

Call for submissions: COVID-19 and the increase of domestic violence against women

To the United Nations Special Rapporteur on violence against women, its causes and consequences, Ms. Dubravka Šimonović

SUBMISSION BY AMAN GLOBAL VOICES FOR PEACE IN THE HOME

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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.**

According to data shared by the National Commission for Women, there has been a 2.5 times increase in cases of Domestic Violence (DV) registered between February 27 and May 31. During this time, the Commission received 1477 DV complaints.¹ In April and May 2020, 47.2% of all cases received by NCW were of DV as compared to only 20.6% of DV cases between Jan – March 2020².

Data from 18 women's organisations³, (14 of whom are part of the network Aman: Global Voices for Peace in the Home) showed that 4847 women approached them for help due to Domestic Violence during the lockdown, between 24 March and 15 June 2020. This reflected an increase of between 20-68% in Domestic Violence cases during the lockdown, as compared to cases these organisations had dealt with before the lockdown, with two organisations showing an increase of 3-4 times⁴. 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. The difference has been that most cases contacted groups over the phone, some through email and very few through direct contact since the lockdown meant restricted mobility and lack of transport.

Data shared by Abhayam 181 helpline for women in Gujarat revealed that during the 69 days of lockdown, the phones literally rang off the hook with 9420 women calling to report domestic violence-including physical and verbal abuse. This translates to nearly one call every ten minutes. The first eight days of lock down in March recorded 87 cases daily in Gujarat which shot up to 148 daily in May recording a significant jump of 70%.⁵ In a survey conducted by Tamil Nadu Women's Collective, 81% of rural families in Tamil Nadu suffered Domestic Violence⁶. In Lalitpur District in Bundelkhand, of the 20 cases handled by Sahajni Siksha Kendra, 8 women were

¹ <https://www.thehindu.com/news/national/ncw-records-sharp-spike-in-domestic-violence-amid-lockdown/article31835105.ece>

² <https://timesofindia.indiatimes.com/india/domestic-violence-accounts-for-over-47-complaints-to-ncw-in-lockdown/articleshow/76161829.cms>

³ AALI, Aakanksha Seva Kendra, Alternative Space Women's Collective, Breakthrough, Care India, Cehat, CORO, Humsafar, North East Network, Nirantar, Sangini, Sahajni Siksha Kendra, Swayam, SWATI, Vishakha, PCVC Dhvani, My Choices Foundation, Sukuoon

⁴ Nirantar, New Delhi and CORO, Mumbai

⁵ <https://timesofindia.indiatimes.com/city/ahmedabad/a-call-of-domestic-violence-every-10-mins/articleshow/76338518.cms>

⁶ <https://www.thehindu.com/news/national/tamil-nadu/81-of-rural-families-in-tn-suffered-domestic-violence-during-lockdown-survey/article31915775.ece>

killed by their family members. Other factsheets, datapoints and news reports with information and data on the increase in Domestic Violence across the country are attached as Annexure 27. In Assam, the helpline 181 recorded 16 calls more daily in comparison to the normal days. The helpline received 11,988 calls between January 1 and March 23, 2020. It received 3,863 calls during lockdown till 17th April 2020.⁸

We need to remember that this is just the tip of the iceberg since many women have been unable to access help or support services due to lack of access to a phone, close proximity of the abuser, absence of transport and lack of response from state agencies. The real extent of domestic violence will only be visible after the lockdown is totally lifted and women are able to step out and contact organisations/state agencies.

Forms of violence reported

Women reported an increase in severity of physical violence as well as increased levels of emotional, sexual and economic abuse. These included dowry murders, severe beating, denial of food, money & shelter, sexual abuse by family members, forced sex resulting in injuries inflicted on their bodies and private parts, unprotected sex leading to unwanted pregnancies, restrictions of their mobility and contact with parental family, verbally abusing her and parental family, denying medication, demand for dowry, not allowing her to go for health check-up, attempt to murder, character assassination, suspicion and accusation of extra marital affairs, flouting his extra marital affairs, threats of murder, threats of throwing out of the house, forcible eviction from the home, forcing her to travel whilst pregnant in a truck resulting in a miscarriage, attempts to usurp their property, non-payment of maintenance and usurping ration cards. Cases of mortgaging of jewellery, selling livestock and agri tools and equipment's by male members of the family to buy liquor were also cited as reasons for friction leading to domestic violence.

Another form of violence faced by women included the abuser not following any lockdown norms, not wearing a mask, going out, coming home and not washing hands or bathing and then insisting the woman had sex with him. The women were terrified of the impact on their health and that of their children.

Older women reported abuse by their sons, including physical and mental abuse and deprivation of food and shelter. There was an increase in natal family violence on young unmarried women as well as on women who have faced violence and returned to their parental home. There has been an increase in children witnessing violence at home and violence faced by children also increased. Besides, with abusers, children and other members of the household at home all the time, women reported excessive housework and care-work leading to enhanced tensions and violence.

Women from all age groups and backgrounds who were facing violence in their family be it marital family or natal family reached out for help. Women from upper class who otherwise do not open up and come forward to seek help, reached out as it was easier for them to talk on the phone. Many women and children disclosed their abuse for the very first time because they were spending more time at home with the abuser and not getting any support from outside world which was available in non COVID times.

Triggers

The main reasons cited for the increase in violence was the presence of perpetrators 24x7 in the home, loss of jobs/income of perpetrators leading to inability to support economic needs of the family and a crisis of food; poverty, alcohol (beating because of too much to drink or not being able to drink), lack of availability of drug/bidi, suspicion on women's 'character', extra marital affair of perpetrator, use of mobile in husband's presence, talking to relatives or friends for long time, not being able to discipline children, demands from children for goodies and demand for money by the wife for buying rations and other cooking essentials.

The lockdown has multiplied the factors contributing to domestic violence while reducing the outlets from this abuse. Restrictions on mobility has increased women's social isolation and dismantled the traditional support

⁷ Annexure 1-6: Factsheets, data points, media coverage

⁸ (<http://www.assamtribune.com/scripts/detailsnew.asp?id=apr1820/city051>).

mechanisms. The data indicates that stay at home/ movement restrictions aimed to contain the spread of the virus has made violence at home more frequent and severe.

Despite the evidence of increase in Domestic Violence, there has been resistance from the Ministry of Women and Child Development in acknowledging the spike in Domestic Violence. Despite several representations by civil society organisations and women's groups working on the ground, citing data and experience, the department has maintained that all services are functional.⁹

2. Are helplines 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?

With the restrictions on mobility, confinement within the home, presence of abusers at home 24x7 during the COVID-19 crisis where stress and vulnerabilities have heightened, there has been an increase in the cases of Domestic Violence coming to most helpline's run by civil society organisations, Human Rights Institutions and State institutions like the National Commission for Women (NCW).

Government helplines:

181 is advertised as a National Helpline number for Domestic Violence by the Government of India. However, 181 was not instituted in all States of India even before the COVID 19 crisis. States like West Bengal and Maharashtra do not have a 181 number.

