

A BRIEF ANALYSIS COVID 19 ON DOMESTIC LIFE

YASHODA.C.Y.

ASSISTANT PROFESSOR

DEPARTMENT OF SOCIOLOGY

GOVERNMENT FIRST GRADE COLLEGE CHITRAHALLI, HOLALKERE TALUK

CHITHRADURGA DIST-577526

ABSTRACT;- India was among 140 countries to endorse the Call. However, as there is no consolidated disaggregated national data on violence against women and girls (VAW&G), including domestic violence (DV) and intimate partner violence (IPV) in this period, reference is being made to data released by the National Commission for Women (NCW) and women's groups in their reports, including to media. The National Commission for Women (NCW)1 that receives complaints of violence against women from across the country, has recorded an over two-fold increase in complaints since the imposition of lockdown in the country. While a total of 116 complaints from women were received in the first week of March (March 2-8), the number increased to 257 in the last week of March post the declaration of the lockdown (March 23- April 1, 2020). Of the 257 complaints received by them, 69 were of domestic violence. Similarly, complaints relating to the "right to live with dignity" too have doubled, rising from 35 cases to 77. Such cases could pertain to discrimination on the basis of gender, class or caste or all three of them combined2 . Between April and May, NCW received a total of 3027 complaints across 22 categories of crimes against women, of which 1428 (47.2%) were cases of domestic violence and intimate partner violence. In comparison to data recorded for January to March 2020, wherein there were 4233 complaints, of which 871 cases recorded were of domestic violence and intimate partner violence (20.6% of the total)

KEYWORDS;- LOCKDOWN, COVID-19, DOMESTIC, VIOLENCE, STAY HOME, SEAL DOWN, PANDEMIC.

INTRODUCTION

COVID-19 and the increase of domestic violence against women The responses present a brief consolidation of the increase in gender-based violence against women, including domestic violence in the context of the COVID-19 pandemic. Information sources include reports from civil society, States, National Human Rights Institutions, international organisations, academia and other stakeholders, based in India.

1. To what extent has there been an increase of violence against women, especially domestic violence in the context of the COVID-19 pandemic lockdowns? Please provide all available data on the increase of violence against women, including domestic violence and femicides, registered during the COVID-19 crisis. COVID-19 has uncovered the existing inequalities in families and society and exacerbated the structural factors that contribute to domestic and intimate partner violence. With the UN Secretary General making an appeal to the leaders of the Members States to put '**Women's Safety first**' and include gender responsive measures in their plans to address the challenge of COVID-19,

India was among 140 countries to endorse the Call. However, as there is no consolidated disaggregated national data on violence against women and girls (VAW&G), including domestic violence (DV) and intimate partner violence (IPV) in this period, reference is being made to data released by the National Commission for Women (NCW) and women's groups in their reports, including to media.

(i) The National Commission for Women (NCW)1 that receives complaints of violence against women from across the country, has recorded an over two-fold increase in complaints since the imposition of lockdown in the country. While a total of 116 complaints from women were received in the first week of March (March 2-8), the number increased to 257 in the last week of March post the declaration of the lockdown (March 23- April 1, 2020). Of the 257 complaints received by them, 69 were of domestic violence. Similarly, complaints relating to the "right to live with dignity" too have doubled, rising from 35 cases to 77. Such cases could pertain to discrimination on the basis of gender, class or caste or all three of them combined2 . Between April and May, NCW received a total of 3027 complaints across 22 categories of crimes against women, of which 1428 (47.2%) were cases of domestic violence and intimate partner violence. In comparison to data recorded for January to March 2020, wherein there were 4233 complaints, of which 871 cases recorded were of domestic violence and intimate partner violence (20.6% of the total) .

(ii) Data from National Legal Services Authority (NALSA) collected through 28 State Legal Services (SLAs) have observed an increase in cases of domestic violence during the lockdown. The National Capital ranks on

number three according to this data. In April, 89% of the total number of violence cases registered were of domestic violence.

(iii) Data compiled by select women's groups and Civil Society Organisations, who have been providing essential services during the lockdown and beyond, have pointed out that during the first four phases of the lockdown, women have filed more domestic violence complaints online with them than as compared to a similar time frame in the last 10 years .

