



# **Submission to the United Nations Special Rapporteur on Violence Against Women**

## **Report on the Impact of COVID-19 and in the Increase of Domestic Violence Against Women in India**

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One Future Collective (Morarka Leadership Foundation Private Limited)

A-603, Lakshchandi Heights, Gokuldham, Mumbai 400063, India

[info@onefuturecollective.org](mailto:info@onefuturecollective.org)

## About One Future Collective

One Future Collective is a feminist youth led not for profit based in India. Our mission is to nurture radical kindness in individuals, communities and organisations through the work we do on gender justice, feminist leadership and mental health, to enable a world built on social justice led by communities of care.

Pathways to change:

- Building and disseminating knowledge;
- Capacity building;
- Nurturing safe spaces;
- Community organizing and advocacy;
- Feminist legal and mental health service provision; and
- Youth engagement.

We are a collective formed of activists, leaders, lawyers, mental health professionals, data scientists, community organizers and more. Our team is led by young womxn with rich lived experience, deep knowledge and a curiosity and passion for change. We were founded in December, 2017 by Vandita Morarka and since then, our journey expanded to include persons from across the globe.

## COVID-19 and the increase of domestic violence against women

### Introduction

The report contains an overview of the situation in India following a lockdown being imposed as a result of the COVID-19 pandemic with a particular focus on understanding the rise in cases of domestic violence. It outlines the statistics relating to the number of instances of domestic violence (used interchangeably with abuse through the report) perpetrated against women during the pandemic so far. Subsequently, we examine both existing and newly developed avenues of support which were designed with the objective of offering meaningful, comprehensive and holistic support to survivors during this time. The report concludes by outlining the best practices undertaken by state authorities and civil society organizations in response to the rise in instances of domestic violence. There is also heightened levels of domestic violence which take place against transgender and non-binary persons which requires the immediate attention of the authorities. There is however a lack of dependable statistics that confirm the existence and the rise (if any) of such abuse being directed towards gender and sexual minorities.

One Future Collective has undertaken active efforts to provide support to survivors of domestic and other forms of gendered-violence irrespective of the gender of the survivor during the lockdown. The organization expanded its helpline services, which usually runs two days in the week, across the whole week to offer preliminary legal and mental health advice to survivors of gender-based violence. The findings of this report have been arrived at through research as well as through the wealth of experience the organization has gained through its interactions with survivors who have reached out to them.

One Future Collective presents the following report in line with the Call for Submissions released by the United Nations Human Rights Special Procedures in the context of COVID-19 and the Increase of Domestic Violence Against Women. The following observations have been divided broadly into the following segments addressing the rise of domestic violence during the Pandemic.

1. **Trends in the reporting of domestic violence during the pandemic:** This section is dedicated to analysing whether there has been an increase in the number of cases of domestic violence being reported across the country. The analysis is undertaken with a view to determine the enabling and disabling factors in filing complaints during the lockdown that may impact a survivor's decision in making the complaint. In doing so, the experience of the central and state agencies along with those of organizations are mapped.

2. **Measures relating to the mobility of survivors in order to escape abusive households:** One of the key challenges that survivors may face during the lockdown is being unable to reach out for support due to restrictions on movement and mobility. This section examines the current procedure and its efficacy in the event a survivor is in an abusive situation and wishes to exit the abusive household.
3. **Status of shelters available for the welfare of survivors of domestic violence:** This section looks at whether and to what extent shelter homes are accessible in the present circumstances for survivors. Issues of overcrowding, fear of infection and lack of sanitary facilities are also analysed in order to determine the current landscape of the support available to survivors.
4. **Barriers and access to justice by survivors of domestic abuse during the lockdown:** Courts and other avenues of the formal justice system have been grossly hit due to the pandemic which has had a direct impact on their capacity and functioning. This has consequently impacted the already diminished accessibility that survivors to the formal justice system. Through this section, judicial measures and dicta are analysed with a view to check ways by which these gaps can be bridged.
5. **Barriers and access to medical care by survivors of domestic abuse during the lockdown:** Owing to the lockdown, the sexual and reproductive rights of women have also been hit disproportionately as medical facilities are overstretched. Adding to this, the fact that medical facilities have a high tendency to transmit infection of the virus also discourages those wishing to access prenatal or abortion services from visiting the hospitals.
6. **Challenges to preventing and encountering instances of domestic violence during COVID-19:** The pandemic has forced governments and organizations around the world to reimagine existing structures of power, leadership and support and the most common response has been to shift operations online. This segment of the report seeks to outline challenges that may befall survivors, governments and organizations in continuing to offer support against and tackle domestic violence.
7. **Best practices to prevent and combat domestic violence by government agencies:** This section outlines and analyses the measures undertaken by government bodies across the country in an attempt to combat domestic violence.
8. **Best practices to prevent and combat domestic violence by NGOs, NHRIs or equality bodies:** In addition to government bodies, Non-Governmental Organizations (NGOs), National Human Rights Institutions (NHRIs) and equality bodies have also contributed in building bridges between survivors and the existing available support infrastructure. To this end, this section will focus on what are some best practices that organizations have used during this time.

## 1. Trends in the reporting of domestic violence during the pandemic

### a. Emergence of Helplines for Survivors

There are several helplines which are currently available for survivors to reach out to in order to report instances of domestic abuse. These helplines are predominantly run by non-governmental and civil society organizations. However, due to the onset of the pandemic, various government bodies have also set up different helpline numbers, some of which are accessible nation-wide and some which are accessible state or district wide. Overall, most organizations running these helplines, governmental and non-governmental have reported an increase in the number of calls that they have received over the past few months since the lockdown has been imposed.