During the crisis, the experience of those States where 181 was instituted was varied: in some states like UP, Jharkhand, Uttarakhand the 181 helplines were shut down. Women often prefer to resolve their cases by means of an alternative dispute resolution and 181 was one of the key systems where social mediation between the parties took place in UP. The UP Government, in June 2020, in the midst of the pandemic, closed down the 181 women's helpline. This severed women's access to state systems where they could expect to engage in rights based alternative dispute resolution. In UP, the helpline was setup to coordinate with one stop crisis centres and equipped with rescue vans, yet even before the closing down, it was completely unresponsive in some districts as women's cases were not taken up no provisions were made for operators to access the call centre or software¹⁰.

In others like Haryana, Delhi, Bihar, women's helplines were working but unable to help because they did not have any back up support and asked women to seek police help at the local level. In MP, they said that 181 worked only as a helpline for Corona related queries, and the 1090 helpline was constantly engaged and difficult to get through.

In Gujarat the 181 helpline was functional and reported one call every 10 minutes! Vaishali district Women's Helplines responded by documenting cases and holding joint meetings with abusers to stop violence.

Government help lines run by various agencies like One Stop Centre, Special Cell for women and children and the police helpline (103) were functional in Maharashtra during the lockdown. The Women and Child Department in collaboration with Tata Institute of Social Sciences and i-call launched a helpline number for survivors of violence in Maharashtra- "Mala Bolaincha Aahe".

Some States have different helpline numbers, like 112, 1090, 1091 etc but most of these were not functional. Based on data from survey conducted by AALI across 3 states to map the increased vulnerability of women at the grassroots during COVID-19 – 88% of respondents who faced violence and approached government helplines like 112, 181, etc. got NO response from them¹¹. On the few occasions that 112 helpline was responsive to the

⁹ <https://indianexpress.com/article/india/irani-debunks-claims-of-lockdown-leading-to-increase-in-domestic-violence-6448394/>

¹⁰ <https://en.gaonconnection.com/the-downside-of-the-lockdown-domestic-violence-cases-are-going-up/>

¹¹ See Annexure 1 – AALI VAW factsheet

calls and reached the spot of incident, they sought the social mediation route mostly and were not keen on pursuing filing complaints, even in cases of sexual violence against children.

Whilst police helplines in many states were functional, like in Rajasthan and Maharashtra their response was varied. Many women shared that police helpline is not very responsive and asked survivors to go to nearby police station and lodge complaints. Sometimes they reached out to survivor but no concrete intervention was done, sometimes they spoke to abuser but active follow up was lacking to ensure safety of women in situations where women cannot step out of the house due to mobility and other restrictions. This is not the normal time where reaching to police station is safe and easy.

Seeing the increase in cases the National Commission for Women (NCW) launched a WhatsApp number - 72177135372 - on April 10 to report domestic violence on an emergency basis during the lockdown. The commission constituted a special team to handle these complaints on a fast track basis. The NCW whatsapp helpline acknowledged the complaint sent but not much further action was taken on the complaint. The West Bengal State Women's Commission helpline responded to complaints over the phone.

The lack of a national helpline number for women created a major problem because women across the country did not know which number to call if they did have access to a phone.

Civil Society Helplines:

Immediately after the lockdown, responding to the fact that women would not be able to reach centres to access services, civil society organisations across the country announced their helpline numbers and publicised them through various social media, radio, television, e mail and other means. More than 50 organisations put out multiple helpline numbers, some of them functional 24x7, some of them catering to survivors across the country. These helpline numbers were collated statewise and posters circulated. Helplines to provide intervention and mental health support were instituted.

3. Can women victims of domestic violence be exempted from restrictive measures to stay at home in isolation if they face domestic violence?

No specific provision exempting women from restrictive measures to stay at home in isolation if they faced domestic violence was publicly announced by the Government. Hence women faced a lot of difficulty in seeking help and reaching safe places due to lack of transport, money, support services and shelter. National Commission for Women's initial experience revealed that many women who faced domestic violence shared that had they known about the in advance, they would have gone to their natal family or a safe space before the lockdown. This shows the helplessness among women facing domestic violence.

Due to domestic violence, many women had to flee their homes or were thrown out of their homes and take shelter with friends, relatives, in hotels and other shelters. For example, of the 143 cases of domestic violence followed up by Swayam, Kolkata between 20 March and 31 May 2020, almost 30% (42) were thrown out or had to flee home; and of the 71 cases of domestic violence registered with Swati, Gujarat, between 19 May and 18 June 2020, 13 women were forced to leave home. Many of them had to walk long distances to reach safe spaces, sometimes with little children in tow; a few were helped by the police after intervention by women's groups and others had to organise personal transport through friends and relatives with great difficulty, cost and risk. Some had to pay exorbitant amounts of money and break journey upto 7-8 times to reach safety. Some had a safe place to go to but were unable to do so due to lack of transport and money and others had to stay in the abusive home since they did not have an alternative shelter.

Various organisations addressed the issue by engaging with police and even chasing them to get women passes to travel to a safe place. But given police apathy in general and the increased burden on them during Covid times, their response was even more limited. Even if women were supported to apply for a pass, it took time.

In such situation, if women facing domestic violence were exempted from applying for a travel pass as well as provided transport, they could have easily reached a safe space. Had the government identified some agencies or authorised women's helpline to issue pass to travel at least within city, it could have helped women to reach to safe place. The abusers took advantage of the fact that women were not mobile and able to leave and continued the abuse.

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

In India, Government shelter homes have been a contested support service for domestic violence survivors. Underfunded and short staffed, shelter homes in India under the best of times fall way short of expectations and requirements. Women in need of shelter due to domestic violence or any other crisis cannot approach these homes on their own. They need a reference from the police or the court or other agencies to avail the shelter. Abandoned women, young women exercising choice in relationships and under threat of 'honor' related crimes are detained here mostly without there will are institutionalized here on orders of state and judiciary.

Since there were no clear-cut pandemic related advisory/protocol/directives for shelter home admissions, shelter home responses varied. Most shelter homes, both state and non-state continued to function with existing inmates, but almost all of them stopped taking new admissions due to fear of transmission of the Corona virus. In some cases, they would allow admission only after the woman took a COVID test and the report was negative. However, government guidelines clearly stated that COVID tests would not be conducted unless someone had symptoms or had close contact with patients in any form, hence survivors getting a COVID test done was not possible. Private facilities were charging Rs. 4500/- for COVID tests, which most women could not afford. Efforts of counsellors, negotiation with shelter homes, examination reports from hospitals stating no symptoms, explanations of how to quarantine, intervention of State agencies like the State Women's Commission and senior officials led to some shelters admitting women and children. However, no alternative arrangements were made during these times for women to be in safe space who are facing violence at home.

Owing to the scare of COVID 19, in the state of Gujarat shelter homes were asked to reduce occupancy. As a result, the authorities in some shelter homes asked inmates if they could go back. Those who agreed (under threat of COVID19) were sent back to abusive situations placing women at risk of severe abuse. In Delhi, some shelter homes were converted into quarantine centres.

