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

This submission is being made by CEHAT, working on health and human rights since 1994. It has been advancing the role of health systems in responding to VAW through its research, intervention and policy advocacy. This is based on the experience of hospital based crisis centres in Mumbai (11 centres) and Haryana (12 district hospital based centres) as well as a pilot project working in one district and sub-district level in Bihar.

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.**

There have been reports of increase in calls from survivors of domestic violence. This was noted by the NCW and CSOs that actively disseminated their numbers through various media and fora. There is no reliable national data to claim that there has been an increase of violence against women especially domestic violence during the pandemic. But given the high prevalence of domestic violence in India, the fact that VAW tends to increase during all emergencies including epidemics and the gendered implication of lockdown, there is reason to believe that violence within homes has increased during this period.

The MoHFW in its guidance note for enabling delivery of essential health services during this outbreak states that “*Services to victims of sexual and physical violence should be ensured as per protocols. Information about support services under social welfare department, NGOs, One stop crisis centres and helplines should be provided to the victim.”*

The public hospital based crisis centres in India under the National Health Mission could therefore be declared as essential services and continued to provide services during this period. They also started tele counselling and provided their numbers to all relevant stakeholders. Their experience has been that survivors continued to reach health facilities both in urban and rural areas for treatment of injuries, unwanted pregnancy and rape examination. As the OPDs were closed during this period, the number of women reaching these facilities dipped. But those suffering assaults, burns, attempted suicides reached the facilities for treatment and other survivors continued to speak over phone. During the lockdown period from 24th March to 15th June 20, Dilaasa centres in Mumbai responded to 495 cases across 13 peripheral hospitals, Sukoon centres in Haryana responded to 1335 cases across 12 district hospitals and Sajha responded to 35 cases across one district hospital and 2 sub-district health facilities.

These numbers are lower than what they normally respond to. Health facilities across the country were overwhelmed with responding to COVID. There was a closure of non- COVID care. In fact reports from the ground indicate that even the essential services as stated in the directive issued by the MoHFW were not accessible as evidenced by several maternal deaths during this period.

The teams noted that women reported violence from their marital and natal families. Those who were already facing violence, reported that the frequency had increased due to lockdown as women are spending more time with the abuser. They spoke about increased burden of household work and child care. Many women and children disclosed about their abuse for the very first time, they shared that spending more time at home with abuser and not getting any support from outside world which was otherwise available had encouraged them to call on the helpline. Women from upper class reached out to us who otherwise do not open up and come forward to seek help, for them it was easier to talk on phone.

1. **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?**

The nature of the public health strategies to counter the pandemic such as lockdowns/quarantine poses specific challenges for VAW service provisioning as survivors of VAW may not be able to access services due to restrictions on movement and closed centres/ clinics. The lockdown in India was sudden and severe, which prevented women from accessing services.

There is no national helpline for domestic violence in India. States have their own helplines run by the Women and Child Department (WCD) and police. WCD helplines were said to be functional but ground reports indicate that the calls were often not answered or survivors were told that there is little that they can do in this pandemic. Police were overwhelmed with COVID duty as the lockdown was implemented as though it was a law and order issue. The response of police helplines too was mixed. One of the commonest response was to tell the survivor to not complain about domestic matters when the nation was battling such a huge crisis. But they did respond when CSOs intervened. But the expected protocol of documenting complaint and taking action was severely compromised.

NCW received a large number of cases, so did the 181helpline in Gujarat- a state in India. The experience of Civil society organisations (CSO) has been that when the helpline were advertised there was a surge in numbers. The NFHS 2015-16 has reported that 31.1 ever married women have experienced spousal violence. Of these, only 14% women sought any kind of support. This has reduced by 10 percentage points from the last NFHS 2005-06.This is a major cause of concern as this indicates that survivors of domestic violence are not suffering in silence. The severe lockdown has had deleterious social and economic impact especially on women and those from marginalised communities. There was no acknowledgment of the high prevalence of domestic violence and gendered impact of the pandemic that is likely to increase abuse within homes. .