As of April 2020, over 52 helplines have been set up across the country either by the state agencies alone or in collaboration with different organizations in order to provide support to survivors of domestic violence.<sup>1</sup> While most states have launched state-wide helplines, a few states like Tamil Nadu have launched district-wise helplines in an attempt to decentralise the support-infrastructure available to survivors.<sup>2</sup> The National Commission for Women (the Commission), a national governmental body dedicated to issues concerning women's rights, also launched a national helpline available to all across the country alongside their already existing online-complaints portal.<sup>3</sup> These are just a few examples of the government-run helplines. Organizations too have sought to offer support to survivors through their existing helplines and several databases with information regarding reliable and functional databases have also been circulated widely.

### b. Change in the number of cases being reported

It is interesting to note that there has been a universal increase in the number of cases being filed with these organizations irrespective of whether they are state-run or not. For instance, the National Commission of Women reported a nearly two-fold increase in the number of cases relating to violence against women. A considerable portion of these cases is made up with cases of domestic violence. Just in the month of April, over 3000 cases were reported with the commission. Nearly 48% of these cases related to domestic violence with the remainder falling across 21 other categories of violence against women. Similarly, of the 2,000 complaints filed in the month of May, over 45% of cases related

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<sup>1</sup> [Coronavirus lockdown | Over 50 helplines set up across India to help women facing domestic violence](#), 18th April, 2020.

<sup>2</sup> Bharathi SP, [How TN govt Helplines are Helping Women subjected to Domestic Abuse and Violence](#), 26th May, 2020.

<sup>3</sup> Jagriti Chandra, [NCW launches domestic violence helpline](#), 10th April, 2020.

to domestic violence. Overall, the Commission noted a 94% increase in the total number of cases relating to violence against women being filed. Statistics released by different state-run helplines such as Tamil Nadu also demonstrate a steady increase in the number of cases being filed with the helplines.<sup>4</sup>

The helpline run by One Future Collective has itself seen a two-fold increase in the number of calls being received. A notable helpline functioning predominantly in Maharashtra in collaboration with state agencies has also recorded an increase in the number of survivors reaching out to them.<sup>5</sup>

On the contrary, however, some state commissions such as the Delhi State Commission for Women have reported a decline in the number of cases being reported.<sup>6</sup> One of the reasons that is attributed to this contradiction in the trends being mapped out across the country is that survivors may now be in very close proximity to their abusers and may therefore be unable to reach out for help. A few other reasons were also cited as possible explanations to the drop in the numbers. Owing to the pandemic, most support available currently is accessible either via the internet or through the use of telephone services. These tech-heavy solutions can be problematic given that over 60% of women lack access to any form of technology. Additionally, there is a possibility that survivors are more financially dependent on the abusers. This would make leaving the abusive situation more difficult for the survivor owing to their own safety and socio-economic needs.

Therefore, no uniform pattern can be drawn. However once the lockdown eases, there is a possibility to be able to collate and analyse this information in more detail.

## **2. Measures relating to the mobility of survivors in order to escape abusive households**

No state government has passed a specific notification allowing survivors of domestic violence to move freely within the territory in cases where violence has occurred or escalated. There is an availability of ‘mobility passes’ which a person can apply for and receive at the local police station. However, the challenge with applying for such a mobility pass is the requirement of involving police personnel in the matter, which survivors may hesitate to do for several socio-economic reasons. Given that there may be heightened economic dependence on the abuser, the survivor may hesitate to file a formal complaint against them. Additionally, the general stigma attached to involving legal

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<sup>4</sup> Bharathi SP, [How TN govt Helplines are Helping Women subjected to Domestic Abuse and Violence](#), 26th May, 2020.

<sup>5</sup> [Rise in domestic violence during COVID-19 lockdown | SNEHA](#), 13 April, 2020.

<sup>6</sup> [Decline in calls regarding domestic violence, crimes against women since coronavirus lockdown: DCW](#), 14th April, 2020.

authorities in matrimonial relationships may also discourage the survivor from reaching out to formal avenues of support. It was for these very reasons that a relatively more flexible and survivor-friendly approach was outlined in the Protection of Women from Domestic Violence Act, 2005 but has become redundant due to the lockdown. Due to the lockdown, the courts and authorities within the Act such as Protection Officers have been unavailable. This further implies that non-criminal remedies which were earlier available through the courts are no longer as easily accessible. One of the greatest strengths of the Act of 2005 was that it offers civil remedies to survivors - an option more preferable than criminal ones due to the interpersonal relationships at play. The lockdown has greatly restricted the options of the survivor by making them rely solely on police officers who are also over-burdened and unwilling to prioritise cases of domestic violence.

Even in cases where the survivor is willing to involve investigating authorities such as the police, they may still lack access to transport. There is an obvious gap between access to private vehicles<sup>7</sup> across the population in any case. This, alongside the closure of any and all public means of transport during the initial phases of the lockdown and, the fact that private cabs were only allowed to go to and from hospitals and not to other places meant that survivors were unable to access their friends or relatives' houses. These options are integral as they are often the most sought-after forms of remedies available. Under the lockdown, survivors who wish to leave their abusive households therefore have to first, be willing to engage with police officers and file a formal complaint in order to receive a mobility pass and second, possess a personal means of transport which they can use in order to travel across the city.

Despite there being no specific guidelines allowing the movement of survivors, a central government regulation was passed on 15th April. This regulation identified and permitted services during the lockdown and specifically allowed shelter homes working towards providing shelter and care to 'destitute and divorced women' with adequate support staff members to continue working.<sup>8</sup> Additionally, although protection officers were not given mobility passes, a few states like Tamil Nadu in India have ensured that they are allowed to move around the state to ensure the welfare and well-being of survivors of domestic violence.