One stop centres (OSC) have been set up in some districts of the country to respond to survivors of sexual and domestic violence but in the absence of clear guidelines to staff on how to function during a health pandemic, these also varied in their responsiveness to women's needs. The Ministry of Women and Child development issued a directive¹² to keep them functional some weeks after the lockdown, after which some of them became functional whilst others continued to be non-responsive. For example, in Gujarat, women could not reach the districts where the OSC's were located despite their being functional. In Mumbai, OSC was functional but temporary shelter was not available due to COVID. In Haryana and Telangana, Sakhi centres were functional. But in most other states they were non-functional. Some states like West Bengal do not have OSC's at all. Sangini in Madhya Pradesh reported that OSC's did not provide any support. They said they did not have enough staff, or any vehicle or drivers to provide support. They said they could not provide shelter to new victims due to the corona pandemic since they did not have a place to quarantine survivors. They asked them to dial 100 and police.

Given clear-cut directives, One Stop Centres could have played a critical role as a temporary shelter arrangement as well as for providing tele counselling, medical care, access to contraceptives, sanitary pads and linking up women to relief services, despite being small five bed facilities that can admit women for up to only five days. As per OSC

¹² https://wcd.nic.in/sites/default/files/Advisory%20dated%2025.03.2020%20for%20OSC-WHL_0.pdf

directory (20th May 2020), 684 of the sanctioned 728 one stop centres (OSC) are supposedly functional across the country.

A petition was moved before the Supreme Court seeking directions on measures to be taken in these State run homes, to prevent spread of COVID-19, but no concrete order was passed despite concerns of many women being lodged there without their will, overcrowding and extreme unhygienic conditions being raised¹³.

Centres like Dilaasa operating in hospitals have the scope of using hospital beds as temporary shelter service for women till a long-term shelter is arranged but was not feasible in COVID times.

A specific issue in Jharkhand was the dearth of shelter homes in the state. The state run shelter homes are located mostly in Ranchi and for women seeking shelter in the nearby area, they had to be brought in to Ranchi. Since there was a problem of public transportation during the lockdown and the state systems were not willing to facilitate such transportation women were forced to continue living in spaces where they were facing violence and abuse.

5. Are protection orders available and accessible in the context of the COVID-19 pandemic?

No. The Courts shut down across the country with the lockdown. Subsequently, they started functioning online but dealt mostly with bail matters and cases considered 'urgent' by the court. However, these but did not include cases related to violence against women and protection orders were not passed despite the serious increase in domestic violence cases.

The provisions of The Protection of Women from Domestic Violence Act, 2005 have not been operative during this crisis. Protection Officers were working from home, had no means of transport, no back up support or guidelines on how to do their work under the lockdown. Besides, courts were closed and not filing new cases or passing orders in old once under PWDVA, 2005. When they were contacted, they expressed their inability to help, and had to be persuaded to record complaints. Consequently, in reality, Protection officers were not functioning during the lockdown. This was once again a lost opportunity as they could have played an important role in documenting and facilitating support for survivors.

6. 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 was severely impacted due to near court closure in most States in the country, as women were unable to approach courts for orders. Spouses stopped paying maintenance causing economic women economic distress and inability to meet expenses, however maintenance orders could not be sought. Violence increased but protection orders could not be sought; women were thrown out of their homes, but residence orders could not be sought; children were forcibly kept back, and custody orders could not be sought. Women whose DIR were already filed had no clarification about the next date or procedure. They were struggling to get proper information. No interim order was passed to provide immediate relief. Women who wanted to file new cases could not do so.

However, in Maharashtra, for rape survivors though when the abortion had to be sought over 20 weeks, virtual courts were hearing the matter and issuing orders.

In the Jharkhand High Court, by an office order issued on 24th April 2020, cases of payment of maintenance was made part of cases on the court roster that can be heard during the COVID lockdown¹⁴.

¹³ <https://www.barandbench.com/news/litigation/consider-releasing-women-lodged-at-nari-niketan-and-shelter-homes-amid-covid-19-pandemic-supreme-court-to-government>

¹⁴ See Annexure 7

Further, by a letter issued by Registrar of the Allahabad High Court on 5th May 2020¹⁵, lower courts were allowed to be open under specific guidelines based on green-orange-red zoning of their districts. However, there is no specific mention of cases, related to GBVAW or specific to women's economic vulnerabilities or those related to family courts. It is only in the green zone that any fresh matters are allowed be filed, along with all other function while following social distancing guidelines. In the orange zone, courts could carry out all functions except fresh filings, like passing orders/judgments in cases which have crossed the argument stage. In the red zone only remand hearings were allowed. In many cases, right to protection, maintenance and residence was sought but because the courts were not functioning, no immediate relief could be provided. The DPO/PO was also not registering the cases and was only emphasizing on 'speaking' to the alleged perpetrator. Women also could not obtain the maintenance they were entitled to since the court treasury was not functional. In reality therefore, courts were shut for women.

Another option women had to reach the system with their cases of violence was the Uttar Pradesh Jansunwai portal. However, there was a difficulty in registering cases on the same as the portal asks for a compulsory e-mail ID and has a verification system that requires a One Time Password to be sent to a cell phone. Women who already have very little access to phones had to further face increasing surveillance at home. In such situations, it was a challenge to get e-mail IDs made and get the OTP verified.

The State Legal Aid Services in Uttar Pradesh and Jharkhand¹⁶ introduced schemes to provide rations and support children, single women, widows, women in distress in various ways.

In Gujarat, about a month post the lockdown, an online system for E- filing court cases was initiated and an E-SEWA Kendra to facilitate filing for those who are not internet savvy was set -up. During the lock down this was not accessible to women, as accessing an E-SEWA Kendra required travelling to court premises which was impossible for most survivors. The Protection officer shared that e-courts are not operational and everything will be heard after lockdown. Haryana set up a special legal cell to address violence against women.

The Delhi high court recently directed the state and Centre to take measures to protect women from domestic violence, following a petition filed by an NGO. The Centre, Delhi government and the national and state commissions of women submitted status reports on the action taken against domestic violence, including spreading awareness about helpline numbers, shelter or one-stop homes as well as appointment of protection officers, which the court reviewed on April 25. ¹⁷ However, many women facing abuse want to go to their parental home, but during the lockdown, they can only be sent to state-run shelter homes, where the risk of overcrowding and poor hygiene puts women at a higher risk of getting infected.

