public and private entities, through the Directorate for Technical Assistance and Development of Services. This second Directorate is responsible for establishing guidelines and directives to improve the quality of services provided by public, national, regional and local entities and the private sector to victims of gender-based violence.

After several years of debate, Law No. 30364, "Law to Prevent, Punish and Eradicate Violence against Women and members of the family group" was approved in 2015, establishing an important change of perspective in the approach to gender-based violence against women. This new perspective suggested that the term "gender-based violence" no longer refers just to domestic violence but also to the various manifestations of violence that occur within the family, in the community and by the State, thus aligning itself with the vision expressed in the Convention of Belem do Para.

The new law establishes that it is the policy of the State (art. 29 in the original law and art. 44 in the TUO of Law 30364, approved by DS No. 004-2020-MIMP) to create shelters (HRTs) and provides that the MIMP be responsible for this activity (art. 44 of the TUO):

- Implement and manage the registry of temporary shelter homes that meet quality standards in the provision of service
- Approve the minimum requirements for setting up and operating as shelter, as well as, the minimum quality standards for service provision.
- Approve the minimum requirements for setting up and operating the shelter, as well as the minimum quality standards for service provision.

At the same time, the law establishes the obligation of local, provincial and district governments and private institutions, to manage and administer temporary shelters, and to provide information and access to the MIMP for the performance of its monitoring, follow-up and evaluation functions.

One year later, when issuing the regulation of the law (Supreme Decree N°009-2016-MIMP, dated July 27, 2016), the Executive Power took the opportunity presented by the new law to clarify that the creation and management of HRT were not the sole responsibility of the local and regional governments, but that the Ministry of Women would also participate in the process, thereby granting higher visibility to the role it plays in the sector.

A subsequent modification was made to this regulation in 2019 (Supreme Decree No. 004-2019-MIMP of April 27, 2020), stating that HRTs: "are temporary shelter services for women victims of violence, especially those who are at risk of femicide or whose physical and mental integrity and/or health is endangered by such violence, as well as for their minor children who are victims of the violence" (Art. 87.1). (Art. 87.1) In other words, although HRTs must respond to all types of gender-based violence, according to the provisions of Law 30360, this service prioritized to respond to the most serious cases, such as those where there is a risk of femicide.

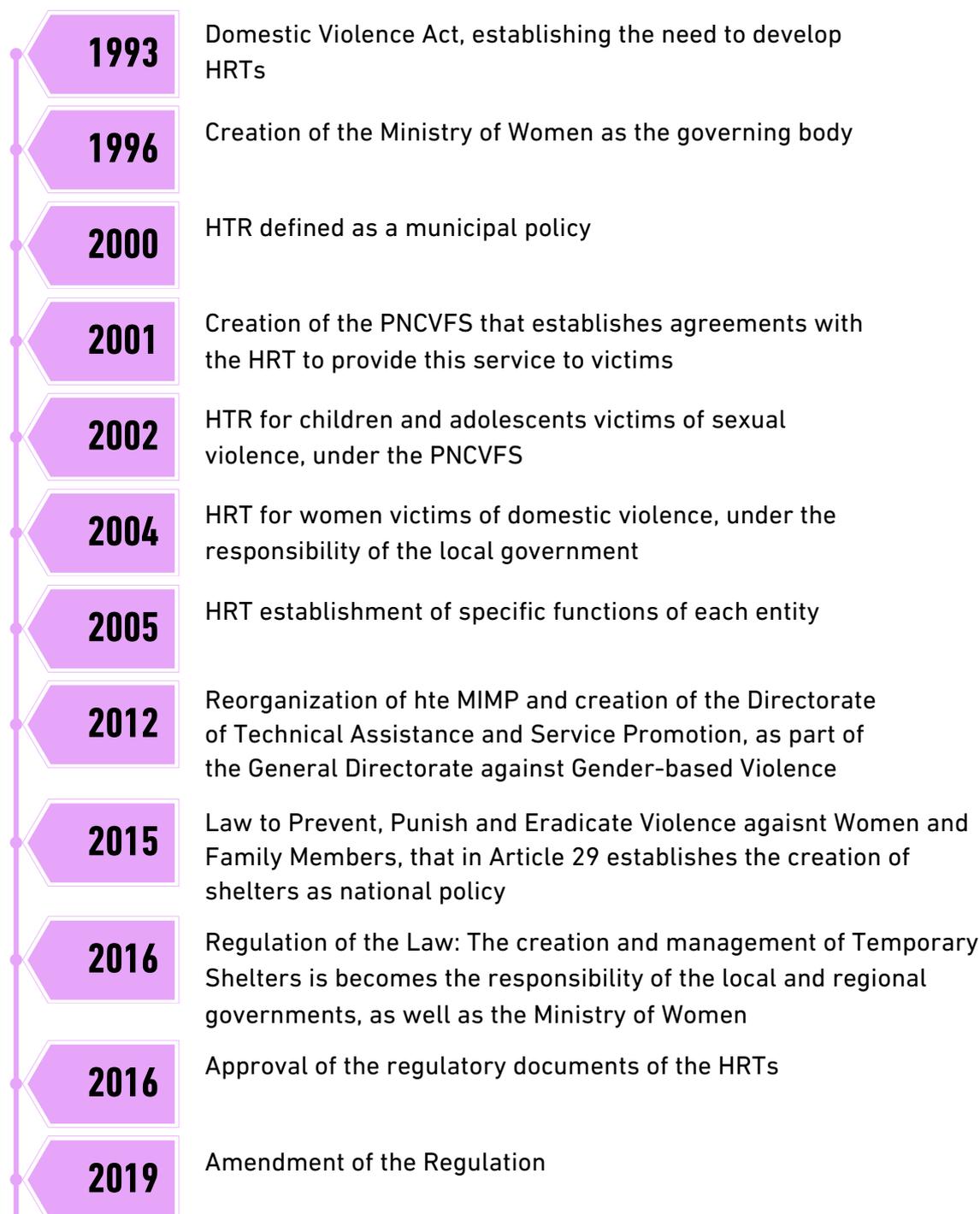
The instruments that currently apply in HRTs were later approved by R.M. 150-2016-MIMP, in accordance with the provisions of Law 30364, as below:

- Referral Criteria to HRTs
- Guidelines for the Care and Operation of temporary shelters

- Model of Basic Internal Regulation for temporary shelters
- Standards for the Registration of temporary shelters

These documents are available on the sector's website.

HRT: Regulatory Chronology



Although the MIMP does conduct oversight activities of the HRTs, the corresponding reports are not made public; the only one available dates from 2014 (ESPINOZA). As part of the research for her thesis, Verboom (2014)

visited 5 RECARÉ HRTs in different districts of the municipality of Lima and interviewed HRT users and staff members of NGOs, MIMP and the Municipality of Lima to identify the obstacles women face from the time they decide to leave their aggressor and seek help offered by NGOs and MIMP. For its part, the Office of Ombudsman, in monitoring the progress of both the National Plan to Combat Violence against Women 2009-2015 (Ombudsman's Office, 2013) and the National Plan to Combat Gender-Based Violence (Ombudsman's Office, 2019), conducted a brief assessment of the progress being made in the creation of HRTs by both regional and local governments and the sector. Along those lines, it is important to point out the direct monitoring of the temporary shelters that the Office of the Ombudsman's conducted in 2019, the reports of which are publicly accessible. On the other hand, we were unable to locate any monitoring reports produced by civil society organizations in recent years regarding the HRTs.

According to the report developed by the Office of the Ombudsman (2019), "currently, there are no reliable assessments of the operation of these shelters in [Peru]. One explanation for this shortcoming is the extreme confidentiality required when handling information about these facilities, including their physical location to the details of their operations, in order to ensure that the aggressors cannot get close to their victims and that residents can complete the recovery program." (p. 5). The findings of such monitoring are therefore of particular importance.

OFFICE OF THE OMBUDSMAN: MAIN FINDINGS OF HRT MONITORING -2019

- There are 49 temporary shelters located in all regions except the in the region of Callao, which does not have any HRTs.
- The State has set up 24 of these shelters between the MIMP (14) and local governments (10). The rest of these homes are run by civil society, the church and the charitable organizations.
- The number of HRTs created in the national territory is not proportional to the levels of high-risk violence that women experience in the country and to respond to the lack of a family support network.
- The supervision of 15 HRTs registered by the MIMP shows that only 43% of these HTRs send a management report to the MIMP. This report would avoid the MIMP from having to conduct an updated review of the HRTs and from promoting a sustained monitoring and supervision process for the services they provide and the measurements needed to optimize it.
- The managing entity has HRTs not yet registered in the MIMP, demonstrating shows that their operation is not yet subject to the guidelines established by the governing body, which prevents them from updating the standards of quality and effectiveness of the service.

Office of the Ombudsman, 2019 p. 45 & 46

Within the context of COVID 19, the MIMP declared HRTs as an essential service in 2020 (Executive Directorate Resolution No. 020-2020-MIMP-AURORA-DE, ratified in 2021 through R.M. No. 031-2021-MIMP R.M. No. 031-2021-MIMP) to enable them to continue to provide services to women. The Ministry of Health was given the responsibility to conduct COVID-19 testing of victims of violence admitted to the HRT s under the responsibility of the MIMP, as well as of the shelter who work there.

According to information provided by the sector, by April 2021, there would be a total of 40 HRTs operating nationwide, with the Directorate of Technical Assistance and Promotion of Services (DATPS) of the General Directorate to Combat Gender-Based Violence (DGCVG) conducting the necessary oversight and registration (Personal communication from the Director of the territorial unit of the Aurora Program).

Of these 40 HRTs, 19 HRTs are co-managed by the subnational governments and the Aurora Program, 8 HRTs are managed by the local governments, 4 HRTs are managed by churches, 6 HRTs are managed by civil society organizations, and 3 HRTs are managed by charitable organizations. If we compare these figures with those collected in the aforementioned Ombudsman Report, the total number of HRTs comanaged with the MIMP would have increased from 14 to 19. However, the total number of HRTs would have decreased from 49 to only 40 in the same time period.

The number of women victims of domestic violence treated in facilities co-managed by the HRT and the Aurora Program in the last three years is as follows:

HRT/ Aurora Program Facilities Number of Victims of Domestic Violence Treated

Years	N^a HRT	WOMEN	Chil-dren/Adolescents	TOTAL
2019	14	1190	1567	2757
2020	20	912	1350	2262
abr-21	19	278	433	711
TOTALES		2380	3350	5730

Source: MIMP – Aurora Program

Residential shelters for girls and adolescents

In Peru, shelters for children and adolescents linked to social programs and the Church have existed since the beginning of the 19th century; and management of these centers began to transition to the State in the 20th century. In 1939, the "Union for social welfare programs" was founded to provide State assistance to the neediest families in the city of Lima. The program's mission was later expanded to the national level, and it was renamed the National Institute for Family Welfare. It later extended its services nation-wide as the National Institute for Family Welfare, and today is known as the National Comprehensive Program for Family Welfare (INABIF) (PASTOR 2018).

This program is currently responsible for providing various services for the comprehensive care of families in vulnerability situations and at social risk, with emphasis on children, adolescents, elderly people and people with disabilities in a situation of abandonment, and including the Residential Care Centers (CARs) for children and adolescents (MIMP).

Likewise, the MIMP, as the governing body, includes the General Directorate for Children and Adolescents, which is responsible for designing, promoting, coordinating, supervising and evaluating the policies, plans, programs and projects that affect children and adolescents. Within this organization, the Bureau of Policies on Children and Adolescents, is in charge of promoting policies on children and adolescents, and oversees the private and community organizations that provide comprehensive protection of the rights and obligations of children and adolescents, including public and private CARs, which are registered and accredited and sanctioned in the event of non-compliance with current regulations (MIMP).

As mentioned above, Law 27637 was enacted in 2002, providing for the creation of the HRTs for "at-risk or abandoned minor victims of sexual violence" (Art. 1); and establishing the PNCVFS as responsible for the management and administration of these HRT. This provision created a certain tension between INABIF, which was responsible for the care of children and adolescents, and the PNCVFS, which was responsible for handling the issue of sexual violence. To resolve this tension, the regulation of the law (DS. 003-2003- MIMDES) clarified that the administration and management of the HRTs

for children and adolescents who are victims of sexual violence may be delegated to INABIF, under the supervision of the PNCVS. In addition, this regulation establishes that for the purposes of this norm, the term "sexual violation" refers to "any violation of the sexual liberty of children and adolescents, as provided for in the Penal Code" (art. 3).

In 2004, Law 28179 was enacted, regulating the admission of children and adolescents into villas or children's and adolescents' villages. It states that prior to admission, children and adolescents must be declared to be abandoned, in accordance with the provisions of the Code for Children and Adolescents. This law does not expressly mention HRTs for children and adolescents who are victims of rape, but directs the Ministry of Women to maintain a national registry of these institutions, and grants them the authority to inspect the facilities, and to authorize, renew and cancel their registration. Additionally, it establishes that the Municipalities do the equivalent but in their own jurisdiction.

In 2007, the Law on Residential Care Centers for Children and Adolescents, Law No. 29174, was enacted to regulate the facilities that house children and adolescents, regardless of their nomenclature (homes, shelters, villages, villas, guardianship centers, etc.) and as such, includes the HRTs previously imagined. It should be noted that this law also introduces some guiding principles, including the principles of equality and non-discrimination and the requirement to act in the best interests of the child, among others. This regulation was later clarified by D.S N° 008- 2009 -MIMDES, establishing the conditions for entry and exit of children and adolescents to the CARs, the obligations of the CARs and their representatives, their operating protocols, the methodology of care, their accreditation, the role of the Ministry of Women and the Regional and Local Governments, and what sanctions may apply. The guidelines were developed with the understanding that in general, these services are provided at the local level, and they must be registered and overseen by the corresponding sector.

In 2016, the issuance of Legislative Decree No. 1297 for the protection of children and adolescents without parental care or those at risk of losing parental care signaled an important change in the handling of abandoned and at-risk children and adolescents. The most important paradigm shift in this

new legislation was the emphasis on guaranteeing children and adolescents the full exercise of their rights and prioritizing their right to live, grow and develop within their families, establishing confinement in a CAR as a last resort. Article 3 of this regulation distinguishes between "family foster care" and "residential foster care", as follows:

- **Family Foster Care:** This is a protective measure applied based on suitability. It occurs within the context of a foster family, while simultaneously working to eliminate the circumstances that generated the lack of family protection. It can be a temporary or permanent measure.
- **Residential Foster Care:** This is a temporary protection measure applied based on suitability. It occurs within the context of a residential facility, in an environment similar to that of the family.

Thus, girl and adolescent victims of gender-based violence who lack parental care or are at risk of losing it, may be subject to both types of measures, depending on the outcome of the case evaluation.

This law also establishes both the rights of children and adolescents in residential foster care (art. 74) and the obligations of residential foster care centers (art. 75). In addition, Article 101 of its regulating document (Supreme Decree No. 001-2018-MIMP) defines the following different types of "Residential Foster Care Facilities":

- **Emergency Residential Foster Care Facilities:** Provide immediate and temporary care to children or adolescents who must be immediately separated from their family of origin while the most suitable protective measure is determined. These facilities are administered by INABIF or by a public or private institution with which it has an agreement. Admission is granted through express request or e-mail from the Special Protection Units and the maximum period of stay is ten (10) working days. The Emergency Residential Foster Care Facility has a maximum capacity of ten (10) children and adolescents and will accept referrals twenty-four (24) hours a day, 7 days a week, including holidays. Mandatory services include: treatment, emotional support, security and guarantees for the physical and emotional integrity of each child and adolescent during their stay.
- **Basic Residential Foster Care Facilities:** Admit children or adolescents based on the identified risk factors; provide care and protection in support

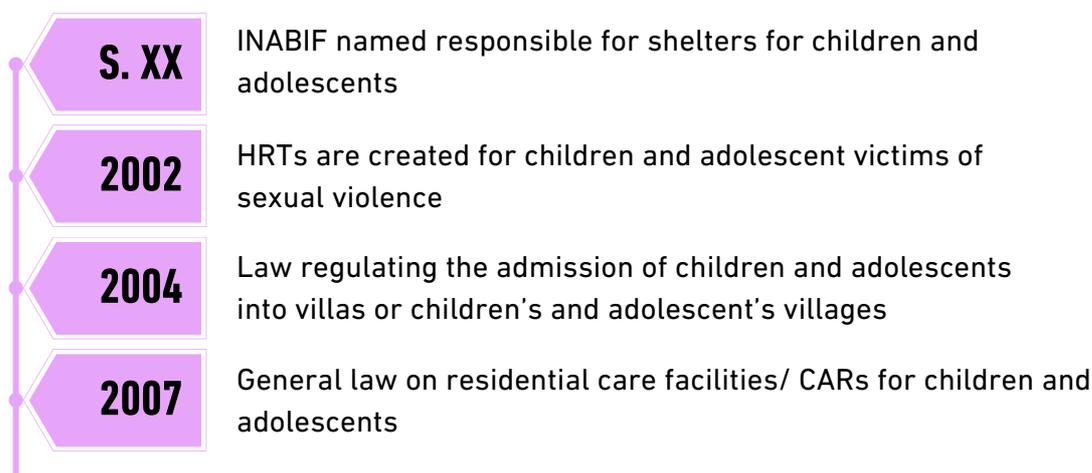
of physical, psychological and social development needs in order to support their comprehensive development and promote their reintegration into the family.

