

UN Special Rapporteur on Violence Against Women – Submission

COVID-19 and the Increase of Domestic Violence Against Women

- 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.**

The national lockdown in India was announced on March 25 and since then the National Commission for Women (NCW) has been receiving high number of complaints against domestic violence. The NCW, the statutory body of the Government of India which advising the government on policy recommendations, has expressed concern at the increase in cases of domestic violence during the current COVID-19 lockdown. In April and May, of the 3027 complaints received by the NCW across 22 categories of crimes against women, 1428 (47.2%) were related to domestic violence. The data from January to March 2020 however show that out of a total of 4233 complaints made at that time, about 20% were related to domestic violence. In April, domestic violence complaints accounted for 51% of the total complaints received in that month and in May they accounted for 45% of the complaints for that month. When compared to the pre-lockdown period in January, domestic violence complaints accounted for 18% of the total complaints, 21% in February and 22% in March.

There has also been an increase in the number of complaints from women seeking help to protect their right to live with dignity (harassment other than domestic violence) – 20% of the 4,400 complaints since January. Cybercrime-related complaints have also increased from 37 in March to 55 in April and 73 in May. On the other hand, complaints related to rape and attempt to rape have declined, while 142 complaints were received in January, there were 12 complaints in April and 51 in May (Pandit, 2020).

It is important to note here that from March 23 to March 31, the State of Uttar Pradesh, with the highest number of complaints of domestic violence, has recorded 90 cases in this period, as compared to 36 cases which were recorded during this same time period, prior to the lockdown. During the lockdown however, the NCW has been receiving complaints only through online means (Scroll Staff, 2020).

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?

52 helplines have been started across India to help women experiencing domestic violence which are run by police, women welfare departments and non-governmental organisations. Some have been operational for a long time while others have been set up temporarily for helping women during the lockdown (Press Trust of India, 2020).

Privacy as a luxury

According to a study conducted in 2018 by LIRNEAsia, only 43% of women in India own mobile phones, as compared to 80% of Indian males. It was also found that internet use in India is at a mere 19%. While there are helplines available, women may be unable to access them due to factors like - not having mobile phones, lack of awareness of helpline numbers, lack of privacy etc. (Mehrotra, 2018).

More and more organisations are reporting a drop in calls since when the lockdown was announced. In addition, due to lack of access to purchasing alcohol, men in particular who are facing withdrawal symptoms are more likely to vent their frustration in the home (Bose, 2020). In a double bind, some states in May lifted the prohibition on alcohol, leading to serpentine queues outside liquor shops. Claudia Lopez, the mayor of Bogota, Colombia has restricted alcohol sales to one bottle per shopper and warned that the combination of heavy drinking and quarantine could create a “domestic abuse time bomb” (Srivastava & Harrisberg, 2020).

This rise in the number of cases of domestic violence during the lockdown is in reality, grossly underreported considering that they have all been reported via email or through Whatsapp, as the NCW helpline number and post have not been functioning since the lockdown began. Emails are preferred over calls, as they permit greater discretion especially if one is living with their abuser under the same roof. In addition, one needs to keep in mind that the NCW receives very few complaints in relation to the number of incidences of violence against women, as the police tend to be contacted first (Agarwal, 2020).

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

Female victims of domestic violence in the current lockdown situation usually try to go to their parents’ or friends’ homes on a temporary basis. The aggressive nature by which the Indian government has enforced the lockdown which has led to instances where individuals are beaten for having stepped out of their houses, have discouraged many women from leaving their homes and by extension, their abusers. In addition, there have been

accounts where women have complained against their abusers and the police have in turn told them that nothing can be done due to the lockdown (Bose, 2020).

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

An incident narrated by Majlis Legal Centre in Mumbai, India highlights that shelters are not accepting new residents as they have received guidelines that it could increase susceptibility to those already residing there. Therefore, while women may have knowledge of helplines or organisations that could assist them, the coronavirus lockdown has created ambiguities and doubt among those experiencing violence that they would not be able to access these facilities when they really need it (Harsh, 2020). In the State of Tamil Nadu, protection officers are appointed by the State and are allowed movement during the lockdown who have helped women in dangerous situations access shelters.