(iv) Various leading women's groups and other CSOs in India, have a mixed set of data on VAWG during this period. Whereas a women's group in Kolkata, West Bengal noted a close to 33% increase in complaints received by them, a women's group in New Delhi shared that they had experienced a 50% decline in calls initially on their helpline. Another organization from Hyderabad, Andhra Pradesh received over 54 new cases since April 2020, but have not seen a sharp increase in number of complaints of VAWG. A women's group in Mumbai, reported receiving 5-7 cases per day, that included both domestic and public space violence. Newer forms of violence against women have emerged during this period, where women are being forced into sexual relations and experience severe violence, including forced chopping of hair, starvation, demands for dowry by the marital family, and so on.

(v) However, it has also been noted that in some cases the calls may have dropped initially but have picked up subsequently. It is well known that many women did not have access to cell phones, nor cash to recharge their phones, lack of privacy and fear of being violated further within the private space. According to the Mobile Gender Gap Report 2019 by GSMA, among adult women, 59% own a phone (as compared to 80% men), and only 16% adult women have access to the internet. Further, earlier studies show that 86% women who experience domestic violence do not seek help in India.

(vi) Complaints of rape or attempted rape have risen sharply from 2 to 13, over the same comparative period.

(vii) The Childline India Helpline 1098 recorded that of the 3.07 lakh calls received by the helpline for children in distress across the country between March 20-31, covering the first week of the lockdown, 30% were related to child protection i.e. 92,105 SOS calls sought protection from abuse and violence from across the country.

(viii) Emerging anecdotal data and media reports on cases of violence against women and girls in India during the lockdown, highlight reporting of not just domestic violence, but also of threats to life, sexual violence, ethnicity-targeted violence, stigmatization of the virus, violence against women health care workers, resulting in deaths of a few women: In Delhi, Hyderabad and Bengaluru, female students from North East India faced targeted attacks based on their ethnicity; they were verbally harassed, objects were thrown on their private parts and attackers shouted '**Aye, coronavirus!**' In Thiruvananthapuram, Kerala a man strangled his 19-year-old wife to death as she insisted on visiting her parents during the lockdown. He forcefully made her consume an alcoholic drink by holding her neck and cheeks. After getting her into an inebriated condition, he strangulated her and hung her body from the ceiling fan in the house to pass it off as suicide.

A 16-year-old girl accused nine persons of raping her, after a friend misguided her to take a shortcut through a jungle in Dumka, Jharkhand on March 24th. The incident happened after one of her friends dropped her at Karudih area in Dumka since her hostel was closed due to the lockdown

A junior doctor in AIIMS - Bhubaneswar, Odisha was threatened with rape by a man in her housing society, if she did not immediately vacate her rented apartment , fearing that she might spread the virus in the housing society. In Gaya, Bihar, a woman patient who was admitted to the isolation ward in a medical college, was allegedly sexually assaulted by a healthcare worker for two days and died of excessive bleeding.

(ix) A national collective of sex workers reported that close to 60% of sex workers had to return to their home states due to the threat of COVID-19. Most of these women escaped abusive homes but have been forced to go back to hostile and violent families.

(x) Anecdotal data also points to a surge in domestic abuse of women's labour. As gendered roles place a higher load of domestic work on women, the perception that she has not performed 'her duty' invites a high risk of violence from the family/spouse.

(xi) A research¹⁵ undertaken by a Think Tank on the virus's impact in slum communities in Mumbai, India's financial capital and one of the biggest COVID-19 hotspots, reveals that with the lack of basic infrastructure, women from urban poor households are queuing up for longer hours, most often during early morning when still dark, to collect water from community taps. Many women are also buying water from the black underground markets that operate in the wee hours of the morning, and often face sexual and verbal harassment. With a swell in domestic responsibilities and household care due to COVID-19 outbreak, where women also tend to eat the last and the least, the financial strain and food storages have severely impacted women's health and nutrition far more than men.