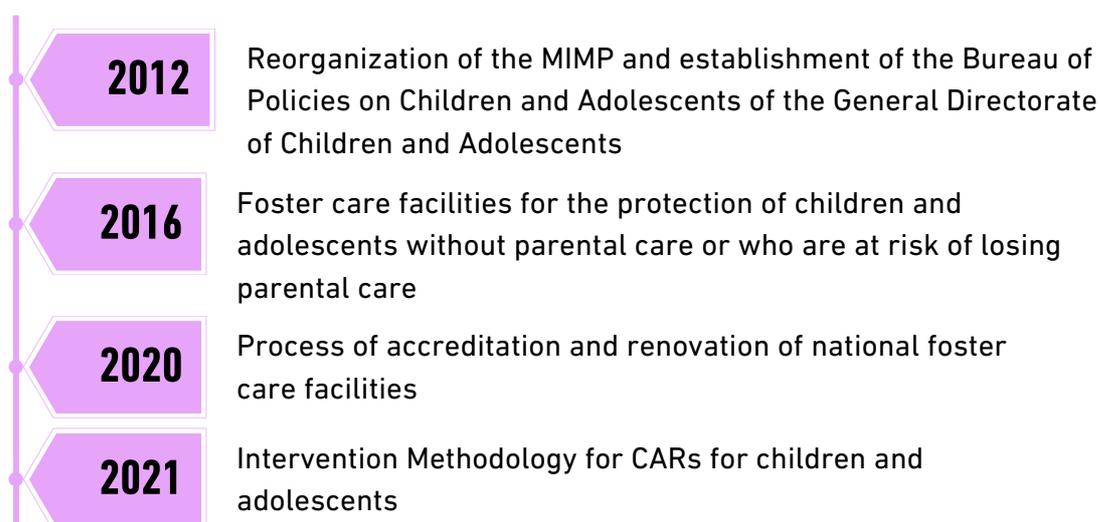
- **Specialized Residential Foster Care Facilities:** Accept children and adolescents with specific problems and special needs, who are in vulnerable family environments, as defined by the risk factors identified in the evaluation. Intervention in specialized centers must occur within the context of a therapeutic and socio-educational framework. The MIMP, according to the care needs of children and adolescents in situations of family vulnerability, establishes the sub-types of Residential Foster Care Facilities.

In addition, this regulation sets out in great detail the obligations of the CARs, the accreditation and re-accreditation processes, the CAR oversight process, the different types of CARs, as well as the procedures for sanction. The Bureau of Policies on Children and Adolescents, an entity within the General Directorate of Children and Adolescents of the Vice-Ministry of Vulnerable Populations of the MIMP, is responsible for their oversight.

Therefore, girl and adolescent victims of gender-based violence, depending on the evaluation of the specific case and if a protection measure other than "foster care" is ordered, could enter one of the types of CARs described above. The CAR could be managed by INABIF or another registered public or private institution with well established processes for the development of the personal work plan that each resident must have and entry and exit protocols. Adolescents who are the victims of sexual exploitation or trafficking will be referred to a specialized center according to their specific issues.

CAR: Legislative Timeline





Oversight responsibility for the CARs is the purview of the MIMP and is carried out through ongoing unannounced visits, although reports are not publicly accessible. In 2006, 2007 and 2008, the Ombudsman's Office made supervisory visits to 80 State-administered CARs, revealing a series of issues published in the detailed Ombudsman's Report 2010. The visits found deficiencies that impacted the fundamental rights of the resident children and adolescents both in the provision of basic services and in the operation of the facilities. In April 2012, the MIMP took charge of the situation, and for the first time since its creation, implemented a comprehensive oversight program covering both public and private CARs. This program included a total of 258 CARs, 75 managed by public entities (38 by INABIF) and 183 managed by private institutions (MIMP, 2012). According to a report by the Ombudsman's Office (2019 c), in recent years, the sector has reported oversight of 296 CARs in 2015, 279 in 2016, 245 in 2017, 235 in 2018 and 233 in 2019. (p. 74). INABIF manages 42 residential foster care facilities and six emergency shelters in Lima and across the regions.

Of the 42 residential shelters run by INABIF, 4 facilities (CAR VIDAS Lima, CAR VIDAS Loreto, CAR VIDAS Junín and DOMI) specialize in adolescents – both those who are pregnant and those who have already given birth; 3 centers specialize in victims of trafficking and sexual exploitation, and San Ricardo I, which specializes in women without permanent housing (p. 72-75).

OFFICE OF THE OMBUDSMAN: RESIDENTIAL FOSTER CARE FACILITIES FOR CHILDREN AND ADOLESCENTS

As of 2019 the MIMP has 242 national CARs:

- 51 managed by INABIF
- 27 managed by regional governments;
- 17 managed by societies for public benefit
- 05 managed by local governments;
- 24 managed by congregations and religious institutions; and
- 118 managed by private organizations

Recommendations to the Bureau of Policies on Children and Adolescents of the MIMP

- Ensure that a formal mechanism is implemented at the national level in the CARs for children and adolescents for the processing of complaints from minors, their families and other interested parties, in writing or verbally, and which is available to them from the beginning through the conclusion of the investigation.
- Ensure that any housekeeping tasks that the child and adolescent residents perform in the CARs do not impact their health or safety and that the facilities have cleaning staff.

Within the framework of the health emergency declared by the Peruvian government in response to the COVID-19 pandemic, the sector issued "Action Guidelines and Recommendations for Residential Foster Care Facilities for children and adolescents lacking parental care." The Ministry of Health assumed the responsibility of conducting tests to determine the status of COVID-19 infection in victims of violence who enter the MIMP-managed CARs, as well as that of the facility personnel.

Temporary shelters for victims of human trafficking and sexual exploitation

Although HRTs are designed to address all types of gender-based violence, as indicated above, priority is given to women victims who are at risk of femicide or whose physical and mental integrity and/or health are at risk. Only in the case of girls and adolescents have specialized CARs been developed for underage victims in this situation.

Concern for the treatment of trafficking victims in shelters has received increased attention from academia and civil society organizations. Publications by MUJICA, ZEVALLOS and VIZCARRA (2016) discuss the various challenges faced when implementing an HRT for victims of human trafficking in the region

of the Peruvian Amazon. Challenges documented included difficulties coordinating between different levels of government due to institutional instability and informality. These issues affected the quality and sustainability of the provision of services by the HRT, and ultimately harmed users.

That same year, BARRANTES (2016) published a study based on the findings of the aforementioned Ombudsman's Report 150 (DEFENSORIA DEL PUEBLO, 2010), focusing on the management model in the CARs for adolescent victims of human trafficking. The report references the oversight of the CARs by the State, as well as, other reports and working documents (p. 13), finally addressing the model adopted by the State of installing adolescents in CARs, resulting in the deprivation of their physical freedom.

According to Barrantes, "by maintaining an adult-centric approach, based on unequal power relations, and within the framework of a model of deprivation of liberty, a predictable relationship of tension and aggression develops between the facility staff and the victims, in general resulting in an environment that does not allow for healthy coexistence, regardless of the will of the parties" (p. 10). The conclusion is that it is not a matter of changing protocols or providing training, since the problems go much deeper, but rather that, "It is time to propose a radical change that brings an immediate end to the abuse of these adolescents and instead initiate a participatory process, that establishes them as the protagonist, responsible for leading their own exit from the world of trafficking and their subsequent social reintegration. Only by generating and investing in another model of care will it be possible to prevent victims from continuing to run away and return to the world from which they were rescued" (p.11).

These same difficulties were also noted by Querol (2017) in her report on "Good and bad practices in the treatment of victims of human trafficking 2013 - 2017: An analysis of the difficulties experienced by victims cared for by the State and civil society," in which she identifies the great difficulties at the national level in the coordination of the rescue of the victims, including a lack of personnel and insufficient infrastructure. She also also notes that the three specialized shelters for that do exist for this purpose are inadequate for minors and overwhelmed, and that when the victims are underage males, or worse, adults, no one assumes responsibility for their care (p. 37).

In 2017, a report on cases of adult women victims of trafficking for sexual exploitation published by the Office of the Ombudsman's reads as follow: "(...) a study of court files shows that no prosecutors considered relocating the victim to a temporary shelter. This presents a serious problem for the protection of the victim, due to the absence of shelters or safe houses specializing in the care of trafficked women. While there are 41 temporary shelter homes run by the MIMP, these shelters handle other forms of violence against women (which includes trafficking), but do not have the specific skills required to handle these cases." (Ombudsman's Office, 2017, p. 61). The same conclusion was corroborated by the governing body itself: "This situation is reaffirmed by the Ministry of Women and Vulnerable Populations, which refers to the lack of specialized temporary shelters at the national level as one of the difficulties preventing the care of victims of human trafficking for the purpose of sexual exploitation, considering that the protection measures that are frequently ordered in these cases are to admit the victim into an institution or embed them in a family network, keeping the victim's whereabouts confidential." (Ombudsman's Office, 2017, p. 62).

Within this context, in 2015 the National Policy to Combat Human Trafficking and its forms of exploitation was issued, approved through (D. S. N° 001-2015-JUS); and in 2017, the National Plan against Human Trafficking 2017-2021 (D. S. N° 017-2017-IN) addressed the phenomenon in a broader manner. In the latter document, the State recognizes that, "despite the numerous advances that have taken place in recent years in the fight against human trafficking as a criminal phenomenon, one of the main problems lies in the fact that the State still does not focus its attention on the victims and does not consider their particular needs as the main factor in the fight against trafficking. This reality is demonstrated by the lack of specialized and comprehensive protection services that guarantee the true enforcement of victims' fundamental rights, as well as their reintegration into their family and community environment" (p. 41), and by setting a goal "to create, implement and strengthen temporary shelters for victims of human trafficking" (p. 63) - a goal that reportedly already has been achieved. In 2020, an alternative report on human trafficking published by civil society states that in that same year, five specialized CARs were opened for children and adolescent victims of human trafficking, tripling the number of previously existing specialized CARs (CHS, 2020, p. 112).

FINDINGS OF THE VII ALTERNATIVE REPORT. CIVIL SOCIETY BALANCE SHEET ON HUMAN TRAFFICKING IN PERU 2018-2019

- The MIMP has also strengthened its programs and services for the care of victims, including the UPE (Special Protection Units), specialized CARs and CEM (Women's Emergency Centers), and has implemented a normative work project to determine the status of the victims' lack of protection and to prepare a template for an individual reintegration plan. In addition, new centers for the care for victims of trafficking have been created, but further efforts are still required to develop individual plans for 60% of child victims. In the area of specialized CARs, one area that needs additional work is the care of adolescents who have been impregnated as a result of having been victims of human trafficking or sexual exploitation. Care for members of the LGBTQ+ community remains pending (p. 115).
- There is greater involvement at the regional government level, especially through their departments of Social Development. At the same time, however, the municipalities' lack of knowledge about the extent of the problem of human trafficking in their area is evident, as most of them report receiving no complaints of cases, that the previous municipal administration did not inform them of incidents in the area, or that victims of human trafficking are the responsibility of the PNP, the MP-FN or the MIMP. (p. 115)

RECOMMENDATIONS:

- It is very important to ensure the resources necessary for the optimal operation of the existing CARs specializing in the care of victims of human trafficking in order to prevent high turnover of specialized professionals who provide those services in the facilities.
- Pending remains the task of continuing to increase the number of specialized CARs, initially in regions with Specialized Prosecutors' Offices for Crimes of Human Trafficking, and ensuring that residential shelter is also provided to pregnant adolescents who have been sexually trafficked or exploited, male victims, and members of the LGBTQ+ population. Local governments play an important role in this regard, since, according to the PNAT, they are responsible for establishing and maintaining shelters for victims.
- It is essential to allocate the resources necessary for the implementation of the pilot pro-gram for the development of Individual Reintegration Plans in the inter-district area of Northern Lima as well as its subsequent replication in regions with the highest incidence of victims of human trafficking (p. 117).

In 2019, Law No. 30925 was passed, strengthening the implementation of temporary shelters for victims of human trafficking and sexual exploitation and redefining both HRTs for adults and CARs for children and adolescents. This law establishes the 3 obligations of the State in this area, as follows:

- Development of specialized protocols to prevent revictimization.
- Prioritization of the allocation of seized assets to be used for temporary shelters.
- Design of a multisectoral budget program that prioritizes prevention, comprehensive protection from and prosecution of the crime of human trafficking, as well as the integration and quality reintegration of victims of human trafficking.
- Finally, declaring the establishment of temporary shelters for victims of human trafficking and sexual exploitation of children, adolescents and women as being in the national interest and a public necessity, according to budget availability.

In a 2020 report, the Office of the Ombudsman's makes the following recommendation in this regard, one we believe is valid at the national level: "Ensure the creation and implementation of temporary housing services for victims of human trafficking in compliance with Law No. 30925. One approach would be to consider making agreements with civil society and religious institutions for this purpose. Further, this effort should be coordinated with the Ministry of the Interior and the Ministry of Economy and Finance and its General Budget Office to develop a multisectoral budget program to provide shelter and recovery spaces for victims." (Office of the Ombudsman's 2020, p. 66).

We can therefore conclude that while there is a long history of shelters in Peru, over the last five years there have been important reforms in the regulation of these facilities for victims of gender-based violence inflicted on both minors and adults. In both cases, the MIMP is the responsible governing entity, while local governments are primarily responsible for their management. Furthermore, these specialized care facilities are being developed to address the treatment of victims of human trafficking and sexual exploitation, despite the fact that there is deficit in the number of these HRTs, especially for the care of adult women. With respect to monitoring and oversight, while the governing body does fulfill its role, it does not publish its findings, making the work of the Office of the Ombudsman vitally important, as its reports describe both the achievements and challenges of the system. At the civil society level, the reports that exist are primarily surveillance reports on the victims of trafficking, particularly those that handle children and adolescents.

Shelter Model

Model developed by the Aurora Program

The treatment to be provided and operations of the HRT are laid out in, "Guidelines for treatment and operation of HRTs," and listed in Ministerial Resolution No. 150-2016-MIMP:

- Guideline 1: Beneficiary population, conditions of admission, residency, and exit
- Guideline 2: Care procedures for residents
- Guideline 3: HRT actions for comprehensive care
- Guideline 4: Personnel
- Guideline 5: Prevention and management of burnout
- Guideline 6: Internal and external facility security
- Guideline 7: Facility Infrastructure
- Guideline 8: Shelter management (treatment and management documents)

El HRT está conformado por el siguiente personal:

HIRED BY MIMP	CONTRACTED BY THE SUBNATIONAL GOVERNMENT AND/OR CHARITABLE ORGANIZATION
<ul style="list-style-type: none"> • 9 Professional staff: psychologist (1); social worker (1); educator (1); nurse (1); and operational assistants (5) 	<ul style="list-style-type: none"> • Administrator (1), productive educator (1), security personnel (variable), housekeeping staff (1),

Source: MIMP –Aurora Program

The HRTs provide the following specific services: psychology, social services, ongoing assistance, child care, nursing, productive workshops, lodging, food and security.