Many women facing abuse might want to go to their parental home, but during the lockdown, they can only go to very few State-run shelters where risks of overcrowding and poor-hygiene are high, increasing their risk of contracting COVID-19 (S, 2020).

5. Are protection orders available and accessible in the context of the COVID-19 pandemic? What are the impacts on women's access to justice? Are Courts open and providing protection and decisions in cases of domestic violence?

The Protection of Women from Domestic Violence Act 2005 has provisions under which women can seek relief through compensation, protection and the right to reside in the same household. Protection officers have also been established who record domestic violence reports, inform women of their rights under law and facilitate their access to support systems. However, in many cases, female victims of domestic violence are asked to adjust and tolerate the abuse for the sake of her family and children. Courts across the country have been shut, with the gradual emergence of online hearings. These hearings are finally granting survivors protection orders against their abusers. In the absence of these hearings, many survivors of domestic abuse have cited informal measures of protection – through neighbours, family groups and groups on social media (Rajvanshi, 2020).

A petition filed by the All India Council of Human Rights, Liberties and Social Justice (AICHLS) to the Delhi Government, highlighted the gross inadequacies towards women and children victims of domestic violence. They detailed the importance of governmental and non-governmental organisations reaching out to these individuals, particular children during the lockdown.

The petition urged the Court to widely publicise helpline numbers and details of shelters and sensitisation of police personnel to these issues. It is important to note that, according to the petition, there have been no steps to appoint protection officers, even on a temporary basis as a form of assistance to these victims. The Court has in turn, issues directives to consider these suggestions (The Leaflet, 2020).

6. 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.

Impact on Trans* Individuals

The lockdown has disproportionately impacted Trans* individuals, especially those who are undergoing hormone replacement therapy. Due to disruption in supply chains, labour shortages and fear of contracting COVID-19 in hospitals, many transgender individuals are unable to access post-gender affirmation surgery care. In addition, according to UNAIDS, the prevalence of HIV in India among members of the transgender community is 3.1% as compared to .26% among all adults. Individuals living with HIV are more susceptible to contracting COVID-19 due to their immune-compromised state. It is imperative that Anti-Retroviral Therapy (ART) is administered on a regular basis to prevent one from developing a resistance to the virus. While individuals are generally advised to keep a month's supply of ART drugs, many cannot afford to, owing to the impact of the pandemic on their livelihoods, considering that 87% of transpersons are dependent on traditional forms of earning through 'badhai (earning money by giving blessings), begging and sex work (Ratnam, 2020).

Abortion

On April 14, the Indian government declared that abortion is considered an essential health service. An abortion helpline on Whatsapp has said that they've received more queries than usual with most responders asking how one could get an abortion in a lockdown. In India, one can get an abortion in the first seven weeks of pregnancy with an abortion pill under medical supervision, after which a surgical process is required (upto 24 weeks of pregnancy).

A study conducted by Ipas Development Foundation in the first three months of lockdown in India revealed that between March 25 and May 3, about 59% of women seeking abortion could not access them in hospitals. Since June 1, the number has been improving with 33% women who could not access abortion services. This lack of access

has been attributed to the closure of private health facilities and the stigma that surrounds abortion, despite relatively progressive laws where it is permitted up to 24 weeks of pregnancy. In order to avoid potential enquiries by police officers regarding why they have stepped out of the house, women wishing to terminate their pregnancies may then resort to availing the services of unskilled practitioners who may endanger their lives (Srivastava, 2020).

Pregnancy and Maternal Health

The Indian Ministry of Health and Family Welfare (MOHFW) had mandated governments that pregnant women must be provided with essential maternal health services. However, a majority of public health infrastructure and workforce has been designated to work in COVID-19 related health activities and are facing a shortage of Personal Protective Equipment (PPE). Many private hospitals have stopped functioning due to a lack of PPE.