During the lockdown, there were two initiatives where the state governments disseminated information about helplines. One was the government of Kerala, where the Chief Minister talked about strict action against perpetrators of domestic violence and encouraged women to report mental, physical, sexual and social violence by dialling 181. Posters have been printed by Kerala’s Women’s Development Corporation, Govt of Kerala that provide information of whom to call, forms of domestic violence and the punishment under the DV law. These are captioned as “Should we go from Lockdown to Lock up? “ Second was the government of Maharashtra that partnered with Akshara, and ran a campaign by involving celebrities to create awareness domestic violence during lockdown and enocurgae women to speak out and dial the police helpline 103.

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

There was no recognition for the need to allow survivors of violence safe passage or be exempted from restrictive measures. There were cases where women were thrown out of their house, but they could not go to their natal home or any other place due to travel restrictions. There was no information about what to do and whom to approach in such situations.

Counsellors used their own ingenuity by involving the village head (mukhiya) or resident associations/building committee members to intervene and ensure safety of survivors. In other situations, they strategized to move the survivor to the border of the village and request her natal family to pick her up from there.

*In a painful case in Bihar, a woman who escaped an homicidal attack on her and somehow travelled to her natal home in another district wither walking or hitching rides. She left her 2 month baby who was being breast fed. It took a couple of days to seek the required permission and intervention to get the husband to bring the infant to a certain place and hand it over to the mother. Needless to say that this caused immense physical and mental agony caused to the breastfeeding mother.*

Counsellor in Mumbai also had to put in a lot of effort to seek permissions by escalating the matter to senior police personnel to rescue women whose lives were under threat or for them to move out from their abusive homes to safe space. Many women who were able to identify safe places to go to found it impossible to get the necessary permission and it was only through intervention by counsellors that this could be realised.

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

Shelters were not closed but they were inaccessible. Whenever they were approached they claimed that they had full occupancy. A few weeks into the lockdown some of the shelter services disclosed their fears and apprehensions of taking new admissions due to lack of information and knowledge related to COVID status of women. They had no guidance on quarantine, safety measures etc from their respective authorities.

Almost all shelter homes stopped taking new admission due to fear of transmission of Corona if woman is coming from outside. They insisted that survivors get a Covid test done which was not possible as only symptomatic cases were being tested. The cost of test in private lab was INR 4500 which was too high. In Mumbai, counsellors were able to secure shelter for few survivors after several rounds of negotiation with shelter homes, involving doctors, getting examination reports from hospitals stating no symptoms and explanation of how to quarantine. No alternative arrangements were made during these times for women to be in safe space who were facing violence at home.

In these times One Stop centers could have played a critical role, But they too lacked directives for it. The OSCs allow shelter for 5 days only and they had no guidance on extending the stay or admit new inmates.

*In one case in Mumbai, the counsellor approached a senior police officer to intervene in a case where the man was physically assaulting his wife and daughters. The officer went to the house and asked the husband to vacate the house and move in with his parents*

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

The courts were closed and protection officers (POs) were not functioning. They reached out for guidance and when provided they started attending to survivors online. But as they themselves were locked in their house, they had no means to file for any Protection or residence orders. Even during this time, survivors did contact us after being thrown out of their homes.

*A woman in Mumbai was thrown out of her house and was living on the streets for 15 days. When she called the counsellor, there was no way to get a residence order for her and a local organisation was mobilised to intervene in the matter by going to the residence of the woman and ensure that she got access to her own house.*

1. **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 were impacted due to court closure, women whose Domestic Incident Reports(DIR) were already filed had no clarification about the next date or procedure. They were struggling to get proper information. Women were eagerly waiting to get justice which got delayed due to lockdown. No interim order was passed to provide immediate relief. They did not get any response/clarity from their lawyers. When spouse stopped giving maintenance there was no means for a woman to go to the police or PO to get this done leaving her in a precarious situation

Protection officer shared that e-courts are not operational and everything will be heard after lockdown.

For rape survivors though when the abortion had to be sought over 20 weeks , virtual courts were hearing the matter and issuing orders. During this period, two survivors were able to get abortions only due to the efforts by counsellors in Mumbai and pro bono services of lawyers.

1. **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.**

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

Access to health services was also disrupted initially as most of the government hospitals were running corona OPDs and fever / cough/cold OPDs only. Other services were suspended. Women who were pregnant had no clarity whether ANC OPD is functional or not. Women and adolescents who were reaching hospital for abortion services were refused on the grounds that it was an elective procedure and all elective procedures were halted in hospitals despite knowing the fact that abortion will not be possible post 20weeks. Abortion care was listed as one of the essential services as per the MoHFW order yet the access to it was challenging for survivors of violence. All OPDs were closed but women had no information about alternative services. Hospitals were only taking women for delivery. In some hospital ANC OPD was suspended in some they stopped taking new registration. Women also found it difficult to reach to hospital to do MLC in domestic violence cases. There were reports of maternal deaths during this period as they could not access any transport to reach a health facility.