In inter-institutional cooperation agreements, duties are distributed as below:

<p>AURORA PROGRAM</p>	<ul style="list-style-type: none"> • Promote and develop actions for the prevention and treatment of acts of violence against women. • Ensure the confidentiality of personal data. • Hire, supervise, monitor and evaluate HRT staff. • Provide equipment for the HRT.
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**AURORA
PROGRAM**

- Advise and assist in the operation and maintenance of HRT.
- Promote and develop training and technical assistance to HRT interdisciplinary care professionals.
- Advise and train HRT complementary care staff.
- Design and implement a comprehensive intervention plan for each case
- Realizar acompañamiento y seguimiento social de las víctimas de que ingresen al HRT.
- Provide social assistance and follow-up for the victims who enter the HRT.
- Coordinate with the DGCVG to provide training to local authorities and agents on HRT issues within the scope of its functions.
- Pay the salaries of the 9 professional staff responsible for the comprehensive treatment of shelter residents.
- Provide office supplies.
- Manage the installation and payment of telephone lines and internet service.
- Cover the cost of shipping, receiving and repairing HRT equipment
- Balance the petty cash fund
- Assign the movable property necessary for use as furniture in the HRT.

**SUBNATIONAL
GOVERNMENTS
AND/OR
CHARITABLE
ORGANIZATION**

- Provide the infrastructure for the physical spaces of the HRT, to consist of a minimum of four (4) private rooms for professional care, accessible to persons with disabilities, restrooms, storage, kitchen, laundry, spaces for productive workshops and / or creative crafts workshops, and a child care room, among others.
- Develop and execute a Public Investment Project for the construction of an HRT during the term of the agreement, in order to guarantee the sustainability of the service.
- Ensure the confidentiality of personal data.
- Implement security measures for the care and protection of the HRT's movable assets.
- Garantizar que el HRT funcione en base a los lineamientos establecidos por el MIMP y proporcione seguridad a las personas albergadas.
- Ensure that the HRT operates based on the guidelines established by the MIMP and provides security to residents.
- Sign agreements to promote the proper functioning and maintenance of the HRT.
- Cover the monthly expenses of the HRT's basic water and electricity services.
- Provide housekeeping services to HRT facilities.

**SUBNATIONAL
GOVERNMENTS
AND/OR
CHARITABLE
ORGANIZATION**

- Hire an Administrator for the HRT to serve as the shelter's official point of contact with regional or local government to ensure follow-up and compliance with the commitments in the agreement.
- Provide external surveillance of the HRT, through the personnel of Serenazgo or Citizen Security of the regional or local government, 24 hours a day, seven days a week, 365 days a year.
- Provide a productive and/or occupational technical educator
- Ensure the operability, functioning and sustainability of the HRT in accordance with Law No. 28236 and Law No. 30364 in coordination with the Program.
- Ensure that the HRT operates according to the guidelines established by the MIMP, through R.M N° 150-2016-MIMP.
- Ensure the protection of shelter residents from any form of discrimination and take all measures necessary to promote their rights.
- Designate a Health Management representative or equivalent to monitor and verify of the state of the food stored in the HRT,
- (obligation incorporated in the HRT agreements of Huánuco, Tacna, Paucarpata, Cayma, Sicuani, Caylloma, Nuevo Imperial, Bagua, Cusco and Villa Rica).

Source: MIMP – Aurora Program

This model was developed in the agreements with regional governments. However, there are others which are also important to document, such as the HRT for adult women victims of gender-based violence, run by the Municipality of Metropolitan Lima (MML).

Background of HRTs in the Municipality of Metropolitan Lima

Lima, the capital of Peru, is comprised of 43 districts and had an estimated population of 9,674,755 inhabitants in 2020, representing 29.7% of the total population of the nation (INEI, 2020a). A series of facilities to combat gender-based violence are concentrated in the city, from the Women's Emergency Centers, run by the MIMP, where victims of violence can receive psychological, social and legal counseling to the specialized modules managed by the justice system that are designed to handle violence against women and the family group.

In 2011, under the leadership of Lima Mayor, Susana Villaran, the MML signed an agreement with the United Nations Trust Fund, sponsored by UN Women,

for the implementation of a project for the development of policies and actions to combat violence against women (MUNICIPALITY OF METROPOLITAN LIMA, 2011). The agreement, that provided for US\$999,000 from the United Nations Trust Fund and US \$302,000 from the MML, was to be implemented over a period of 3 years. The project developed several facilities for women, including the installation of an HRT called "Casa Libertad", which began operating in 2014 (See details below).

Objective of the facility	<ul style="list-style-type: none"> • Provide security, protection and physical and emotional refuge to women victims of violence and their children in high-risk situations.
Specific Objectives	<ul style="list-style-type: none"> • Guarantee a safe, emergency residential space for women victims of domestic violence and their children • Cover the basic needs of residents while they are in the Temporary Emergency Shelter (lodging, food and other services). • Promote the restitution of a primary and secondary network.
Población Objetivo	<ul style="list-style-type: none"> • Mujeres, afectadas por hechos de violencia familiar, sexual y de género. • Hijos e hijas de las usuarias.
Target Population	<ul style="list-style-type: none"> • Women affected by family, sexual and gender-based violence. • Children of women affected by family, sexual and gender-based violence.
Characteristics	<ul style="list-style-type: none"> • Provide shelter to women in situations of extreme risk. • Length of stay in the facility not to exceed seven days, with the option to obtain an extension based on the needs and exceptional circumstances of the resident.
-Actions coordinated with the "Warmi wasi" (Women's House) municipal shelter	<ul style="list-style-type: none"> • The Warmi Wasi multidisciplinary team is collaborating with the three Promoters of the services provided by "CASA LIBERTAD", including coordination, monitoring, evaluation, and actions that benefit the residents. • Treatment and social reintegration protocols for the women and girl victims of family, sexual, and gender-based violence. • Establishment by Warmi Wasi of Self-help Groups that strengthen the values, self-esteem and empowerment of the resident women.

Location and infrastructure

- The shelter is centrally located and has basic utilities and is constructed of high quality materials. It is two storeys tall with a rooftop terrace, and is approximately 190 m² in size. Municipality of Metropolitan Lima (2014), Gender Equity Program, PowerPoint.

Human Resources

- Coordinator (1)
- Promoters (3)
- Security Personnel (3)
- Housekeeping (1)

Unfortunately, at the end of Mayor Villarán's term of office and the conclusion of the project financed by the Trust Fund, the following administration led by Castañeda Lossio, which was more conservative, did not support this line of work and the corresponding facilities ceased operations. A citizens' watchdog group posed 141 questions to former Mayor Castañeda, including one concerning the budget allocated and executed after 2014 for comprehensive care to combat violence against women, since women's services had been cut considerably. The response was that the funding for these services that included the HRT, came from UN Women, and had been terminated. In subsequent years budget had been allocated for services to women suffering from violence, but the truth is that the premises where the HRT had been located had been committed to another municipal activity.

In 2019, a new administration, headed by Jorge Muñoz, was elected to lead the MML. New life was breathed into the effort with the establishment of the Bureau of Women and Equality, responsible for the promotion, recognition and protection of the rights of women, indigenous peoples, LGBTQ+ persons, and people of African descent, among other socially marginalized and vulnerable populations. The Bureau is comprised of two sections, one being the Office for Comprehensive Services for Protection against Gender-based Violence. Its scope of responsibility includes: the protection of women and their families, especially children, adolescents, people with disabilities, the elderly and victims of gender-based violence; the proposal of actions for the prevention and protection of at-risk women and victims of gender-based violence; and defensive and comprehensive protection services.

Within this context arose the COVID-19 emergency, and with it the need to provide protection to people in vulnerable situations and, at the same time be

aware of the risk that women incurred by remaining in the same physical space as their aggressors. Faced with this situation, in April 2020 the MML decided to open an HRT for women victims of gender-based violence. Mayor Muñoz commented that, "When we opened the Casa de Todos in Acho, we had some people in the shelter who by their nature needed other types of care. We realized that this was not the right space to provide the type of refuge needed by a person experiencing violence in the home. We therefore imagined a space where we could provide them all the care, healthcare, and specialized psychological support they needed." (MML, Mayor Jorge Muñoz. Casa de la Mujer shelter inauguration). The demand from victims was such that a second HRT was opened in June 2021. (MML, Mayor Jorge Muñoz inaugurating the second shelter for women victims of violence).

According to reports, in order to make this idea a reality, the MML received virtual technical assistance from the MIMP, as the governing body, in order to create a safe and adequate facility for the target population. A series of virtual meetings were held with the multi-disciplinary teams and shelter staff, to ensure they received quality care and to sensitize them to issues of gender violence, equality, intercultural issues, risk and others topics.

This program launched by the MML has been closely followed by district municipalities, as well as by several organizations and collectives. According to the information provided by different entities, such as the Concerted Monitoring Group for the Prevention of Gender-based Violence, members of the Family Group of the Lima Anti-Poverty Roundtable and two representatives from other municipalities have contacted the Office of Women and Equality of the Municipality of Lima to brief them on the initiative, with the intent of replicating it in their own districts (personal communication from the Deputy Manager of the MML).

While these HRTs were established to respond to a specific situation, they are still part of the obligations that the MML must fulfill. The commitment to systematically continue to assume this responsibility was formalized by Mayoral Decree No. 14, approved in May 2021.

Given the magnitude of this decision, the lessons learned from previous experiences, and the fact that the MML will be directly responsible for its implementation, the following was selected for analysis:

Description of the type of shelter

The "Casa de la Mujer" Shelter managed by the Office of Women and Equality that the MML was created within the context of a health emergency and the mandated social isolation caused by the spread of COVID-19. These factors taken together resulted in an increase in incidents of violence against women and the need for the State to provide care and protection to the victims. This HRT provides shelter, food and comprehensive care to the women of Metropolitan Lima and their children who are victims of gender-based violence and whose lives are at imminent risk. It also offers medical care provided by professionals from the Metropolitan System of Health Solidarity (Sisol) and psychological, social and legal assistance provided by professionals from the Office for Women and Equality of the Municipality of Metropolitan Lima.

Shelter residents also attend counseling sessions. There are social spaces for cooking and laundry, a TV room, as well as, shared spaces for activities as sewing and bakery workshops and a small vegetable garden. The shelter also has a toy library, so that the children who are housed there can play and take virtual classes through the televisions or computers that are available in the shelter.

Shelter staff (number, qualification, type of contract)

The team of personnel who provide care to the residents is made up of professionals specializing in gender-based violence, human rights and social issues, who guarantee adequate care for victims of violence and their children. Initially they were hired as service providers, but their contract is currently being regularized to become more permanent. The HRT staff is as follows:

- 1 administrator, who is responsible for the management of the shelter
- 2 health technicians
- 1 psychologist
- 1 social worker
- 1 attorney
- 1 after school care worker
- 3 to 5 security guards

The health technicians work on a schedule of one week on and one week off; when they are on duty they share space with the shelter residents day and night. This role was selected for this function since a basic knowledge of

health issues is important in order to be able to respond immediately to situations that may arise at any time. If the situation is more serious, the social worker will accompany the resident to the health center located nearby where they will be treated by the national healthcare program (SIS).

Due to COVID-19, a system of rotation was established and the professionals go to the HRT in person every other day due to capacity restrictions in enclosed spaces. However, they remain available by telephone or via remote technology.

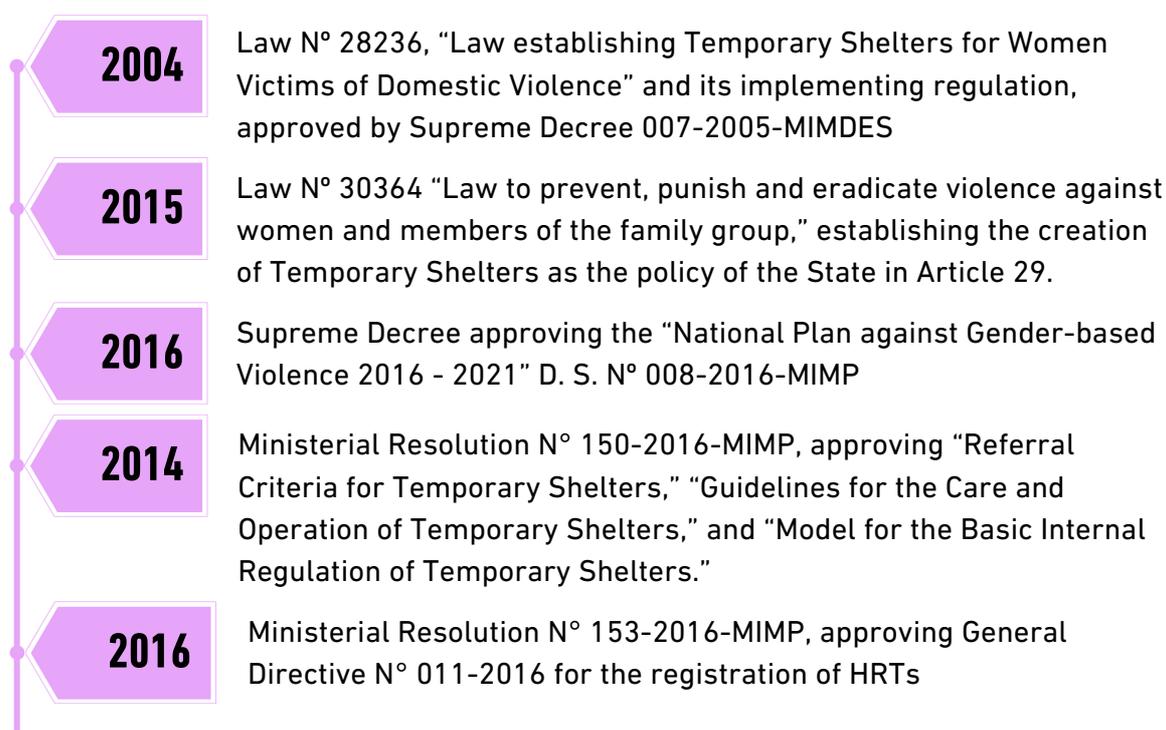
The main duties of the multidisciplinary team are as follows:

- Initial evaluation of the case and the prognosis of the length of stay proposed by the referring institution (a maximum of three months but subject to extension based on the specific details of each case).
- The results of the multidisciplinary team's assessment of the person's needs, the changes and progress achieved compared with the initial risk profile identified upon admission, the possibility of socio-family reintegration, achievements in empowerment, increases in autonomy and determining whether the victim has a family support network.
- Identification of family or social support networks suitable for the protection and support of the victim of violence and her children
- Preparation of psychological and social reports on the victims.
- Follow-up of the ordering or execution of protection or precautionary measures benefitting the victim and the corresponding legal process.

Regulatory and institutional framework

Is the existence and operation of the Shelter part of a public policy?

Yes, in Peru there is broad national legislation that establishes the responsibility of local governments in the creation, administration and sustainment of HRTs for victims of gender-based violence. Likewise, the National Plan against Gender-based Violence establishes the creation of these services as a progress indicator for "Increase in the territorial coverage of care and recovery services specialized in the care of persons affected by gender violence."



Is the shelter governed by a national/provincial/municipal law?

The law that regulates HRTs is Law N° 28236, "Law establishing Temporary Shelters for Women Victims of Domestic Violence" and its implementing regulation, approved by Supreme Decree 007-2005-MIMDES and modified by Supreme Decree N°009-2016-MIMP.

In the MML, the law that governs shelters is Mayoral Decree N° 14, formalizing the Temporary Shelter "Casas de la Mujer" of the Metropolitan Municipality of Lima, published May 3, 2021. In addition to formalizing the initiative, the Mayoral Decree empowers the Office of Women and Equality to establish, by means of a resolution, the provisions on organization, number of services, offered services and other characteristics corresponding to the operation of the existing and future "Casas de la Mujer".

Are there bylaws?

Shelters are regulated by general regulations, and by Management Resolution No. D000001-2021-MML-GMI, approving the Protocol for the Shelter "Casa de la Mujer".

What is the annual budget?

The monthly cost is 30,000 Peruvian soles (approximately US\$8,500). However, the following items are not included in this budget because they are provided by the MML

- Food: Food is received already prepared from other areas of the MML.
- Cleaning supplies: cleaning is provided by a cleaning service that services all municipal facilities.

The MML received both public and private contributions for the initial refurbishment of the HRTs. In addition to the joint work of the different departments of the Metropolitan Municipality of Lima, donations were received from private companies and civil society organizations through the Lima Foundation, the entity in charge of managing donations for the Metropolitan Municipality of Lima.

Contributions from private companies and civil society organizations were submitted in two ways:

- Direct request from the Lima Foundation to private companies and civil society organizations, according to the specific needs for the establishment of the shelters.
- Donations from citizens through a fundraising campaign implemented by the Lima Foundation.

