Women with disabilities face the added burden of intersectional discrimination – they are discriminated against because they are women, and also because of their disabilities. One in five women lives with some form of disability mostly in developing countries, such as India[[1]](#footnote-2). Majority of women with disabilities are to be found among low-income groups. These women face layers of prejudice that stem from gender, poverty, a lack of education and social prejudice. Often denied sexual and reproductive rights, they are at greater risk of sexual assault and violence. Women with disability have additional issues. They are vulnerable to exploitation and even more so during a pandemic or other humanitarian crisis like natural disaster or conflicts etc. Many of them have children without disability and are highly stressed as to how they can care for their children and family members because they are not supported to care for them[[2]](#footnote-3).

**To what extent has there been an increase in 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.**

There has been a spike of 2.5 times in reporting of cases of domestic violence, as figures with the National Commission for Women India illustrate[[3]](#footnote-4). The cases of domestic violence faced by disabled women is not there in the public domain with little reporting or filing of cases, due to the cycle of dependency that they live in and the vulnerabilities they are exposed to. However, there are increased cases of sexual abuse of disabled women within families being reported to service provider agencies. While disabled girls are known to be vulnerable to sexual abuse by family members, in the social distancing periods, with all members at home, the risk has increased manifold. Social and economic exclusion mean that women with disabilities are less able/likely to seek support and redress for violence they experience. In India the stigma of disability and gender has found in the economic slowdown and lockdown a convenient opportunity to ‘dispose’ off the disabled girl/woman. In such a situation, one case has been reported from Jaipur where the parents asked the adult son to kill the disabled daughter who, along with his friends, sexually abused her before murdering her[[4]](#footnote-5).

Disabled people, especially women, are particularly vulnerable to different forms of violence both at home and outside. During the lockdown, disabled people, unable to move out of home and forced to remain cooped in with their family members some of whom may be abusive, is a stark reality. As many of them may be unable to retaliate, the potential for increased violence, abuse and neglect against people with disability because of social isolation and disruption to daily routines is higher. However, this data remains largely untapped with families and persons with disabilities themselves concealing or being unable to report such violence[[5]](#footnote-6).

Power dynamics within the home restrict their access to information and restraints on social mixing prevent access from outside. The other question always remains of possible action after such reporting – with the state system over-burdened or inactive, the present lockdown offers no respite to disabled people, specifically children and women, in terms of removal to safe spaces, or even removal of abusers. The pandemic, the lock down and economic slowdown have culminated to effectively lay bare the disadvantage faced by disabled women who are unwanted by families, represented as dependent, vulnerable to different forms of abuse and considered highly expendable.

**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?**

There are help lines that are being run by the National Commission of Women and central and few state help lines for providing support to women affected by the lockdown and the pandemic. However, these help lines are hardly of any effective use for disabled women as they are not available in accessible formats and the digital divide that ensures disabled women remain with poor access to even telephone facilities. Helpline run by the NGOs and civil society players[[6]](#footnote-7) are reporting major issues around access to food, information and other essential services.

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

There has been little evidence of this in practice till date. However, the experience of organizations working with women’s/disabled women’s issues gives the understanding that restrictions during the lockdown due to Covid19 pandemic superseded all other directives to assist disabled women facing domestic violence. Gender discrimination still strongly prevails in Indian system and patriarchal attitudes are reflected in the inaction and reluctance not only of family and community but also of police and administration, who are duty bound by the law in normal situation. Whatever little was done, if any, was done by the NGOs/ close friends in their personal level and therefore not documented anywhere and definitely; not by the authorities.

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

Some shelters are open but there are few accessible for women with disabilities. Further, as courts are functioning at the bare minimum, and disabled women are hardly lodging complaints, the process of shifting disabled women to shelters or alternative places remains suspended. Disabled women are facing eviction by landlords for not being able to pay their monthly rent[[7]](#footnote-8).

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

Lack of community-based support services including personal assistance services further isolates with an additional burden on the health of women with disabilities. As already mentioned, during lockdown most of the courts either functioned at the bare minimum or remained close, and disabled women were unable to lodge complaints, hence the question of availability or accessibility to protection order was impossible.

**What are the impacts on women's access to justice? Are courts open and providing protection and decisions in cases of domestic violence?**

During Covid19 Pandemic lockdown everything remained closed including lower courts in the country. High Courts and Supreme Court worked in a very limited manner in very urgent cases mostly in matters of national interest. Therefore, it can be presumed that most women with disabilities may have not been able to lodge any domestic violence complaints at all and even if some women managed to lodge any complaint, these cases have been kept on hold till the courts resume their regular business. The National Women’s Commission has expressed worry about rise in cases of domestic violence across the country and has given some rough estimate of such rise but has not been given any detailed information or data on what steps has been taken by the commission. However the statement of National Commission of Women does not mention anything about the situation of WWDs.

**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.**

Poverty coupled with social stigma has led to women with disabilities and their families getting limited share of food resulting in starvation and death[[8]](#footnote-9).

A large proportion of disabled women do not have ration cards, which is mandatory for accessing provisions/food kit[[9]](#footnote-10). Though these relief measures are a silver lining, there is a lack of clarity on the process of applying and obtaining the benefits. In fact, around 40% disabled people who don’t have disability certificate cannot take advantage of these schemes, a majority of them are women.