### **3. Status of shelters available for the welfare of survivors of domestic violence**

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<sup>7</sup> Vidya Mahambare, Sowmya Dhanaraj, [The gender divide in urban mobility](#), 2nd November, 2018.

<sup>8</sup> Ministry of Home Affairs, Order, 15th April, 2020,

<https://www.amchamindia.com/wp-content/uploads/2020/04/MHA-order-dt-15.04.2020-with-Revised-Consolidated-Guidelines.pdf>.

Shelter homes are mandated to be set up by various state governments within their jurisdictions in order to provide support to survivors of domestic violence. These shelter homes, as per Section 6 of the Protection of Women from Domestic Violence Act, 2005 are mandated to offer shelter to survivors of domestic violence. However, there has been little to no data available as to the number of and working conditions of these shelter homes across the state. Due to the pandemic, the need for these homes has increased exponentially and their inefficacies stand exposed. The insufficiency of the shelter homes has been highlighted repeatedly over the past few months.<sup>9</sup>

Even in instances where shelter homes are available, there are issues of overcrowding and lack of sanitary facilities which negatively impact the decision of a survivor to reach out for help. Recently, there has been a representation made on behalf of survivors to the National Commission of Women advocating for the setting up of more efficient and accessible shelter homes.<sup>10</sup> Due to the lockdown, access to parental homes, those of friends and relatives which earlier provided strong safety-nets have become inaccessible options endangering the life and well-being of vulnerable groups of persons entirely.

#### 4. **Barriers and access to justice by survivors of domestic abuse during the lockdown**

Owing to the lockdown, severe challenges have presented themselves to persons while accessing justice. After the lockdown was imposed in India for the first time towards the end of March, 2020, the higher courts of the country decided to shift their operations online with lower courts not being allowed to function at full capacity. Higher Courts include the Apex court of the country, the Supreme Court and the various high courts of different states. These courts shifted to an online mode of dispute resolution however, a circular issued by the Supreme Court of India on 25th March stated that only urgent matters would be heard on priority while passing extension orders for other on-going cases.<sup>11</sup> In some states, existing interim orders of the court in property, family, labour and other civil matters were declared to be extended until normal functioning of the court is possible. The period of limitation which is the time period within which a petition/complaint/suit have to be filed have also been extended to exclude the current time period depending on when courts will be functional at full capacity.

##### **a. The Role of Higher Courts**

In relation to domestic violence, there have been no proper orders or judgments given in cases involving individual parties given that the police and the lower courts - which are

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<sup>9</sup> Anubhuti Matta, [Hotlines Are Not Enough For The Country's Domestic Violence Victims](#), 7th May, 2020.

<sup>10</sup> [Coronavirus lockdown: Plea for domestic violence shelters](#), 15th April, 2020.

<sup>11</sup> Supreme Court of India, [https://main.sci.gov.in/pdf/LU/22032020\\_161235.pdf](https://main.sci.gov.in/pdf/LU/22032020_161235.pdf), 22nd March, 2020.



the courts of first instance for cases of domestic violence - were not opened for hearing matters. However, two major judgments being delivered by the High Court of Jammu and Kashmir<sup>12</sup> and the Delhi High Court<sup>13</sup> have sought to address the issue of the rise in domestic abuse during the lockdown. The High Court directed the respective legal service authority to immediately call for a list of complaints regarding domestic violence being filed with the police and check in on the welfare of the complainants. In another important direction, the same court mandated that all functioning courts within the state and the adjacent union territory shall treat cases of domestic abuse as urgent. The High Court of Delhi in its decision did not give a decision which explicitly mandated and laid out the procedure for hearing of domestic violence cases. However, it did mandate the respective authorities to ensure that efforts are made to ensure the ‘proper implementation of the act.’

These judgments have been passed only in the recent past meaning that states are yet to respond to the directions given by the court and submit status reports in order to take note of the level of impact the pandemic has had on cases of domestic violence. There is a case pending even now before the High Court of Tamil Nadu wherein the court demanded a report of the actions that the state has undertaken in order to address domestic violence during the lockdown.<sup>14</sup> These are some instances wherein the courts have used their power within the community with an intent to ensure that there is a sense of accountability which exists on state machinery to ensure that attention is being paid to the issue of domestic violence as well.

The proactive approach of these high courts is a step in the right direction given that ordinarily available avenues of support are currently unavailable and not functioning at full capacity. However the practicality of these approaches and their end result is yet to be seen as these are recent observations and no reports have been filed by the states in response to these directions as of now.

#### **b. Accessibility of lower courts**

As mentioned earlier, it was always the lower courts which had the power to hear matters pertaining to domestic violence. Therefore, even if the judgments rendered by the high courts are helpful in ensuring accountability, they may be unfruitful if regular follow-up with the states and setting up of easy-access alternative remedies are unavailable. One of the most pragmatic elements of the Domestic Violence Act, 2005 is the availability of protection orders to those who may be subjected to violence in their domestic residence.

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<sup>12</sup> [In Re: Court on Its Own Motion](#), WP(C) PIL no. \_\_\_\_/2020 (Through Video Conferencing).

<sup>13</sup> [All India Council of Human Rights, Liberties and Social Justice v. Union of India](#), W.P.(C) 2973/2020

<sup>14</sup> [Sudha Ramalingam v. Chief Secretary, Government of Tamil Nadu](#), WMP.No.8887/2020 in WP.No.30750/2018.