The Delhi government told the court that on April 12, that it has put in place a protocol to tackle cases of domestic violence during the lockdown: once a survivor reaches out to the helpline (181), the telecaller will take down her complaint and then forward her case to a counsellor who is required to establish a phone communication with her on account of the lockdown. The counsellor is empowered to conduct sessions with the woman and her spouse or family if required. However, in case the woman is a victim of sexual or physical assault, the telecaller is required to inform the police about the case and assist in filing a First Information Report. The counsellor is further required to inform the protection officer — Delhi has 17 — to allow them to file an incident report¹⁸

¹⁵ See Annexure 8

¹⁶ See Annexure 9 & 10

¹⁷<https://www.hindustantimes.com/india-news/domestic-violence-during-covid-19-lockdown-emerges-as-serious-concern/story-mMRq3NnnFvOehgLOOPpe8J.html>

¹⁸<https://www.hindustantimes.com/india-news/domestic-violence-during-covid-19-lockdown-emerges-as-serious-concern/story-mMRq3NnnFvOehgLOOPpe8J.html>

Delhi High Court declared POs, 181 Helpline, OSC as essential services vide its order dated 24/04/2020 but no further directions were issued.

It is only the High Court of Jammu and Kashmir that took a Suo Moto cognizance of the rising vulnerability to gender-based violence and passed an elaborate order.¹⁹ But the implementation of the same is unknown currently.

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.

Access to health services was disrupted initially as most of the government hospitals were taking only corona cases. All OPDs were closed across states initially but women had no information about alternative services. Hospitals were only taking in women for delivery. Ambulance services even for women in labour were inaccessible. Women who were pregnant had no clarity whether ANC OPD's were functional or not. In some hospitals, the ANC OPD was suspended and in some they stopped taking new registrations or were taking less new ANC registration. There were reports of women who were pregnant and detected with COVID having to go to 8-10 hospitals before they were admitted, or dying in the process because hospitals would not accommodate them.

Women and children who were reaching the hospital for abortion services were not getting access and were being asked to come after lockdown, despite knowing the fact that MTP would not be possible post 20 weeks. The health department announced MTP as an essential service, yet access to it was challenging for survivors of violence. Some women who needed MTP's could not avail of them.

There were reports of ASHA's- Accredited Social Health Activist, who are in charge of reproductive and child health at the community level, running out of supplies of Iron folic tablets, contraception, sanitary pads and home pregnancy kits. ASHA workers and some women also reported that they could not go for their ANCs check-ups. Hence women's access to health services particularly ANC, abortions and contraception were severely affected.

Survivors too, found it difficult to reach to hospital to address their injuries in domestic violence cases because there was no transport and they did not have the money to see private doctors. When a few OPD's opened up around mid-end May, and survivors somehow managed to reach public hospitals, doctors were reluctant to see them, wrote prescriptions but not MLC's or asked them to go to private doctors.

8. Please provide examples of obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns.

The main obstacles encountered to prevent and combat domestic violence during the COVID-19 lockdowns faced by survivors were that

- State support mechanisms to help domestic violence survivors like helplines, shelter homes, the police, courts, Protection Officers, Legal Aid Services, OSC's were non-functional or non-responsive or partially responsive as has been detailed in the earlier sections. It took around one and a half months post lockdown for some of these services to start functioning.
- With abusers at home, restrictions on their mobility and lack of transport women's ability to escape violence or to reach health services, the police, NGOs & State agencies for help severely impacted. Women had to walk for long distances to reach police stations/safe homes/hospitals.

¹⁹ **HIGH COURT OF JAMMU AND KASHMIR AT JAMMU** (Through Video Conferencing) **In Re: Court on Its Own Motion** v/s Union Territories of Jammu & Kashmir and Ladakh through Secretaries, Social Welfare Department **ORDER Dated 16.04.2020**

- “In developing countries, low-income families often share one smartphone, owned by the husband. According to Joshi, women’s lack of digital access is making them more vulnerable to misinformation”²⁰. Technology has played a big role in this time of social distancing. In India only 45% women and girls have access to mobile phones as compared to 76% men²¹. This number gets further eschewed when it comes to rural versus urban and access to smart phone in women. In a systematic survey undertaken in 16 villages of a district by SWATI, 16 per cent women and girls had access to mobile phones as compared to 94 per cent young men²². This digital divide has acute repercussions on girls and women’s access to services including survivor support service as many women had little access to a phone to call the police or a helpline because their abuser is at home 24/7, whilst some had no money to recharge their phone
- Physical distancing prevented them from reaching out to neighbours or relatives
- The police were the one state agency that was functioning throughout the lockdown, but their response was varied. In some situations, they responded well, in others they responded partially and in some they said they could not provide necessary support since they are under tremendous pressure with COVID related work, relief work and law and order duty. Sometimes, calls to the police station go unanswered and sometimes matters had to be escalated to senior officials. There was no co-ordination between the police and shelter homes either. Police support was sought in the investigation process in some cases but follow ups could only be done on phone and not physically, making the entire process very tedious and not as effective as needed. However, FIR’s and GD’s were filed in some cases and in a few cases the police helped transport women who had to flee their homes due to violence, to a safe shelter or to their parental home or intervened to stop violence.
- Further, women who had been physically hurt could not go to hospitals as many did not have functioning OPD’s and they did not have transport to reach hospitals either. Also, women who need reproductive health services are also unable to access them for the same reason. Women were having to resort to unsafe abortions. Women who had chronic health care needs and need dialysis/chemotherapy are unable to go to the hospital due to lack of transport and the huge expense involved if they had to hire an ambulance.

Civil society organisations trying to provide support to survivors also faced challenges as they were not declared as essential services and were restricted in their mobility, lacked transport and were unable to physically assist the survivors to go to the police station or access other services and had to provide support primarily over the phone²³. Further, as mentioned, with most state services including Po’s, courts, OSC’s, shelters, legal aid services etc being either shut down or non- responsive, it was difficult to help survivors access services.

The government of Bihar came out with an official circular refraining Civil Society organisations from any kind of relief or other work during the lockdown. It made things further difficult for the rural women’s federations to reach out to the women in distress. The total clamp down on the mobility, lack of public transportation and non-availability of passes, and lack of means of communication with the women victims were some of the challenges faced during the lockdown. While federations were getting information on cases of domestic violence over phone calls either from Panchayat representatives or their own contacts in villages it was difficult to ensure any concrete support because most of the victims preferred counselling of the perpetrators and refrained to take any legal recourse. The lockdown made them more vulnerable with no friends and relatives to fall back upon so fearing backlash from the spouses/ perpetrators they refrained from any police action. The Police was overwhelmingly busy with the returnee migrants therefore in many cases though they did reach out to the victims, but their response was delayed. In one or two cases when help line was requested, they asked the victim to look for the local police on beat in their villages.

²⁰ <https://indianexpress.com/article/opinion/coronavirus-gender-inequality-india-6414659/>

²¹ Usefulness of the helplines in India- the digital divide question - <https://www.thequint.com/voices/blogs/coroonavirus-lockdown-domestic-abuse-are-helpline-numbers-useful>

²² <https://www.icrw.org/publications/know-fear-making-rural-public-spaces-safe-for-women-and-girls/>

²³ Perspectives and challenges from NGOs - <https://caravanmagazine.in/gender/lockdown-domestic-violence-ngo-struggle-government-catch-up>

Humsafar in Uttar Pradesh also shared that one of the greatest obstacles they faced was that they weren't able to contact the survivors; they were not free to talk because family members and specially the abusers were always around them. Some survivors had switched off their mobile because they had no money to recharge the mobile. There were cases where single women or survivors were suffering from mental illness, due to which it was impossible to help them or convince them on phone. So they we applied for a travel pass to meet the survivor but denied the pass. The attitude of the police was also an issue - police were not entertaining such cases and in a case they said that the world is suffering with pandemic and you are getting panic in such ignorable issue.