(xii) Gender inequality, that is at the heart of DV and IPV, directly thwarts women's labour force participation and economic rights. India is already grappling with the issue of women's declining labour force participation that stands at a distressing 21%,¹⁶ and the gender wage gap positions India at 108 out of 149 in the Gender Gap Index by the World Economic Forum (2018). If women's employment and work continues to fall post the pandemic, it will lead to severe implications to their position within the family and society. Global evidence and local experiences confirm that being economically empowered, provides women with greater security and choices for living a life free of violence and realising their full potential - as they have 'bargaining power'.

(xiii) The trauma of women migrant workers has been invisible in media reports as has been the response and relief measures by the Government and others. A state-wide survey by Karnataka based organisation reported that over 60% of surveyed women (284 of 1387 respondents were women labourers, sex workers and trans persons), and did not have access to basic medical treatment, food and incomes due to the lockdown. The migrant workers who lost their jobs were forced to walk back to their hometowns and villages, despite the possibility of exhaustion, violence, hunger and thirst enroute. A rapid assessment report release by a social development organisation reveals that 328 of 3196 surveyed migrant workers reported of one close family member being pregnant, without any resources or support by the state. While 42% of the migrants shared scarcity of food to survive a day, 62% had no information about the emergency welfare measures provided by the Government.

Amongst this, NGOs in India have documented narratives of women in migrant camps, or in transit, where there is no provision of safe and clean sanitation facilities, forcing them to use street corners in dark hours of the day, effecting their dignity and a heightened vulnerability to at the risk of public space violence.

(xiv) The lockdown confined people within the four walls of the home, and some of them in formal work had to adapt to work from home. While numerous social media platforms challenge our judgement of personal-professional space and freedom of expression, the presence of gendered prejudices, objectification of women and harassment online behaviour has been on an all-time high. Media reports highlight increased cases of online harassment, objectionable text messages from male colleagues, friend requests on social media with repeated reminders to accept the same during work-related phone calls, chats and video calls at unusual hours, late night texts or calls on the pretext of work and conflating it with the personal life of women, etc.²⁰ Out of the total complaints received by NCW, complaints related to cybercrime saw an increase from 37 in March to 55 in April and in May.

Are help lines run by Government and/or civil society available? Has there been an increase in the number of calls in the context of the COVID-19 pandemic

(i) The Ministry of Women and Child Development (MWCD) issued its Advisories on 25 March²². MWCD also issued advisories for all One Stop Centres, 181 Women Helpline, institutional machinery implementing various women's safety related legislations (Protection Officers and service providers under **Protection of Women from Domestic Violence Act 2005**, **Child Marriage Prohibition Officers under Child Marriage Prohibition Act, 2006**, Dowry Prohibition Officers under Dowry Prohibition Act 1961 etc.), to continue providing essential services to women and girls affected by violence.

(ii) Women's groups too activated additional helplines with special provisions for easier accessibility and longer time duration. These have been widely circulated.²³ A New Delhi based Women's Organisation, reported a decline in calls for support by women survivors of violence during the initial weeks of national lockdown, which is at an average of 7-8 new calls in a day to 1-2 new calls. However, with civil society and women's networks popularizing the nationwide list of organizations that provided support during the Lockdown, the curve raised to 77 new calls in the month of April and 115 in the month of May 24.

(iii) The National Commission for Women in April launched a special WhatsApp helpline number (0721-7735372) for women to access help, in addition to the email and online complaint mechanisms which were already operational. Various other states too have taken additional initiatives –

a. Uttar Pradesh was one of the first states to recognise and initiate messaging on domestic violence - the 112-emergency helpline, creditably published a message, "Suppress corona, not your voice," and promised provision for a female officer to handle each gender-based violence case.

b. The District Administration of Ranchi, Jharkhand launched two helpline numbers to provide legal counselling to women affected by domestic violence.

c. The Kerala Government launched a 24-hour WhatsApp number (9400080292) to report cases of domestic violence during the lockdown in the state.

(iv) Delhi Government launched a special WhatsApp number, following a High Court order. The Delhi High Court on April 24 directed the Delhi Government and the Central Government to ensure effective implementation of the Protection of Women from Domestic Violence Act, 2005 in the wake of the increase in the cases of domestic violence during the lockdown.