These protection orders have been unavailable due to decreased access to and shutting down of courts. Although rules vary from court to court in relation to how they are to function in the context of the lockdown, the courts are open only for cases which have reached the stage of arguments with only 20 cases being listed on a single day. There are further restrictions with regard to filing of cases, documents and interim applications. A person wishing to make any application to the courts is first required to send an email to the designated email address following which a time for the hearing set during which the appointed lawyer may file the application in person. While this turnaround time may seem reasonable in regular matters, they may be heavily problematic for cases of domestic violence where survivors may be in imminent threat to their life and well-being.

These issues are exacerbated with increase in police apathy and lack of access to technology. The team at One Future Collective tried calling police stations across three cities of the country namely Bengaluru, Bombay and Delhi where the response by the police was less than satisfactory. The police in Bengaluru however were receptive in that they said that the police can be reached via telephones as well. However, this alternative, like the alternatives chosen by the courts is predicated on the assumption that access to technology is universal which is definitely not true in India with over 60% of women not having access to technology at all.

## **5. Challenges to preventing and encountering instances of domestic violence during COVID-19**

There are multiple challenges which the lockdown has presented which were not accounted for previously. Especially in relation to domestic violence, a problem that has been prevalent, even before the virus, is that there is a real danger of those already living within the margins to be marginalised further. The lockdown imposed an obligation on all persons to confine themselves to their homes exposing those whose homes are unsafe spaces, which contribute to violence and toxic environments, in an extremely vulnerable position. These vulnerabilities get exacerbated in light of a few other concerns, some of which are presented below.

### **a. Unequal access to technology**

The lockdown around the world has pushed governments and organizations to explore tech-based alternatives to previously existing infrastructure in order to provide continued access to services despite the lockdown. Studies have shown that almost 60% of women in India lack access to technology.<sup>15</sup> This means that around 60% of the woman-population in India does not even have access to raise a formal complaint against

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<sup>15</sup> Urvashi Aneja, Vidisha Mishra, [Digital India Is No Country for Women. Here's Why](#), 25th May, 2017.

their abusers due to the lockdown. This inaccessibility is highlighted owing to diminished mobility and consequently higher degrees of vulnerability. Helplines, text-messages, e-filing in courts are all alternatives that are heavily tech-dependent. Considering the fact that only 30% of women use mobile phones, these options may automatically be eliminated for them.<sup>16</sup> According to the statement given by an organization working with transgender persons, this holds equally true for this community as well considering that they have lost touch with most of their clients while shifting their operations online.<sup>17</sup>

### **b. Close proximity with the abusers**

Another challenge that hinders survivors' access to formal or even informal sources of support during such a time is their proximity to the abusers. Many times, survivors are unable to reach out for help for the reason that they are in close proximity with their abuser who displays the tendency to become more violent in the event they become aware of being reported. This challenge is a direct product of the trends coming forth regarding the nature of the calls being made. Before the lockdown, survivors could directly approach police stations and file their complaints. While that was also not the most conducive to their cause, the present situation has made matters worse. According to the state of Tamil Nadu, most calls made to the helplines are blank calls - meaning that even after dialling and getting connected, nobody says anything.<sup>18</sup> Experts are of the view that this may be the case considering the high probability of the abuser being in the vicinity of the survivor. The National Commission of Women accepts complaints not only through calls but also through emails, online portals and SMS services. One of the biggest factors necessitating this assistance is the fact that it is possible for survivors to report instances of abuse more discreetly through these means when compared to calling.

### **c. Mobility issues**

Although arrangements have been made to include accessing shelter homes during the lockdown by recognising them as providers of essential services, there is a fundamental lack of access that continues to persist. Not only is there a dearth in the number of shelter homes available, there is also apprehension regarding overcrowding therefore increased risk of infection. Most of the shelter homes and professionals working thereunder have been given mobility passes but irrespective of this, there is a lack of accessibility in red and orange zones.<sup>19</sup> Issues of mobility are exacerbated with the ban on public transport

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<sup>16</sup> Rajiv Singh, [In India only 38% of women use mobile phones, while it is 71% for men: Study](#), 2018.

<sup>17</sup> Akshita Nagpal, [Activists Urge Roping In ASHA Workers And Other Novel Approaches As Domestic Violence Rises During Lockdowns](#), 6th April, 2020

<sup>18</sup> Priyanka Murthy, [Activists Urge Roping In ASHA Workers And Other Novel Approaches As Domestic Violence Rises During Lockdowns](#), April 16, 2020.

<sup>19</sup> Anubhuti Matta, [Hotlines Are Not Enough For The Country's Domestic Violence Victims](#), 7th May, 2020.

given that historically, women have had much lower access to travel facilities within their own households.<sup>20</sup> To be able to leave one's home, get their hand on mobility passes from police stations and then subsequently be able to travel to a safer atmosphere therefore can pose themselves as real-time challenges.

#### **d. Fear of infection**

Generally another challenge that is likely to present itself is that survivors fear being infected. Even in the rare cases survivors are able to reach out to police stations or even hospitals to receive medical aid, there is a realistic fear of infection that has the tendency to deter some survivors from reaching out for help. Some reasons which validate this fear is the fact that no clear precautions are in place. Alternatively, even where precautions and guidelines are recommended, there is no remedy available in cases where there is a non-observance with the recommended guidelines. Given the high density of the population in the country, there is a high level of interaction between the public and service providers such as the police and the medical fraternity. This in-turn implies that these spaces hold very high potential of infecting individuals who may wish to access them.

Considering the fact that existing avenues of support such as the legal and medical infrastructure are already overburdened, there is a chance that the distrust between survivors and state agencies is deepened.