Case studies and Testimonies illustrating the obstacles faced by women and NGO's

Case Study 1

A woman called on helpline number and shared that she faced violence and was not feeling safe with marital family and managed to reach to natal family. She had to travel almost 20kms in Mumbai during lockdown as there was no transport facility, she shared that she walked most of the distance and took lift from one guy in between who dropped her till her house. When she along with her sister went to police station to seek help, they asked her to go to police station in the jurisdiction of her marital family. Then she called managed to search helpline number and approached to the counsellor. She shared that her 1.5yrs old son is at marital home as they did not allow her to take him along with her. She shared that child is too small and she doesn't know whether he will get proper care or not. Natal family was supportive and ask her to stay as her safety was priority CEHAT counsellor negotiated with the police to accompany her to retrieve the child , but they kept dillydallying . Counsellor worked with Special cell for women and children operating in police stations to speak to husband as the woman was worried about her child .Finally they arrived at a negotiation and the man assured that he will stay separately with woman in adjoining house which is vacant. Woman agreed to go .Counsellor spoke about her safety, and expressed that she doesn't have to feel compelled to stay with the husband and efforts can be made to retrieve the child Counsellor only manages to provide her safety tips and information about police. Because she did not have a phone, it was decided that the counsellor would connect with her sister to check on her well-being.

Case study 2

Kaveri is a 34 year old woman who had approached Swayam in the year 2015 since she was being abused by her husband and in-laws'. However, even after lodging a police complaint against her husband with Swayam's assistance, she decided to go back to her marital family home due to a variety of reasons. After family counselling sessions, her husband agreed to never abuse her physically, verbally or economically. Over the years Kaveri has also sought mental health support from Swayam through counselling sessions and has participated in a variety of group activities that are geared towards self-empowerment.

However, end of March this year, when the lockdown started, her husband again abused her physically. Kaveri was 5 months pregnant at that point of time. In that state, she was forced to leave her marital family home with her 5 year old daughter and walk to her mother's house which is close by. Due to space constraints at her mother's house and ill-treatment by her younger sister and brother-in-law, she was forced to leave her mother's house as well. With nowhere else to go, amidst a lockdown, she took her daughter and walked almost 10 km to her elder sister's house where she sought refuge for a few days. In the meantime, her case worker at Swayam as well as a psychological counsellor constantly provided her with mental health support over the phone as she was completely devastated and traumatized. We also had a telephonic family counselling session with the husband whereby he again agreed not to physically abuse her. After a few days, due to space constraints at her sister's place Kaveri again decided to go back to her husband and walked back to her in-laws' place with her daughter.

After 20 days, she was again abused by her husband and her in-laws and threw her out of the house without her daughter. When she approached the local police station, they were reluctant to take her complaint. After Swayam intervened and spoke to the OC of the police station, Kaveri's complaint was lodged. The police called the husband, asking him to return the daughter in 2 days and escorted Kaveri to her mother's place in a police car. After 2 days, when the husband showed no signs of returning their daughter to Kaveri, Swayam intervened with

a family counselling session with the husband, as a result of which the very next day her husband went and dropped off her daughter. Swayam also supported her with some basic food supplies during the lockdown. However, after a few days, she started having problems with her sister and brother – in-law again and had to leave yet again and walk to an aunt's house with her daughter. This was a temporary arrangement. Swayam tried to find a shelter for her, and with great difficulty, after the intervention of the West Bengal State Commission for Women, a shelter was organized. Unfortunately, Kaveri fell ill and was unable to move there. She will explore shelter options once the lockdown lifts and she is better.

- *Name changed to protect identity of woman*

Case Study 3

One evening, during the pandemic when the entire country was under lockdown, NEN community counselor in Golaghat district received a distress call from a woman who was badly beaten up by the husband. The husband couldn't find any daily wage in the village. He was driven on a contractual basis with a travel agency. He was laid off. They have 3 daughters. It was the wife who suggested that he find daily wage as they were facing acute shortage of money. The micro finance loans had to be paid off too. The wife was a small shopkeeper and the shop which had to be closed due to the lockdown.

After a month of the lockdown, he started the abuse. He could not digest suggestions about work by the wife. He asked her and the daughters to collect firewood and sell. Finally, the anxiety and stress led to fights between husband and wife. On one occasion, he hit her on the head. When the youngest daughter tried to stop him, she was stomped on the chest. Both mother and daughter fled and took shelter in a neighbour's house for two nights. NEN grassroots counselor intervened. She met with the husband and finally the duo returned home. They have now reopened the shop. NEN's village centre, Gramin Mahila Kendra keeps in touch with the woman on her overall wellbeing.

In this context, NEN's community workers explained that while there are so many shelters, abused women in interior villages have no access. The nearest OSC is 25 kms/16 miles away. Moreover, there are issues of transportation, referral and expenses too. On another occasion, she had to give one night's shelter to a single woman whose father was abusive and alcoholic and the mother a paralytic. There is no information dissemination about shelter homes. It is also difficult for NEN team to navigate instantly and accompany women to shelters in situations like this.

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.

The National Commission for Women²⁴ and the Kerala Government²⁵ launched What's app helpline number to report domestic violence on an emergency basis during the lockdown. The UP Police also advertised the 112 helpline to combat domestic violence during lockdown²⁶ and Ranchi launched a special helpline for survivors of domestic violence²⁷.

The Government of Assam released Standard Operating Procedures (SOP) for appropriate government departments such as 181 Women's Helpline, OSCs to respond to women in distress during lockdown on 21st May 2020.

²⁴ <https://economictimes.indiatimes.com/news/politics-and-nation/ncw-launches-whatsapp-number-to-report-domestic-violence-during-covid-19-lockdown/articleshow/75082848.cms?from=mdr>

²⁵ <https://economictimes.indiatimes.com/news/politics-and-nation/kerala-government-launches-whatsapp-number-to-report-domestic-violence-during-lockdown/articleshow/75095648.cms>

²⁶ <https://www.news18.com/news/buzz/up-police-deserves-all-the-praise-for-domestic-violence-hotline-for-women-at-the-time-of-coronavirus-2544091.html>

²⁷ <https://www.telegraphindia.com/states/jharkhand/ranchi-launches-helplines-for-home-violence-during-lockdown/cid/1763250>

#LockdownOnDomesticViolence, a powerful video was a unique collaborative venture between civil society and state agencies. Akshara Centre along Special Cell for Women and Children (TISS) with support from Government of Maharashtra, the Police and many eminent personalities from the sports and entertainment industry, came together this video in English, Hindi and Marathi, that urged citizens to fight and raise their voice against the brutality taking place in their homes and create much needed awareness about Domestic Violence in the current situation. On 19th April, the Government of Maharashtra launched the video on their twitter handle which has reached more than 5 million views. More than 18 Celebrities like Virat Kohli, Sachin Tendulkar, Farhaan Akhtar, Rahul Bose, Anushka Sharma and Madhuri Dixit supported the campaign.

