



MEASURING THE SHADOW PANDEMIC:

VIOLENCE AGAINST WOMEN DURING COVID-19

COUNTRY REPORT: COLOMBIA

EXECUTIVE SUMMARY

The survey conducted in Colombia of more than 1,200 women between August and September 2021 shows that violence against women (VAW) is pervasive throughout the country, with 6 in 10 women (63%) reporting that they or someone they know has experienced at least one form of VAW (including physical violence, denial of basic needs, sexual harassment, forced isolation or verbal abuse). COVID-19 has amplified existing challenges for women. One in five women (20%) reported that COVID-19 has increased household conflict and 2 in 5 (43%) believed that domestic abuse has become more common. Congruently, the downstream impacts of COVID-19 vary in type and severity based on pre-existing

factors, including socioeconomic status and vulnerability to other stressors. This research delves into the relationships between measures of VAW and demographic, behavioural and socioeconomic factors.

This study found that women's baseline feelings of safety in Colombia, whether it was inside or outside of their households, directly affected their mental and emotional well-being. Factors related to these feelings included external stressors, such as food insecurity, the frequency of conflict and experiences of VAW, stood out as having a significant impact not only on women's perceptions of safety but also on their well-being overall.

1. INTRODUCTION

Prior to the COVID-19 pandemic, 33.3% of Colombian women aged 15–49 had experienced physical violence and/or sexual violence from an intimate partner at least once in their lifetime¹ – higher than the global estimated average of 27%, which is also the average for Latin America.²

Since the pandemic began, rapid gender assessments (RGAs) conducted by UN Women using administrative data from police, VAW hotlines and other service-providers have suggested that the COVID-19 pandemic has intensified some of the existing forms of VAW.³ Measures implemented to limit the spread of the pandemic, such as lockdowns and curfews, have also impacted VAW risk factors, especially for women and girls who faced multiple forms of discrimination.

Within this context, UN Women commissioned Ipsos to conduct an RGA survey on the impact of COVID-19 on women’s well-being and safety in 13 countries across all regions. In adapting the survey methodology to be feasible in the COVID-19 context, proxy measures on experiences of VAW were used to collect data on sensitive topics, to reduce the risks for the respondents. Thus, these findings may not be directly comparable to other studies conducted before the pandemic.

In order to have reliable data collected in line with methodological, safety and ethical standards, and without putting women at greater distress and risk of violence, it was critical to inform respondents about where policies and programmes to orient victims of VAW were available, and in this way respond to the UN’s system-wide efforts to scale up actions to address VAW in the context of COVID-19.

This report details the findings of the survey in Colombia, which was conducted between 18 August and 24 September 2021. Respondents included women aged 18 and older who had access to a mobile phone – estimated to be 79% of the total population of women in Colombia in 2020.⁴ The total number of completed interviews was 1,209.

In the unique case of Colombia, a series of direct questions about physical violence in the household were asked based on previous experiences with conducting research of this nature remotely. Therefore, not all of the questions are comparable with the results of the other countries that participated in this study.

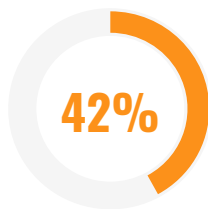
1 Bott, S, Guedes, A, Ruiz-Celis, AP, and Mendoza, JA. 2016. [“Intimate partner violence in the Americas: A systematic review and reanalysis of national prevalence estimates. Based on data from: Asociación Probienestar de la Familia Colombiana, Profamilia, Encuesta Nacional de Demografía y Salud 2015.”](#) Bogota: Profamilia.

2 World Health Organization. N.D. [Global Database on Violence Against Women.](#)

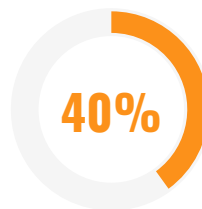
3 UN Women. 2020. [COVID-19 and Ending Violence against Women and Girls.](#)

4 GSMA. 2017. [Country Overview: Colombia](#)

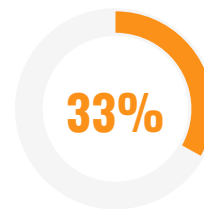
KEY FINDINGS



Verbal Abuse



Denied Basic Needs



Sexual Abuse



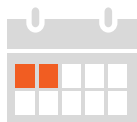
21%

of women feel unsafe in their homes.



11%

said this has gotten worse as a result of the COVID-19 pandemic.



15%

of women live in households with conflict among adults at least weekly.



20%

said conflict between adults has become more frequent as a result of the COVID-19 pandemic.



43%

of women think that the experience of verbal or physical abuse at the hands of a partner is common for women in their community.



43%

said this has gotten worse as a result of the COVID-19 pandemic.



43%

of women think that physical harm, abuse and harassment are a problem for women in their community.



23%

of women think physical harm, abuse, and harassment has gotten worse since the onset of the COVID-19 pandemic.



60%

of women feel unsafe walking alone at night.



37%

of women feel unsafe walking alone during the day.



36%

of women think that it is common for women to be harassed in public.



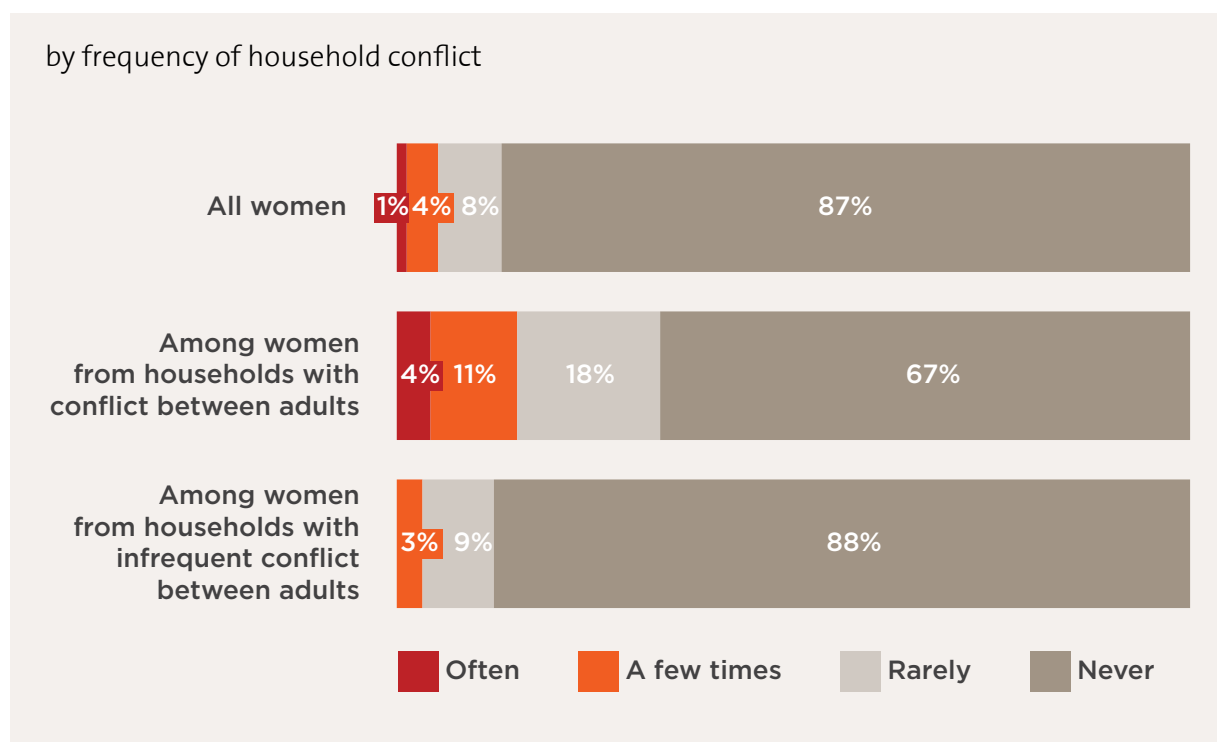
2. EXPERIENCES OF VIOLENCE AGAINST WOMEN

2.1. Direct measures of physical partner violence

In the case of Colombia, a series of direct questions about physical violence by an intimate partner were asked, based on previous experience with conducting research of this nature remotely. In Colombia, women were asked

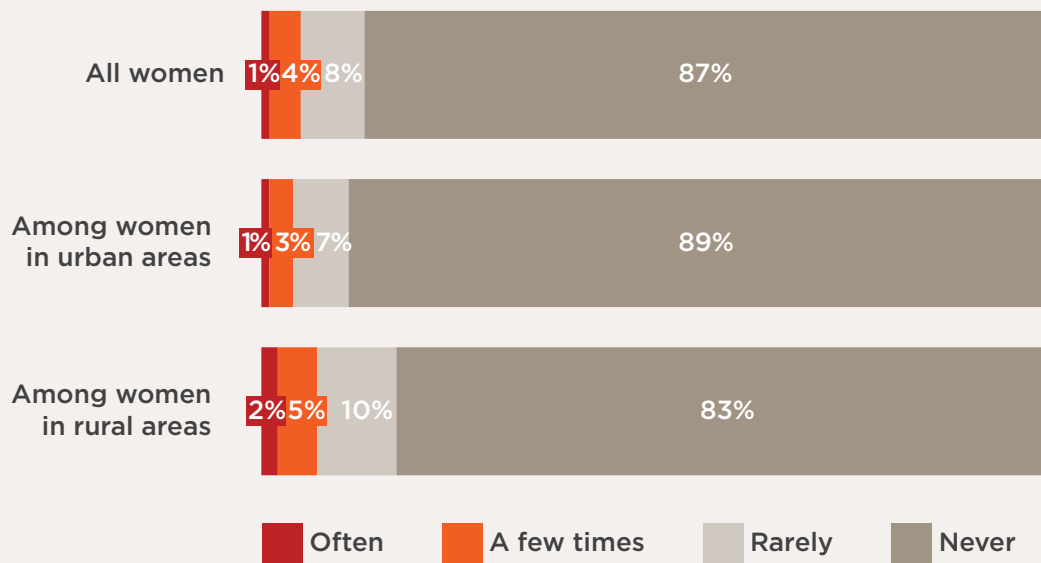
whether a partner had been physically abusive to them in the past 12 months,⁵ and 12% said this had happened at least once. Women in households with frequent conflict and those who had felt unsafe in their home in the past six months were more than twice as likely to say that they had experienced physical violence at the hands of their partner in the past 12 months.