#### **e. Lack of formal enforcement of the law**

Due to the lockdown, the existing law and procedure has not been able to be put to use the same way as before. This is increasingly obvious given the fact lower courts in India - where remedies under the Domestic Violence Act, 2005 can be obtained - were shut down. In addition to this, the protection officers established under that Act with the sole intention of providing support to survivors of domestic violence are either not appointed or even if appointed, are not given mobility passes in order to patrol and address concerns that survivors may have. This challenge was also raised before the High Court of Jammu and Kashmir and was seen as a realistic impediment to the interests of the survivor.<sup>21</sup> The order of the High Court along with those of a few other High Courts in the country have ordered the state governments to either grant mobility passes to protection officers or to provide police officers with the training to act as protection officers for the duration of the lockdown. However,

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<sup>20</sup> Vidya Mahambare, Sowmya Dhanaraj, [The gender divide in urban mobility](#), 2nd November, 2018.

<sup>21</sup> [In Re: Court on Its Own Motion](#), WP(C) PIL no. \_\_\_\_/2020 (Through Video Conferencing).

#### **f. Lack of alternative source of residence and support**

The above challenges tend to highlight previously existing challenges. This is especially true in cases where survivors are financially dependent on their abusers. Studies have repeatedly shown that in cases of domestic abuse, survivors are more likely to turn to their friends and relatives for temporary housing and emotional support.<sup>22</sup> Owing to the lockdown and lack of access to mobility, these options have also become unavailable. This leaves survivors with the option only to approach formal legal systems which historically have been a source of retraumatisation.

#### **g. Police apathy**

Owing to the lockdown and the increased burden on police officers, there is little to no priority being given to cases of domestic violence being filed currently. The team at One Future Collective reached out to police stations in Bangalore, Delhi and Bombay in an attempt to better understand the support infrastructure currently available. In almost all cases the response was lackadaisical and characterised with apathy often asking survivors to ‘put up’ with violence for a little longer given that they have been for a long time. The National Commission for Women too noted this approach as being a great challenge to access to justice and safety for survivors of domestic violence during this time.<sup>23</sup>

### **6. Best Practices to Prevent and Combat Domestic Violence by Government Agencies**

The response of the government in relation to the rise in cases of domestic violence has been largely unsatisfactory given the fact that no official recommendations have been made so far. There are instances of disjointed and disconnected efforts being made by different departments in the central government along with individual efforts that state governments have been undertaking.<sup>24</sup> Broadly the attempts made by the government agencies can be classified as follows

#### **a. Helplines**

Helplines have been set up across the country in different states in an attempt to offer quick, accessible and affordable support to survivors of domestic violence during the lockdown. The National Commission for Women, a central body setup with the intention of looking into matters of welfare of women has launched a helpline number specific to

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<sup>22</sup>Claire M Renzetti and Vivian M Larkin, , [Economic Stress and Domestic Violence](#), 2009.

<sup>23</sup> Jagriti Chandra, [Covid-19 lockdown | Rise in domestic violence, police apathy: NCW](#), 2nd April, 2020.

<sup>24</sup> Abeera Dubey, Vandita Morarka, [Stakeholders’ Response to Domestic Violence During Lockdown](#), 30th April, 2020.

the COVID-19 situation which can be accessed both via phone services as well through WhatsApp and SMS services.<sup>25</sup> Several states in India such as Uttar Pradesh,<sup>26</sup> Kerala,<sup>27</sup> Tamil Nadu,<sup>28</sup> among others have also launched helplines available 24/7 which can be accessed either by calling the said numbers or by reaching out to them via text-messages via SMS or WhatsApp. The Tamil Nadu government has also taken a step forward and set district-wise helplines in order to facilitate decentralised access to legal and mental health aid.

### **b. One-Stop Crisis Centers**

Taking from the previously published guidelines on the setting up of one-stop centers,<sup>29</sup> governments today are encouraging their use across the country. As per the response given by the government of Tamil Nadu to their High Court, the government has set up one-stop centers for survivors of violence working around the clock.<sup>30</sup> These service centers are designed with the intention of providing holistic support to survivors ranging from medical and mental health support to legal aid and advice as well. Despite a well-designed policy in place, these centers have not been set-up extensively.<sup>31</sup> The proposed model however holds immense potential in addressing concerns that survivors of domestic violence may have.

### **c. Counselling services**

There has been an increase in the emphasis being given to mental-health support to survivors of violence during the lockdown period. This is becoming clearer with the fact that several state bodies are investing large amounts into setting up tele/online counselling for survivors reaching out for help. In Tamil Nadu, Tele Counselling services are set up with ten psycho-social counsellor being recruited with the intention of providing trauma-informed counselling to women and children.<sup>32</sup> One-stop centers established in every district are to be linked with the National Institute of Mental Health

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<sup>25</sup> [NCW launches WhatsApp number to report domestic violence during COVID-19 lockdown](#), 10th April, 2020.

<sup>26</sup> Rakhi Bose, [UP Police Deserves All Praise for Domestic Violence Hotline for Women During COVID-19](#), 20th March, 2020.

<sup>27</sup> [Activities Undertaken in Response to COVID-19](#), 2020.

<sup>28</sup> Bharathi SP, [How TN govt Helplines are Helping Women subjected to Domestic Abuse and Violence](#), 26th May, 2020.

<sup>29</sup> [OneStop Centre Scheme. Implementation Guidelines for State governments/UT Administrations](#), December, 2017.

<sup>30</sup> [High Court Appraised of Steps Taken to Protect Victims of Domestic Abuse](#), 25th April, 2020.