The Bengali version of the video **#LockdownOnDomesticViolence**, was launched in collaboration with Swayam and David and Goliath films, supported by Aparna Sen, Usha Uthup, Parambrata Chatterjee, Konkona Sen Sharma, Richa Sharma, Adil Hussain and Jaya Sil, urging people to not be bystanders but to report and help women seek help. The West Bengal Commission for Women provided a helpline number for women at the end of the video.

The Pune Zilla parishad announced that it has formed dedicated village-level committees to first track cases of domestic violence and then counsel the members resorting to abuse. If a man continues to ill-treat the woman even after counselling, he would be put in institutional quarantine as punishment.” This was one of the examples which show how government have power to deal with domestic violence cases even during pandemic, because to focus on eradication of disease government cannot ignore the VAW and children. They should ensure that women should get access to resources to be in violence free environment.

Kerala is the only state in the country where the chief minister spoke out against domestic violence, put out an appeal to stop domestic violence and at the same time assured women the support of the government.

10. 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.

After the lockdown, NGO’s instituted helplines and shared helpline numbers on different platforms so that more women could seek help²⁸. Through these helplines they provided survivors with counselling, safety planning, psychotherapy for survivors and their children, legal advice and followed up cases with the police, and helped them access government ration facilities by liaising with the police and other state agencies. For example, Swayam set up 9 helplines including one specialised helpline to access trained mental health counsellors/therapists, that provided support to women not only in West Bengal, but across the country. These helplines were advertised through campaigns run on social media – facebook, twitter, Instagram; through the radio, TV, posters, other women’s organisations cross the state and the country.

Organisations like Vishakha and Swayam provided training for their caseworkers on how to do counselling over the telephone, as well as offered mental health support to them to support them in their work.

NGO’s also disseminated information to survivors and community members about the Government notifications and information around COVID-19 to address their fears and concerns about the disease. Some NGO’s like Nirantar, Coro, SWATI and Swayam provided survivors with dry rations directly. Nirantar and CORO used the distribution of dry rations as a way to give out helpline numbers to women.

Further NGO’s conducted and collaborated on campaigns to create awareness and provide support to survivors. For example, Akshara Centre and Special cell for women and children have compiled directory of mobile nos of 550 service providers across all districts of Maharashtra and connected them to the control room in each districts.

Swayam conducted three campaigns on Domestic Violence during the lockdown through social media and the radio, TV, posters, to highlight the issue, popularise the helplines and get women and members of the public to report and take action.

North East Network (NEN) responded to the rising domestic violence cases caused by the lockdown by sending an Urgent Appeal to the Social Welfare Department(SWD) on 13th April 2020 asking for pandemic related advisory/protocol/directives for state agencies and shelter homes to provide women facing domestic violence support services. The Assam Government released Standard Operating Procedures (SOP) on 21st May 2020. In June 2020²⁹ NEN was included in the State Steering and Monitoring Committee for the WHL Scheme. These were results of NEN's sustained advocacy with local government

Society for Women's Action and Training Initiatives-SWATI works on making Health sector responsive to Violence against Women³⁰. They have set up counselling and support cells in three large hospitals in Patan district, in Gujarat state, India and have been working with ASHA workers in building capacities for identification and support of DV survivors at the community level. In the period during the lockdown, ASHA workers who were in charge of community monitoring of spread of Covid19 became aware of the violence being faced by women in several households. ASHA workers provided the women with phone numbers of SWATI counsellors who were told that because of lack of transport and money women found it difficult to reach the cell counsellor located at a hospital. Consequently, SWATI arranged for the counsellor to be available at the sub-center located close to the village on a date decided in coordination with the ASHA worker. Since 1st June post the lock down, ASHAs have escorted over 22 VAW survivors to the sub-centre.

NEN intervened in cases of domestic violence in villages with the help of grassroots government personnel and frontline workers such as ASHA, ANM, Panchayat, Village Defence Parties and Headman and the Police.

Dilaasa, a hospital-based crisis centre which is functional in 13 municipal hospitals in Mumbai was declared among essential services to respond to VAW/Children. Cehat engaged with government body who is the decision maker of Dilaasa centre to declare Dilaasa as essential services for VAW/Children. Cehat being a knowledge partner for Dilaasa developed guidelines and trained Dilaasa team to respond to VAW/Children during Covid-19 by keeping oneself safe.

NGO's worked in close coordination with each other and shared their expertise and referred cases to each other as required. This networking between NGO's working on VAW and children was critical in situations like the pandemic and really enabled them to reach out to women in different states and different parts of the city through collaborating with other NGO's and provide them with support, rations and medicines.

Lawyer's Collective's legal work during the lockdown was an exception. It successfully assisted the POs in Mumbai and district places in Maharashtra to file DV cases in Courts by invoking Rule 9 of the PWDVA. 5 DIRs along with application and affidavit were filed. The POs were assisted by police and special cell workers. In one case there was a convergence of services POs, medical facilities, shelter homes, police and service providers. With the help of police, the aggrieved woman was removed from her matrimonial home, referred to government hospital for fitness certificate. Since she was not showing any COVID symptoms, the medical officer examined her completely and issued a fitness certificate. In the police van she was taken and admitted in Shelter Home. After 15 days with e pass her parents took her home. In 3 cases children custody was given to the mother with POs help. Post the action taken by the PO, DIR and POs detailed report was submitted in the Court. In one case the woman stayed in OSC for 10 days, PO filed her case in the Court. In all these above cases they filed FORM I, II and III. I insisted on detailed documentation.

There were instructions to the lower Courts from the Mumbai High Court that they should be operating in one shift (11 am to 2PM) and should attend to remand and bail matters as urgent cases. Taking advantage of these

²⁹ See Annexure 11

³⁰ <https://www.epw.in/engage/article/making-rural-healthcare-system-responsive-to-domestic-violence>

directions, and rule 9 that provides for emergency action of the POs, Lawyers Collective managed to file these cases. Unfortunately, there is a lack of awareness of this provision hence most lawyers and organisations were unable to take the benefit of these. As UNFPA Consultant, the Lawyer's collective lawyer conducted sessions to explain these provisions to WCD officials, POs and Counsellors. The POs and Counsellors responded well and came into action. The Counsellors took utmost precautions while making home visits and POs too have made interventions in urgent matters.