FIGURE 1
Prevalence of physical violence at hands of partner in the past 12 months



5 Due to the need for consistency across contexts, questionnaire demographics did not include adequate options that would allow this question to be filtered to only those that had been in an intimate partner relationship. Therefore, it was asked of all women with an option provided for “not applicable” in cases where women did not feel the question was relevant to them. However, it is also possible that women used the “not applicable” response for other reasons (for instance, if they were uncomfortable and did not want to answer the question), therefore these answers are shown along with the two-thirds (67%) of women who indicated that the question was applicable to them by answering it directly. Further information on the marital status of women who answered this question are included in the methods section of this report.

By location (urban versus rural)



Note: Due to rounding in calculations, the proportion of 'all women' who reported some frequency of conflict adds up to 13%.

Of the 12% of women who said they had experienced physical violence at the hands of a partner in the past 12 months, the majority (60%) said it happened rarely. About a third (30%) said it happened a few times over the past 12 months, and 9% said it happened often. Women in rural areas were more likely than those in urban areas to say they had experienced physical violence at the hands of their partner in the past 12 months (17% compared to 11%, respectively). Women who said they were separated or divorced were more likely than those currently living with a partner to have experienced physical abuse in the past 12 months (21% compared to 11%, respectively).

Among women who said they experienced physical violence at the hands of their partner in the past 12 months, 6 in 10 (59%) said this had happened before the onset of COVID-19 and the violence continued during the pandemic (indicating “both before and after COVID-19”), while 41% said it has only happened since the start of the pandemic. Women were also split on how this has changed as a result of COVID-19, with a quarter of respondents (25%) saying physical partner violence has increased as a result of COVID-19, 33% saying it

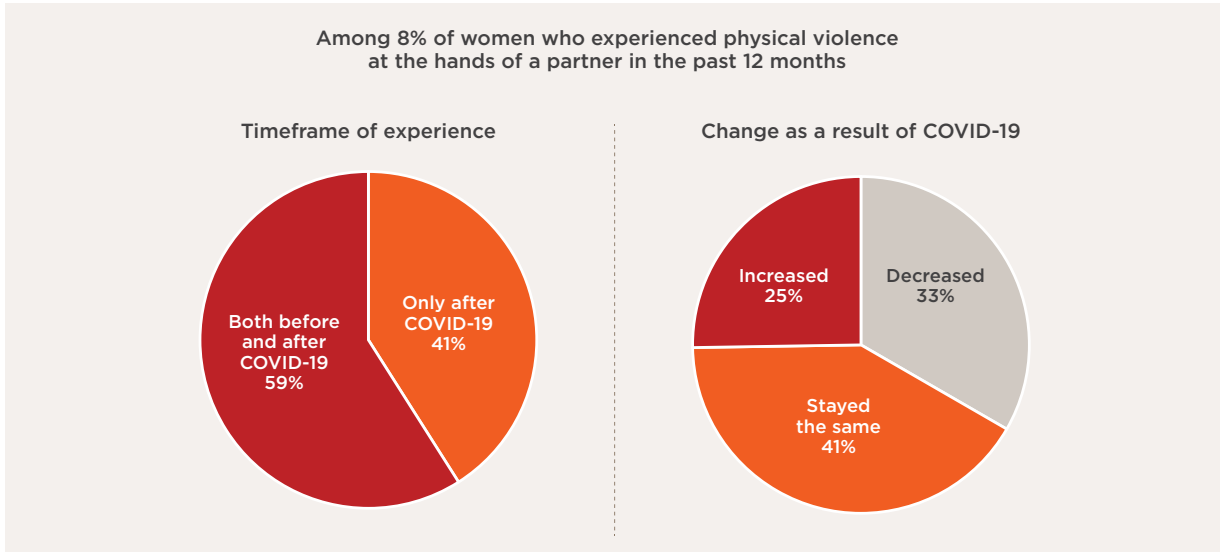
has decreased, and 41% saying it has stayed the same.

Women who said they had experienced physical violence at the hands of a partner in the past 12 months were far more likely than those who did not to cite issues of verbal, physical or substance abuse as reasons why they felt unsafe in their home. For instance, 31% of women who experienced physical violence by a partner and felt unsafe at home said the reason was substance abuse, compared to 7% of women who had not experienced physical violence by a partner in the past 12 months.

Additionally, of the 51% of women who had experienced physical abuse by a partner in the past 12 months, 48% said they had been hurt, and 29% said other women had been hurt (compared to 6%, 12%, and 13%, of women who felt unsafe in their home but had not experienced physical violence at the hands of a partner in the past 12 months). Nearly three-quarters of women (73%) who felt unsafe at home and experienced physical violence at the hands of a partner in the past 12 months said that they felt unsafe as a result of verbal abuse in their home, compared to 17% among women who did not feel unsafe at home.

FIGURE 2

Impact of COVID-19 on experience of physical violence at hands of partner in the past 12 months



2.2. Proxy measures of violence against women in the community

Besides the direct questions detailed in the previous section, due to the remote nature of this survey, primarily indirect questions were also asked as proxy indicators of VAW, meaning it is not possible to distinguish respondent experiences from those of other women in their community or to know whether this experience occurred within or outside of the household. The data presented in this section, while it should not be interpreted as prevalence data, nevertheless provides critical information on the impact of COVID-19 on women’s perception of well-being and safety.

Nearly two-thirds of women (62%) reported having experienced or knowing someone who had experienced VAW (including physical violence, denial of basic needs, sexual harassment, forced isolation or verbal abuse) in their lifetime, which aligns with the 62% of women who said that violence, abuse and the harassment of women are a problem in their community. Of the women who said that violence,

abuse and harassment of women are a problem in their community, 70% reported having experienced or knowing someone who had experienced VAW.

Verbal abuse (42%) and denial of basic needs (40%) were the most commonly reported forms of VAW in a woman’s lifetime. However, when looking at VAW experienced exclusively since the onset of COVID-19, denial of basic needs (25%) and isolation (19%) were the most commonly reported.⁶ Women who felt unsafe at home were most likely to report experiencing or knowing someone who had experienced VAW. Specifically, they were more than twice as likely as those that did not feel unsafe at home to report the denial of basic needs and 50% more likely to report forced isolation. This suggests that the impacts of the COVID-19 pandemic have been particularly acute for women already experiencing safety issues in both private and public spaces, although the experience and knowledge of VAW is consistently higher for woman that experienced safety issues at home.

⁶ Cognitive testing of this question revealed that for many women, forced isolation and denial of basic needs were influenced by COVID-19-related measures and economic stress. The results from this study suggest that women may bear a disproportionate burden when it comes to COVID-19 effects; however, it is important to keep the overall context in mind when interpreting study results.

FIGURE 3

Experience or knowledge of specific forms of VAW, since COVID-19 and over lifetime