One of the institutions that supported the refurbishment of the HRTs was the United Nations Development Program (UNDP), which donated the proceeds of its violet mask sales campaign to raise awareness of gender-based violence to improve the housing conditions of the victims.

Who is responsible for selecting Shelter leadership?

The Deputy Manager of Comprehensive Protection Services against Gender-Based Violence.

Who oversees the shelters?

Direct supervision of the operation of the HRTs managed by the MML is the responsibility of the Deputy Manager of Comprehensive Protection Services against Gender-Based Violence.

However, in broad terms, the supervision of all HRTs is the responsibility of the Directorate against Gender-Based Violence of the MIMP.

The HRT has not yet been formally registered since the regulation approving it as a municipal facility was issued in May 2021 (Mayoral Decree No. 14, approved in May 2021). However, according to the information provided, it will be formally registered.

Comparison of number of shelters with the number of inhabitants

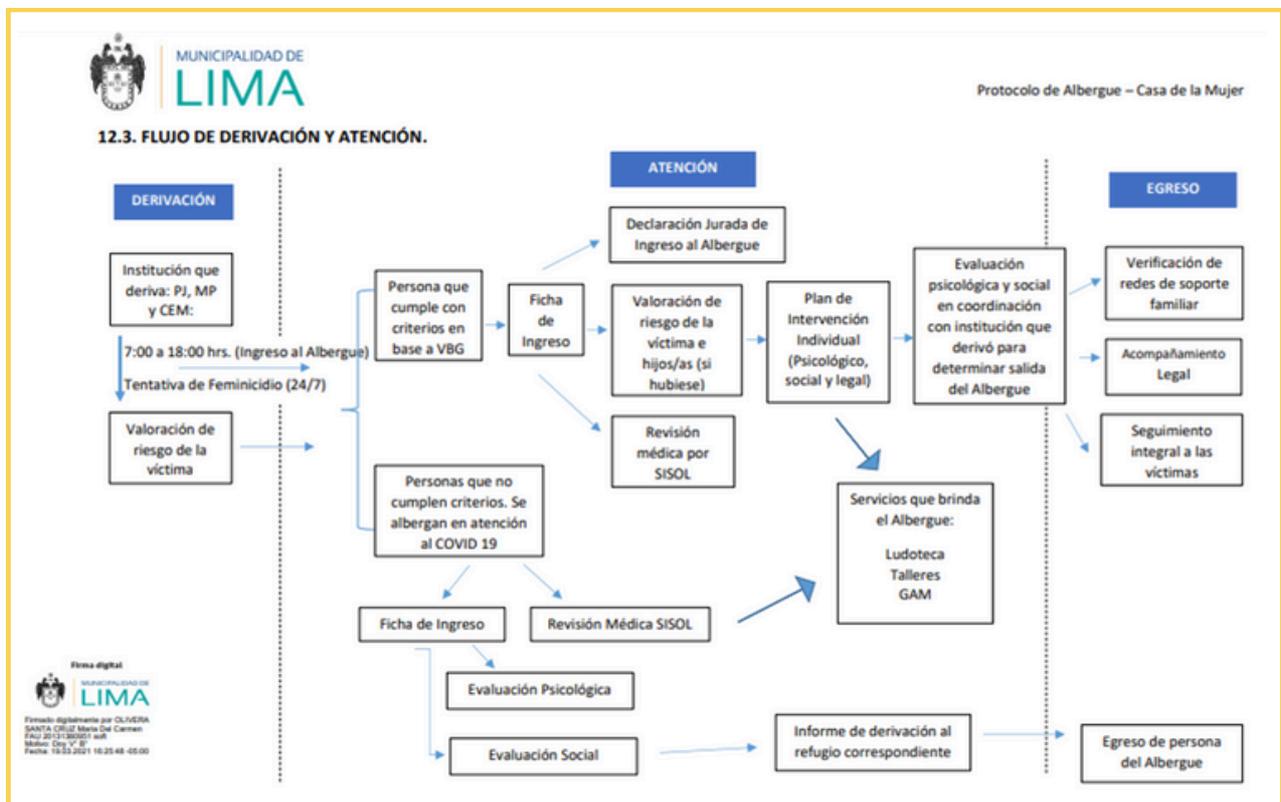
Metropolitan Lima is home to approximately 5.828 million women, 60.2% of whom have suffered some type of violence at some point in their lives. Of these, 39.5% are victims of physical violence, 49.1% are victims of psychological violence, 10.9% are victims of sexual violence and 0.5% are victims of economic and patrimonial violence [148]. Likewise, in 2019, 38 femicides and 151 attempted femicides were registered in Metropolitan Lima. The MML manages only 2 HRTs; however, there are 2 other HRTs registered by the MIMP, and there are others managed by private entities.

Comparison of the number of places in the shelters with the number of inhabitants.

In the HRT in San Juan de Lurigancho there are 22 beds for women victims of violence and their children.

Shelter operation

The operation of the shelter is depicted in the following flow chart:



Arrival Itinerary

Does the shelter have an arrival protocol?

Management Resolution N° D000001-2021-MML-GMI approved the arrival Protocol for the “Casa de la Mujer” shelter.

Who is admitted to a shelter (criteria for admission)?

Per the Protocol:

- Women victims of physical, psychological, sexual or economic violence with or without children, when the violence puts her at high risk or endangers her mental or physical safety to include her life. The referring institution should conduct a psychological evaluation to determine the severity of the situation and determine whether it is best to refer the victim to a shelter or if there are mental health issues that would be better handled in a specialized institution.
- In the event that the victim does not fit the above criteria, the shelter will recommend other facilities better suited to address the problems identified.

Based on information received, the HRT have on occasion admitted women who are living on the streets.

The protocols do not establish an age limit for children, and in practice, children up to 14 years of age have been admitted. However, the admission of male adolescents over 12 years of age requires a psychological evaluation.

How do residents gain admission to the shelter? Directly or by referral?

Per the protocol, referring institutions are as follows:

- Family Courts or those competent in violence against women.
- Public Prosecutor's Office.
- Women's Emergency Center – MIMP
- National Police of Peru, after coordination with the responsible institutions and with the Office of Women's Affairs and Equality.
- Center for care of cases of gender-based violence of the Office of Women and Equality of the Metropolitan Municipality of Lima.
- Serenazgo de Lima, in coordination with the Office of Women and Equality of the Municipality of Lima

Who makes the referrals? What is the process? What are the requirements for referral to a shelter?

Per the protocol:

- The referring institution evaluates the facts reported to determine their severity, the risk factors and the possibility of a future attack. The care provided must be comprehensive and of high quality, and the victim must be informed of the risk factors detected and her rights, in order to determine what action must be taken for her protection, the cessation of violence and the treatment of the physical and psychological impact of the violence. In the event that the woman requires emergency medical attention, she will be taken to a health facility and once her health is stable, the process for referral to the shelter will be initiated.

This information was corroborated by the informants, who stated that, in practice, some women had to be rejected due to COVID-19. However, in one case of a migrant woman with children, one of whom had tested positive for COVID-19, an institution supporting migrants provided them a space to quarantine as required prior to their entry to the HRT. In another case, we coordinated directly with the healthcare sector to enable the woman to be admitted to the Pan-American Village, which was dedicated exclusive to the care of people with COVID-19.

- **Referral Coordination:** The institutions responsible for making the referral coordinate with the person in charge of the shelter to determine if there is available space and also provide an summary of the case case to ensure continuity of care. The privacy of the every family history must be safeguarded, and the information will not be shared beyond the institutions or persons who handled the case directly. The referring institution should ensure that the transport of the victim of violence should take place between 7:00 a.m. to 6:00 p.m., due to the reduction of specialized personnel at night and the mandatory social isolation hours. However, victims of a femicide attempt and her daughters can be admitted to the shelter at any time.

The referring institution will protect the person at risk, keeping confidential any information about the location of the shelter where the victim of violence will be transferred (personal and other data). To gain admission, the following documentation is required:

- a. Official letter issued by the requesting institution.
- b. Reference sheet.
- c. Affidavit of admission to the shelter.
- d. Copy of psychological or social reports or reports of previous complaints.
- e. National Identity document.

Documents listed in d), e), are not required for admission to the shelter.

How long does the admission process take from the day of the report of the violent event to the day of entry into the shelter?

Admission to the shelter does not require a formal filing of a complaint, although it is recognized that for some women the decision to seek shelter is not immediate. Admission is made the same day or the day after the case is known.

Do places where reports are filed have to offer shelter as an alternative?

Information on the the services that the HRT offers have been disseminated through official letters to police stations, the Aurora Program of the MIMP and consulates – in addition to its distribution through the networks of the MML leadership.

Is a risk assessment conducted? Is the risk assessment shared with the victim?

In general, institutions that handle issues related to gender-based violence utilize a risk assessment form developed by the sector and updated by Ministerial Resolution No. 328-2019-MIMP dated December 30, 2019: "Risk Assessment Form for Women Victims of Intimate Partner Violence." (<https://www.gob.pe/institucion/mimp/normas-legales/393585-328-2019-mimp>)

Victims referred from a Women's Emergency Center (CEM) are admitted with a psychological and social report. In the event this form is missing, an assessment is conducted on a case-by-case basis and the information is shared with the victim in all cases.

The victim must consent to the confiscation of her mobile phone to avoid the risk of making contact with the aggressor. They are permitted, however, to contact a family member to send notification that they are in a safe place.

Departure Itinerary

When can women depart the shelter? (Exit criteria)

Per the protocol:

- Once the actions to protect the victim's integrity and promote her recovery have been completed, the referring institution and shelter professionals must work with the victim to evaluate the change in risk factors and determine her discharge from the shelter and insertion into family or social support networks.

In order to achieve this, the following steps are required:

- Psycho-social evaluation and assessment of the victim.
- Verification of the victim's support networks in coordination with the referring institution.
- An Affidavit Confirming Departure from the shelter voluntarily signed by the victim.
- Monthly reports on the progress of the victim filled out by each professional shelter staff member for the duration of stay and at discharge.

According to the interviews we conducted, there are several situations that arise that can trigger departure from the shelter:

- Voluntary Withdrawal: They do not feel comfortable, and request withdrawal.

In this situation, the psychologist will work with the victim to make her aware of the risk she may be facing; however, since they are adult women, they cannot be held against their will and must sign an affidavit confirming their desire to depart the shelter voluntarily.

- Removal to a safe space

In these cases, a protection network (family, friends or institutional) where she can continue to live, has been identified, even with security measures. A very intense effort is performed to reintegrate them into the network of their family of origin (sometimes located outside the capital) or into networks of friends, so that they do not become dependent on the support represented by the HRT.

The length of stay in the HRT varies between 3 months with the possibility of extension, up to 8 months.

Where do residents go? Are housing solutions proposed?

In general, they look to their family or friendship network to provide a space where they can stay with their children. However, when the residents are migrants, this presents an especially difficult problem because they do not have these kinds of networks in the country.

HIAS, an international organization that supports the relocation of foreign migrant women victims of gender-based violence has a presence in Peru due to the phenomenon of Venezuelan migration. One of the HIAS' modalities of support is that once the women report their reinsertion into the employment market, they provide them with housing for a period of time while they find employment and become independent (<https://www.hias.org/where/peru>).

Is there follow-up on the woman's situation once she leaves the shelter? Who follow up with her? How does the follow-up take place?

The follow-up of women who depart the shelter is not protocolized. Formally, the follow-up is conducted by the legal advisor, in case there is a formal complaint and the case is pursued by the CEM. However, this follow-up is more related to the status of the case than to the situation of the individual.

However, according to the information we received, the administrator of the HRT maintains informal contact via chat with victims who have left the HRT, which provides some visibility into their progress. In this regard they acknowledge that "There is no formal route but we need to find a way to close the loop." (Personal communication to the Deputy Manager for Comprehensive Gender-Based Violence Protection Services).

Another way of to maintain contact and close the loop is to invite the "graduates" to experiential workshops, which meet in person, or to training sessions, that are primarily virtual, to improve their employability and that they can share with other women who have not necessarily gone through the HRT.

Is there a connection to law enforcement? Is there a connection to justice?

Officially, there is no requirement to officially report the departure from the HRT, unless specifically requested. However, in practice, the CEM is contacted when there the victim moves to a different city so that they can continue providing legal assistance in the specific CEM in the city where the woman now resides.

Do you provide financial support?

The HRT is fully dependent on the MML; however, there are three types of financial support that have been arranged for women:

- CARE: Non-governmental institution that provides vouchers for women in specific situations of need.
- HIAS: Support for migrant women
- The Government of Peru provided vouchers to people living in poverty during the COVID 19 emergency.

Life in The Shelter

Food: Is there a kitchen, who does the cooking, is the food service outsourced or is it cooked on site?

Lunch is provided by the MML, and the residents only have to prepare breakfast and dinner. The shelters schedule shifts for cooking and for dishwashing.

Clothing: Who does the laundry? Where is the laundry washed?

There is a laundry room, and laundry responsibilities are scheduled in shifts.

Is legal support provided at the shelter or are residents referred elsewhere?

If the victims have been referred from a CEM, it is highly likely that the CEM is handling the case. If not, legal advice and assistance is provided by the contracted professional at the shelter.

Is counseling provided at the shelter or are residents referred elsewhere?

Counseling is provided at the shelter by the staff professional.





Are there activities that promote reflection on the issue of violence?

Shelter personnel first work on the residents' recovery on an individual level and when they reach a "reflective stage" they move on to the other group/stage. The shelter does conduct experiential workshops on this topic.

Is there job training?

According to the information received there are 2 types of training, one related to the development of skills such as sewing and bakery workshops, for which the shelter has minimum infrastructure (machines and supplies) within the HRT itself. Another type of training is related to improving residents' employability, through talks and personalized support for the development of their CVs.

Two types of workshops have been developed with the aim of generating skills for both for entrepreneurship and employment.

- Business management workshops
- Soft skills workshops

The multidisciplinary team at the HRT has created a team on entrepreneurship consisting of a manager and two teachers, who work for the Deputy Municipal Office of Equity and Gender Equality, for shelter residents who are ready to start a business or to find a job. The aim is to develop skills that will enable them to become economically independent, since in many cases the lack of initiative becomes an obstacle, preventing them from making the



decision to leave an abusive partner. For health reasons, the workshops are held virtually once a week and last two hours.

The program is further developed with the support of other departments within the Metropolitan Municipality of Lima, as well as, from allied individuals and companies. The employability orientation is supported by the World Council of Credit Unions (WOCCU <https://www.wocculatam.com>), which has been developing an Economic Inclusion Project to improve the economic security of Venezuelan migrants through programs that support job placement, strengthen microenterprises and facilitate access to financial services (USAID, Economic Inclusion Project). (USAID, Economic Inclusion Project).

Children: Can children continue their education in the shelter? If so, where do they take classes? Are there recreational activities for children? If so, what are they and where can they play?

Due to COVID-19, children who remain with their mothers are able to continue their classes either through the television or on the computers that are available on the HRT. The HRT also has a playroom with a UNHCR, and another which adheres to the Montessori method and works with the children to teach them practical life skills and strengthen their physical, intellectual, and cognitive abilities. Es allí donde desarrollan diversas actividades, algunas de aprendizaje y otras recreativas.

Conditions for connecting with people outside the shelter

As part of the admission process, women are required to turn over their cell phones to prevent them from contacting the aggressor or giving away sensitive information about their physical location. In fact, according to the information provided by the HRT administrator, one of the experiences that provided shelter staff with lessons learned at the beginning of the intervention was of a resident who had provided sensitive information that reached her aggressor and they had to move her to another HRT to avoid any risk to her physical safety. While the situation fortunately did not escalate, this experience drove them to strictly enforce the no contact rule, since the experience had not only placed the resident at risk, but also the entire group housed in that HRT.

The women are permitted to contact their families to reassure them that they are well and in some cases require that specific questions be forwarded. While this is allowed, it is overseen by shelter management.

In addition, they corroborated the provisions established in the Protocol regarding visits:

- In order to safeguard the integrity of all shelter, no family visits or meetings are permitted in the facility or in places outside the shelter.
- Outreach to your family network must be scheduled to take place inside the facilities of the referring institution.

Criteria for discharge from the shelter

Shelter residents may leave the shelter to continue with legal proceedings, their recovery and other steps to help resolve the violent situation, but must coordinate excursions within the previously established timeline and only for the purposes agreed. For such departures, the shelter and the referring institution them must arrange for any needed support and security measures.