Case Study: Mita³¹ is a 25-year-old resident of a small district of Uttar Pradesh. Mita wants to embark upon a spiritual path and decided to leave her home to join a religious institution in a big city about two years ago on this pursuit. Her parents were completely against her decision and began physically and psychologically abusing her. They took her to a consult psychiatrist as well and put her through many harmful and unnecessary 'treatments.' Mita somehow managed to get out of her house and went to the big city. Shortly before the lockdown, Mita was summoned by her parents on the false pretext that her father was ill. At home, she was beaten and locked up in her room. Her phone was taken away and she was put under strict surveillance. Somehow, Mita gained access to her phone and sought help by dialing the number 100 to call the police. The police responded and visited Mita's house but instead of responding to her plea of a safe exit from the violence home and safe commute to the city, they pressurized Mita to comply with her parents and also used the COVID-19 crisis as an excuse to deny help.

Since there was a complete lock down and Mita's parents were sure she had no means to escape, especially since there was no mode of transport and they had the complicit support of the police in keeping her detained against her will, they unlocked her from her room and also let her use her phone but still kept a close eye on her. Finding an opportunity, Mita called AALI's helpline and informed the caseworkers about the whole situation. She said that she was afraid that her family members might continue to hurt, manipulate and isolate her, the police are refusing intervention, and that she needs help exiting the house and going back to the big city.

AALI's caseworker advised Mita to be strategic in such circumstances in order to be safe. She reassured Mita that as an adult, Mita has the freedom to live wherever she wants and choose her way of life, no one can stop her against her will. The consensus between the caseworker and Mita was that as there was no other option for safe shelter or response from the police, winning the trust of the family for the time being had shielded her from being subjected to more violence during the lockdown. Hence Mita decided to make her next move once the lockdown lifted and stay in touch with the caseworker to keep her strength together through the wait. The caseworker worked with Mita to make a safety plan. The caseworker informed Mita that whenever she feels that she has to leave her home, she must write a statement to the local police, the Superintendent of Police and the Asha Jyoti Kendra (One Stop Center in Uttar Pradesh), that she is competent and doing so willfully. The caseworker shared the contact details of all the stakeholders and asked Mita to contact them when she can find privacy.

A week later, Mita called AALI by herself and said that she was no longer being put through strict surveillance nor undergoing violence of any kind. She was sure and feeling confident about managing a safe and discrete exit. She telephonically submitted a statement to the One Stop Center and sought their help in getting out of the house after the lockdown. She got a verbal confirmation of her complaint being registered. Mita is now waiting for the lockdown to ease in order to exit to safety and continues to periodically keep in touch with the AALI Caseworker.

Case: While doing follow up with survivor of violence Cehat counsellor came to know that after lockdown her husband left and went to his mother's place and did not provide ration to women. She had nothing to feed her children. Counselor tried to network with NGOs who were distributing ration and made sure to help woman to larger extent.

11. Please send any additional information on the impacts of the COVID-19 crisis on domestic violence against women not covered by the questions above.

Impacts not covered by questions above

³¹ Name changed

Survivors of Domestic Violence have also suffered economic distress and food insecurity – many have lost their livelihoods and jobs particularly those who are daily wage earners, self-employed, domestic workers have faced severe economic distress during this time. Others employed in the informal sector are not sure whether they will have jobs after the lockdown. Further, many women who were dependent on maintenance to meet their financial needs were unable to access courts for redress because their spouses had stopped payment during the lockdown causing them major financial distress. In some cases, the spouses have taken away/hidden their ration cards so women cannot access rations from the ration shop. In some cases, women do not have ration cards and so they cannot avail of rations. The coupons being distributed were not enough for all to get. So basic survival became an issue.

Food insecurity will have serious consequences the health of women's and girls. Rise in anemia among pregnant women can spike MMR and reverse some of the progress that India has made. There are several instances of women being denied services when in labour. Women and newborn infants have died in many cases. Serious need to make 'reproductive services - especially maternity and abortion as well as provision of condoms - as 'essential services'.

Many domestic violence affected women are domestic workers in the city of Guwahati. In an assessment conducted by Women's Leadership Training Institute along with NEN and others revealed that 67.77% of women have not been paid for the lockdown period while 11.50% received partial payment. This has put women in acute insecurity as some of them are also sole earning members of households. In this context, it is important to set redressal mechanisms by the state to re-build their lives and livelihoods. This has been the experience of domestic workers across the country.

Mental health of women and children, particularly single, elderly and living alone have also been severely impacted due to the fear, stress and anxiety around the COVID 19 virus as well the increased violence due to the lockdown.

Summary of qualitative data from AALI's Survey: The responses of the women with respect to triggers and their experience of the violence brought out a number of trends regarding the nature of the violence. The data showed that women have been recognizing that the increasing burden of housework is causing them mental violence. The fact that their husbands are at home during the lockdown has led to increased drudgery due to increasing demands from their husbands, the defiance of which has led to what they call "discord." They feel immense pressure because of this. The 'performance' of violence is also diverse. In some cases, the violence is not so much as verbal abuse but actually about absence of conversation. There are incidents in which husbands refuse to speak to their wives because of non-fulfillment of demands. This 'silent treatment' results in great psychological distress considering there is already very limited human interaction outside the house.

What is also evident from the data is that most of the economic violence is in terms of women who have been abandoned by their husbands or those who are not getting the maintenance they are entitled to. Women have pointed out that they are living with their natal families and are not receiving any financial support from their husbands. It can be safely assumed that when members in natal homes are already precarious in their financial situation during the lockdown, they view the survivor and her children as an 'added burden,' people whose responsibility they 'should not have to take.' Women have expressed guilt over this and constantly reiterated that the ongoing economic violence is even more conspicuous during the lockdown.

Another important point is that women who are living alone, not with their natal families, have lost livelihood. They have pointed out the fact that because their husbands either don't work or don't give them maintenance, their situation has become worse during the lockdown. They have recognized this as economic violence by their spouse. Single women are especially vulnerable.

A further point that has risen with respect to women facing violence at the hands of the marital family is especially in cases where the husband is not present in the house and is living and working in a different city. Marital family members are not allowing women to share the resources of the family in such cases.

Survivors who entered marriages of their choice and are living separately with their husbands have pointed out that they are at the end of constant psychological abuse from their natal homes. Not only have their natal families refused to support them during the lockdown with any financial aid that they might require considering loss of income, they are actually compounding the violence with verbal and emotional taunting, name calling and demeaning them for their choice.

RECOMMENDATIONS- WHAT NEEDS TO BE DONE

IMMEDIATE

1. **Violence Prevention and Survivor support services must be classified as “Essential Services”** and made functional, accessible and advertised widely. This will allow ease of functioning for service providers, increase clarity on the protocols of carrying out their work and help them in processes such as getting curfew passes, special vehicles, protective gear, insurance and other support. Adequate resources and finance must be provided to ensure quality and adequate survivor support services. The vulnerability of women of different gender and sexual identities, elderly women, migrant women, single women, domestic workers, differently abled women, dalit women, women from minority communities, tribal women, women affected by conflict and other such marginalized women, must be recognized and special efforts be made to ensure their access to services.