<sup>31</sup> Puja Awasthi, [RTI query shows One Stop Centres are dysfunctional in UP](#), 06 March, 2020.

<sup>32</sup> [Effective Steps Taken to Curb Domestic Violence During Lockdown, TN Tells Madras HC](#), 25th April, 2020.

and Neuro Sciences (NIMHANS) in order to facilitate smooth co-working and collaboration between case-workers and mental health professionals for survivors.<sup>33</sup>

#### **d. Court intervention**

Even though the lower courts have been shut down during the lockdown, the apex court of the country and the various state high-courts continued to function at full capacity. Some high courts have routinely intervened to take stock of the situation as well as give directions to the respective authorities about steps that have to be taken in order to ensure that sufficient care is given to survivors. For instance, the High Court in Tamil Nadu,<sup>34</sup> responded to an application filed by a local body seeking details as to the measures undertaken by the government. Similarly, the High Court of Delhi requested additional information as to the measures taken by the government. On being satisfied that sufficient measures were taken, the court disposed of the matter with an order directing the state to ensure that the measures being mentioned are functioning appropriately and in full capacity.<sup>35</sup> In the High Court of Jammu and Kashmir, the matter was taken up suo-moto and the court directed the government to engage in an analysis of the measures taken by countries around the world and emphasised on the need to invest in procuring designated funding for survivors, designating informal safe spaces for survivors, engaging in widespread campaigning and awareness programmes etc.<sup>36</sup>

#### **e. Follow up programs**

Governments and police authorities are also engaging in follow-up programs whereby they reach out to survivors who have reported instances of violence in the past in order to check in with them regarding their safety during the lockdown. One of the first states to do this is that of Odisha which launched a Phone-Up Programme with the objective of checking in with past complaints to ensure their safety.<sup>37</sup> Similar measures were undertaken by the authorities in Tamil Nadu where they sought to contact all survivors of gender-based violence who reported crimes in the past three years.<sup>38</sup>

#### **f. Awareness building and campaigning**

The Uttar Pradesh government's initiative to launch a helpline dedicated to survivors of domestic abuse was lauded for having undertaken a widespread campaigning program

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<sup>33</sup> Jagriti Chandra, [Center Rolls out Steps for Women's Safety](#), 9th April, 2020.

<sup>34</sup> [High Court Appraised of Steps Taken to Protect Victims of Domestic Abuse](#), 25th April, 2020.

<sup>35</sup> [All India Council of Human Rights, Liberties and Social Justice v. Union of India](#), W.P.(C) 2973/2020.

<sup>36</sup> [In Re: Court on Its Own Motion](#), WP(C) PIL no. \_\_\_\_/2020 (Through Video Conferencing).

<sup>37</sup> [Odisha Police Initiate 'Phone-Up' Programme' to address domestic violence during Lockdown](#), 18th April, 2020.

<sup>38</sup> Bharathi SP, [How TN govt Helplines are Helping Women subjected to Domestic Abuse and Violence](#), 26th May, 2020.

through which awareness was generated.<sup>39</sup> The need for awareness and mass-campaigning with a focus on mass outreach was highlighted in the judgment rendered by the High Courts of Delhi<sup>40</sup> as well as Jammu and Kashmir<sup>41</sup> which observed the need for accurate information dissemination to be the need of the hour.

#### **g. Protection officers**

There has been a repeated demand to ensure that the governments either offer mobility passes to protection officers under the Domestic Violence Act, 2005 or alternatively appoint temporary protection officers by converting police officers into protection officers after offering them the requisite training. The High Court of Delhi directed the government to ensure that protection officers were appointed and that they were given the requisite assistance and power to be able to implement the provisions of the Act satisfactorily.<sup>42</sup> In Tamil Nadu, Protection officers, who are specially trained to respond to cases of domestic violence were reported to have been calling and following with complainants of domestic abuse in the past.<sup>43</sup> Further, district-wise rescue teams have also been created in order to provide speedy redressal to survivors of domestic violence

#### **h. Functioning of shelter homes at full capacity**

The Ministry of Home Affairs related to the Central Government released several circulars and notifications pertaining to permissible and impermissible activities. Repeatedly, it has recognised shelter homes for ‘destitute women and widows’ as essential services meaning that they would continue to remain open and functional despite the lockdown.<sup>44</sup> These homes continue to be able to function with additional staff as well in order to be able to provide meaningful and effective support to survivors.

#### **i. Legal Aid and Support**

The National Legal Services Authority Act, 1995 mandates that free legal aid be provided to all the citizens of the country. Despite most courts being shut down and the formal legal mechanisms becoming inaccessible, the Delhi State Legal Services Authority has

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<sup>39</sup> Rakhi Bose, [UP Police Deserves All Praise for Domestic Violence Hotline for Women During COVID-19](#), 20th March, 2020.

<sup>40</sup> [All India Council of Human Rights, Liberties and Social Justice v. Union of India](#), W.P.(C) 2973/2020.

<sup>41</sup> [In Re: Court on Its Own Motion](#), WP(C) PIL no. \_\_\_\_/2020 (Through Video Conferencing).

<sup>42</sup> [All India Council of Human Rights, Liberties and Social Justice v. Union of India](#), W.P.(C) 2973/2020.

<sup>43</sup> [High Court Appraised of Steps Taken to Protect Victims of Domestic Abuse](#), 25th April, 2020.