Shelter capacity

Description of the space and its surroundings

The HRT is housed in a facility that previously hosted workshops on women's entrepreneurship. The space was empty due to COVID-19, and given the urgency for HRT, the space was redirected for this purpose.

This explains several elements:

- The facility is well-located, in a low-intermediate economic urban area, very close to a healthcare center and next to a children's daycare.
- At the entrance, there is a sign that reads "Casa de la Mujer", which was there before and was never removed. When we asked why the sign was left up, we were told that the neighborhood residents associated that sign with this space, and that they preferred not to make any changes, given that all actions take place within the walls of the shelter and no one is surprised by the MML personnel who continue to visit the facility.
- All the windows to the outside have been tinted to allow light to come in but that prevent anyone from being able to in. Most doors have been sealed closed.
- In addition to the rooms designated as bedrooms, the HRT has a dining room, kitchen, laundry room, a small vegetable garden and 2 separate

restrooms for men and women. It also has private areas for medical, psychological, legal and social assistance, a toy library and a pantry to ingredients for the preparation of food.

- The spaces previously used for workshops have been set up as multi-family dormitories, so there is no total privacy. Some screens that only limit lateral vision have been installed to provide some privacy to residents.
- This is all explained because initially the idea for the shelter arose as a response to the COVID-19 emergency, and at that time it was not clear how long the facility would be in operation. It is now clear that there is a need to maintain the shelter and there is a proposal to recover the facilities where the "Casa Libertad" shelter was located during the administration of former Mayor Villarán, a space which would provide better living conditions for shelter residents.

The MML team is aware of the situation and is working on alternatives so that once the emergency is over, the current building can return to being used for workshops. To this end, the following alternatives are being developed:

- Investment project (technical dossier, with plans) : "house of enterprise" + 5 types of mini-apartments for the HRT.
- HRT investment project: Build 2 more shelter: one for people with disabilities and one for another HRT.
- Recover the house where the HRT "Casa Libertad" used to operate, and which has been converted to a healthcare center since the Castañeda administration.

Number of places for victims and family members.

The Casa de la Mujer San Juan de Lurigancho today has 22 beds and 1 cot, which are distributed in 2 spacious rooms.

Number of women housed per year and in total since the creation of the shelter.

The shelter has taken in 70 people in the one year since its creation in May 2020.

Length of stay in the shelter

Given that the HRT began its operation during the COVID-19 health emergency, the shelter Protocol reads as follows:

- The length of stay of shelter residents wThe permanence of the housed person should not exceed 3 months, except in exceptional cases, and taking into account the following criteria.
- If the shelter admits a person who is not escaping an emergency caused by gender-based violence, but rather is there due to another emergency situation, the maximum length of stay is considered to be 15 days.

According to the interviews we conducted, in reality, the length of stay of women victims of gender-based violence has varied 3 and 8 months. There have been few cases of women sheltered for other reasons, e.g., an elderly homeless woman in a street situation, who was later referred to another facility.

Shelter evaluation

Is there a monitoring system? If so, it is ongoing or sporadic? Who conducts the shelter evaluations?

There have been 2 types of monitoring by the MML:

- One conducted on behalf of the Deputy Manager of Comprehensive Protection Services against Gender-Based Violence
- The HRT administrator keeps a daily log of events with photos for documentation, and holds team meetings with the Deputy Manager, who closely monitors and assists in resolving difficult situations and challenges faced.
- The shelter has also be evaluated by the Civil Defense agency to supervisions to verify the safety of the facilities.

Is the shelter's performance evaluated? If so, who is responsible for conducting this evaluation? Is the evaluating entity independent from the MML?

The HRT belongs to the MML, which has not established an agreement with the MIMP, meaning that the shelter is publicly operated but is independent from the sector.

The shelter has yet to undergo any formal oversight by MIMP or any other institution (e.g., by the Office of the Ombudsman's).

Are there any evaluation reports available (summarize on one page the achievements and obstacles encountered, as well as strategies for overcoming them)?

There are no formal evaluation reports:

- The MML has opened 2 HRT in record time at a very critical juncture showing a responsiveness and empathy with the problem as the COVID 19 health led to a greater demand for such services by women.
- After responding to the crisis, the MML has decided to assume the responsibility it has as a local government and maintain these HRT beyond the response to COVID-19, formalizing their creation through a municipal norm.
- The MML has sought technical advice from the sector for the installation of the HRT and to establish its internal protocol.
- The HRT depends primarily on the MML's own resources, not on a specific project, making it more sustainable over time.
- HRT personnel hired directly using municipal funding, guaranteeing the continuity of the facility
- In addition, shelter expenses have been covered using other municipal services, such as: cleaning service, security service, midday meals prepared in another shelter, entrepreneurship workshops, among others.
- The MML has managed to partner with international cooperation institutions (UNHCR, HIAC, WOOCU) and other national institutions (CARE, Sheraton Hotel, among others) that provide support and strengthen resources available for women.
- The HRT has cared for women victims of various types of gender-based violence, including intimate partner violence, sexual violence and human trafficking, among others, providing personalized social, psychological and legal support for each category of victim.
- It is also important to point out that one of the potential achievements of this experience is multiplier effect it is having on local governments in Metropolitan Lima, which have been interested in learning more about this experiment.

Obstacles:

- The building where the HRT is currently located does not have appropriate bedroom space. The shelter has tried to address this issue by putting up privacy screens but they are looking for more permanent solutions such as a change of premises and the development of investment projects.
- The HRT has not been registered with the MIMP, but is seeking to meet the standards required to be officially recognized.
- The presence of migrant women who lacked family networks, initially posed a significant challenge. This however, accelerated the search for support networks for the migrant population and today the shelter relies on the support of cooperation institutions directly involved to assist this category of victim (UNHCR, HIAS, WOCCU).
- In order to organize the response to the COVID-19 emergency, the MML sought the support of the Aurora Programme, which provided the necessary guidelines for the facility and made an effort to hire experienced staff to ensure an effective response to victims of gender-based violence.

Conclusions and recommendations

- The Peruvian State has been responding to women victims of gender-based violence based on their age and the type of violence they have faced. Thus, for adult women, the response has focused on the HRTs, where priority is given to victims who have faced the risk of femicide, but where there are also victims of other types of violence such as human trafficking. The largest number of users of this type of facility are women victims of intimate partner violence who are admitted to the shelter accompanied their children.
- In this type of shelter the stay is voluntary, even in cases of victims of human trafficking, and victims are encouraged to stay for less than 6 months, since the interventions should be focused on the reintegration of the victim into their social and family networks and on the development of skills that allow them to be economically independent.
- The women who seek shelter in the HRT receive psychological, social and legal assistance to achieve their objective of reintegration and autonomy. The work of the multidisciplinary teams is focused on the recovery of their

self-esteem and psychological stability, on achieving family reintegration (often with their family of origin) and social reintegration. However, the judicial processes normally extends beyond the women's stay in the HRT, so the link with institution that is in charge of the process remains intact.

- The State has not yet developed a formal process for follow-up on the situation of women who have gone through an HRT after they are reintegrated. Occasional follow up is done informally but as it is not systematized, there are no statistics on the situation of women after their stay in the HRT.
- The solutions proposed by the State to care for girls and adolescents who suffer from gender-based violence (victims of domestic violence, sexual violence, sexual exploitation, human trafficking, etc.) will differ from those in the HRT. In cases of gender-based violence that occurs in the family environment, the first option, if the violence is caused by weak parenting, will be to place the victim in a foster home, either within the victim's extended family or belonging to a third parties. Victims will be placed in a CAR only when this option is not possible. This treatment for this is similar to other vulnerable situations that children and adolescents may face.
- On the contrary, girls victims of sexual exploitation or human trafficking, will very likely be admitted to a CAR that specialized in this type of violence. The State will then guarantee education, healthcare, and housing for these girls until they reach the age of majority, while individual and personalized work is done with each one of them. Residency in these spaces is mandatory and as a result, be perceived as a deprivation of their freedom. This experience is especially difficult for adolescents, who may not perceive themselves as "victims" when subjected to sexual exploitation and trafficking, but see themselves as prisoners when they are held in state institutions to enable their social reintegration. This situation merits serious reflection and further research on the state's response to this type of victim.
- The Peruvian State has developed a considerable set of regulations to respond to both adult women victims and child and adolescents victims of gender-based violence. It has also placed the responsibilities for shelter management in different governmental bodies. The MIMP is the governing body for facilities that service both groups of victims and must establish the standards to be met by both public and private facilities. This obligation

is fulfilled by the sector's agencies - in the case of the HRTs this is the Directorate of Technical Assistance and Promotion of Services of the General Directorate to Combat against Gender-based Violence (Vice-Ministry of Women), and in the case of the CARs, the Directorate for Policies on Children and Adolescents, an agency of the General Directorate of Children and Adolescents (Vice-Ministry of Vulnerable Populations).

- The MIMP, in addition to its steering role, is responsible for the programs that offer services to women victims, either directly or through agreements with other levels of government. Thus, the Aurora Program has established 20 agreements with subnational governments to set up HRTs for adult women who are victims of gender-based violence, while the INABIF Program is directly responsible for several CARs, including CARs that specialize in children victims of trafficking.
- In compliance with its steering role, the MIMP carries out daily supervision of both HRTs and CARs, but they do not make their reports publicly available. In general, these supervisory actions take place throughout the year and allow the institutions to maintain or not the corresponding registry kept by the sector itself.
- Unlike the MIMP, the Office of the Ombudsman is a constitutionally independent institution, charged with monitoring the State's compliance with its obligations. Over the years, it has prepared reports of both types of establishments, both HRTs and CARs, in accordance with the mandate to monitor the State's compliance with its obligations to provide public services in this area. These reports are publicly available, providing visibility into the status of these establishments, what kinds of protection they provide, how they operate, as well as information about their shortcomings, limitations, etc. The reports of the Office of the Ombudsman have become the primary surveillance and monitoring tool on the State's compliance with its obligations in this area.
- While HRTs emerged as an essentially civil society response to the recovery of victims of gender-based violence, this momentum seems to have diminished over time as state institutions have assumed responsibility for the facilities. Although there are still some HRTs managed by grassroots leaders in the women's movement, these are the exception. This may have contributed to RECARE losing its influence and being perceived as inactive in recent years, while it is the national entities that push and monitor the institutions at the subnational state level to fulfill their obligations to victims of gender-based violence.

- The most well-known non-governmental organizations defenders of women's rights have not engaged or developed any studies on this issue in recent years. A group of new organizations concerned with the issue of human trafficking, that work on projects funded by international cooperation entities have published some studies on the situation of victims of sexual exploitation in Residential Foster Care Facilities, focusing in particular on the treatment of adolescents housed in those facilities.
- Peruvian public policies should place the implementation of shelters for victims of gender-based violence at the regional and local (municipal) levels, and set the expectation that the responsible government entities will allocate budgets to fund these types of facilities. However, this approach has been permanently postponed due to the lack of priority given to this problem at that lower level of government or the lack of resources. In response, the MIMP, as the governing body, assumed a new leadership role to develop management agreements with regional governments for the establishment of HRTs, allocating part of the necessary budget to staff them and thus ensure their operation when the new law against violence against women and the family group was passed issued in 2015..
- Along the same lines, the MIMP, within the framework of the new national policy on human trafficking, has given new energy to the specialized CARs and has expanded their coverage in recent years.
- As the head of the government of the Peruvian capital, the MML has not had a clear and consistent policy over time regarding its obligations to provide services to victims of gender-based violence. In fact, as has been documented, it has gone from a proposal to provide meaningful municipal services for women victims of gender-based violence -including legal counseling services and a shelter - partially funded by international cooperation organizations during one municipal administration, to the closure of these services in the following administration, and then returning with another proposal to respond to the urgent demand for protection of women victims of gender-based violence during the pandemic, and which they are currently seeking to institutionalize.
- This project, which has led to the installation of 2 MML-managed shelter in 2020, which, while there are limitations in terms of infrastructure, represents a solution essentially funded by the MML's own resources. This arrangement makes the project less dependent on external funding and increases its chances of becoming institutionalized.

- The technical team responsible for the project is keenly aware of the importance of its institutionalization. It has developed several possible solutions, from the recovery of the house that was previously used as HRT to the development of a public fundraising campaign to raise money for the project. Nevertheless, the lessons learned during this experience, make clear that it is extremely important that civil society organizations take ownership of the project and monitor it so that the risk of a new municipal administration closing these services does not reoccur. Unfortunately, we have seen no evidence of this type of effort either on the part of the MML teams, who are more focused on institutionalizing the project, or by civil society organizations.
- The synergy that has developed between the MML and the entities that have been supporting the social integration of Venezuelan migrants into Peru deserves a special mention. The MML has found meaningful support from the cooperation entities to provide these women access to economic and employment support which in other circumstances would have been impossible to imagine. This is critical, given that these women, who use the services of the HRT, in general do not have family or social support networks for their social reintegration, and desperately need the assistance.
- The review of the state's response to women victims of gender-based violence leaves us with the impression that, despite what the law establishes, the local or regional governments are not leading this response. Rather, the response is essentially being driven by the governing body at the national level, serving both as a regulatory entity, through its sub agencies, and as a direct provider of services to the population, through its national programs. That the MML initiative to create 2 HRT, which began as a temporary response to a specific situation, and not as part of an official municipal policy response to gender-based violence, and which is in the process of being institutionalize, also demonstrates the importance of the assumption of the process by civil society organizations.

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Notes

[1] Law 11.340/2006 - Maria da Penha Law, available at www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11340.htm (In Portuguese)

[\(CONTINUE READING\)](#)

[2] However, the concept with which we work in shelters exceeds the legal framework in this area.

[\(CONTINUE READING\)](#)

[3] Law against Domestic Violence (Law 7586 - 1996)

[\(CONTINUE READING\)](#)

[4] In the State of Minas Gerais, the Women's Shelters are part of a coalition, the Regional Consortium for the Development of Citizens: Women of Gerais, made up of 12 municipal governments that leverage budgetary funds.

[\(CONTINUE READING\)](#)

[5] [1] In the shelter in Mexico City, food is provided by the Ministry of Women through a bidding contract signed with a food supply company, which serves an average of 6 meals per day. Personal clothing and bedding are the responsibility of the shelter. Available at: agenciapatriciagalvao.org/destaques/instituido-formulario-de-risco-na-justica-para-mulheres-v (In Portuguese)

[\(CONTINUE READING\)](#)

[6] The Montessori Method seeks to work with children and adolescents in areas of practical life, strengthening their physical, intellectual and cognitive capacities.

[\(CONTINUE READING\)](#)

[7] In comments to the CNJ in 2018, a Domestic Violence Court judge stated that as soon as he receives a case of violence from a protected woman he orders the immediate arrest of the aggressor in order not to prolong the woman's isolation. Housing the woman in the shelter is an extreme measure due to the forced isolation it requires. However, this is not necessarily an approach followed by other judges.

[\(CONTINUE READING\)](#)

[8] An interview with a woman who has already been sheltered makes clear this feeling of confinement and the sometimes violent relationships between the women forced to live in the shelter. This woman stressed the importance of the social, psychological and legal assistance she received during her stay in and after her exit from the shelter, which enabled her to understand the dynamics of the violent relationship and to give new meaning to her life. Today she considers that she has overcome the cycle of violence and is a student at a renowned university in the state of Rio de Janeiro.

(CONTINUE READING)

[9] Lawyer, Member of the Committee of Experts of the MESECVI, Executive Coordinator of the non-governmental organization CEPIA (www.cepia.org.br), Professor Emerita at the School of Magistrates of the State of Rio de Janeiro and member of the school's Permanent Forum on Gender Violence. She also contributed to the drafting of the Maria da Penha Law and is part of the Maria da Penha Legal Consortium that monitors the implementation of the Law.

(CONTINUE READING)

[10] Brazil, Federal Government, National Secretariat of Policies for Women - SPM , National Guidelines on Shelter Policy, Brasilia, 2011 Available at: www12.senado.leg.br/institucional/omv/entenda-a-violencia/pdfs/diretrizes-nacionais-para-o-abrigamento (in Portuguese)

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(CONTINUE READING)

[11] Law 11.340/2006 - Law Maria da Penha available at www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11340.htm

(CONTINUE READING)

[12] Women and girls in situations of violence face risks to their lives and physical integrity, and on sometimes the only way to avoid these risks is to leave their homes and go to a shelter; (b) shelters are safe spaces for women and children at risk of gender-based violence that aim to ensure the safety and promote the empowerment of those who have been victims and/or witnesses of violence; (c) the State has the obligation to create, support and guarantee the existence, accessibility, availability, safety, quality and efficiency of shelters.

