

Responding to Domestic violence during lockdown

Aman Global Voice of Peace in the Home- A network of organizations and individuals

Contributors:

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Context

- Prevalence of domestic violence and rape is high in India. Those reaching support services are tip of the iceberg.
- As per NFHS- 2015-16, 1 in 3 women experiencing domestic violence
 - Prevalence of DV known to be high
 - Only 14% women had sought any form of support
 - This has reduced by ten percentage points (from 24% in 2005 to 14% in 2015) – cause of concern?

Background

- The nature of the public health strategies to counter the pandemic such as lockdowns/quarantine poses specific challenges for VAW service provisioning as survivors of VAW may not be able to access services due to restrictions on movement and closed centres/ clinics. At the same time, it is known that violence against women tends to increase during all emergencies including epidemics.
- CSOs in India responded to this crisis by re-strategising the provisioning of support services for survivors of violence.
- 18 CSOs most of whom are members of the Aman Global Voice of Peace in the Home- A network of organizations and individuals, have consolidated their experiences of responding to VAW during the period 24th March 2020 to 15th June 2020

Source of data

- 18 CSOs responded to a short survey form for collecting data on services provided to survivors of violence during lockdown
- States where the organisations were operational-
 - Assam, Bihar, Delhi, Gujarat, Haryana, Jharkhand, Madhya Pradesh, Maharashtra, Meghalaya, Nagaland, Rajasthan, Tamil Nadu, Telangana, Uttarakhand, Uttar Pradesh, West Bengal,
 - Pan India Helplines by CSOs
 - Coverage: 16 states and 33 districts

Number of survivors who sought support during lockdown (24 March to 15 June 2020)

- Number of survivors supported – 4760
- Increase in numbers by 20% to 68%
- Two organisations reported that numbers increased by 3 to 4 times.
 - CORO Indian(Maharashtra and Rajasthan) and Nirantar-(Bihar)
- Observation:
 - Those who actively disseminated information about their services through various fora have recorded an increase in numbers
 - Others have continued to receive cases through the lockdown but have noted a dip as women were not able to reach or call

Triggers for violence

- Presence of perpetrators 24x7 in the home
- Loss of jobs/income of perpetrators leading to inability to support economic needs of the family
- Crisis food, poverty, alcohol (beating because of too much to drink or not being able to drink)

Re-strategising response during pandemic

- Moving to tele-counselling
 - One org set up 9 new helpline-SWAYAM in Kolkatta
 - Sakhis at village level were given mobile allowance
- Training for staff (online or telephonic) on specific skills to respond to survivors over phone and ways to maintain privacy and confidentiality
- Following up with survivors to inform them about available services
- Linking up with front line workers at community level such as ASHA, Anganwadi workers, grassroots women leaders and others engaged in relief work so that they could inform women about services available

Advocacy with government to declare VAW services as essential

- Government Order (GO) for hospital based centred under National Health Mission issued in last week of March by Municipal Corporation of Greater Mumbai, similarly Sukoon centres of Haryana under NHM were functional from last week of March 2020
- GO in Rajasthan for OSCs and Mahila Salah aur Suraksha Kendra (MSSK) issued on 8th May 2020
- GO in Assam on 21 May 2020 with clear Standard Operating procedures for helplines, OSCs, shelters, Protection officers. Task force set up on 2nd June for monitoring services and compliance to SoP .

Dissemination of information

- Social Media platforms such as face book, twitter, What App and also engaging celebrities
- Radio, TV, Posters in local language
- Outreach by organisations-
 - Survivors were informed about available services
 - Community at large were informed about existing services
 - Phones numbers of helplines/counsellors were given through ration packets that were distributed
 - Communication materials such as posters on issues of superstition, racism and domestic violence.
- Volunteers engaged in awareness and relief work for Covid 19 gave information on available services
- Engaging panchayat members and Mukhiyas

Other services

- 4 organisations were directly involved in relief work, arranging food and other material while the rest coordinated with existing relief services
 - 2823 women survivors were provided with ration kits and 120,000 Sanitary napkins directly and through other organizations

Mode of Contact

- Mostly by phone but also through email, facebook, twitter
- In person
- Women reached hospital based facilities in Gujarat, Mumbai and Bihar