(v) Data from the ground suggests that many state specific help lines were not functional nor accessible, often leading to an overwhelming number of calls being made to the police emergency number. Access to police assistance, other essential services, as well as legal services were curtailed to a large extent.

(vi) Reports by CSOs and research organizations have drawn attention to the lack of redressal and response services, particularly One Stop Centers, Women's Help Lines, Shelter homes and women's hostels. Women's inability to reach out to essential services because of the gender digital divide, lack of privacy and safe spaces remained a major challenge. Even where help lines were functional, the lockdown curtailed the organization's ability to reach out support, given no transport. In the period of social and physical distancing, it is less likely for survivors to meet and support one another during the lockdown phase as they are unable to leave their homes and cannot use the phone in the presence of an abusive partner, nor do they have access to safe transport.

(vii) Women's groups on behalf of the national AMAN Network compiled a Memo to MWCD, NCW and NITI Aayog urging prompt actions and responses to survivors of violence. Some of the recommendations include:

a. Women's helpline numbers in all States like 181, 103, 1091 etc. must be made functional and responsive. States which do not have functional helpline numbers can activate 100 or any other number for this purpose. These numbers should be widely disseminated with the help of NGOs, print and visual media (TV, Radio) through jingles and government advisories. Help lines should be linked with One stop centers and civil society organizations which can offer services including transport, shelter, protection from abuse, legal support, economic support, health services as well as specialized mental health and legal counseling both for women and their children.

b. The Police must be specially instructed to treat cases of Domestic Violence on a priority basis and they should not deny registration of any case. There must be immediate action when women approach the police station either over the phone or in person. Availability of food, access to sexual and reproductive services for all survivors and their children who do not have the means to support themselves should be ensured.

c. Mobilisation of Frontline grassroots workers: ANMs, ASHAs Anganwadi, village defence parties, village council development committee in autonomous districts (VCDC), village headman/women, Panchayats, Block Officers, must be given special instructions, mobility, protection and service passes to report DV and extend immediate help to any aggrieved woman. 3. **Can women victims of domestic violence** be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

(i) With strong restrictions on mobility, no exemptions have been made for women survivors of violence to access police support, legal services, justice sectors, etc. There has been an almost threefold increase in police non-response to women's complaints, with the NCW receiving 16 complaints on the issue as compared to six they had received earlier; as the police were stretched in enforcing the lockdown protocols.

(ii) The CSOs and women groups have been liaising with local police for e-passes to reach out to women in need of escape or support. However, service providers and organizations share similar experiences lack of cooperation by the law enforcement agencies in prevention and response to domestic violence and other forms of gender-based violence²⁷. Violence at Home, Inter-generational - transference of violence, Women's right to space and safety, especially in the times of isolation and lockdown, remain a growing concern of women's organisations and gender equality advocates. Some women's groups in a couple of cases did get the support of the police in rescuing survivors in dire situations.

(iii) The DV ACT in India gives women the right to residence. The perpetrators need to be shifted out. In Pune the Panchayat took the perpetrators to the Quarantine Centre to ensure the safety of the women and her children.

4. Are shelters open and available? Are there any alternatives to shelters available if they are closed or without sufficient capacity?

(i) State-run shelter homes are operational but largely overcrowded and incapacitated to respond to the surge in crisis. According to **Press Information Bureau (PIB)**, currently there are approximately 559 shelter homes covering 17,231 beneficiaries. While domestic violence shelters are often the only option for victims of violence, given the possibilities of lack of employment and social distancing, a woman living with violence often does not have anywhere to turn to in the current circumstances but to a shelter if she must escape. At the same time, group living situations are dangerous during a pandemic, and survivors are wary of exposing themselves to the virus by living in close quarters in a shelter.

A recent media report from Kanpur, Uttar Pradesh reported that 171 girls share 100 beds at the shelter home, of which 57 are infected with the COVID³⁰. (ii) Alternatively, there are CSO-run shelter homes that are being offered as safe accommodation, along with psycho-social support and referral services to assist women survivors of violence. However, as stated above, coordination with local police to reach out to women in need of support has been challenging.