(CONTINUE READING)

[13] SPM data from 2018 indicates the existence of 155 governmental and non-governmental shelters across the country

[\(CONTINUE READING\)](#)

[14] A shelter model offered by an NGO in the state of Rio de Janeiro was included in the analysis as an exception.

[\(CONTINUE READING\)](#)

[15] BRAZIL. Terms of reference for the implementation of Domestic Violence Shelters National Secretariat of Policies for Women. Brasilia: 2008

[\(CONTINUE READING\)](#)

[16] Brazil. Federal Government. Secretariat for Women's Policies - SPM, Brasília, 2011, opus cit.

[\(CONTINUE READING\)](#)

[17] The National Policy to Combat Human Trafficking - Decree No. 5948, October 26, 2006, began to be treated as public policy in Brazil after the National Congress approved, through Legislative Decree No. 231, dated May 29, 2003, the text of the Additional Protocol to the United Nations Convention against Transnational Organized Crime concerning the Prevention, Repression and Punishment of Trafficking in Persons, especially Women and Children.

[\(CONTINUE READING\)](#)

[18] Brazil. Federal Government, National Secretariat of Policies for Women, Brasília, 2011, opus cit.

[\(CONTINUE READING\)](#)

[19] This reference is to the 1964 creation of a shelter for women maintained by a non-governmental, religious spiritualist entity in the state of São Paulo. The first official shelter was created in 1986, by the government of the state of São Paulo - Comvida – Center for Coexistence for Women Victims of Domestic Violence, in response to the demands of feminist movements and within the context of the re-democratization of the country

[\(CONTINUE READING\)](#)

[20] A report from Agencia Brasil Noticias gathered 2018 data from the Brazilian Institute of Geography and Statistics (IBGE) that indicated that only

2.4% of Brazilian cities had this type of facility and that they were concentrated mainly in cities with more than 500,000 inhabitants, home to 58.7% of existing shelters at the time.

[\(CONTINUE READING\)](#)

[21] In 2004, the 1st National Conference on Women's Policy: A Challenge for Equality with a Gender Perspective was held in Brasilia, by the SPM in partnership with the National Council on Women's Rights (CNDM), with the participation of more than 1,200 women from social movements. The objective of the conference was to propose guidelines for the development of the National Plan for Women's Policy.

[\(CONTINUE READING\)](#)

[22] Brazil. Federal Government - Ministry of Justice - National Plan to Combat Human Trafficking. Brasilia, 2004-2007

[\(CONTINUE READING\)](#)

[23] Secretariat of Policies for Women - National Pact to Combat Violence against Women, Brasilia, 2011. This Pact created a partnership consisting of the federal government, states and municipalities, funded by the federal government for the construction of buildings, and the procurement of equipment and vehicles. Available at: www12.senado.leg.br/institucional/omv/entenda-a-violencia/pdfs/pacto-nacional-pelo-enfrentam. (In Portuguese)

[\(CONTINUE READING\)](#)

[24] The National Policy for the Sheltering of Women in situations of violence has as its legal unpinning: Law 11.340/2006 (Maria da Penha Law); Decree 6.387 dated March 5, 2008 - II National Policy Plan for Women; Resolution No. 109 of November 11, 2009, CNAS (typification of social assistance services); the Palermo Convention; and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women / Convention of Belém do Pará (1994).

[\(CONTINUE READING\)](#)

[25] Provided for in Law No. 8.742, dated December 7, 1993, and Decree No. 6.307, dated December 14, 2007.

[\(CONTINUE READING\)](#)

[26] 2] If the CEAM does not exist, the Specialised Social Assistance Centres (CREAS) can also be a gateway to the shelter. In municipalities where there are no shelters, the services that request them should look for alternatives for short-term temporary accommodation until the assessment can be carried out.

[\(CONTINUE READING\)](#)

[27] System S is a group of organizations focused on professional education, such as: National Service of Industrial Apprenticeship (Senai); National Service of Commercial Apprenticeship (Senac), Commercial Social Service of (Sesc); Social Service of Industry (Sesi), among others

[\(CONTINUE READING\)](#)

[28] As of 2006, this network includes the Domestic and Family Violence Courts created by the Maria da Penha Law in 2006.

[\(CONTINUE READING\)](#)

[29] Atlas of Violence – The Institute for Applied Economic Research (IPEA) and the Brazilian Forum on Public Safety, 2020.

[\(CONTINUE READING\)](#)

[30] Dossier Mulher 2020 ISP. This dossier also includes an unpublished analysis of the 85 victims of femicide registered in the state in 2019. Of these, 49 were between the ages of 30 and 59 and 58 were Black. The analysis shows that 82.4% of the deaths were committed by intimate partners or former intimate partners, 78.8% of the cases occurred inside the residence and 32.9% of the victims were killed with a bladed weapons. In 44% of the cases, the perpetrator's motive was to end the relationship.

[\(CONTINUE READING\)](#)

[31] In 2019, the federal government expanded access to firearms, allowing the possession of 4 firearms, in complete violation of the 2003 Disarmament Statute. Access was again expanded in 2020 with the increase from 4 to 6 firearms, in addition to allowing registered shooters and hunters to acquire up to 60 and 30 firearms, respectively, without the need for express authorization from the Army.

[\(CONTINUE READING\)](#)

[32] IBGE data indicate that the number of households headed by women doubled in absolute terms, increasing by 105% in 15 years, from 14.1 million in 2001 to 28.9 million in 2015.

[\(CONTINUE READING\)](#)

[33] BRAZIL – Federal Government, Institute of Applied Economic Research IPEA 2021.

[\(CONTINUE READING\)](#)

[34] The CPMI was conducted jointly by the Chamber of Deputies and the Federal Senate in 2013. Its results are available at <http://www.senado.gov.br/noticias/especiais/violenciacontramulher/>. See also Observatório at <https://www12.senado.leg.br/institucional/omv> (In Portuguese)

[\(CONTINUE READING\)](#)

[35] CNJ - National Council of Justice. Available at agenciapatriciagalvao.org/destaques/instituido-formulario-de-risco-na-justica-para-mulheres-v (In Portuguese)

[\(CONTINUE READING\)](#)

[36] I would like to thank Dr. Rosangela Pereira - Director of the Specialized Center for Assistance to Women in Situations of Violence - CEAM for her support in conducting interviews with people in charge of shelters in the states of São Paulo, Rio Grande do Sul and Rio de Janeiro.

[\(CONTINUE READING\)](#)

[37] We also interviewed the director of Casa Abrigo Rainha Silvia, in Rio de Janeiro, run by an NGO with financial support from the governments of Sweden and Denmark. This shelter is listed in 2018, but since it is not specifically dedicated to assisting women in situations of violence, but rather women with other social vulnerabilities, its location is not confidential

[\(CONTINUE READING\)](#)

[38] With the exception of the Rainha Silvia Shelter Rio de Janeiro.

[\(CONTINUE READING\)](#)

[39] In the state of Minas Gerais, the Shelters are part of a coalition of 12 municipalities that leverage budgetary resources called the Regional

[32] IBGE data indicate that the number of households headed by women doubled in absolute terms, increasing by 105% in 15 years, from 14.1 million in 2001 to 28.9 million in 2015.

[\(CONTINUE READING\)](#)

[33] BRAZIL – Federal Government, Institute of Applied Economic Research IPEA 2021.

[\(CONTINUE READING\)](#)

[34] The CPMI was conducted jointly by the Chamber of Deputies and the Federal Senate in 2013. Its results are available at <http://www.senado.gov.br/noticias/especiais/violenciacontramulher/>. See also Observatório at <https://www12.senado.leg.br/institucional/omv> (In Portuguese)

[\(CONTINUE READING\)](#)

[35] CNJ - National Council of Justice. Available at agenciapatriciagalvao.org/destaques/instituido-formulario-de-risco-na-justica-para-mulheres-v (In Portuguese)

[\(CONTINUE READING\)](#)

[36] I would like to thank Dr. Rosangela Pereira - Director of the Specialized Center for Assistance to Women in Situations of Violence - CEAM for her support in conducting interviews with people in charge of shelters in the states of São Paulo, Rio Grande do Sul and Rio de Janeiro.

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[38] With the exception of the Rainha Silvia Shelter Rio de Janeiro.

[\(CONTINUE READING\)](#)

[39] In the state of Minas Gerais, the Shelters are part of a coalition of 12 municipalities that leverage budgetary resources called the Regional

Consortium for Citizens Development: Women of Gerais (Consórcio Regional de Promoção da Cidadania: Mulheres das Gerais)

[\(CONTINUE READING\)](#)

[40] The state of Pernambuco alone reported an annual budget of R\$1,000,000.00 for 4 shelters in different regions of the state. In a shelter in the municipality of Campinas, São Paulo, it was reported that the funding came from the Secretariat of Health. In another case in the state of Rio de Janeiro, the funding came from a social assistance project coordinated by the first lady of the state.

[\(CONTINUE READING\)](#)

[41] Since 2010, the Court of Justice of the State of Rio de Janeiro has maintained a dedicated judicial center for women victims of domestic violence in this state – CEJUVIDA - which also refers women to shelters.

[\(CONTINUE READING\)](#)

[42] The Bolsa Família Program was created in 2004 and is a direct cash transfer program that provides assistance to families in poverty and extreme poverty. All families with a per capita income of up to R\$ 89.00 per month (defined as families in extreme poverty); families with with a per capita income between R\$ 89.01 and R\$ 178.00 per month, provided they have children or adolescents aged between 0 to 17 years (defined as families in poverty with children and adolescents).

[\(CONTINUE READING\)](#)

[43] This is the case of Minas Gerais. See note 19 on the S System.

[\(CONTINUE READING\)](#)

[44] The shelter in the Federal District reports that there is a District Law that ensures priority housing for situations involving domestic violence.

[\(CONTINUE READING\)](#)

[45] In the shelter in the Federal District, food is provided by the Secretariat for Women through a contract signed with a food supply company, which serves an average of 6 meals a day. In all shelters, underclothing and bedding are the responsibility of the shelter.

[\(CONTINUE READING\)](#)

[46] According to the 2010 Population Census, the female population of the state of Rio de Janeiro was 8,517,251, representing 52.24% of the total population of the state.

[\(CONTINUE READING\)](#)

[47] The Campinas shelter in São Paulo reports that the assessment is available on the website of the municipal government. The shelter Casa Abrigo do Rio Grande do Norte reports that an evaluation is carried out twice a year by an external consultant hired by the State Secretariat for Women. The shelter in the Federal District reports that all monitoring of the shelter falls under the responsibility of the Undersecretariat for Confronting Violence against Women, a unit contained within the Federal District Secretariat of State for Women, and also that the data on the shelter are transmitted to the Women's Observatory, which aims to create a system that will be integrated with the other facilities managed by the Secretariat of State for Women.

[\(CONTINUE READING\)](#)

[48] Dr. Renata Brito Teles is responsible for the Shelter in the Federal District.

[\(CONTINUE READING\)](#)

[49] Prior to admission, the Referral Center informs women about the rules of confidentiality and other shelter rules, such as the prohibition of the use of mobile phones and other forms of external contact as well about the other services provided by the shelter.

[\(CONTINUE READING\)](#)

[50] In a statement provided to CNJ Agency in 2018, a judge of the Domestic Violence Court stated that in order not to prolong the isolation of the victim, as soon as he receives a case of violence from a protected woman he orders the immediate arrest of the aggressor. Confining the woman in the home is an extreme measure because of the forced isolation it requires. However, this is not necessarily an approach adopted by other judges

[\(CONTINUE READING\)](#)

[51] An interview with a woman who had previously been housed in the shelter made clear this feeling of confinement and the sometimes violent relationships between women forced to live in a shelter. This interviewee stressed the importance of the social, psychological and legal assistance she

received during and after her stay the shelter, which enabled her to understand the dynamics of the violent relationship and gave her life new meaning. Today she considers that she has overcome the cycle of violence and is a student at a renowned university in the state of Rio de Janeiro.

(CONTINUE READING)

[52] Sociologist, graduate in Gender Studies, University of Chile, currently writing her thesis on the Master in Evaluation at the University of Saarbrücken, Germany. Teacher and consultant for international organizations in Latin America and public institutions at the national level.

(CONTINUE READING)

[53] Secretariat of Gender of the Judiciary Branch. Access to Justice for Women Victims of Violence who access the Judiciary. Chile: 2020. Retrieved from

http://secretariadegenero.pjud.cl/images/stignd/estudios/accesojvcm/InformeFinal_Acceso%20a%20la%20justicia%20v%C3%ADctimas%20VCM.pdf (In Spanish)

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[54] SernamEG. Retrieved from Intersectoral Circuit of Femicide. Annual Report 2019. Chile, 2020. p. 35. Available at: [kkk](#) (In Spanish)

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[55] OECD. Retrieved from Better Life Initiative 2020 Country Note Data. 2020. Available at: <https://www.oecd.org/statistics/better-life-initiative.htm>.

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[56] Cáceres, G., & Arancibia, L. "Gender-based violence: Domestic Violence Shelters in the Neoliberal Chilean State." *Revista Faro*, 2017 N°25 I Semester. Available at: <https://www.revistafaro.cl/index.php/Faro/article/view/505/484>.

(CONTINUE READING)

[57] SernamEG (2020). Technical Guidelines: Shelter Homes. Program for the Care, Protection and Reparation of Violence against Women

(CONTINUE READING)

[58] The detailed requirements can be seen in the previous section.

(CONTINUE READING)

[59] The population count is based on the 2017 Census: 17,574,003 inhabitants, 8,972,014 women.

(CONTINUE READING)

[60] Due to security issues, the positions are not handed out at the regional level.

(CONTINUE READING)

[61] The Unified Initial Risk Assessment Guideline (PUEIR) is strictly speaking a computer program that uses mathematical algorithms. It is developed by means of a structured questionnaire with a score assigned to each question, which then automatically provides a quantitative level of risk, thus allowing a uniform classification of the risk situation in three categories: Vital/High, Medium or Low. Requests obtain the PUEIR under the Transparency Act have been denied using rationale that it is sensitive information that could impact security of the Nation, as it is used by law enforcement and the Public Prosecutor's Office. However, given the consultant's experience in issues related to violence against women, we do have knowledge of questions in the survey, which include the factors detailed in the text.

(CONTINUE READING)

[62] If the victim rejects the referral to a shelter, this must be put in writing and the prosecutor will take other precautionary and/or protective measures deemed appropriate.

(CONTINUE READING)

[63] Housing and Urban Development Service, which is responsible for implementing the policies of the Ministry of Housing and Urban Development.

(CONTINUE READING)

[64] The program seeks to promote the economic independence of women heads of household by providing them with a set of tools that enable them to generate and manage their own income and resources through paid employment, access to public services and opportunities to obtain paid, domestic and care work. The Program's intervention model is comprehensive, strengthening the conditions for women's empowerment by providing tools for their employability (in dependent or independent economic activities) and referring them to services that improve their labor skills and quality of life (www.sernameg.gob.cl).

(CONTINUE READING)

[65] Psychologist – Consultant- Coordinator of the Department of Gender-based Violence. – Coordinator, Secretariat of the Costa Rican National Technical System for the Care and Prevention of Domestic and Interfamilial Violence, 2013 - 2020.

[\(CONTINUE READING\)](#)

[66] Observatory for Gender-based Violence against Women and Access to Justice, Femicide. Available at: [KK](#) [Accessed: May 5, 2022].

[\(CONTINUE READING\)](#)

[67] Observatory on Gender Violence against Women and Access to Justice, op.cit.

[\(CONTINUE READING\)](#)

[68] Observatory on Gender Violence against Women and Access to Justice, op.cit.

[\(CONTINUE READING\)](#)

[69] Observatorio de violencia de género contra las mujeres y acceso a la justicia, op.cit.

[\(CONTINUE READING\)](#)

[70] Observatorio de violencia de género contra las mujeres y acceso a la justicia, op.cit.

[\(CONTINUE READING\)](#)

[71] Costa Rica. Law 7142/1990, March 8, 1990

[\(CONTINUE READING\)](#)

[72] Name of the entity that would later become the National Women's Institute (INAMU).

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[73] CMF. Law for the Promotion of True Equality for Women. Document Collection: No 2, Legislation No. 1. San José, 1994.