Forms of violence

- Domestic violence- physical, emotional, sexual, economic
 - Perpetrators- Husbands, marital and natal families
 - Severe physical abuse to taunts, extreme control over daily routine, burden of housework and care work,
 - Women were thrown out of the house (at least 50 reported here)
 - Dowry murders
 - Adolescent girls not being allowed to join online class
- Abuser not following preventive measures (use of mask, washing hands, staying home) and demanding sex
- Rape cases- adult women as well as children
- Attempted suicides
- Cases of inter caste and inter religious marriages needed support
- Violence from neighbours, landlords

Forms of violence -contd

- Sexual harassment outside home- public toilets were closed during pandemic and so women and girls had to go out to defecate- pictures/videos being taken, clothes torn, harassment
- Cyber crime, exhibitionism via Instagram, threats to expose intimate moments online
- Forced evictions
- No documentation so could not access food packets
- Stress due to lack of information about the disease
- Fear of disease

Interventions facilitated by CSOs

- Safety planning-
 - involving family, resident associations, ward members
 - numbers of local police, Mukhiya, district collector,
 - Keeping in touch with the survivor
- Police
 - Facilitated lodging of FIR in few cases
 - Asked women to call police helpline and then spoke to the police when they reached her residence
 - Counsellors called local police stations and helplines
 - Passes/permission for safe passage for survivors to access medical care or move to safe place
 - Facilitated police transporting women to safe homes

Interventions facilitated by CSOs contd

- **Medical**
 - Facilitated access to MTPs, treatment of injuries in public hospitals
 - Urged private doctors to provide care as public hospitals were completely burdened with Covid work
 - Distribution of Sanitary pads and contraceptive pills
 - Provided support to covid positive patients – access to beds and treatment
- **Shelter**
 - Required repeated calls, coordination and escalation to senior officials
 - Lack of transportation was a major barrier in accessing as all districts don't have a shelter
- **CWC**
 - 2 cases where CWC was contacted
- **Legal Advice**
 - Consultation with lawyers over the phone
- **Mental Health Services**
 - Provided therapy on the phone to survivors and their children
 - Family counselling over phone

Response of state agencies

One Stop Centres at district level

- No directive about how to respond during this period- example-5 days shelter was impractical but the OSC staff had no clarity about the same and what to do
- Where functional not accessible
 - Gujarat- survivors could not go to district level for shelter
 - Mumbai- OSC was functional but temporary shelter was not available due to Covid
 - Telangana and Haryana –Sakhi centres were functional
 - Assam -Functional by end of May after issuance of SoP
- Reality- Not functional in most states. No OSC in West Bengal
- Difficult to access as these are at district level and not block.
- **Opportunity lost** : could have been made functional through clear directives about shelter provision, tele counselling, medical care, access to contraceptives, sanitary pads, linking up women to relief services. As per OSC directory (20th May 2020), 684 of the sanctioned 728 one stop centres (OSC) are functional across the country.

State helplines -womens helpline, police helpline (181, 112, 102, 100)

- There is no national helpline for women but states have their own.
- Where it was functional
 - Women's helpline and Protection Officers were responding in Vaishali district (cases were documented, joint meeting with abuser to stop violence)
 - Gujarat women's helpline recorded double the number of calls
 - Rajasthan – police helpline was responsive
 - Assam- 181 was accessible
- Women's helpline -181- was not functional in most states- calls were not answered or when answered the response was that they should resolve it themselves as it is “Corona time”, they cant do anything

State helplines.....contd

- Police helpline- mixed response. Some states this was functional whereas others it was not.
- Good initiatives
 - Govt of Maharashtra in collaboration with Akshara, ran a campaign on DV during lockdown involving celebrities. As part of this information about helplines was disseminated.
 - SWC Kolkata provided a helpline number for a similar campaign in Kolkata

Protection Officers

- Reality
 - Not functional- were asked to work from home, had no means of transport, no guidelines on what to do, were assigned covid duties
 - Had to be persuaded to record complaints
 - Opportunity lost- could have played an important role in documenting and facilitating support