In these exceptional times, it is imperative for the Government to establish a dedicated and effective police presence to monitor orders for protection and arrange for substitutes to shelter homes, such as private housing, hotels, faith-based institutions etc, with strict adherence to norms and protocols to ensure their safety from further victimization and from COVID. (iii) Information about availability and access to services were also provided by women's groups on their websites.

5. Are protection orders available and accessible in the context of the COVID-19 pandemic? Yes, the Government of India along with its state and nodal ministries are advocating for the protection of aggrieved women and have taken up these measures to ensure their protection:

(i) The Ministry of Women and Child Development (MWCD) issued advisories to Chief Secretaries/ Administrators of all States/ UTs and District Collectors/ District Magistrates of all districts regarding One Stop Centres and Women Helplines-181, 112 to remain operational during the COVID-19 lockdown period, with guidelines for the Protection Officers to continue to provide services.

(ii) The Ministry of Home Affairs has issued an advisory for women's homes being exempt from COVID-19 lockdown with the support of necessary staff.

(iii) The Ministry of Health and Family Welfare in collaboration with "NIMHANS" has started a helpline 080 – 46110007 to provide psychological support to victims of domestic violence.

(iv) The Ministry of Information and Broadcasting has issued an advisory to all private satellite TV channels and FM Radio channels to give adequate publicity to the emergency response helpline number 121 on women safety and persons in distress.

(v) The Delhi Commission for Women (DCW) set up 3 government run women institutions and has given recognition to 14 NGO-run Women Shelter homes. DCW has taken measures regarding the complaints of domestic violence by supporting through offering advice to callers, providing immediate assistance at the time of emergency, providing the mobile helpline (MHL) through mobile helpline counselors.

They have also introduced a WhatsApp Helpline Number 9350-181-181 and is being widely publicized. In serious assault/sexual assault cases, Crisis Intervention Centre (CIC) through rape crisis cell counselors accompany the aggrieved person to the police station, hospital, etc. However, given the insufficient budgetary allocations and multi-sector coordination with relevant sectoral response actors, the implementation of protection orders and guidelines face huge challenges. Further, women's organizations have observed serious gaps in training and sensitization of all protection officers, state agencies and stakeholders under the **Protection of Women from Domestic Violence Act 2005 (PWDVA)**, including lack of quality legal services for women, appointment of adequate independent protection officers and service providers, for appropriate urgent action.

What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence? Women's access to justice has been impacted due to the lack of effective support services.

(i) The Supreme Court of India has issued directions for the functioning of courts through video conferencing during the lockdown. The Court directed the State officials of the National Informatics Centre (NIC) to liaison with the respective High Courts and formulate a plan for the virtual functioning of courts where participants take part in proceedings using telephone or video conferencing facilities.

(ii) To help victims of domestic abuse during the lockdown, the Delhi State Legal Services Authority (DSLISA) is collaborating with Mother Dairy booths, pharmacists and chemists throughout the national capital for information on such victims and also launched an app to deliver legal aid to these individuals. The idea behind involving mother dairy booths and chemists is to report back to DLSA in case they come across any information about someone going through domestic violence. DSLISA has also tied up with anganwadi and ASHA workers who might come across domestic violence cases in their areas. DLSA also set up a phone number (+91 96679 92802), which can be reached through messages on WhatsApp and SMS. Over 700 domestic violence-related cases have been reported so far from across the country during the lockdown.

(iii) While the court orders and Ministry advisories have taken into cognizance the rise in cases of violence against women, there are no special measures towards expediting the cases of domestic and intimate partner violence; or support to women survivors of violence to file a case and appear for online hearing. With the vast digital divide that keeps most vulnerable and marginalised women at a distance from online legal aid and provisions, coupled with lack of safe space within households, justice sector remains inaccessible to most women.

7. What are the impacts of the current restrictive measures and lockdowns on women's access to health services? Please specify whether services are closed or suspended, particularly those focusing on reproductive health.

(i) The pandemic has severely impacted healthcare systems that are already stretched and overburdened, all across the globe. In India, citizen's networks and NGO documentation draw attention to disruption and reduced

access to primary and secondary health services, as a consequence of restricted mobility measures, incapacitated and under resourced health systems.