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

**Facilitating access to essential services negotiating with the police, shelter home and hospital**  
19 years old Shilpa first approached a municipal peripheral hospital two days before the lockdown was imposed. She sought consultation for pain in abdomen. Her father accompanied her. On examination the doctors found her to be pregnant and as is the protocol, referred her to Dilaasa for exploring sexual violence and for provision of psychosocial support. Shilpa told the counsellor about sexual violence by father over the past four years. She said she did not want to go back home with him. The counsellor admitted her in a shelter home on the same day. She was asked to report to hospital on March 23rd for investigations and on 26th for procedure. On 23rd, the lockdown was in place, public transport had stopped and shelter home superintendent could not send anyone with her to the hospital. The Dilaasa counsellor then collected her from the shelter home and accompanied her to the hospital. She negotiated with doctors to admit Shilpa the same day considering the problems in commute she might face again. The hospital too agreed and she was admitted. On 26th, the counsellor found out that Shilpa had been waiting for the procedure well past noon. When explored the doctors told the counsellor that they were waiting for the police to deliver the DNA kit which would be needed for sending medico-legal samples to the FSL. Counsellor then spoke with the with the police and was told that since all personnel were engaged in bandobast duties because of lockdown they could not procure the kit from FSL, additionally the FSL staff too had been unable to attend work hence the kit could not be issued. The police suggested the procedure be delayed till after the lockdown was lifted. Sensing the gravity of the situation the counsellor negotiated with the police to obtain and deliver the kit to the hospital and with hospital to ensure that Shilpa received MTP on the scheduled day.  
In absence of Dilaasa, Shilpa may have been forced by circumstances to continue the pregnancy that had resulted out of incest.

**Tele counselling :**

The survivor had approached Dilaasa a couple of months before the lockdown was imposed. She is 31 years old, employed in organised sector, and a mother of a 10 years old daughter. She had initiated the process for filing a case under the PWDVA before the lockdown. Her husband and his parents had thrown her out of the house and she had then been staying with her parents but was not comfortable with this being a long term arrangement. As a part of her long term safety plan, the counsellor suggested she rent a place for herself and her daughter in pre lockdown scenario. When she called during the lockdown, she had been staying with her daughter in a rented flat next door to her friend. Her husband had been staying with his parents. However, with the lockdown, he lost his job, started drinking alcohol and creating unpleasant environment at home. His parents then threw him out of the house. He approached the survivor and she took him in. She hoped to reclaim a peaceful marital life.  
The violence however continued. He continued to harass her emotionally and sexually. The last straw was when the liquor shops opened and he got drunk. This time he beat her as well as verbally abused her. She was desperate and wanted to leave home. She called the counsellor close to midnight pleading her to help find a shelter.  
The counsellor spoke with her, discussed possibilities and advised her to remain at home as she had rented it, and coordinated with police helpline to reach her residence. The woman informed the abuser about her next steps which was enough to discourage him and he left the home. Counsellor discussed safety plan with the survivor. She was advised to involve her friend, as well as members of managing committee of the housing society in preventing the abuser’s access to the flat. She was also asked to talk to her friend about the violence and to request her to call the police helpline should the violence recur.

1. **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 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 shows how government have power to deal with domestic violence cases even during pandemic, because to focus on eradication of disease government cannot ignore VAW and children. They should ensure that women should get access to resources to be in violence free environment.

1. **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.**

CEHAT, State Health Resource Centre Haryana and Care India developed guidelines for counsellors to respond during the pandemic and oriented the counsellors to the same. This required training over phone and Zoom to equip the counsellors to specific skills in counselling over phone, protecting privacy and confidentiality of the survivors.

Sharing of helpline numbers on different platform by different NGOs so that more number of women can seek help, networking with NGOs working on VAW and children in such situation becomes more critical which was good example during pandemic. Many NGOs did not only focus on violence issue but along with that they did need based assessment while supporting women.

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