In terms of accessing reproductive health care during the lockdown due to Covid19 pandemic, poor disabled women living mostly in urban areas have been seriously affected in accessing basic / essential health care services.

Due to inadequacy of doctors, nurses, health workers and government hospital spaces, almost all other health services are either suspended or very limited only for extreme emergency situations. This suspension even extended to the availability of doctors in the private clinics and access, which led to suspension of most essential medical tests and treatments even in conditions like dialysis, blood transfusion etc. There is no authentic data in the public domain to assess the number of undue incidents for not being able to access the services in time and it is obvious that poor women, women living in rural areas and women with disabilities are facing challenges in accessing services for their urgent /emergency reproductive health care needs more than ever due to pandemic restrictions.

Covid19 response measures by the National or State Government did not include any specific provision / mention mandating service availability in reproductive health need especially for the vulnerable women like women with disabilities.

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

**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 Ministry of Health and Family Welfare issued comprehensive disability-inclusive guidelines on March 5, 2020. The Department of Empowerment of Persons with Disabilities (DEPWD) recognized that PWDs are more vulnerable to the virus because of their physical, sensory and cognitive limitations.[[10]](#footnote-11) Police and other administrative machinery swung into action to ensure access to caregiver support for persons with disabilities in urban cities[[11]](#footnote-12)
* The Ministry of Personnel asked that all central government departments to exempt pregnant women, people with disabilities and those with co-morbid conditions from coming to office during the coronavirus outbreak.[[12]](#footnote-13)
* Disabled woman in Kerala has been given order for making masks to supply to government department[[13]](#footnote-14)

**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.**

The experience of lockdown due to a pandemic is a new experience, along with the nature of this pandemic and the exponential nature of infection. The fear of spread of infection and absence of treatment led to a wave of fear and helplessness. With the work in the state departments mostly suspended, matters like domestic violence remained largely unaddressed, with few efforts to create a safety net while in lockdown meaning no movement or easy access to help in crisis like abuse or domestic violence. The bulk of the response in addressing issues around domestic violence during lockdown has been through NGOs/individuals working with women’s rights / human rights/ child’s rights.

**Some of the good practices seen are –**

1. Connecting to women through phone / local contacts
2. NGO run help lines (beside general helpline by Government which mostly did not work) for women to seek help in crisis
3. Organizing material help mainly food, medicine, sanitary napkins etc. at the doorstep as much as possible
4. Tele-counselling to reduce the stress and to offer help if there is any issue at home

As there has been little efforts by state to document or generate data, many NGOs, CBOs, Academics, Researchers are working to collect data and evidence on the impact of Covid19 and lockdown on various aspects of the lives of women with disabilities. However most of this is localised and not disseminated widely.

1. WWDIN report 2020 [↑](#footnote-ref-2)
2. <https://www.thehindu.com/sci-tech/health/coronavirus-people-with-disabilities-have-special-issues-during-virus-outbreak-says-indian-indian-institute-of-public-health-chief-gvs-murthy/article31324294.ece> [↑](#footnote-ref-3)
3. <https://www.thehindu.com/news/national/ncw-records-sharp-spike-in-domestic-violence-amid-lockdown/article31835105.ece> [↑](#footnote-ref-4)
4. <https://www.newindianexpress.com/nation/2020/may/24/mentally-challenged-minor-girl-raped-killed-by-brother-his-friends-in-jaipur-police-2147225.html> [↑](#footnote-ref-5)
5. <http://www.internationaldisabilityalliance.org/sites/default/files/covid_and_women_with_disabilities_in_india_-edited_1.pdf> [↑](#footnote-ref-6)
6. <https://indianexpress.com/article/lifestyle/life-style/lockdown-list-helpline-persons-with-disability-accessibility-food-mental-health-issues-coronavirus-pandemic-6372660/> [↑](#footnote-ref-7)
7. <https://timesofindia.indiatimes.com/city/madurai/lockdown-a-double-challenge-for-disabled/articleshow/74921235.cms> [↑](#footnote-ref-8)
8. <https://twitter.com/JharkhandJanad1/status/1247890180020637701?s=03> [↑](#footnote-ref-9)
9. <https://www.ifpri.org/blog/how-indias-food-based-safety-net-responding-covid-19-lockdown> [↑](#footnote-ref-10)
10. [https://www.thehindubusinessline.com/opinion/covid-19-implications-for-the-disabled/article31250730.ece#](https://www.thehindubusinessline.com/opinion/covid-19-implications-for-the-disabled/article31250730.ece) [↑](#footnote-ref-11)
11. <https://www.dnaindia.com/india/report-mumbai-police-s-gesture-for-disabled-women-during-coronavirus-lockdown-is-winning-the-internet-2818540> [↑](#footnote-ref-12)
12. <https://scroll.in/latest/962442/coronavirus-centre-asks-departments-to-exempt-pregnant-women-disabled-people-from-going-to-office> [↑](#footnote-ref-13)
13. <https://www.shethepeople.tv/news/kerala-differently-abled-woman-masks-raji-radhakrishnan/> [↑](#footnote-ref-14)