(ii) While the Government of India has allocated USD 260 Billion, which amounts to 9.8 per cent of India's gross domestic product, towards COVID-19 Relief and Response Package, services and resources for sexual and reproductive health (SRHR) are diverted to deal with the outbreak, which has resulted in increased burden on women and other vulnerable sections of the society. India is witnessing a breakdown of healthcare services for pregnant and lactating women, or those with pre-existing health conditions.

(iii) Reproductive health services have been severely impacted by the COVID 19 lockdown, resulting in unwanted pregnancies, unsafe abortions and maternal deaths. Estimates by FRHS India indicate that anywhere between 24.55 and 27.18 million couples have not been able to access contraception during the lockdown period, resulting in between 1.94 million and 2.95 million unintended pregnancies, around 1.44 million abortions of which around 834,042 would be unsafe abortions. And maternal deaths resulting from lack of access to reproductive health services would be around 1743. And in worst case scenario around 2165. There have been several reports from across the country of minors becoming pregnant during this period and put to severe difficulties and having to even seek legal recourse to access abortion services. Stigma and confidentiality are huge issues related to abortion seeking.

Minors and caregivers are reluctant to report cases of unwanted pregnancies in the current scenario as they are concerned about the minor being taken to public places like police stations and hospitals.

(iv) Though India does not have gender-disaggregated data on gendered impact of COVID-19, documentation by media and CSOs point out that women are impacted as healthcare workers at the frontlines, as users of health services and in accessing their sexual and reproductive rights. Media documented the incident of death of a COVID positive pregnant woman in the state of Uttar Pradesh who was refused treatment by eight hospitals before she died in an ambulance³⁵.

(v) A UNICEF survey noted that home deliveries may have risen to 10 times the normal. Their field assessment in Chhattisgarh revealed that even in the initial stages of lockdown institutional delivery dropped significantly with just 2,813 births in March 2020, as against 37,630 in February 2020³⁶.

(vi) India's lockdown and lack of clear guidelines have caused severe disruptions in access to healthcare services. Procedures including routine check-ups, scans, institutional deliveries, and follow-ups are severely affected, leading to the increased suffering and eventual deaths of pregnant women.

(vii) Further, basic necessities such as sanitary napkins for women and girls is not recognized as essential items, which is universally available and accessible. The strain on supply chain has considerably affected services and commodities for menstrual health and other aspects of SRHR.

(viii) Women who make for 85% staff strength of the nation's health workers, India's 'Corona Warriors' as titled by hon'ble Prime Minister, have been exposed to a greater degree of risk than their male counterparts, with minimal protection against the Virus, lack of access to PPE kits and unreasonable working shifts. This is true for frontline workers – the Accredited Social Health Activist (ASHA). Asha workers, who have been tasked with the duty of conducting door-to-door surveys of people suspected of being infected with COVID-19, have been not just exposed to the virus itself but subjected to abuse and assault on the field. In April alone, reports of assault on **Asha workers** came from 3 cities in India.

8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns. With the understanding that no country has been fully prepared to address the COVID-19 pandemic, in India the issue has escalated due to lack of preparedness of the national and sub-national governments to address VAW during disasters and humanitarian crises. During the current times, the existing resources for VAW services, including human resources, were primarily used to respond to the health emergency and food security crisis. Some of the challenges documented by Women's Organisations are: Limitations of in-person/ physical/ real-time services for survivors of violence.

(ii) Lack of availability of innovative technology enabled solutions and platforms for accelerating and expanding outreach of services to women survivors of violence.

(iii) Lack of standard operating procedures and capacities on responding to VAW among functionaries and officials during humanitarian crises.

(iv) Lack of access to SRHR services for women and girls, particularly for survivors of violence.

(v) Lack of prioritisation of gender-specific needs, women's safety and health into preparedness, response, recovery and post recovery plans, policies and strategies.

(vi) Limited or no resources for service delivery system, and gaps in coordinated multi-sectoral response.

9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by Governments.

(i) In the instance of government established helplines for women survivors of violence and options for reporting abuse and seeking help, the National Commission for Women (NCW) strengthened its existing online and mail mechanisms of reporting crimes against women. The Commission introduced a WhatsApp enabled helpline number during the national lockdown period to increase its outreach to women survivors of violence, to ensure confidentiality and immediate support. However, in a recent media report³⁸, the Commission sidestepped the increase in VAWG incidents during the lockdown, quoting that rise in domestic violence numbers is a matter of increased reporting by women, with most cases being of violence having occurred prior to the national lockdown. Further, NCW claims that newer ICT based platforms have provided easy access to reporting formats.