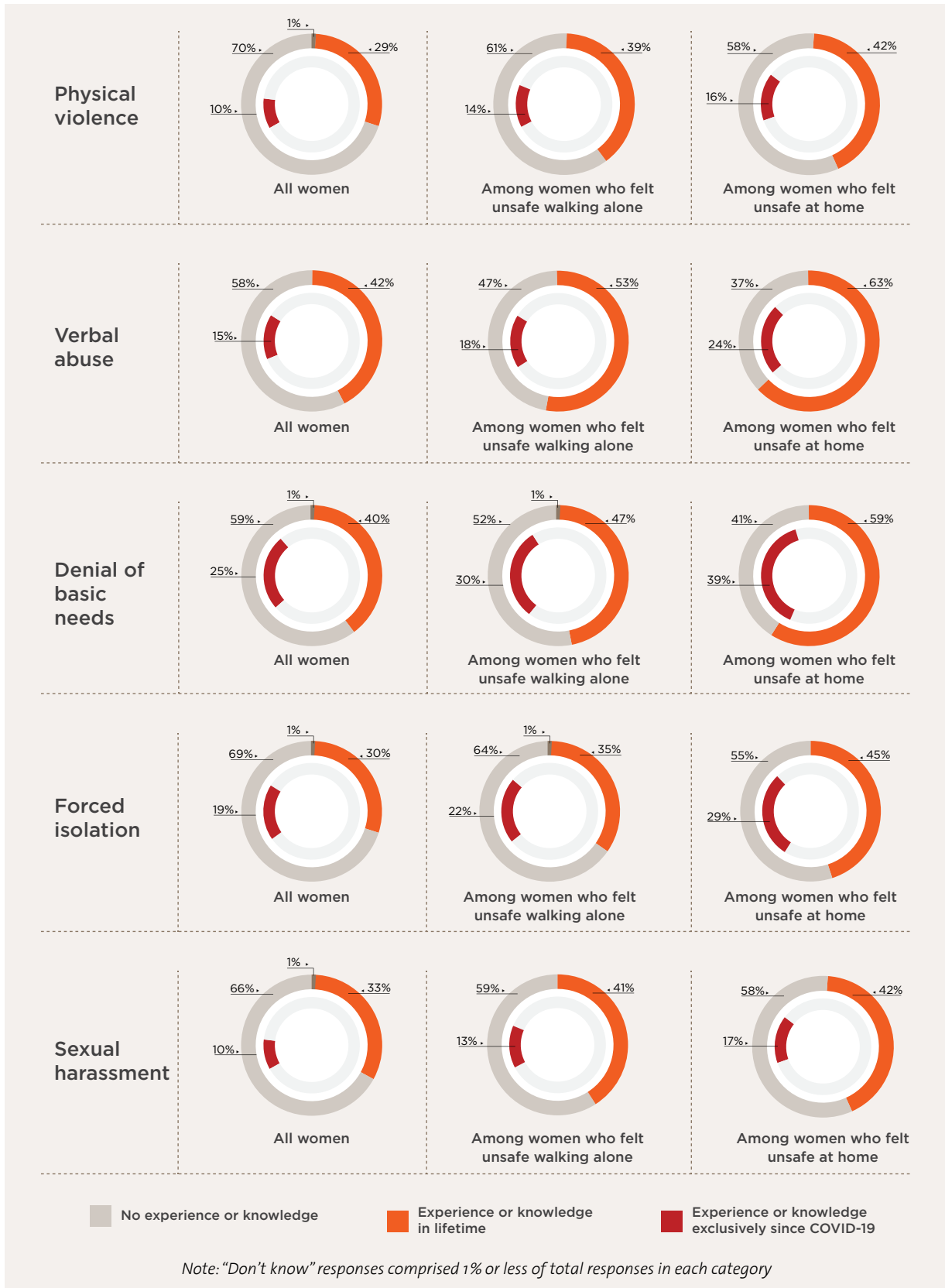
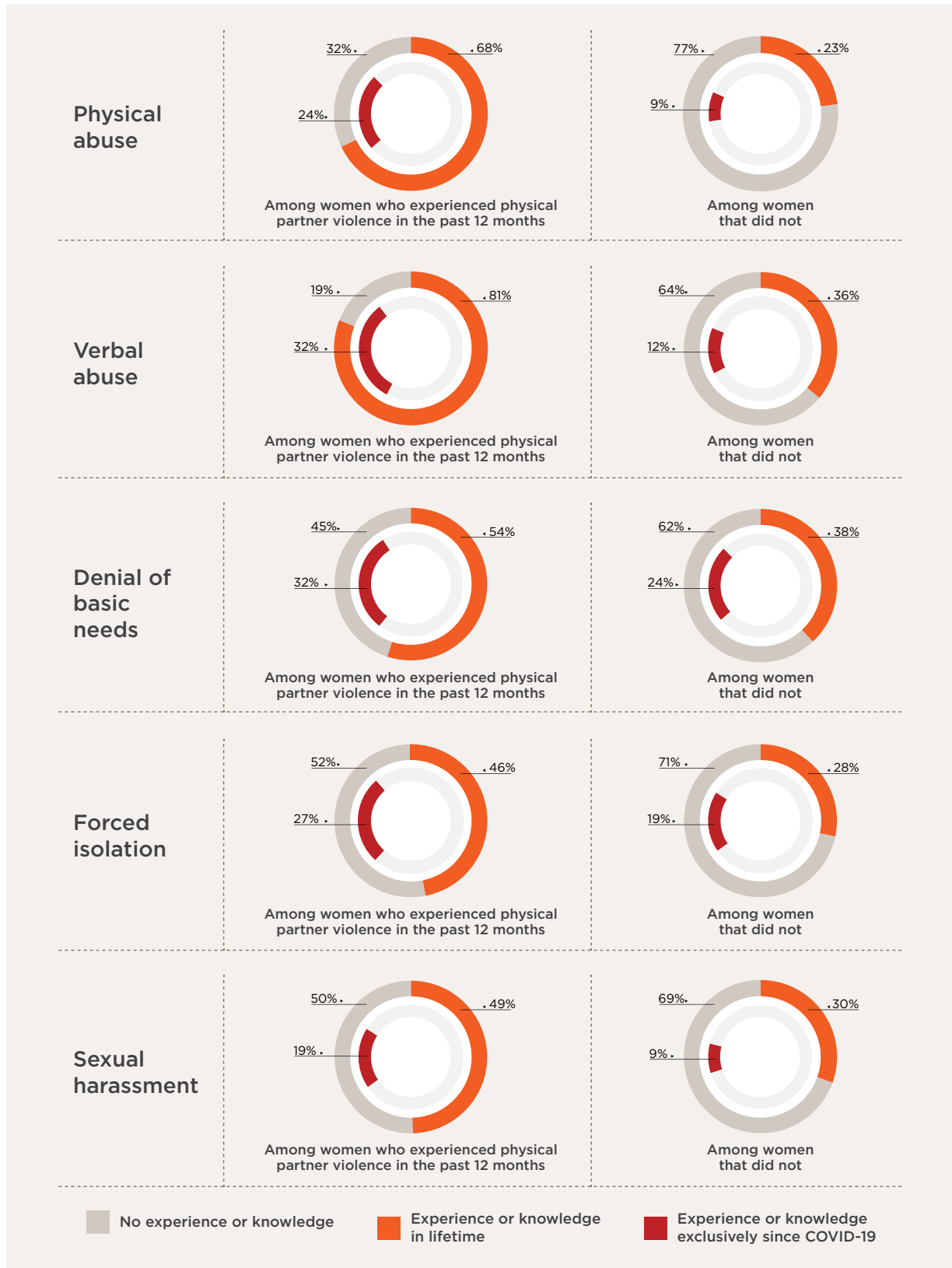


FIGURE 4

Experience or knowledge of VAW, by type, according to whether or not respondents experienced physical partner violence in past 12 months



In addition to personal experience of safety issues in public and private spaces having a significant relationship with knowledge or experience of VAW, women who said they had experienced physical partner violence in the past 12 months were also more likely than women who did not to have experiences or knowledge of any form of VAW. They were also significantly more likely to have experienced these exclusively since the onset of the COVID-19 pandemic.

Women of different age groups reported different experiences: while younger women (aged 18–29) were more likely to experience or know a woman who has experienced several types of VAW in their lifetime, older women (aged 60 and over) were significantly less likely to experience it or know someone who has. This includes physical violence (37% among women aged 18–29, compared to 30% among women aged 30–59, and 17% among women aged 60+), verbal abuse (48%, among women aged 18–29, compared to 43% among women aged 30–59, and 31% among women aged 60+), and sexual harassment (45% among women aged 18–29, compared to 34% among women aged 30–59, and 13% of women aged 60+). This could indicate that younger women in Colombia are more at-risk, or it could suggest that older women are less comfortable speaking about VAW generally. There were no significant differences in experience or knowledge between age groups for VAW that occurred exclusively since the onset of COVID-19.

Women who generated income for their household were also more likely to have experienced VAW or to know another woman who had experienced it in her lifetime (66%, compared to 57% among women who did not generate income). In particular, women income

earners were more likely than women who did not earn an income to have experienced or know a woman who has experienced physical violence, whether it was in their lifetime (34 compared to 24%, respectively) or exclusively since the onset of COVID-19 (12 compared to 8%, respectively). They were also more likely than women who did not generate income to have knowledge or experience of verbal abuse (45 compared to 38%) or sexual harassment (36 compared to 29%) in their lifetime. In addition, they were more likely to have knowledge or experience of forced isolation, although this was exclusively since the onset of COVID-19 (22 compared to 16%).

Women who said they were living with a disability were also more likely than those without a disability to have experienced or know a woman who has experienced VAW in her lifetime (67 compared to 60%) – a difference that appears to be driven by their lifetime experiences rather than since the onset of COVID-19. In particular, women who said they were living with a disability were more likely than their peers to have experienced or know a woman who has experienced a denial of basic needs in her lifetime (45 compared to 38% of women who said they do not have a disability).

Women who experienced a decrease in household income over the past year were significantly more likely to report experiences with or knowledge of resource restrictions since the start of the pandemic (28%) compared to women with no change in income (14%). Additionally, women who said that they or someone they know had experienced a form of VAW were more likely to be food insecure compared to women who did not, indicating that structural and economic factors could be associated with violence against women.

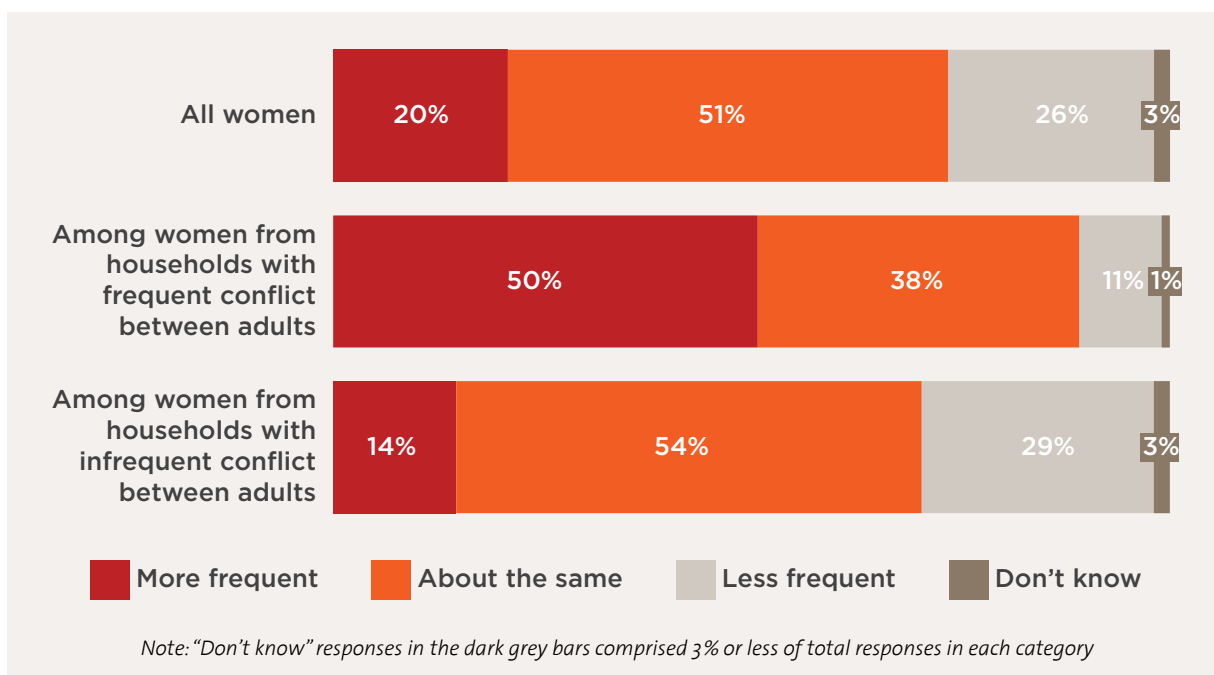
3. FEELINGS OF SAFETY*

3.1. Personal safety inside the home

Shifting focus to safety within the household, 15% of women reported that household conflicts over the past six months happened at least weekly, and 20% said that conflict has become more frequent since the onset of COVID-19. Women who reported frequent conflict within their household were more than three times as likely as those who did not experience frequent conflicts to report that the frequency has increased as a result of COVID-19, suggesting that stress from the pandemic has

exacerbated already existing household tensions. Women who served as full-time caregivers were those least likely to report household conflicts, with 4 in 10 (42%) saying that there was never conflict between adults in their household, while those that said they had experienced physical abuse at the hands of their partner in the past year were four times more likely to say they had frequent conflict in their households (40%, compared to 10% among women who had not experienced partner physical abuse in the past 12 months).