<sup>44</sup> Ministry of Home Affairs, Order, 15th April, 2020, Available at <https://www.amchamindia.com/wp-content/uploads/2020/04/MHA-order-dt-15.04.2020-with-Revised-Consolidated-Guidelines.pdf>.



issued a circular emphasising on the need to provide free legal aid, advice and assistance during the lockdown to women, children and senior citizens.<sup>45</sup>

## **7. Best Practices to prevent and combat domestic violence by NGOs, NHRIs or equality bodies**

In the backdrop of unsatisfactory response by government agencies, civil society organizations have gone a long way in mobilising resources and providing alternative spaces of support to survivors by either expanding their services, hosting campaigns to build greater awareness about domestic violence, investing in building capacities of community and individuals in techniques of bystander intervention and bridging the gaps between the support infrastructure as it presently exists.

### **a. Campaigns**

Several organizations have engaged in conducting campaigns online and offline in order to address domestic violence. The objective of these have either been to ensure that awareness is being spread or alternatively to alert authorities that persons are being subjected to violence. There are several organizations which have run campaigns such as these. For instance, the red dot foundation has initiated a campaign wherein a survivor can communicate they are being subjected to violence by wearing a red decorative dot on their foreheads.<sup>46</sup> Breakthrough India launched a campaign in collaboration with the renowned social media platform, Tik-Tok, in order to spread awareness about the rise and meaning of domestic violence.<sup>47</sup> The Bell-Bajao initiative led by Breakthrough India urges men and boys to take an active stand against instances of domestic violence.<sup>48</sup> Coro India sought to spread awareness about avenues of support such as helplines by adding information about them via stickers onto food-aid packets being distributed amongst daily-wage workers.<sup>49</sup> There is also increased collaboration between different organizations as is seen between the North East Network and ASHA workers who came together in order to bridge the gap that was created by the lack of human resources available to offer support to survivors.<sup>50</sup> These are some examples of the efforts being carried out by organizations in relation to spreading awareness.

### **b. Databases**

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<sup>45</sup> [Delhi Legal State Services Authority](#), 22nd April, 2020.

<sup>46</sup> [Domestic violence rises amid coronavirus lockdowns in Asia](#), 2020.

<sup>47</sup> Arjun Khare, [Breakthrough India's COVID 19- emergency response - Breakthrough](#), 8th April, 2020.

<sup>48</sup> [Breakthrough India's COVID 19- emergency response - Breakthrough](#), 2008 onwards.

<sup>49</sup> [Facilitating a Sustainable Relief Mission through People's Initiatives and Participation](#), 2020.

<sup>50</sup> Mythreyee Ramesh, [How 9 Lakh ASHA Women Are Leading India's Fight Against COVID-19](#), 7th April, 2020.

Several organizations have sought to collate a comprehensive list of resources which can be useful for survivors who may not be aware of what aid and services are available to them. To this end, there has been an attempt by a few organizations to put together a list of helplines which can be reached out to in cases of domestic violence. The National Commission for Women has collated a list of reliable helplines that can be reached out to in cases of violence.<sup>51</sup> Similar databases are put together by different organizations across the country.<sup>52</sup> These databases serve as a useful resource in addressing instances of domestic and other forms of domestic violence and pose as easy-to-share and easily accessible documents with readily available information.

### **c. Trainings and resources**

Organizations, alongside providing direct support to survivors of gender-based violence through this time, also engaged in conducted training online on various aspects of gender-based violence. Through these training the impact of the pandemic and the lockdown was inspected from gendered-lens in order to be able to gauge the general overall impact of the lockdown. In addition to training, carefully curated resources with a focus on bystander intervention and community building were also disseminated widely. A few examples of these include the guide on how stakeholders can respond to domestic violence during the lockdown in a manner that is comprehensive and holistic,<sup>53</sup> resources on what role an individual can play in supporting survivors within their immediate social circles,<sup>54</sup> recommendations made to government bodies<sup>55</sup> and to police officials.<sup>56</sup> These resources necessarily sought to provide viewers with an overarching understanding of the issue while simultaneously equipping them with the know-how on what the appropriate way to respond is.<sup>57</sup> Considering that state-machinery is largely over-burdened and inaccessible, these resources are designed with a view to explore the capacities of local avenues of support such as essential service providers, grocery stores and pharmacies which, if built on, can serve as excellent support infrastructure for survivors.

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<sup>51</sup> <http://www.ncw.nic.in/helplines>, 2020.

<sup>52</sup> [One Future Collective's Resources for Survivors of Gender-Based Violence](#), [The Gender Security Project Directory of Resources for Survivors](#), [Sayfty Survivors Toolkit](#).

<sup>53</sup> [Supporting Survivors of Domestic Violence during COVID-19 | One Future Collective](#), May, 2020.

<sup>54</sup> [Ready-to-use resources on offering support to survivor of gender-based violence](#), One Future Collective, May, 2020.

<sup>55</sup> Abeera Dubey, Vandita Morarka, [Stakeholders' Reponse to Domestic Violence During Lockdown](#), 30th April, 2020.

<sup>56</sup> Uttanshi Agarwal, [Recommendations made to Police Authorities to Provide Support to Survivors of Domestic Violence During COVID-19](#), 18th May, 2020.

<sup>57</sup> Uttanshi Agarwal, [Avenues of Support for Survivors of Domestic Violence during COVID-19 - The Role and Impact of Bystander Intervention](#), 13th May, 2020.

Overall, organizations have been trying to bridge the gaps between the existing infrastructure by leading and collaborating with other organizations extensively in order to provide survivors with the necessary support. However, without the support of the government and a steady flow of funding, there is a strong insecurity which continues to persist within the social sector which may not be sustainable in the long run.