There is a clear class distinction regarding the impact on maternal health where those belonging to the upper socioeconomic classes have reported an increased risk of contracting the virus during hospital visits, delays in surgery and shortage of medical staff. However, for migrant women and those from poorer socio-economic backgrounds, there is a shortage in ambulance services which lead to delays in accessing care. Containment zones are where large numbers of COVID-19 cases have been found and in these zones, roads are barricaded to restrict entry and exit to prevent further spread of the virus. There have also been instances where women are forced to give birth at home because they did not have a medical pass and so could not leave the containment zone (Bisht et.al 2020). Therefore, mere mandates for the provision of healthcare do not necessarily mean that individuals can access it.

Access to Contraception

Access to forms of contraception has also been affected due to the nation-wide lockdown. The Foundation for Reproductive Health Services India (FRHS) have released a policy brief, estimating the impact of these loss of services. It was estimated that 25.6 million couples would not be able to access contraception services during the lockdown and the weeks leading up to September 2020, which could lead to over 2 million unintended pregnancies, 8 lakh live births, one million abortions, including over 1 million unsafe abortions and over 2000 maternal deaths (Chandrashekar & Sagar, 2020).

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

It is well known that women tend to face greater risks during emergencies and pandemics. Women whose livelihoods have been affected might also be in financial need, which could be a factor increasing their dependence to their abuser and rendering them less likely to remove themselves from a violent household. Shelters which are open and accepting new residents are few and risk being over-crowded and unhygienic. Since Courts were shut, only until June were victims of domestic violence able to attain restrictive orders from their abusers.

The NCW has noted an increase in the number of complaints received by victims of domestic violence via email, however since the NCW has not been receiving complaints by post, which formed the bulk of their complaints, the actual figure is likely to be much higher. In addition, with factors like inaccessibility to the internet, mobile phones etc, women may not have the knowledge of helplines or the means by which they can register a complaint. There may also be incidences where there is increased surveillance of one's mobile phone by the abuser which would make those experiencing violence less likely to use helplines or Whatsapp numbers to report it.

The aggressive lockdown protocol has led to female victims being afraid to step out of the house in case they are apprehended by the police, especially in containment zones. Additionally, increased home drinking or forced abstinence from alcohol may exacerbate the relationship between alcohol and domestic violence.

8. 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 High Court of Jammu and Kashmir stands out in their suo moto cognizance of domestic violence cases during the lockdown to treat all cases of domestic abuse as urgent and has issued directives of call-in services, awareness campaigns and provision of dedicated sources of funding to address violence against women and girls as part of their COVID-19 response. In addition, there has been a designation of safe spaces like grocery stores and pharmacies where individuals can report domestic violence, without alerting their perpetrators. Empty hostels and education institutes have also been designated as shelters for women who feel unable to leave their homes where they may be experiencing violence and abuse (The Leaflet, 2020).

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 NGOs and NHRIs or equality bodies.

The lockdown has made it particularly difficult for those experiencing domestic violence as they are confined to the same space as their abusers and their freedom of mobility is curtailed which could have an adverse effect on their mental and physical health.

Red Dot Foundation – Safecity has been organising SafeCircle, a safe space where individuals who have experienced domestic violence and sexual assault, can share their experiences and find comfort and solace in collective strength.

For many individuals belonging to the LGBTQ+ community, many of them are forced to be in abusive households with homophobic family members or feel otherwise isolated. Nazariya, a non-profit organisation has been organising Zoom™ webinars on LGBTQ+ crisis response.

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

When considering domestic violence, it is also imperative to highlight the toll it takes on the children. Along with isolation, confinement and anxiety, children may also be exposed to online predators. In the first week of the lockdown, the Childline India helpline received over 92,000 SOS calls from across the country asking for protection against abuse and violence (Suri, 2020).

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