FIGURE 5
Percentage of women who felt unsafe, by their exposure to or knowledge of VAW in their lifetime



More than 1 in 5 (21%) women said they have felt unsafe in their household in the last six months. Those who experienced frequent conflict (at least weekly) between adults in the household were twice as likely as those with

infrequent conflict to have felt unsafe in their homes (34%, compared to 16% among women who said they infrequently have household conflicts).

* Note: Indicators on feelings of safety refer to their own reported personal feelings on walking alone, safety at home, etc. Indicators on perception of VAW refer to their understanding of the VAW situation (domestic violence, sexual harassment, etc.) in the area where they live.

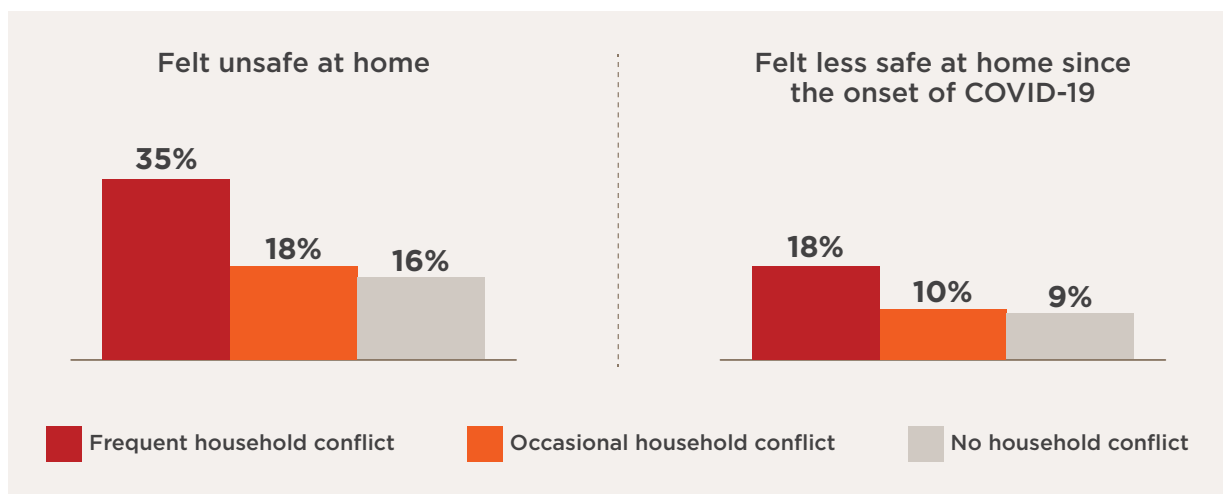
Half of women (50%) who said they had experienced physical abuse at the hands of their partner in the past year said they had felt unsafe in their homes in the past six months. Feelings of unsafety at home was only reported by 18% of women who had never experienced partner physical violence. Additionally, women who said they or another woman they know had experienced physical violence or verbal abuse were significantly more likely than those who did not to have felt unsafe at home (30% compared to 17% for physical violence, respectively and 31% compared to 13% for verbal abuse, respectively). This indicates that women are likely including their own experiences when reporting on VAW.

Women in rural areas (25%) were more likely than those in urban areas (19%) to have felt unsafe in their homes in the past six months. Women who generated an income for their

household were also more likely to feel unsafe in their homes compared to those who did not (23%, compared to 17%). Women who said they have felt unsafe in their home in the past six months were nearly twice as likely as those who felt safe to be food insecure, whether it was moderately or severely, indicating that economic circumstances have a substantial impact on VAW.

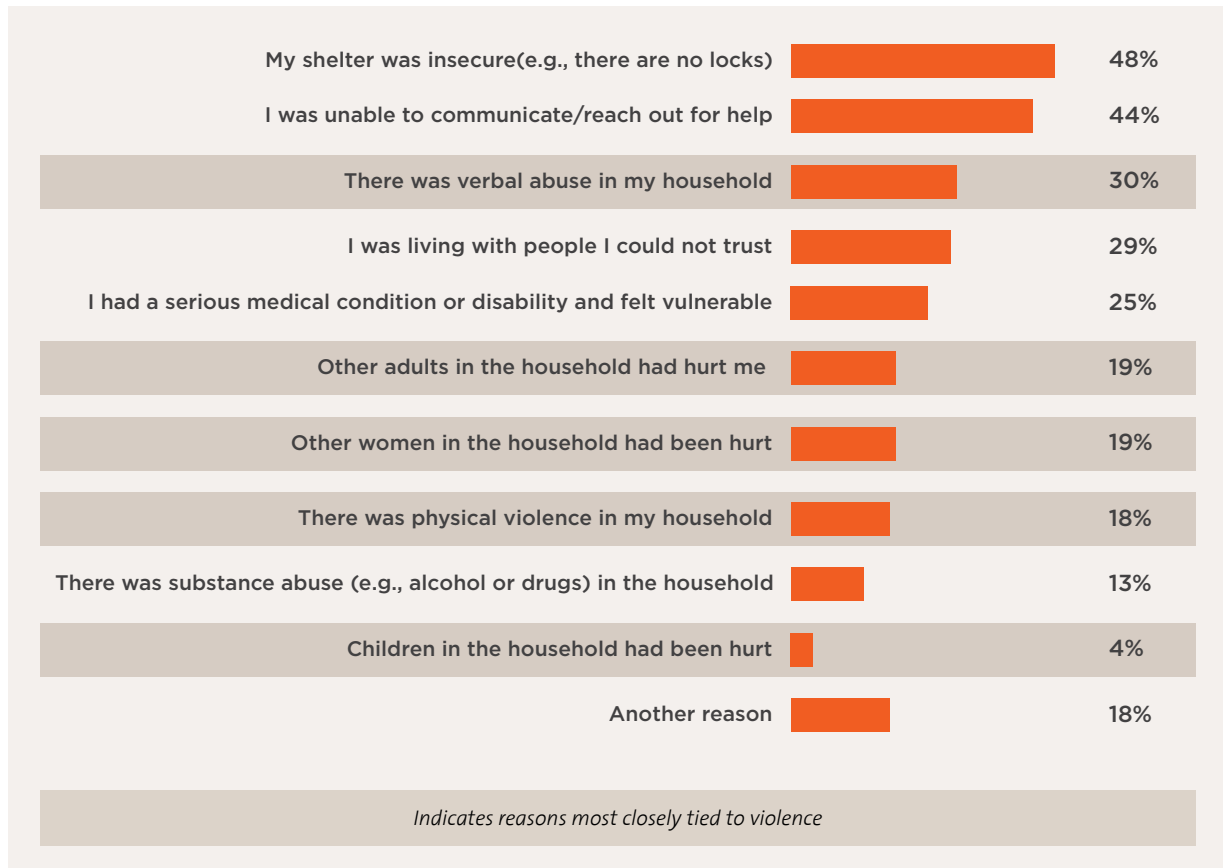
For 1 in 10 women (11%), the COVID-19 pandemic has made things worse in terms of how safe they feel in their home. Among women who said they already felt unsafe this number more than doubles to 26%, and for those who have experienced partner physical violence themselves in the last 12 months it is 23%, reinforcing the point that the COVID-19 pandemic may have intensified existing vulnerabilities and safety issues for women in Colombia.

FIGURE 6
Women’s feelings of safety in the household, by frequency of household conflict



When asked why they have felt unsafe in their homes, women most commonly cited insecure shelters (48%) and the inability to communicate or reach out for help (44%). Women aged 40–49 and those with a disability were the most likely to report an insecure shelter as a reason why they felt unsafe (69% and 58%, respectively) while women who live with a partner were the least likely to report this reason (57%). Employed women were those most likely

(37%) to report living with people they cannot trust as a reason why they feel unsafe, while full-time caregivers were least likely (16%). Younger women aged 18–29 were more likely to say there was verbal abuse in their home (44%, compared to 25% of women aged 30 and older) as well as to say that they felt unsafe because other women in the household have been hurt (35%, compared to 14% of women aged 30 and older).

FIGURE 7**Reasons for women feeling unsafe in their homes (among the 21% who reported feeling unsafe)**

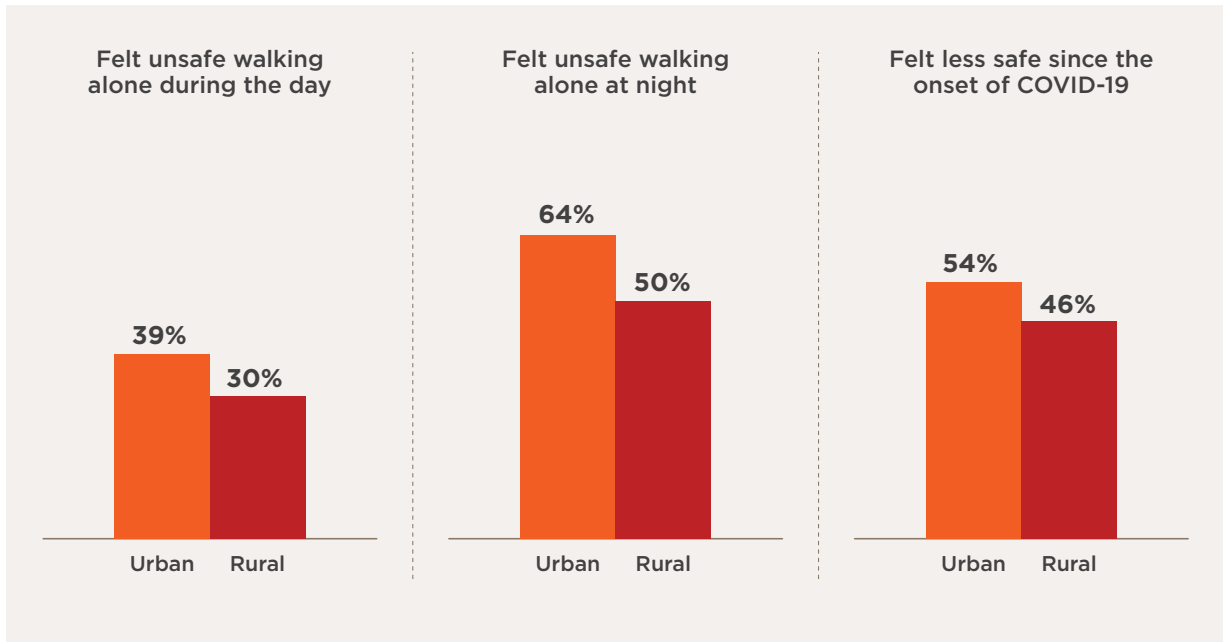
3.2. Personal safety in public spaces

When out in their communities, the majority of women said they feel safe walking around the areas where they live during the day (63%), but this drops by nearly half to 36% when asked the same question about walking alone at night. More than half (52%) of women said they feel less safe at night since the start of COVID-19. Women who experienced VAW or knew someone who had experienced VAW were significantly more likely to feel unsafe walking alone, whether during the day (41%) or at night (66%), and the majority (56%) of these women have felt even less safe since the onset of COVID-19.