Police

- Overwhelmed with COVID duty but the only system that responded
- Mixed response across states – responsive or responded when persuaded or when matter was escalated to senior officials,
 - Filing FIRs and NCs/GDs
 - Reached the residence, spoke to abuser
 - Transporting women to safe place,
 - In 3 cases where women were thrown out of the house they spoke to family and
 - Rescued women from violent homes,

Most CSOs had to deal with a common response that trivialized DV by saying that the nation has a huge calamity to deal with ('Is mahamari mein gharelu hinsa kyun report kar rahe hain')

Health

- Hospitals were overburdened with Covid work
- Services at PHCs, CHCs were not available as all staff –ANMs and ASHA were given full time Covid work
- OPDs were closed across the states as only essential services were functional.
- Ambulance service even for women in labour was inaccessible
- Access to ANC, abortion, contraception severely affected

Shelters

- Refused to admit any new inmate due to fear of COVID
- Asked for Covid test which was not possible as only symptomatic cases were being tested. Cost of test in private lab was INR 4500
- Only by escalation to senior officials of MWCD, shelter was arranged in a few cases in Maharashtra, Gujarat and Kolkatta
- Shakti Shalini continued to provide shelter

Courts

- Were closed across all states, where HC were functional- cases of crimes against women were not seen as priority
- Haryana set up a special legal cell that was working for VAW

Challenges

- Most state agencies just shut down during lockdown- there was no clarity on how to access, what to do. It took about 1.5 months post the lockdown on 24th March, for some government offices to open up.
- With abusers at home, women found it difficult to reach out for support
- Interventions were severely constrained
- Mobility was a concern for survivors as well as CSO staff
- Non- recognition of domestic violence during pandemic as a public crisis
- Lack of coordination between GO and NGOs. Non recognition of service providers registered under PWDVA.

Recommendations

The pandemic will continue and therefore specific steps must be taken now to address VAW as a public crisis

- Declaring VAW services as essential-
 - specific guidelines for OSCs, helplines, Protection officers, to actively respond to VAW – document, coordinate services
 - Mobility passes must be issued to organizations as many of them are located in rural areas and they can reach out to the farthest aggrieved woman and girls, in remote areas.
 - Special directives for women with psycho-social difficulties and affected by violence must be issued
 - Shelters- clear guidelines of what to do during COVID times both for current inmates and new ones. OSCs can extend stay beyond 5 days if required
 - Court- domestic violence cases need to be expedited, so that survivors are able to access residence and/or protection orders
- Set up task force at block, district, state and national level for monitoring services
- Information about VAW services should be part of all COVID advisories, awareness and relief work
- All functionaries involved in COVID response should also be informed about availability of VAW services

Recommendations

- Survivors of violence are facing the additional stress of food insecurity, loss of incomes and livelihoods. All social protection schemes including PDS, MNREGA, Cash transfers and other schemes for economic empowerment must include women survivors of violence as a special category.

Challenges in Responding to VAW during lockdown -Tool for data collection:

1. Name of the organisation
2. Geographical area of operation
3. What were the specific steps taken by your organisation to prepare yourselves to respond during these times? (*moving to tele counselling, contacting survivors over phone, training of staff, specific strategies-dealing with privacy and confidentiality, awareness about your services/ awareness at community level*)
4. How many women approached you in the period starting from 24th March to 15th June 2020? (*average monthly case load before and after lockdown*)
5. How did they get in touch with you? (*who referred them to you, mode of contact*)
6. Describe the kind of problems/violence reported by women who contacted you during this period.

Tool- contd

7. What were the interventions provided by your team? Safety for stopping violence
 - a. Lodging a complaint
 - b. Medical needs for any injury or health problem or assault
 - c. Support for any letter/pass for moving out of the house
 - d. Shelter
 - e. Access to food/medicine/grocery
 - f. CWC
 - g. Any other
8. What was your experience with the responses of the state agencies (*were they open/closed, accessible,)*
 - a. OSC
 - b. Womens helpline
 - c. Protection Officers
 - d. Police
 - e. Court
 - f. Health
 - g. Shelters
9. What were the challenges faced in supporting survivors of violence and in dealing with state agencies?
10. What are your recommendations to the government