(ii) The Ministry of Women and Child Development is conducting periodic orientation workshops through video conferencing mechanisms on the “Safety and Wellbeing of Women-Interaction with One Stop Centres, Women Helplines and Women Homes Menstrual Hygiene for female migrant labour, quarantine and Shelter Homes” in the context of the pandemic .The sessions include

- (a) Medical Advice for participating institutions and women beneficiaries;
- (b) Menstrual hygiene for female migrant labour, quarantines, shelter homes;
- (c) Psycho-social advice for participating institutions and women facing violence or distress; and
- (d) Legal Advice for participating institutions and women facing violence, especially domestic violence.

9. Please provide examples of good practices to prevent and combat violence against women and domestic violence and to combat other gendered impacts of the COVID-19 pandemic by NGOs and NHRIs or equality bodies.

(i) Women’s Organisations have been directly working to prevent violence against women and respond to instances of violence. Various organisation in their respective capacities have been providing messaging about protecting oneself, how to report, role of bystanders, providing psycho-socio-legal support to survivors with advocating with the local community, families and the state. Even during lockdown period, women’s groups and community leaders shifted to providing tele-psychological, and legal counselling services, referral services, publicizing helpline numbers, police station numbers over the phone and WhatsApp, social media and in the communities where they work.

(ii) A New Delhi based organisation shared about an online leadership training programme they conducted with girls, young women & men to face the upcoming challenges, including disseminating COVID-19 information, busting superstitions, and promoting nondiscrimination attitudes.

(iii) A Gujarat based Women’s Organisation that runs Gender Justice Centres at district level is addressing issues of physical and sexual violence and facilitating medical guidance and support for women’s sexual and reproductive health problems, including sexually transmitted infections and unplanned pregnancies. In an initiative to build new mechanisms the organisation’s grassroots leaders are making regular follow up calls to women survivors and their partners to ensure that no new episodes of violence occur and to establish that the woman is not alone.

(iv) Conversations with community members are held through phone calls and small informal meet ups (following the social distancing norm) to address tensions that may arise due to lockdown and ensure that women are staying in touch. Women leaders are also seeking out administration and police help in order to immediately report cases of severe violence. Conversations with community/ religious leaders are being held to make them responsive agents to counter and prevent violence against women.

10. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above. Various reports and documentation by Women’s Organisations have highlighted emerging trends and newer forms of VAWG.

(i) A lot of superstitions related to COVID-19 are highlighting the role of structural patriarchy and son-preference. Girls are being forced to follow rituals for the good health of their brothers and/or fathers.

(ii) Economic abuse – The nature of overstressed household economy has forced women to return to parental families, seek support or to borrow from local money lenders for cash support. With loss of jobs of male members in the family, women are being pressured to take up the responsibility of subsistence livelihoods, manage household supplies and absorb the crisis of food scarcity.

(iii) Community-based organizations highlighted the increased pressure on girls to re-think marriage as the way out, in the times of the crisis; this would relieve parents of their additional burdens – given that girls are seen as a burden. This is especially so for young women / girls who were pursuing their education or earning a livelihood and could delay their marriage options Since the future of education and livelihood seems uncertain now, early and forced marriages may become a preferred option.

(iv) According to a UNICEF report, incidents of incest have also increased during the lockdown, as women and girls, as they are in confined spaces with the abuser, with no means of escape. Structural discrimination,

exclusion and violence against the marginalized SOGI persons by society and families has been pointed out by queer feminist organizations. There has been a rise in hate crimes against the transgender community, who are also stigmatized as potential carriers of the virus. Anecdotal references point out to increased mental abuse by parents and families during the lockdown to conform to gender binaries and dress in ways conforming to assigned gender. Women with disabilities too are facing huge barriers in accessing services and support. NCW recently convened a webinar consultation with groups across the country on Mainstreaming Women with Disabilities.

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