Feelings of safety also differed across urban and rural areas. Women who lived in urban areas were significantly more likely to feel unsafe walking alone (whether during the day or at night) compared to those who lived in rural areas. Those in urban areas were also more likely to feel less safe as a result of the COVID-19 pandemic, while women in rural areas were more likely to say they have felt more safe since the onset of COVID-19 (24%, compared to 15% in urban areas), suggesting that geography may have a significant impact on women's safety in public spaces as it relates to COVID-19 in Colombia.

FIGURE 8

Women's feelings of safety while out in public, by location (urban and rural)



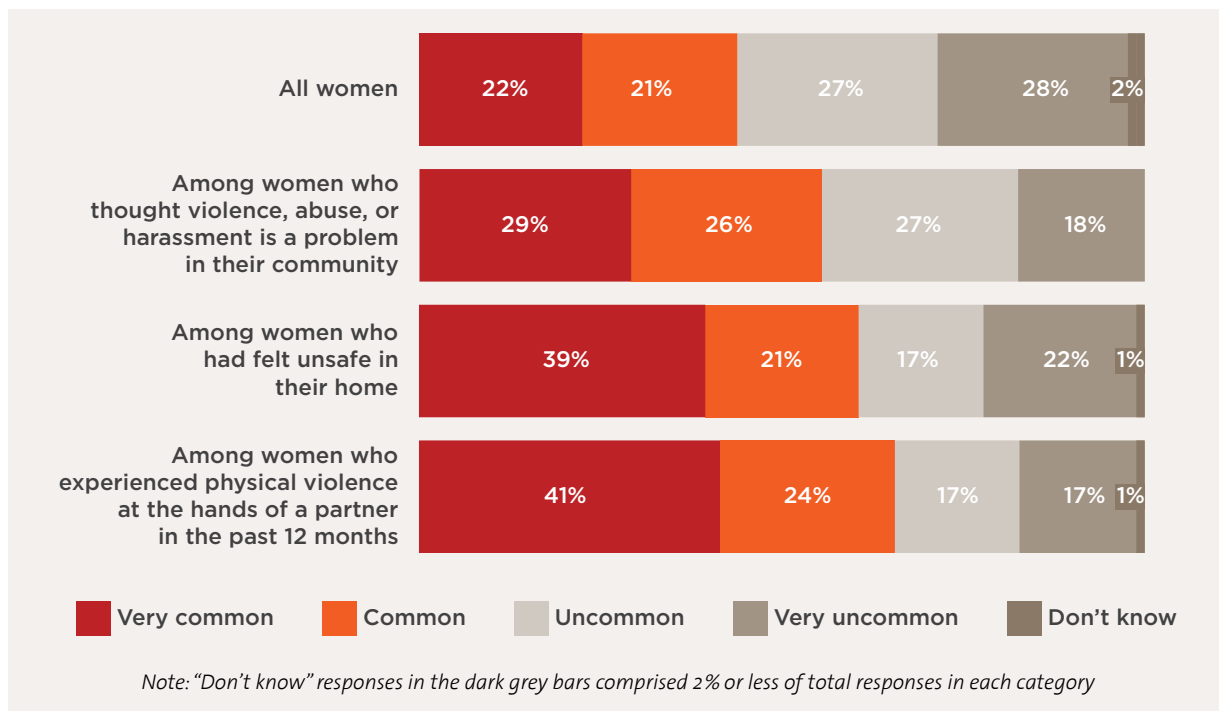
4. PERCEPTIONS OF VIOLENCE AGAINST WOMEN

4.1. Women's perceived safety inside the home

When considering the broader community, 43% of women said they think that the experience of verbal or physical abuse at the hands of a partner is common for women. Women who were unemployed at the time of the survey were significantly more likely to think this was common compared to full-time caregivers (47% compared to 38%, respectively).

Similar to patterns around feelings of safety in public, personal experience appears to dictate perceptions. Out of women who perceived violence, abuse or harassment to be a problem in their community 55% said that it is common for women to experience physical and verbal abuse at the hands of a partner. This increases even further, to 60% among women who reported having felt personally unsafe in their home and to 65% among those who had experienced physical violence at the hands of a partner in the past year.

FIGURE 9
Perceptions of partner abuse, by experience of safety

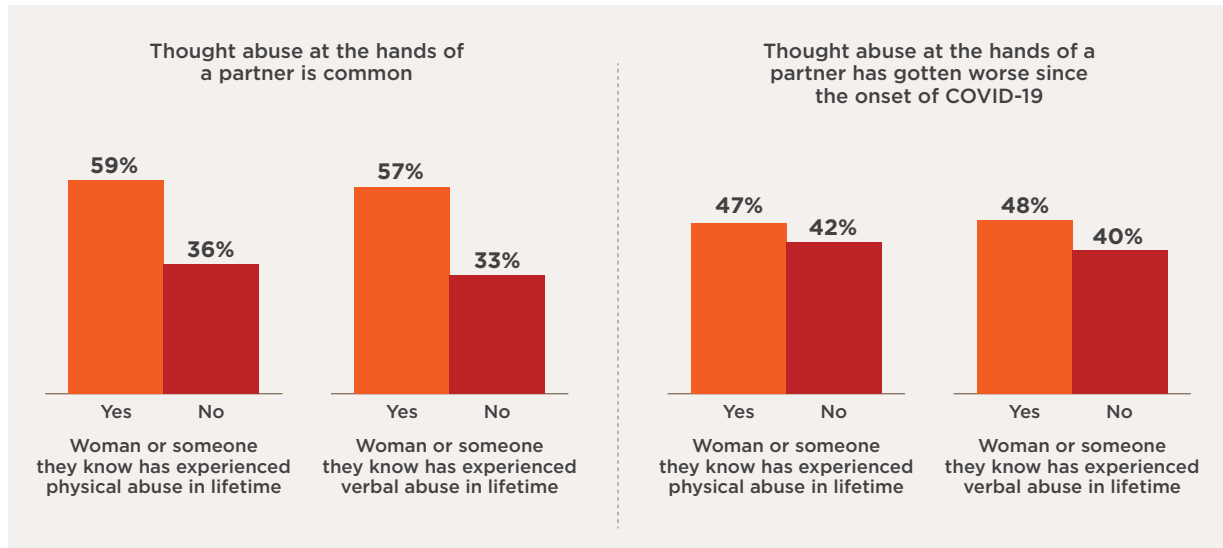


Women who believed that partner abuse was common in their communities were nearly three times more likely than those who did not to report that a spouse had pushed, thrown something, punched or slapped them at least a few times in the past 12 months (8% compared to 3%, respectively). They were also nearly twice as likely as those that thought partner abuse was uncommon to have felt unsafe in their home in the past six months (29% compared to 15%, respectively). These data points suggest that women may be including their own experiences when reporting on the experiences of women in their community. This also bolsters the evidence-based theory that VAW crosses both public and private spaces, with women who reported safety incidents happening within their homes being more likely to think that abuse is common in the community overall.

Women who view partner abuse as very common were also more likely to be food insecure than those who did not, whether it was moderately or severely, stressing the significance of economic security for women's broader sense of safety as well.

Nearly half of women (43%) said the situation for women experiencing partner abuse has gotten worse since the start of the pandemic. Women who lived in urban areas (45%), have at least a college degree (57%), or had children in the household (48%) were significantly more likely than average to believe that COVID-19 has made partner abuse worse. More than half (56%) of women who experienced physical violence at the hands of a partner in the past year said that they think partner abuse generally for women has become worse since the onset of COVID-19, compared to 41% of those who did not experience such violence. Meanwhile, 25% of these women said their own experience with physical violence at the hands of a partner had increased as a result of COVID-19.

Additionally, women who have experienced or know another woman who has experienced physical or verbal abuse were also more likely than those who have not to perceive partner abuse as common in their community and to believe that COVID-19 has made the situation of partner abuse worse.

FIGURE 10**Perceptions of partner violence, by exposure to VAW in a lifetime**

Two-thirds of women (64%) said they believe that women would seek out help if they experienced verbal or physical abuse at the hands of a partner, slightly less than those who believed help would be sought for violence outside the home. Younger women (aged 18–39) were significantly less likely than their older counterparts (40 and older) to say that women would seek help (58%, compared to 69%). Women in rural areas and those with a high school education or less were more likely than their counterparts to say that women experiencing abuse at the hands of a partner would seek help (71% and 72%, respectively), as were full-time caregivers (74%). Women who said they or another woman they know had experienced physical violence or verbal abuse were also far less likely than their counterparts to say women would seek support (52–54%, compared to 69–71% of women who did not experience or know anyone who had experienced these types of VAW). Nevertheless, women who had themselves experienced physical abuse at the hands of a partner in the past 12 months were equally as likely as those who had not to say that a woman who was abused by her partner would reach out for help.