The government should ensure that in all states:

- a. The national women’s helpline 181 and other state helplines like 103, 102, 1090, 1091 etc are operational and linked to survivor support services including provision of transport to reach the services.
- b. Services of a Protection Officer under PWDVA (Protection of Women from Domestic Violence Act, 2005) remain available as part of emergency support services and Protection Officers are provided the infrastructure and transport to deliver the service.
- c. All Courts including fast track and virtual courts must function to pass emergency orders of protection, residence, maintenance and child custody. DLSAs should remain functional pursuant to the National Legal Service Authority Scheme for Legal Services to the Victims of Disaster.
- d. OSCs (One Stop Centres) are government supported facilities and for them to remain fully functional it should be ensured that the staff at OSC is trained to function in health and other emergency situations. The OSCs coordination with police and 181 national helplines, frontline health workers, registered service providers as per the PWDVA provisions, NGOs and police for support in helping women reach survivor support services.
- e. Shelter Homes: Pandemic or disaster related protocols for shelter homes admission and shelter services must be issued as most shelters are refusing admission fearing COVID or insisting on Covid tests reports which are neither easily accessible nor economically viable for women without symptoms. All OSCs have provision for 5 beds for shelter and these need to be accessible in these times.
- f. Police must be sensitised and directed to register and act on all complaints of gender-based violence in the domestic or the public sphere. The Director General of Police/Superintendent of Police in each district must issue a circular to this effect.
- g. Publicity and awareness about helplines, WhatsApp numbers, OSC’s and all other survivor support services should be conducted across multiple media platforms and mentioned in all COVID Advisories issued by the Government.
- h. Availability and access to health Services is important. Urgent action needs to be taken to ensure that during this COVID-19 pandemic, victims of abuse can access the health care they need, including mental health services. Frontline grassroots workers like ANM, Anganwadi, village defence parties,

village council development committee in autonomous districts (VCD), village headman/women, Panchayats, Block Officers, Dorbar Shnongs, ASHA to immediately report such cases to Service Providers/Police/OSCs/Helplines/NGOs.

- i. State Governments which have not yet issued notification to implement *Guidelines and protocols on Medico-legal care for survivors/victims of sexual violence released by Ministry of Health & Family Welfare, Government of India* must be directed to put into effect these guidelines.

2. An online, centralised system to collect and track data on violence against women and the survivor support services of State Agencies - be instituted. This data ideally to be uploaded in real time should be monitored regularly to track the responsiveness and effectiveness of the survivor support services. Data should be disaggregated to provide information on income/wealth, education, ethnicity, disability status, geographic location, including gender and sexual identities, severity and type of violence, as required under indicator 5.2.2 of SDG 5.

Synchronized data across various components of the redressal ecosystem - like Helplines, OSCs, shelters etc. will avoid duplication of data and will enable analysis of the trajectory of every survivor and the roadblocks she faced. Such an analysis can inform any measures needed for better implementation of schemes and more efficient utilization of funds.

3. A Task Force with members from government and Civil Society Organisations, be set up to ensure coordination and tracking of gender-based violence, survivor support services and prevention initiatives as well as monitor the implementation of related laws and policies. The Task Force must be empowered to develop a National Advisory/Protocol on impact of pandemic on women. The Task Force should meet regularly to strengthen the coordination between the MoWCD and other relevant Departments at the Centre and State and between the different services including helplines, protection officers, police, shelter homes, OSCs, Legal Aid Services, Courts, Family Counselling centres, health care systems, local governance systems, and civil society organisations. It will ensure that the service delivery protocols are being adhered to so that women are able to access coordinated, holistic and quality services. This task force should also undertake initiating actions for prevention of domestic violence.

4. All advisories issued on COVID 19, issued by State and Central Governments to all their Ministries, departments and the public, (on websites, messages over the phone etc) **must include Government helpline numbers, support services and measures undertaken** by the Government to address violence against women and Domestic Violence in particular, across the country.

SHORT TERM

5. A common NATIONAL helpline number for Women, similar to Childline 1098, which is backed up in each city, town, district, village with holistic support services for women, must be instituted at the earliest. A national helpline will also enable us to get holistic data on the issue which at present is lacking.

6. Increase in allocation of resources for support services and implementation of laws and policies: Less than 2% of the budget of the MWCD is being spent in providing services to women in situations of violence and crisis. It is critical to increase in Budgetary allocations across ministries to provide well-funded, quality and adequate services to women, ensure effective implementation of laws, particularly the Protection of Women from Domestic Violence Act, 2005 and funding NGOs that provide support and assistance to domestic violence survivors. Adequate and effective financing is essential to achieve the goals of SDG 5. All budgetary allocations for women across different ministries must also be made public to increase transparency and accountability. Nirbhaya Funds may be also be allocated and utilized for this purpose.

7. Prevention of VAW/DV through campaigns, messaging and communications – There is a need for a common, context-specific and gender responsive framework for messaging around violence prevention and

helpline numbers. Such messaging must look beyond the victim-perpetrator binary, and focus on a positive framing of women's role in society and look at a more comprehensive approach to prevention of domestic violence.

8. 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, loans and other schemes for economic empowerment must include women survivors of violence as a special category.

9. The draft **National Policy for Women** should be Reviewed and finalized considering the fact that this pandemic has affected women disproportionately. A public announcement addressing the issue of domestic violence as a public crisis must be immediately made by the government. All State Women's Commissions must be activated and work in coordination with the National Commission of Women.

10. The effects of domestic violence often extend beyond the home and into the workplace. An employee who is a victim of domestic violence may be distracted or less productive at work due to fear, stress, or injuries. He or she may need time off from work for medical care, counselling, or court hearings. With economic distress and increased burden of work at home, this situation is bound to exacerbate during COVID19. As we open up and women are joining work it is important that India creates a **policy that obligates an employer to support and protect employees facing Domestic violence**. This is in line with 2030 Agenda which commits to "eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation" as one of its sustainable development Goals.

11. Finally, as the lockdown is being lifted slowly, women are going back to public spaces, and **public space violence against women also needs to be addressed**. Adequate investment into gender sensitive infrastructure that keeps women's safety and needs in mind including affordable and safe transport, safe public spaces, vending zones, housing for survivors, homeless women, single women, students, migrant women etc.

This document is based on the contributions and direct experiences of 20 women's rights organisations namely AALI, Aakanksha Seva Kendra, Akshara Centre, Alternative Space Women's Collective, Breakthrough, Care India, CEHAT, CORO, Humsafar, Jagori Grameen, Lawyer's Collective, North East Network, Nirantar, Sangini, Sahajni Siksha Kendra, Swayam, Society for Women's Action and Training Initiatives (SWATI), Vishakha, My Choices Foundation and Sukuoon from 11 states of India including Assam, Bihar, Delhi, Gujarat, Jharkhand, Maharashtra, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal, in supporting survivors of Domestic Violence during the pandemic and the lockdown.

This document has been collated and written by Anuradha Kapoor, on behalf of Aman: Global Voices for Peace in the Home.