## **8. Barriers and access to medical care by survivors of domestic abuse during the lockdown**

Medical services are not suspended in the country, therefore implying that access would remain the same for all persons irrespective of the pandemic. However, owing to the lockdown and the increased pressure on the medical infrastructure within the country, there is a fundamental lack of accessibility for those who are battling non-COVID related diseases. These challenges are intensified with the fear of infection that may be rampant in medical structures.

### **a. Impact of the lockdown on pregnant women**

The current restrictive measures have impacted the access to health services as many states have curtailed the outreach services for immunisation and maternal health services, citing the importance of taking precautionary measures against the infection. Majority of the public health infrastructure is engaged in COVID-19 related activities. Private health services are not functioning completely for fear of being exposed to the virus. These restricted medical services, especially maternal health services have impacted women of different income groups differently. While for those from higher income groups there is higher access to healthcare due to emergency telemedicine services and private medical services is still possible, those from lower income backgrounds are severely disadvantaged given their high dependence on government-provided services. Government hospitals and doctors are heavily burdened due to the pandemic making them give little to no attention to sexual and reproductive health of individuals. Additionally, with most of the ambulance services diverted for COVID-19 related activities and suspension of transportation facilities, women in labour are finding it increasingly difficult to access maternal health services. Adding to this is a dearth of the Personal Protective Equipment (PPE) which is forcing medical health practitioners to prioritise cases which are COVID-related thereby further invisibilizing these concerns.

On April 21, the Indian Council for Medical Research published a new guideline that advised all pregnant women from containment areas, hotspot districts, including those who are asymptomatic and are likely to deliver in the next five days, to get tested for COVID-19. Despite the guidelines mandating that maternal health services are to be

treated on par with essential services, states have heavily curtailed immunization and other related services necessary for pregnant women.<sup>58</sup>

### **b. Impact of the lockdown on abortion and related services**

The raw material for medical abortion pills (MAPs), which India normally imports, has also become inaccessible due to international trade being shut down. As a consequence, the cost of purchasing and manufacturing (MAPs) is likely to skyrocket making accessibility more difficult for many women. On the other hand, Indian pharmaceuticals are also some of the largest suppliers of MAPs globally. This implies that where India's capacity to manufacture MAPs is diminished, there is a possibility that there is a cascading impact around the production, availability and accessibility of these pills across the world.

Decreased production and distribution of condoms, oral pills and emergency contraception pills coupled with reduced access to abortion-related services (both surgical and medical) also may force women to go through unwanted pregnancies or resort to unsafe methods to terminate their pregnancy. These concerns cannot be concerned unless abortion (which also has legal implications in terms of gestational time limit) is considered an essential medical service.<sup>59</sup> In order to access reproductive health systems such as contraception, it is often necessary for women to be able to get to a public health centre. In addition, the costs of both reaching such centres and contraceptives has gone up.<sup>60</sup>

### **c. Impact on menstruating women**

During the initial phase of the lockdown, sanitary napkins were not included in the list of essential items as published by the government. Consequently, this resulted in severe production and supply disruptions which further led to a shortage at chemists, grocery stores and e-commerce websites as people began panic buying. This left many girls and women with no choice but to resort to the age-old, unhygienic practice of using old clothes/rags to manage their periods. Only after massive public outrage did the authorities include sanitary napkins in the list of essential items.

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<sup>58</sup>Ramila Bisht, Jyotishmita Sarma and Rajashree Saharia, [COVID-19 Lockdown: Guidelines Are Not Enough to Ensure Pregnant Women Receive Care](#), 8th May, 2020

<sup>59</sup> Dr Manisha Gupte And Dr Suchitra Dalvie [OPINION: The gendered impact of COVID-19 in India](#), 9th April, 2020

<sup>60</sup>Lalita Panicker, [Covid-19: Focus on reproductive health](#), 14th June, 2020.

Two months after the lockdown was first announced, the situation on the ground has not improved. Many chemists in densely populated areas have stated that there is no new stock coming in. Some of them who do have stock are rationing them in order to curb hoarding and bulk purchases by people. The health services for non-COVID treatment have not been shut or restricted per se. The Union Home Ministry on May 11th has asked states and Union territories to ensure smooth movement of all medical professionals, paramedics, sanitation personnel and ambulances, during the ongoing lockdown, recognising that restriction on these services can lead to severe constraints in rendering COVID and non-COVID medical services continue to function without any hindrances. The Ministry also asked the states to ensure that all private clinics, nursing homes and labs with all their medical professional staff are open.<sup>61</sup> However, there is a problem of accessibility due to the increase in the price of contraceptives and the cost of transport.

### **Concluding Remarks and Observations**

The pandemic has presented the existing systems of redressal and support with the opportunity to reimagine how interests of survivors can be prioritised in all circumstances in a holistic manner. Previously existing formal legal systems such as the police, courts and medical infrastructure were saturated with barriers making them inaccessible and retraumatising spaces for the survivors. This lockdown has exposed the infirmities in these structures by advocating for an alternative that focuses on inclusion, accessibility and affordability.

The civil society organizations in India as well as around the world have been at the forefront of filling the gaps that have expanded owing to the pandemic but lack the resources and direction to be able to continue providing support in a sustainable manner. There is an urgent need to rework and rearrange resources so as to be able to prioritise the interests of survivors who are currently more invisibilized than ever before by investing in easy to access protection orders, safety measures and rehabilitation centers. Measures that have been announced by several courts in the country also point towards the need to foster greater collaboration between government agencies and civil society organizations so as to build capacities and offer comprehensive support to survivors.

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<sup>61</sup> [All private clinics, nursing homes, labs to reopen: Home Ministry directs States and UTs](#), 11th May, 2020.