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[74] CMF. DOMESTIC VIOLENCE ACT. DOCUMENT COLLECTION N.12, LEGISLATION NO. 9. SAN JOSÉ, 1996.

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[75] CMF/Office of the First Lady/Spanish Agency for International Cooperation: National Plan for the Care and Prevention of Violence against Women (PLANOVI) Operating 1996-1998. Document Collection: No. 14. Violence No.2. San José, 1996.

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[76] CMF/Office of the First Lady/Spanish Agency for International Cooperation,, op.cit., pp.90-91.

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[77] INAMU, Law establishing the National Institute of Women (INAMU) Legislative Collection No.1 Laws NO.1. San José, 1998, p. 17.

[\(CONTINUE READING\)](#)

[78] Costa Rica, Executive Decree Decreto N.26664-C-J-PLAN-MTSS-MIVAH-S-MEP-SP, January 27, 1998: Creation of the National System for the Care and Prevention of Violence against Women. Costa Rica, 1998

[\(CONTINUE READING\)](#)

[79] INAMU: Law Creating the National System for the Care of Violence against Women and Domestic Violence. Legislative Collection on Gender Equality and Equity No. 1; Laws and regulations N. San José. 2008, P.8

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[80] INAMU: National Plan for the Care and Prevention of Violence against Women in intimate partner and family relationships, and Sexual Harassment and Rape (PLANOVI - WOMAN 2010-2015). Public Policies for Gender Equality and Equity Collection No. 7; Strategies and public policy instruments, No. 7 San José. 2010.

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[81] OIM/CONATT. Law to Combat Trafficking in Persons and Creation of the National Coalition against the Smuggling of Migrants and Trafficking in Persons (CONATT) San José, pp. 33,41. 2012.

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[82] Office of the President of the Republic (2012): Regulation of Law to Combat Trafficking in Persons and Creation of the National Coalition against the Smuggling of Migrants and Trafficking in Persons (CONATT) Available at:

http://repositorio.mopt.go.cr:8080/xmlui/bitstream/handle/123456789/3510/D-39325.pdf?sequence=1&isAllowed=y_

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[83] [1] INAMU (2018) Costa Rican National Policy for the Care and Prevention of Violence against Women of All Ages 2017-2032. Public Policies for Gender Equality and Equity Collection, Collection No. 13; Public Policy Strategies and Instrument, No. 13. San José. UNED Magazine p. 242.

[\(CONTINUE READING\)](#)

[84] INAMU: National Policy for the Care of and Prevention of Violence against Women of All Ages 2017-2032. Available at: http://planovicr.org/sites/default/files/documentos/planovi_2017-2032_diagramada_2019_0.pdf

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[85] INAMU (2018): National Policy for the Care of and Prevention of Violence against Women of All Ages 2017-2032. Public Policies for Equality and Gender Equity Collection No. 13; Strategies and Instruments of Public Policy, No 13. Editorial UNED. San José, 2018. P. 143

[\(CONTINUE READING\)](#)

[86] Op. Cit. Pp. 139-140.

[\(CONTINUE READING\)](#)

[87] National Development and Public Investment Plan for the Bicentennial 2019-2022. Costa Rica, p. 170. Available at: https://documentos.mideplan.go.cr/share/s/KdFfsf2QS2yRMbg2_g_Wtg,

[\(CONTINUE READING\)](#)

[88] Executive Decree No. 41240-MP-MCM, dated August 14, 2018, Art. 1.

[\(CONTINUE READING\)](#)

[89] Por políticas de seguridad se ha solicitado no hacer mención de los lugares de ubicación de los servicios en este informe.

[\(CONTINUE READING\)](#)

[90] CMF. Plan Nacional para la Atención y Prevención de la VIF (PLANОВI). Balance de ejecución 1994-1997. San José. P. 38.

[\(CONTINUE READING\)](#)

[91] Op. Cit. Pp 38-39.

[\(CONTINUE READING\)](#)

[92] The facility did not interrupt its service during the process of renovation and construction.

[\(CONTINUE READING\)](#)

[93] This information was provided by the Administrative Director of INAMU.

[\(CONTINUE READING\)](#)

[94] Refers to Las 7600 requiring public buildings to have bathrooms accessible to people with disabilities.

[\(CONTINUE READING\)](#)

[95] Information provided by the Administrative Director of INAMU.

[\(CONTINUE READING\)](#)

[96] Law 8720, Protection of Victims, Witnesses and Other Parties Involved in Criminal Proceedings, amendments and additions to the Code of Criminal Procedure and the Criminal Code, 2009.

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[99] Diario Extra. “Migrations wants ₡4.272 million without intermediaries” Tuesday, December 29, 2020. Costa Rica. Available at: [k](#)

[kk](#) (In Spanish)

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[100] International Bureau for Children’s Rights. Map showing Combat of Trafficking in Persons in Costa Rica. Costa Rica, 2016, p. 54. Available at: [k](#)

[kk](#) (In Spanish)

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[101] Technical Secretariat, PLANOVI/ INAMU. Qualitative Report PLANOVI 2019-2020. Principle Achievements and Challenges in the Implementation of the National Policy for the Care of and Prevention of Violence against Women of all Ages. Costa Rica: 2021

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[102] CGR. Special Audit Report on the effectiveness of electronic monitoring devices as an alternative sentencing tool in the Ministry of Justice and Peace. Costa Rica: 2021

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[103] INAMU. Terms of Outcome, Consultancy/Domestic Violence Program Contract, 2013, p. 7.

[\(CONTINUE READING\)](#)

[104] Ramellini, T.; Mesa, S. Direct Contract N° 2013cd-000152-01 for the engagement of a Technical Assistance Consultancy to Redefine the Care Model in the Centers for Specialized Care and Temporary Shelter for Women Victims of Violence and their Children (CEAAM). Principal management achievements and limitations. Costa Rica, 2013

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[105] Ramellini, T.; Mesa, S. Direct Contract N° 2013cd-000152-01 for the engagement of a Technical Assistance Consultancy to Redefine the Care Model in the Centers for Specialized Care and Temporary Shelter of Women Victims of Violence and their Children (CEAAM). Theoretical and referential framework. Care Model Conceptualization. Proposal for technical and administrative management. Costa Rica, 2014.

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[106] Ramellini, Mesa, op. Cit, p. 5

[\(CONTINUE READING\)](#)

[107] Ramellini, Mesa, op. Cit, p. 30-32

[\(CONTINUE READING\)](#)

[108] CMF: National Plan for the Care and Prevention of Domestic Violence (PLANOVI). Implementation Report 1994-1997. San José. p. 38

[\(CONTINUE READING\)](#)

[109] CEDAL (2015); Characterization of the offer and demand for services for Victims of Domestic Violence at the national, region, and local levels. Final Report. p. 37

[\(CONTINUE READING\)](#)

[110] http://planovicr.org/sites/default/files/documentos/libro_sumevig.pdf

[\(CONTINUE READING\)](#)

[111] In the interview it was noted that these criteria are currently under review as that the age limit for male children poses a obstacle for victims to seek assistance as they do not have anywhere to leave their sons. In addition, there have been cases of mistreatment and sexual abuse of young men, but they are not as frequent.

[\(CONTINUE READING\)](#)

[112] In the interview it was noted that these criteria are currently under review as that the age limit for male children poses a obstacle for victims to seek assistance as they do not have anywhere to leave their sons. In addition, there have been cases of mistreatment and sexual abuse of young men, but they are not as frequent.

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[113] INAMU. Inter-institutional Intervention Protocol. Risk assessment and management of gender-based violence against women in intimate partner relationships. Available at: http://planovicr.org/sites/default/files/documentos/protocolo_interinst_riesgo.pdf (In Spanish)

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[116] INAMU (2021)

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[118] Ramellini, T.; Mesa, op. Cit, P. 26

[\(CONTINUE READING\)](#)

[119] Prior to the pandemic.

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[120] CUC7INAMU: Specific Cooperation Agreement. Final Report, January – November 2019.

[\(CONTINUE READING\)](#)

[121] IMAS. Guidelines of the Division of Social Development. ABF-0098-03-2018 dated March 7, 2018. Costa Rica, 2018

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[124] Law 8688 is the law that created the National Law for the Creation of the National System for the Care and Prevention of Domestic and Intra-familial violence.

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[126] Protocol for the Management of COVID-19 in Care Centers and Shelters for Women Victims of Domestic Violence and their Children. Paper document.

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[127] Ramellini, T.; Mesa, S. Direct Contract N° 2013cd-000152-01 for the engagement of a Technical Assistance Consultancy to Redefine the Care Model in the Centers for Specialized Care and Temporary Shelter of Women Victims of Violence and their Children (CEAAM). Theoretical and referential framework. Care Model Conceptualization. Proposal for technical and administrative management. Costa Rica, 2014.

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[128] CEDAL. Characterization of the supply and demand of services for victims of domestic violence at the national, regional and local levels. Final Report. Costa Rica, 2015.

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[131] Mesa, S.; Ramellini, T; Rodríguez, A. Op. Cit, p. 3

[\(CONTINUE READING\)](#)

[132] Degree in Legal Sciences from the University of El Salvador, with postgraduate studies in Human Rights (Chile) and Gender Studies (Guatemala-Mexico)- Former Director of Government Coordination. Former Coordinator of the Human Rights and Gender Unit (2014-2019). Member of the Association of Women for Dignity and Life, Las Dignas and Technician of the Political Projection Program of that same organization (2004-2010).

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[133] Ministry of Foreign Affairs Opportunities and Challenges of International Migration: The Case of El Salvador. El Salvador, 2014. Available at <https://www.cepal.org/sites/default/files/presentations/jjgarcia.pdf>

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[140] Salvadoran Institute for the Advancement of Women (ISDEMU). Report on the State and Situation of Violence against Women in El Salvador. El Salvador,, 2019, P. 23

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[141] Salvadoran Institute for the Advancement of Women (ISDEMU). Report on the State and Situation of Violence against Women in El Salvador. El Salvador, 2020, P. 54

[\(CONTINUE READING\)](#)

[142] Instituto Salvadoreño para el Desarrollo de la Mujer (ISDEMU), op. Cit, p. 43

[\(CONTINUE READING\)](#)

[143] This refers to the godmother of one of the woman's children, which in salvadoran culture is referred to as "comadre" (translated as "co-mother" in English), implying a close and trusting relationship.

[\(CONTINUE READING\)](#)

[144] Although it was not possible to conduct an in-depth interview with this shelter, we spoke by telephone with the person in charge, who explained the problems the shelter was facing and why it was not in operation. They were not able to provide more information, including concerning difficulties with accreditation.

[\(CONTINUE READING\)](#)

[145] Lawyer and Expert of the Committee of Experts of the MESECVI, Marcela Huaita currently serves as the Head of the Office for Gender Equality and Diversity at the Pontifical Catholic University of Peru. As a researcher, she has led studies on topics such as domestic violence, women's political rights, the right to health, reproductive rights, and the main legal barriers for women. She held the position of Minister of Women and Vulnerable Populations from 2015 to 2016.

[\(CONTINUE READING\)](#)

[146] The Ministry of Women in Peru has changed its name various times. It was created in 1996 as the Ministry of Women and Human Development (PROMUDEH). In 2002 its name was changed to the Ministry of Women and Social Development (MIMDES) and in 2012 it became the Ministry of Women and Vulnerable Populations (MIMP). For the purposes of this report, we refer to this agency as just the Ministry of Women or MIMP.

[\(CONTINUE READING\)](#)

[147] In 2019, The National Program to Combat Domestic and Sexual Violence (PNCVFS) became the National Program to Combat Gender-based Violence against Women and the Family, and is now known as the “Aurora Project”.

[\(CONTINUE READING\)](#)

[148] Data presented by the National Observatory of Violence against Women and Family Members in the Statistical Bulletin of the Regional Summary of Metropolitan Lima January - April 2020 of the National Program for the Prevention and Eradication of Violence against Women and Family Members - AURORA.

[\(CONTINUE READING\)](#)

Annexes

ANNEX I

Summary of the information on the Shelters

1.1 - Shelter House State of Rio Grande do Norte - Municipality of Natal - Clara Camarão Shelter House

It was created in 2004 in the municipality of Natal through a decree law. The unit belongs to the municipality's Secretary of Policies for Women, which has a Directorate for the Defense against Violence against Women, responsible for the shelter and the Reference Center - CEAM. Follow the 2011 SPM guidelines. Its staff includes a coordinator, 8 social workers, 2 psychologists, 6 caregivers, a cook, a driver and general services. All of them are officials assigned by the Secretary of Social Assistance. It has the capacity to serve 30 people. The shelter welcomes children up to 13 years and 11 months; girls have no age limit. Twice a year, an external specialist hired by the Secretariat for Women conducts an evaluation. After leaving the shelter, the women receive housing assistance provided by Social Assistance.

1.2 - State of Pernambuco shelter

The state of Pernambuco has four shelters created and maintained by the state government in four strategic regions of the state - Casa Marici Amado, Casa Adalgisa Cavalcanti, Casa Cristina Tavares, Casa Geisa Mendes - created between 2007-2009. These houses are part of the protection network for women in situations of violence and follow the 2011 National Guidelines. The budget is R\$1,000,000 (one million reais) for the maintenance of the 4 houses. In January 2021, the governor signed a law that authorizes a 78% increase in the financial aid paid by the State to women in situations of domestic and family violence, at risk of death, who are in the shelters of Pernambuco. With this, the value went from 250.00 reais to 446.04 reais. Duration of the stay of 45 days extendable. Capacity to receive 40 people. The Shelter Homes teams are made up of 04 coordinators and 04 technicians on duty for 4 hours (one for

each house), 03 social workers, 16 educators, 03 psychologists, 08 general service workers, 08 cooks, 16 security guards.

1.3 Foster home of the Federal District

She is part of the Network to combat violence against women. It was created by law in 2002 by the executive power of the Federal District and is linked to the Secretary of State for Women. The shelter is a facility subordinated to the Undersecretary for Addressing Violence against Women. It has a team that includes 05 Specialists in Social Assistance - Psychologists, 01 Specialists in Social Assistance - Law and Legislation, 01 Specialists in Social Assistance - Pedagogue, 02 Specialists in Social Assistance - Social Work, 03 Technicians in Social Assistance - Caregiver, 09 Social Assistance Technicians - Social Agent, 05 Social Assistance Technicians - Administrative Agent, 04 Heads of Reception and Reception Center, 20 Drivers (assigned), 02 Coordination Assistants, 01 coordinator, 04 collaborators - outsourced cleaning team; 04 collaborators - subcontracted security and surveillance company, 02 Police - Support of the Federal District Police. The House welcomes women and male children up to twelve years old and dependent women, without age limitation. Vacancies for 35 people. All food is outsourced.

1.4 - Shelter House of the State of Minas Gerais - of the Municipality of Belo Horizonte - Semper Viva Shelter House

The Casa Abrigo Semper Viva (CASV) was created in 1996 by the government of the municipality of Belo Horizonte and its activities began in 1997. It is linked to the Municipal Coordinator for Women's Rights (CODIM) of the Municipal Government Secretariat and is articulated with the Benvinda Support Center. This shelter is part of the State Women's Consortium (Consórcio Mulheres das Gerais), in which 11 municipalities in the state of Minas Gerais participate, thus reinforcing the shelter policy. It is articulated with other services of the Assistance Network for women in situations of violence. It has the capacity to accommodate 20 people, including children up to 18 years of age. The reception period is 90 days, but it is usual to attend to women who only need emergency or medium-term assistance. It has promoted courses for women with the Social Service of Commerce - SESC. The team has 15 employees, including a social worker, a lawyer, a psychologist, educators, a cook, and cleaning and maintenance staff.

1.5 - Shelter in the State of Rio de Janeiro - visited (see point 6 - shelter visited)

The Casa Abrigo Lar da Mulher was created by law by the government of the state of Rio de Janeiro in 2007 and is maintained by the Obra Social - R o Solidario directed by the first lady of the state. It is part of the Network to combat violence against women and follows the 2011 National Guidelines. All reception center staff are contracted and include social workers, psychologists, educators, administrative staff, maintenance staff, cooks, security agents, drivers, and none of them is a public administration official. It has the capacity to serve 60 people, including women and children. The shelter is in a building owned by the state government and is in good condition.