Women were most likely to say they believe survivors would seek help from family (36%) as the primary source of support in the event of partner abuse. Other popular response in terms of where women would seeking support was women’s shelters, NGOs or centres (24%), particularly among women who said they or another woman they know had experienced physical violence (30%) compared to those who did not (21%). Those who have experienced physical violence themselves at the hands of a partner in the past year were also more likely than those who did not to say survivors would primarily seek help from women’s shelters, NGOs or centres (29%, compared to 22%) as well as community leaders (8%, compared to 3%). Moreover, women with disabilities were more likely to approach community leaders first (6%, compared to 2%), and less likely to primarily go to family (24%, compared to 40% of women without disabilities). This suggests that community infrastructure may be well-suited to connect victims of VAW to the resources they need. Only 1 in 5 respondents (21%) said women in this situation would first go to the police—indicating that domestic violence may be underreported to authorities.

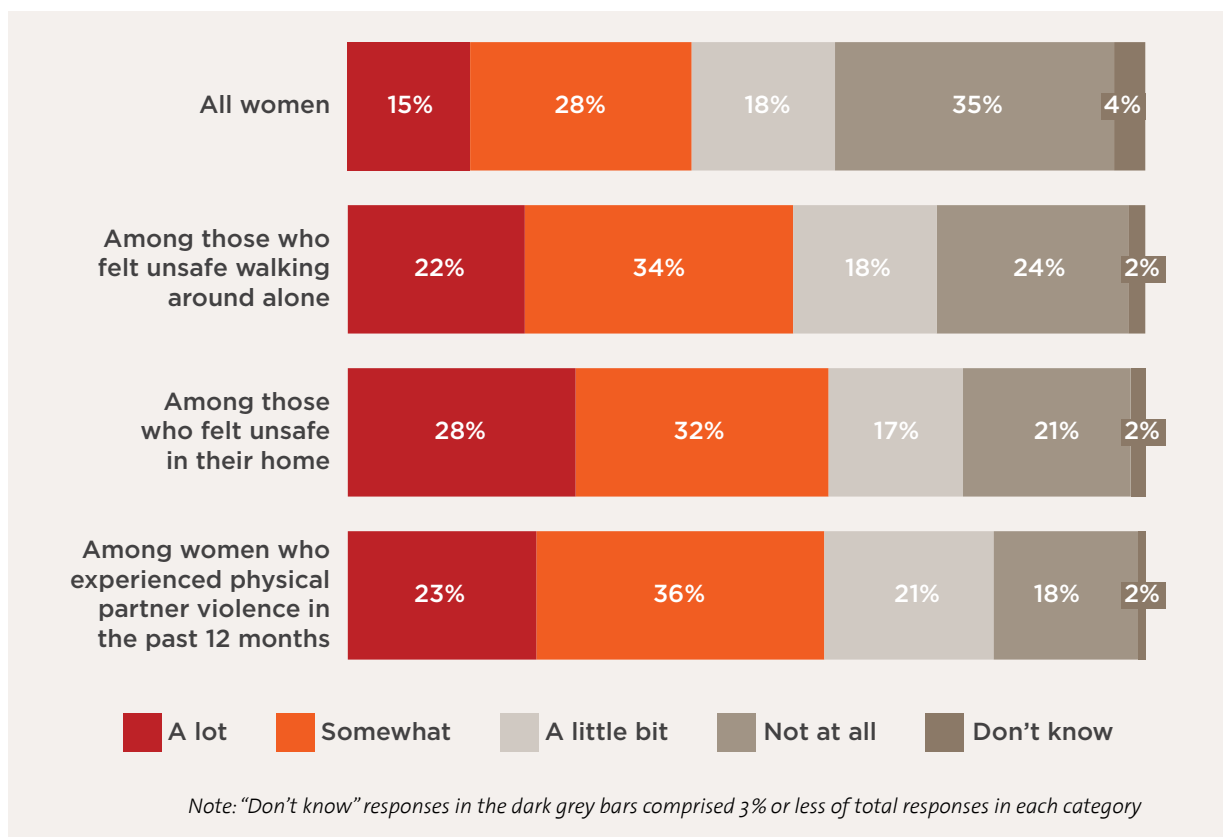
4.2. Perceptions of violence against women in the community

When asked about violence, abuse and harassment of women in their community, almost half of women (43%) said they believe it is at least somewhat of a problem and an additional 18% said it is a little bit of a problem.

Violence, abuse and harassment of women in the community was more likely to be perceived

as a problem by women who themselves had experienced violence. Nearly three quarters of women (74%) who felt unsafe walking alone in their community (whether it was during the day or at night) and 80% of those who experienced physical partner violence in the past 12 months perceived the violence, abuse and harassment of women as a problem in their communities.

FIGURE 11
Extent to which violence, abuse or harassment of women is a problem in the community



Women who were full-time caregivers and those who did not participate in income-generating activities were significantly less likely than other women to perceive violence, abuse and harassment of women as a problem in their community – 43% of caregivers and 41% of non-income-earning women said that violence, abuse and harassment are not a prob-

lem at all, compared to 35% of all women. This may indicate that these groups of women have less exposure to these problems within their community. Conversely, women who generated an income were significantly more likely to think that violence, abuse and the harassment of women in their communities is a problem (67%).

Nearly a quarter of women (23%) said they believe that violence, abuse and the harassment of women has increased in their community since the start of the COVID-19 pandemic, and more than half (58%) reported no change as a result of the COVID-19 pandemic. Similar to perceptions of the issue overall, women who have experienced safety issues and/or violence were especially likely to think that violence, abuse and the harassment of women have increased: 35% of women who felt unsafe walking alone (during the day or at night), 30% of women who felt unsafe in their homes, and 35% of women who have experienced physical partner violence in the past 12 months said this issue has worsened since the onset of COVID-19. Women in rural areas (18%) and those with disabilities (17%) were significantly more likely than the average to think that the violence, abuse and harassment of women in their communities has decreased since the start of the pandemic, compared to 13% of women overall.

4.3. Women's perceived safety in public spaces

About a third of women in Colombia (36%) said they believe it is common for women to experience harassment and safety issues when alone in public spaces at night. Women who lived in urban areas were significantly more likely to think safety issues for women in public spaces are common (38%) compared to those who lived in rural areas (31%). Unemployed women also perceived safety issues and harassment in public as more common

(47%) compared to employed women (37%) or full-time caregivers (32%).

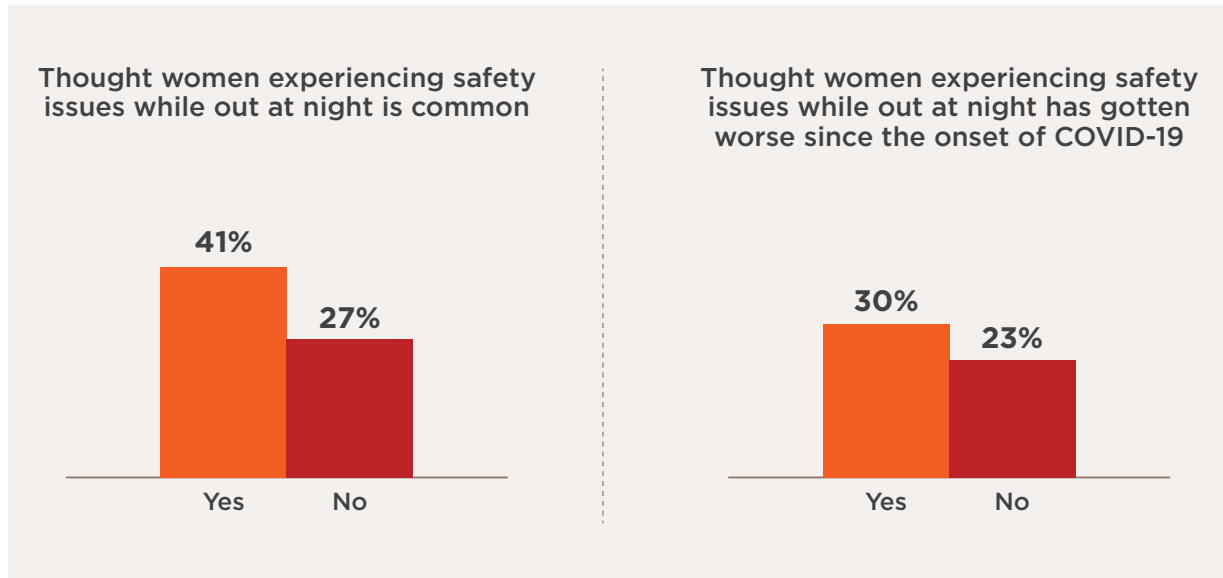
While 60% of women reported having felt unsafe at night themselves, over half (53%) of women who have felt unsafe when walking alone did not believe that harassment and safety issues are common for women in their community. This is less than the percentage of women on average (63%) who do not believe harassment and safety issues to be common for women in their community. This finding may indicate that many women who experience public safety issues in the community see their experiences as anecdotal, leading to a perception that these issues are less common than they are in reality.

Overall, about 1 in 3 women (27%) said safety at night in their communities has gotten worse since the onset of COVID-19. Divorced or separated women were significantly more likely to believe the pandemic has made the situation worse (41%) compared to those living with a partner (27%), widowed (24%) or single (26%).

Women who have experienced VAW or know someone that experienced VAW in their lifetime were more likely to believe harassment and safety issues are common (41%) compared to women who did not (27%). These women were also more likely to report these safety issues have gotten worse since the onset of the COVID-19 pandemic (30%) compared to women who did not have any experience or knowledge of someone who had experienced VAW in their lifetime (23%).

FIGURE 12

Perception of women's safety in public at night, by experience or knowledge of VAW in a lifetime



Three-quarters of women (75%) expected that women experiencing harassment or abuse in public spaces would seek help, with one-third (34%) saying they would most likely first go to police; more than a quarter (27%) reporting they would primarily seek support from family; and 17% saying they would first access women's centres, groups or NGOs.

Women in rural areas were significantly more likely to say that women experiencing safety issues in public places would seek help (80%, compared to 73% in urban areas). They were also more likely to report that they would seek help primarily from women's shelters (6%, compared to 2% in urban areas). And yet, less women in rural areas said that access to basic needs (such as food, shelter and clothing) was available to women in their community (44%), compared to those in urban areas (53%).

While younger women aged 18–29 were less likely to say that women would seek help if they experienced harassment or abuse in public spaces (69%), particularly when compared to women aged 60 and older (83%), they were more likely to say that women experiencing

harassment or abuse in public would most likely go to police first (39%, compared to 32% of women aged 30 and older).

Women who had experienced or knew someone who had experienced VAW were significantly less likely than those that did not to believe that women would seek help generally (72%, compared to 79% of women who said they do not have experience or knowledge of VAW). In particular, they were less likely to believe that women would seek help primarily from the police (30%, compared to 40%, respectively). This aligns with respondents' knowledge of legal support or help in reporting incidents to police, which is higher among women who said they have not experienced VAW or know someone who has (63% compared to 56% of women who have).

Safety issues that women face outside of the household have not stopped them from engaging in public life, as women who had experienced VAW or know someone who has, or those who had experienced feeling unsafe in public spaces themselves, were no more or less likely to have left the house alone in the past

month. Three-quarters of women (74%) reported that they had left their house alone at least once a week in the past month, and more than one-third (35%) of women reported going out daily by themselves. Employed women were also significantly more likely to leave their home alone (54%), particularly when compared to full-time caregivers (14%). However, 1 in 10 women (11%) women said they had not left their home alone in the past month, a number that increases to 15% among women who are full-time caregivers.

More than 7 in 10 women (72%) reported that constraints related to the COVID-19 pandemic had limited their interactions with friends and social groups. Within this group, women who had experienced or know someone who has experienced VAW were significantly more likely to say that COVID-19 has limited their interactions with friends and social groups (75%, compared to 67% of women who hadn't experience VAW), as were women who have felt unsafe in public (81%, compared to 65% of those who have felt safe).

5. IMPACTS OF VIOLENCE AGAINST WOMEN

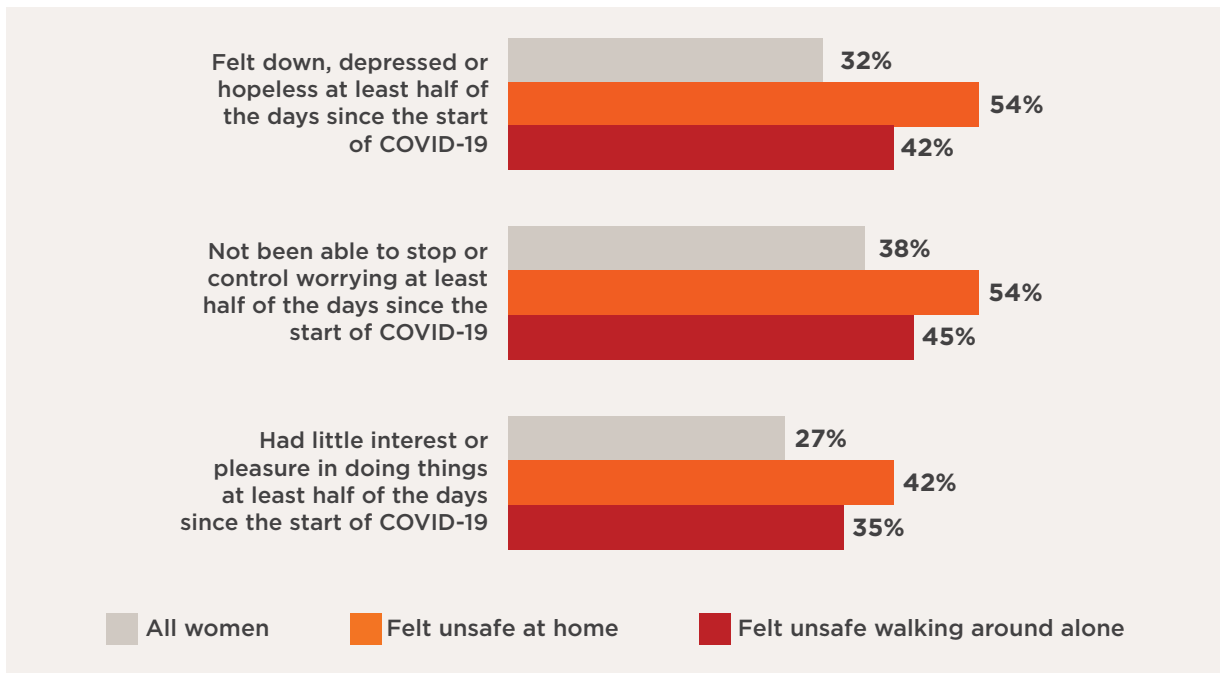
This study indicates a strong relationship between measures of VAW and changes in women's behaviours and feelings well-being, suggesting that impressions and experiences of safety (or lack thereof) may be a major factor in women's mental and emotional health. Women who said they had felt unsafe, whether it was in their home or in public spaces, were more likely to report indicators of anxiety and depression.

Women who had experienced or know someone who had experienced any form of VAW were significantly more likely to report negative mental and emotional health outcomes. More particularly, women who reported experiencing or knowing someone who experienced physical, verbal and/or sexual abuse were more likely to report feeling down, depressed, or hopeless at least half of the time

since the onset of COVID-19 (38%, compared to 30% of those who did not). Moreover, women who said they had faced physical violence at the hands of a partner in the past 12 months were significantly more likely than those who had not to experience feeling down or depressed at least half the time since the onset of COVID-19 (48%, compared to 30% of those who had not experienced physical partner violence in the past 12 months). Women who experienced or knew someone who experienced verbal abuse were more likely than those who did not to have struggled with anxiety (43%, compared to 35% of those who did not). Women who had experienced feeling unsafe, whether it was in public spaces or particularly in their home, were also more likely to exhibit these signs of anxiety and depression compared to those who did not.

FIGURE 13

Measures of mental health, by feelings of safety



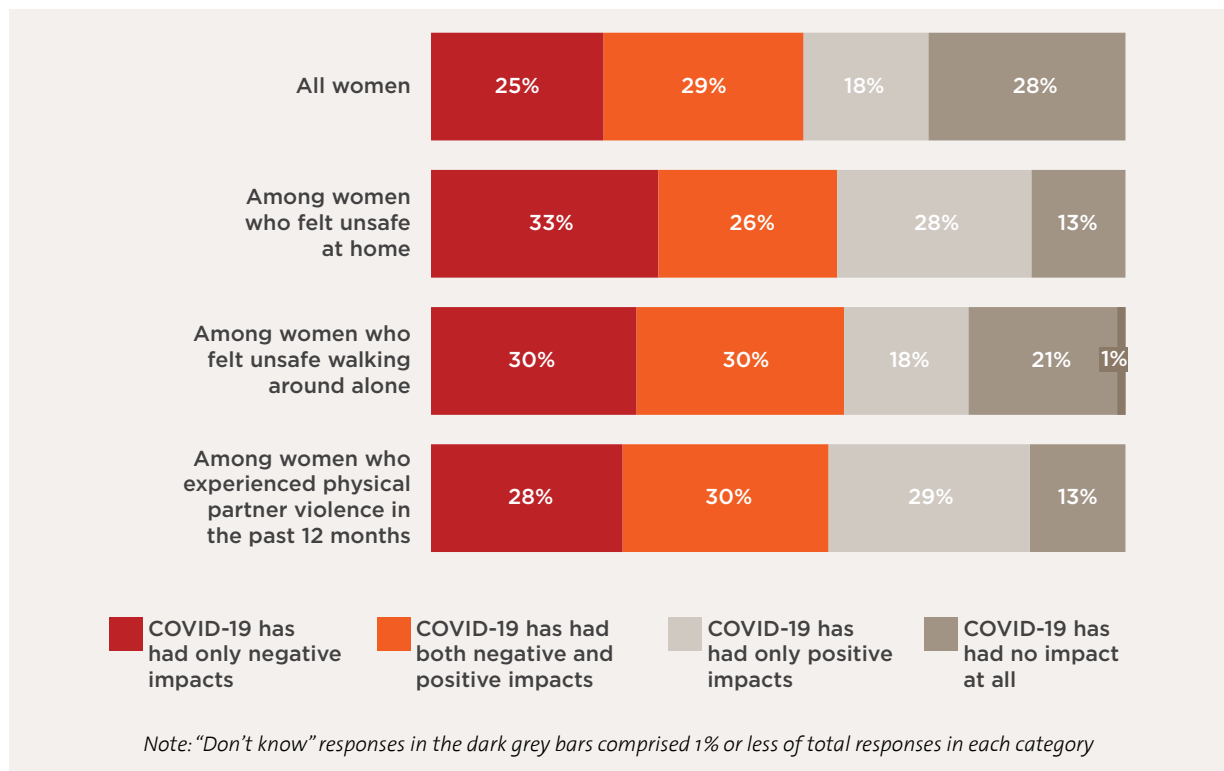
In addition to experiences of safety being strongly associated with mental and emotional well-being, certain women were more likely than their peers to report experiencing symptoms of depression and anxiety at least half the days since the onset of COVID-19. Examples include: women who experienced a loss of income over the past year (37%, compared to 32% of those who experienced an increase in income and 20% of those whose income did not change), lived in rural areas (39%, compared to 31% in urban areas), and had lower education levels (47% among those with a primary education or less, compared to 15% among those with a college education).

Overall, 25% of women in Colombia said that the pandemic has had an exclusively negative impact on their mental and emotional

well-being. Women who reported having felt unsafe at home were significantly more likely than those who felt safe to have been negatively impacted by the COVID-19 pandemic (33%, compared to 23%). Women who felt unsafe at home were far less likely to say COVID-19 had no impact on their mental health (13%, compared to 32% of women who had not felt unsafe), as were women who had experienced physical violence at the hands of their partner in the past 12 months (13%, compared to 30% of those who did not). It is unclear from this data what forces are driving the positive and negative impacts of COVID-19 for women who have felt unsafe at home. This is an area that warrants additional investigation.

FIGURE 14

Impacts of the COVID-19 pandemic on mental health, by feelings of safety



In addition to the connections between safety and mental and emotional well-being, food security (or lack thereof) is also associated with poor mental health. Women who said they felt symptoms of anxiety or depression on more than half the days since the onset of COVID-19 were consistently more likely to be severely food insecure, as were women who said the COVID-19 pandemic had any negative impact on their well-being.

When asked about the availability of mental health services, just a third of women (33%) said that these were available to women in their community. Conversely, awareness of medical services (65%), access to basic needs (50%) and legal support (59%) was much higher. This suggests that more could be done to help women access the mental health support they need.

The impacts of violence against women in public and private spheres was also observed when analyzing women's socialization and

movement patterns. The majority of women who reported feeling unsafe, whether it was outside or inside the household, said the COVID-19 pandemic has limited their interactions with friends and social groups (81% and 80%, respectively, compared to 64% and 70% of women who did not feel unsafe). Additionally, nearly 1 in 3 women (29%) who felt unsafe in their home reported that they or someone they know had been forced to stay alone for long periods of time or denied communication with other people since the start of COVID-19. Women who had experienced physical partner violence in the past 12 months were no more or less likely to leave the house alone when compared to those who did not; however, they were slightly more likely to say that the COVID-19 pandemic had not limited their interactions with friends and social groups (8%, compared to 4% among those who did not experience physical partner abuse in the past 12 months).

6. RECOMMENDATIONS

The impacts of COVID-19 on VAW in Colombia are significant. Women in Colombia encounter violence in public and in private spaces, at the hands of strangers and by those closest to them. With nearly half (49%) of women likely experiencing moderate or severe food insecurity at the time of the study and two-thirds (67%) saying they had lost income, mostly due to the COVID-19 pandemic, it is clear that external stressors that can increase the risk of VAW are on the rise. This presents an opportunity to address factors that can reduce the risk of VAW, as well as to put more effective methods of dealing with VAW into place.

Given the intersectionality of VAW, policy and programmatic interventions require tailoring to the factors driving different experiences of violence. Not only does the type of response that is best suited to address VAW vary based on the specific experiences of women, but the resources they seek out vary as well. This work stresses the importance of partnering with the existing infrastructure that supports women in vulnerable situations to empower communities with the full suite of resources they may need to support women. Considering this, the research supports three recommendations:

1. Interventions that are meant to address VAW should consider how policy interventions in other areas may alleviate some of the root causes of VAW, including through fully integrating VAW measures in post-COVID-19 recovery plans as an opportunity to build back better.

This study has provided insights into some of the factors that exacerbate risks of VAW in Colombia, particularly those related to economic dependence, such as employment status, income fluctuations and food insecurity. Each of

these substantive areas encompasses its own policy domain, where programmatic interventions can be specifically tailored to move the needle. However, to build longer-term solutions to address violence against women and girls it is necessary to go beyond gender mainstreaming to put women at the centre of policy change and proposed solutions, particularly in the case of COVID-19 recovery plans.

In addition to the integration of VAW measures in COVID-19 multisectoral recovery plans and national policies and programmes, it is essential that governments and authorities be engaged at all territorial levels within the scope of their mandates. For instance, it is necessary to ensure that local and regional authorities are equipped to make public spaces safe for women and girls throughout the pandemic and beyond.

Comprehensive policies should include cohesive multistakeholder and cross-sectoral responses that make all parties accountable in ending VAW. To that end, it is recommended that efforts be undertaken to sensitize and engage the private sector using available global guidance on how to prevent and respond to violence against women and girls, including for female employees who work from home during COVID-19 and may experience domestic violence. Women's rights organizations should also be included in the design and the monitoring of COVID-19 recovery plans. Throughout this process, however, it is critical to consider the impacts that interventions may have on particular external stressors, such as intentional or accidental shifting of gender roles and norms that could easily do more harm than good if not carefully accounted for. This is addressed further in recommendation three.

2. Enhance the response and provision of essential services by authorities and civil society and improve trust in order to boost reporting and bolster women's confidence and feelings of safety.

The insights from this study show that women already have established trust within family and social groups, but more work needs to be done at community and institutional levels. In order to strengthen confidence in institutions among women survivors of violence, it is necessary to strengthen the response capacity of these institutions themselves, to guarantee timely and effective attention to acts of violence against women and girls. Efforts to enhance the availability, accessibility and quality of survivor-based services should be implemented across all sectors. Specific attention should be given to service-providers who are front-line agents and initial contacts for women to ensure they provide care in line with globally accepted ethical standards and protect the safety of survivors.

The research shows that women are more likely to seek help for violence in public spaces than they are for domestic violence. This holds true for women who are experiencing frequent conflict within their household – they are more likely to rely on support from family and less likely to go to police. Such cases require the careful placement of resources in more informal channels where women feel comfortable reporting, for instance through women's centres and community leaders who are trained on how to handle the reporting of VAW. It is therefore also important to strengthen civil society organizations, particularly at the community-level, where they play an important role in the referral of survivors to relevant services. This should be accomplished by ensuring support for grass-roots women's organizations – especially those that provide essential services to hard-to-reach, remote and vulnerable populations. It is also important to ensure that women's organizations are actively engaged in decision-making processes so that

their needs and concerns are identified and included in the prevention of, and responses to, violence against women and girls.

Establishing and integrating community-based services that meet women where they are is particularly important for women who experience violence within their family. To encourage more effective reporting and reduce fear, community-level infrastructure can be further strengthened by leveraging existing social networks to improve access to pathways for VAW survivors to seek help, and strengthening informal channels and communication networks for support-seeking. Information should be provided to enhance the accessibility to services for survivors, including through public service announcements on service referrals, for example, or on how to safely continue employment, using formats that are accessible to different groups of women, including women with disabilities.

3. The challenges associated with VAW require programmatic interventions that are sensitive to traditional gender roles while exploring how gender norms may silence VAW survivors.

Services may not be accessible for all women experiencing violence from a partner or other household member, not only because domestic violence is often considered a private matter but also because of a lack of accessibility or fear of repercussions. Among the support mechanisms discussed with women participating in this research, financial support and mental health support services had the lowest awareness, suggesting that current programmes focused on these measures could be used to improve awareness and usage, and destigmatize VAW as something that should only be dealt with within the family.

In particular, programming that proactively challenges gender stereotypes and harmful masculinities, often accentuated under COVID-19, could be developed. This includes targeted messages for men in order to encourage

healthy ways of coping with stressful situations. This may also be especially helpful for full-time caregivers, as this study reveals this group is the least likely to report VAW and has some of the highest rates of mental and emotional distress.

Large-scale local and national awareness-raising initiatives should be implemented to target social norms and promote favourable attitudes and behaviours. This can be done through engaging with media outlets

to continue to raise the visibility of increased violence against women and girls and demonstrate how the risk factors that drive violence are exacerbated amid COVID-19, as well as the impacts of VAW on women and society. It can also include proactively challenging gender stereotypes and harmful masculinities that are accentuated under COVID-19 (e.g., increased household care work for women, financial insecurity/unemployment).

7. METHODOLOGY

The survey was fielded via Computer-Assisted Telephone Interviewing using random-digit dialing to mobile numbers between 18 August and 24 September 2021. The total number of completed interviews was 1,209. During the survey period, Colombia experienced a steady decrease in reported COVID-19 cases and a steady increase in reported vaccinations.⁷ Colombia experienced school closures, lockdowns with stay-at-home recommendations, border arrival screenings, and some workplace closures.

The sample was drawn via random-digit dialing among the population of mobile phone numbers, so the sample population is limited to women aged 18 or over with mobile phone access. Women over age 60 were also specifically targeted with an existing database to ensure adequate coverage of this age group. However, the percentages for each age group from this survey match the percentages for each age group from UN data, as well as Colombia's Census data.⁸

Age group	Percentage of adult women based on Census data	Percentage of adult women from sample data
18–29	28%	27.6%
30–39	20%	20.2%
40–49	17%	17.1%
50–59	16%	15.7%
60+	19%	19.4%

7 <https://graphics.reuters.com/world-coronavirus-tracker-and-maps/countries-and-territories/colombia/>

8 <http://data.un.org/Data.aspx?d=POP&f=tableCode%3A22> and <https://www.dane.gov.co/39>

DEFINITIONS

Community: A term referencing the geographic area in which the respondent lives.

Food insecurity: This study used the Food and Agriculture Organization (FAO)'s formulation to measure food insecurity, with an eight-statement battery. These data can be used to establish estimates of the proportion of the sample who were moderately or severely food insecure, which can also be disaggregated by other variables of interest through the use of the FAO Food Insecurity Experience Scale (FIES) module. Any references in the report to prevalence of moderate or severe food insecurity represent estimates of the prevalence and should be interpreted as such.

Partnered: A term referring to women who were married or living/cohabiting with a partner.

Violence against women: Any act of gender-based violence that results in, or was likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Felt unsafe walking alone: Refers to women who indicated that they felt "not very safe" or "not safe at all" walking alone outside during the day (at question C02) or during the night (at question C03).

Experienced or knew someone who had experienced VAW: Refers to women who indicated that they, or another woman they knew, had experienced any form of VAW. "Since COVID-19" is added to indicate women who indicated that these incidents had only been occurring since the start of the pandemic.

Experienced frequent conflict: Refers to respondents who indicated that they experienced conflict or arguments in their homes at least once a week during the last six months (at question C19).

Experienced infrequent conflict: Refers to respondents who indicated that they experienced conflict or arguments in their homes "once or twice" or "never" during the last six months (at question C19).

Violence, abuse and harassment is a problem the community: Refers to respondents who indicated that physical harm, abuse or harassment of women is "a lot", "somewhat", or "a little bit" of a problem where they live (at question C07).

Violence, abuse and harassment is not a problem the community: Refers to respondents who indicated that physical harm, abuse or harassment of women is "not at all" a problem where they live (at question C07).

© 2022 UN Women. All rights reserved.

The views expressed in this publication are those of the author(s) and do not necessarily represent the views of UN Women, the United Nations or any of its affiliated organizations.

Produced by the Women Count programme
Editor: Jen Ross
Design: Ouissal Hmazzou



220 East 42nd Street
New York, New York 10017, USA

data.unwomen.org
www.unwomen.org
www.facebook.com/unwomen
www.twitter.com/un_women
www.youtube.com/unwomen
www.flickr.com/unwomen
instagram.com/unwomen