1.6 - Rio de Janeiro Municipal Refuge - Cora Coralina

This shelter, created in 1997, remained open until the end of 2020, when, with the breaking of the secrecy of its location, its activities were interrupted. In May 2021, a new house was adapted to function as a shelter and it should be operational in 2021. The women who were in this house were transferred to the Casa Abrigo Lar da Mulher state reception center. The house depends on the Municipal Secretariat of Policies for Women and the resources for its maintenance are part of the budget of the Social Assistance Secretariat. The house is specially linked to the Reference Center for Women and the Judicial Shelter Center for Women Victims of Violence of the Judiciary. Its entire team has been the same for more than 15 years and is made up of 1 director, 1 social worker, 1 psychologist, 1 lawyer, 1 pedagogue, 4 cooks, 1 administrative employee, 12 educators, 1 driver, 1 general services employee . The new house, already adapted, has the capacity to serve 40 people, including women and children, establishing an age differentiation by sex - daughters up to 18 years old and sons up to 14 years old. It is reported that, in the period of 20 years, it has already received 1,200 people. During and after the foster care, the women receive help from Bolsa Fam lia and are accompanied after leaving the foster care for 1 year.

1.7 - Shelter House of the State of S o Paulo - Municipality of Campinas

Casa Abrigo Servi o de Resgate e Aten o   Mulher, under the responsibility of the municipal government of S o Paulo - created in 1998. It is part of the network of care for women in life-threatening situations. It serves the

municipality of Campinas, but also receives women from other municipalities. Adult women and their sons and daughters are received with the occurrence record made by the civil police. It is necessary to demonstrate that these women are at risk of death to enter the shelter. The shelter team is made up of 4 cooks, 1 driver, 2 social action agents (monitor), 1 administrative, 1 AS, 1 psychologist, 2 ASG, 1 sector head (management), 4 guards. They also receive reinforcements from the interns. It has space for 15 people, and can receive up to 20 people. Stay time 90 days. The City Hall guarantees a housing subsidy (R\$400.00) after the shelter.

1.8 - Shelter House of the State of Rio Grande do Sul - Municipality of Porto Alegre- Viva Maria Support House

Created in 1992. It is part of the care network for women in life-threatening situations, the responsibility of the municipal government, created by decree law. La Casa belongs to the Municipal Health Secretariat because it understands that domestic violence is a health problem. The home team is made up of: 1 coordinating social worker; 1 nurse; 2 psychologists; 1 nutritionist; 1 doctor, all of them permanent employees of the city of Porto Alegre, in addition to 4 pedagogical monitors and subcontracted cleaning and kitchen personnel. It has the capacity to serve 11 families in 11 rooms. Length of stay 90 days. This refuge informs that the women after they leave receive financial support provided by the Social Assistance of the municipality.

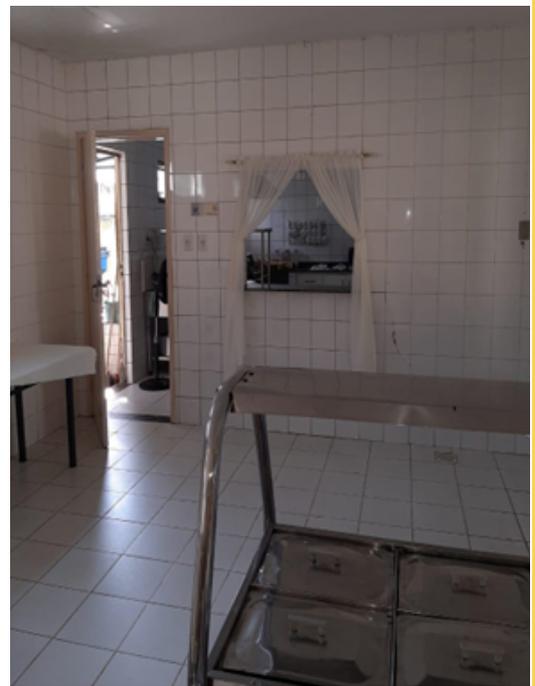
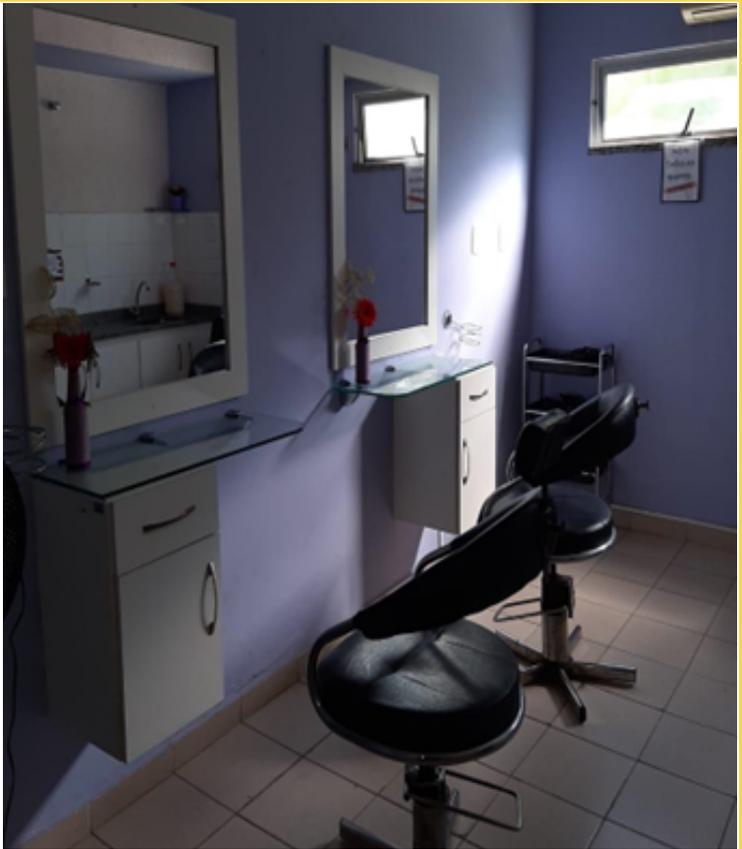
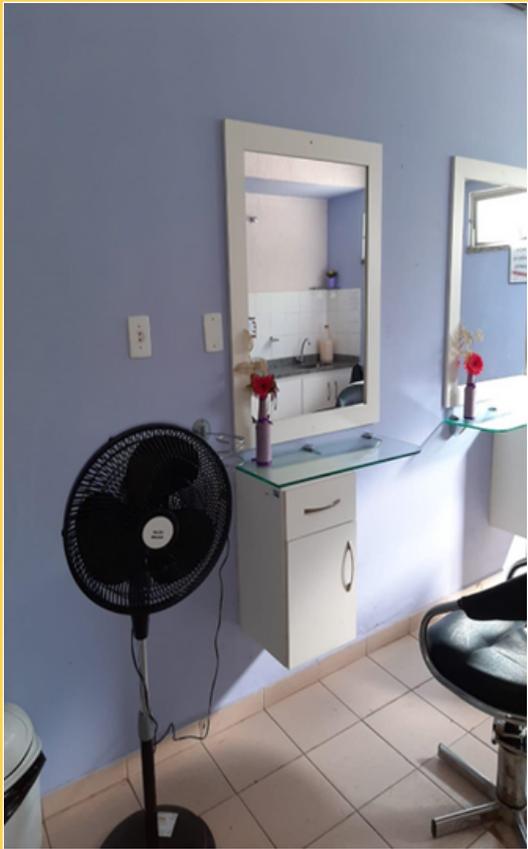
1.9 - Rainha Silvia Shelter House - State of Rio de Janeiro - Municipality of Itaboraí - Rainha Silvia Shelter

The Reina Silvia Hostel was originally founded in 1989 to be a maternity home. It is a non-governmental organization (NGO) with institutional support from the Swedish International Cooperation Agency and the International Aid Organization of the Swedish Church. Located in a municipality 50 km from the city of Rio de Janeiro, the Shelter is a reception center that seeks to provide personal support and professional development to pregnant women and women with children who suffer domestic violence, or who find themselves in situations of diverse vulnerability, but who are not at risk of life. Its team is made up of 1 social worker, 1 psychologist, 1 nurse, 2 nursing technicians, 1 nutritionist, 1 dentist, 1 pedagogue, 1 lawyer, 4 teachers, 1 cook, 1 administrative, 2 social agents, 1 general affairs assistant. In addition, it has a nursery with 25 places that also provides a service to the community. It is an

open shelter that allows women to go out and come back until 10 at night. It has a budget of around 1 million reais. It has 14 places for women in 12 rooms. The shelter receives women in a situation of economic vulnerability, who have already suffered violence, but who are not at risk. The referral is made by the Ombudsman, the CEAM, the Public Ministry, CREAS.

ANNEX II

Photos of Casa de Acogida de Brasil



ANNEX 3

List of technical documents provided by interviewees

Summary of Data - Period 2020
Total of Interviewed Users
1. About the general services offered by CEAM
How do you rate the package of basic clothing provided to you?
How do you rate the weekly delivery of personal use products (e.g., soap, toilet paper, toothpaste)?
How do you rate the Center's food service?
How do you rate the Center's cleaning service?
Was money provided in a timely manner for your paperwork related to clinics, courts, or others?

2.About the
Physical Environment of the Center

The lighting
and ventilation conditions at the Center are:

The conditions
of the kitchen and dining area are:

The space
and equipment in the television area are:

The
condition of the room you occupied was:

The garden
space is:

The place
where you received attention was private:

The security
of the facilities is:

TOTAL

3. About Specialized Care Services

Were you treated by the psychologist with respect and professionalism?

Does the psychologist listen and help you better understand what violence is?

Does the psychologist make timely arrangements to progress in your process, when necessary?

Were you treated by the lawyer with respect and professionalism?

Does the lawyer listen and explain legal processes to you?

The lawyer carries out the necessary legal procedures to advance your case, when required (judicial, administrative, and migratory procedures). If not required, please mark as NA.

Were you treated by the social worker with respect and professionalism?

Does the social worker make timely arrangements to progress in your process (health, education, family, others)?

Were you treated by the children's psychologist with respect and professionalism?

Was your child treated by the children's psychologist with respect and professionalism?

Does the children's psychologist listen and support you in raising your children free of violence?

Does the children's psychologist make timely arrangements for your child's progress when necessary (education, Pani, references)?

The waiting time for attention from the psychologist, social worker, lawyer, and children's psychologist was:

4. About Services in the Administrative Area

Were you treated by the director with respect and professionalism?

Does the director listen and act to ensure good service in the Center?

Does the director intervene promptly in conflict resolution?

Were you treated by the administrative technician with respect and professionalism?

Were you assisted by the auxiliary xxx with respect and professionalism?

Does the auxiliary xxx facilitate dialogue and negotiation to maintain a pleasant atmosphere and good interpersonal relationships with the entire population?

The waiting time for the auxiliary xxx to deliver any items or medications is generally:

What do you think of the overall attention provided by the entire team of auxiliaries?

TOTAL

5. Living
Together and Group Activities

How did you
relate to other residents?

The
coexistence rules at the Center are:

The
punctuality of the activities carried out was:

Recreational
activities such as birthday parties, park outings, games, movies, etc., were:

The
trainings (cooking, physical activity, others) you participated in were:

The
knowledge acquired in the workshops led by the center's professionals was:

TOTAL

6. About
Achieved Results at the Center.

Did your
stay at the Center help you make decisions that bring you greater well-being?

In summary,
did the Center's service help you in your process?

Would you
recommend other women at risk of death to use this service?

ANNEX 4

List of technical documents provided by interviewees

Name of the document	Responsible institution
Instrument for determining the level of risk Albergue <u>Luciérnagas</u> (Fireflies Shelter)	ISDEMU
<u>Luciérnagas</u> Shelter Admission Form	ISDEMU
Manual for the Center for the Care of Women in Situations of Violence CAMUJER	CAMUJER
CAMUJER Care Report 2015-2020	CAMUJER

ANNEX 5

Instrument for determining the level of risk Albergue Luciérnagas

RISK ASSESSMENT TOOL

File No.

Date:

Name:

No.	ITEM	LEVEL OF RISK			
		3	2	1	0
		SEVERE	MEDIUM	MILD	ABSENT
1	Frequency with which the woman faces aggression				
2	In the violent episode, two or more types of GBV are identified, being the most common (psychological, physical, sexual, economic, patrimonial).				
3	The presence of certain factors increases the intensity of the aggression faced by the woman.				
4	The constant exposure of women to GBV makes them naturalize violence and affects their reaction to aggression.				
5	The woman facing GBV is pregnant.				
6	The aggressor presents lethal weapons at the time of GBV.				
7	During the violent episode, the aggressor makes threats to the woman or third parties.				
8	Acts of domestic <u>feminicidal</u> violence are reported, such as attempted strangulation and/or femicide against the woman or members of her family or support network.				
9	Episodes of physical violence or psychological or emotional violence are also directed at children and adolescents.				
10	Jealousy has a direct impact on the frequency of aggression faced by the woman.				
11	The aggressor controls the daily, work, family, economic and patrimonial activities of the woman facing GBV.				
12	The aggressions have transcended from the private to the public sphere.				
13	After episodes of physical violence, the woman has required health care intervention due to the injuries caused by the aggressor.				
14	The woman has a history of GBV in her family of origin.				
15	When the woman facing GBV has denounced her aggressor after a violent episode, she has received pressure from him or from her family group to drop the charges.				
16	The health of the woman facing GBV has deteriorated <u>as a result of</u> the violent episodes.				
17	The woman has developed suicidal ideation or attempts as a product of the GBV she faces.				
18	When the woman has previously faced GBV episodes, she has requested protective measures.				
19	The woman facing GBV has thoughts or ideas of taking justice into her own hands.				
20	The woman facing GBV has a strong support network to cope with the situation she is facing.				

LEVEL OF RISK

MILD: (20 or less)

The woman is aware of her situation and has the resources to confront the violence; she is receiving professional help to close the cycle of violence and get out of the violent situation she has faced. (See care protocol and guide).

MEDIUM: (21 to 40)

She is probably facing a situation that generates a lot of ambivalence between what she lives and what she feels. The violence is recurrent, and its consequences are considerable, the woman has relatively secure support networks and although she has initiated an individual process, she has not yet been able to leave the cycle of violence (see care protocol and guide).

SEVERE: (41 to 60)

The woman presents severe emotional instability, and during the care sessions, she requires emotional support to overcome the crisis that causes her to talk about her situation and her fear.

The fear she feels towards the aggressor prevents her from making decisions or taking legal recourse to overcome the GBV situation she is facing, and she prefers to avoid reporting it. There are suicide attempts.

The aggressor has access to weapons and also has the technical conditions to use them.

Support networks are limited by the power relations exercised by the aggressor over the woman.

The woman does not have a job or does not have economic resources that allow her to achieve autonomy, and this keeps her tied to the economic resources of the aggressor (see protocol and guide).

Name and signature of Technician:

ISDEMU:

ANNEX 6

Luciérnagas Shelter admission form

ENTRY AND EXIT FORM FOR THE VICTIM PROTECTION SYSTEM

GENERAL DATA				
Name: *****		Password: */*		
Document: Identity Card		Document No.: 00000000-0		
Telephone: N/A		Age: **** Years old		
Address: *****		File No.: *****		
Nationality: *****				
ENTRY DATA				
Date of entry: *** from ***** of *****		Referred by: *****		
Technician making the entry: *****		Referral no:		
ENTERING FAMILY GROUP DATA				
NAMES	SEX	DATE OF BIRTH	AGE	RELATIONSHIP
*****	F	** from ***from ***	*** years old	*****
OBSERVATIONS: Aggressor ***** She was asked about medical conditions or treatments, to which she answered negative.				
ITEMS DELIVERED IN CUSTODY				
QUANTITY	DESCRIPTION		OBSERVATIONS	
ITEMS DELIVERED FOR DURING STAY (this information will be completed at the Shelter)				
QUANTITY	DESCRIPTION		RETURNED AT THE TIME OF DEPARTURE	

	Bed covers	
	Blankets	
	Pillows	
	Towels	
	Crib bedding	
	Mattress covers	
	pajamas	
	nightgown	
	Underwear set (specify)	
	Clothing set (specify)	
	Footwear	
	Ginas	
	Pampers	
	Other (specify)	
SIGNATURE AT THE TIME OF ADMISSION:		
User Signature:		Technical Signature:

DISCHARGE

Date of discharge:	Time:
Technician processing the discharge:	
Reason for discharge:	

Phone number and address of new home:

Name, address, and telephone number of contact (support network)

SIGNATURE AT THE TIME OF DISCHARGE:

Signature of user:

Technical Signature:

