



Gender and Violence in a Domestic Space During COVID-19 in India: Insights from Anthropology

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ABSTRACT

In the last few decades, gender issues have received importance from scholars across disciplines. The literature on the pathophysiology and epidemiology of domestic violence is extensive but an increase in domestic violence has led the academicians to seek epistemological answers from society. Further, the surge in domestic violence cases during the COVID-19 necessitated quarantine posed challenges for the government in terms of policy, governance and crisis management. In this view, the present article reviews the efficacy in implementation of fast track interventions during the lockdown period (March to August 2020) and their coherence in dealing with domestic violence at the micro and macro levels. The multifaceted aspects responsible for domestic violence have been discussed which have aggravated during the current pandemic. The paper analyzes the scope of the existing government strategies in intercepting violence against women especially during the management of the current crisis. The paper draws majorly from newspaper and government reports since research articles on the social impact of COVID-19 are limited. Studies based on theoretical frameworks from the discipline of anthropology can give an in-depth understanding of domestic violence in a varied socio-cultural context, and reflect upon the structuration of gendered male-female relationships.

Introduction

Violence against women (VAW) is globally considered to be social pandemic. It is a prevalent issue not only in terms of public health but also from a human rights perspective. According to the World Health Organization (WHO 2017) 35 per cent of the total women population experience different forms of violence once in their lifetime. The most common form of violence is either physical or sexual (when committed by the partner is known as intimate partner violence, IPV) where sexual abuse is generally not reported. This is because until quite recently it was neither even discussed by the women nor considered an abuse by the society at large, stating it to be a matter of conjugality in marriage. Though the Protection of Women against Domestic Violence Act (PWDVA), 2005 defines sexual abuse, 'marital rape' has not been criminalized nor is given any legal relevance in India. There are many such gaps in the laws pertaining to domestic violence which are outside the scope of this paper. Where verbal abuse has been normalized, psychological or mental abuse is not realized by the survivor herself. The effect of violence has been established to have negative physical, mental, sexual and reproductive consequences on the women's health. Some causal factors related to intimate partner violence (IPV) are the low education of the spouses, exposure to abuse during childhood (direct victim of violence or witnessing mothers being abused by their partners), unequal gender norms, acceptance of violence and a sense of entitlement (of women by men, and women's subordination). Even though

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literature suggests that advocacy programmes and counseling interventions to reduce IPV should be formulated, in some cases they might aggravate the problem for a person.

Methodology

The article presents an abstraction of qualitative data extracted from secondary literature. Since due to the lockdown only a few studies have been conducted on the given issue, the paper draws information from various sources of mass media and has majorly relied upon articles from reputed newspapers of India and abroad. Statistical data provided in newspaper articles was corroborated with authentic sources like government reports, government websites, non-government organisations etc. Collaborative studies by organisations like the World Health Organisation (WHO), the United Nations Population Fund (UNFPA), the UN Women, and others were used to situate the issue in the wider anthropological context. Theoretical and conceptual pinning was informed using relevant monographs and research articles. The paper delineates various factors that have contributed towards the rise of domestic violence in India, especially during COVID-19 pandemic. A thorough literature review of articles, books, survey reports and research by scholars from disciplines such as sociology, anthropology, psychology, economics, law and other allied fields have greatly contributed in understanding the various socio-economic determinants of domestic violence. These sources gave an overview of the grassroots reality of the different states in India.

An Age of Pandemics

The year 2020 witnessed the outbreak of a public health crisis caused by SARS-CoV2 (COVID-19). It was accompanied by unprecedented events in terms of an overall decrease in the growth of the country and the well-being of people making it what Anthony Fauci called as a 'pandemic era' (Farmer 2020).

As per the national and international advisories to prevent and control the spread of infection from coronavirus, social distancing was implemented. In early February, the National Disaster Management Authority (NDMA) of India identified the need to take preventive measures due to the spread of novel coronavirus (nCoV) outbreak in Wuhan city of China. As per the guidelines issued under the Management of Biological Disasters (biological and public health emergencies) and National Disaster Management Plan (NDMP) 2019, the lockdown period was initiated in the late March 2020 and was extended till May 2020 with subsequent limited yet phased-relaxations thereafter (NDMA 2020). This involved restricted public access to most social and cultural centers; and other open and closed public spaces. A decrease in physical activity due to the lockdown had concurrent effects on people of different age groups which added to the physical stress. Recent literature suggests that physical inactivity and sedentary behavior are one of the causative agents in various illnesses and is another pandemic the world is facing for almost a decade (Kohl, Craig and Lambert 2012; Ozmek 2019; Pratt et al. 2019; Hall et al. 2020). It has been associated with poor physical and mental health including an increased risk of type 2 diabetes, obesity, cardiovascular diseases, respiratory issues and co-morbidities like depression and anxiety (Anjana et. al. 2014; Koyanagi, Stubbs and Vancampfort 2018; NHP 2018). The fear of contracting the disease curtailed leisure time and other major as well as minor physical activities (for example play time; planned exercises in residential parks; going to a *sabzi mandi* (vegetable market) etc.). Patients with chronic diseases were affected as their vulnerability to other health issues increased since wellness centers and physiotherapy clinics were also not open. Cumulatively, the reverberations of COVID-19 on the physical health of the population is estimated to be prolonged if the pandemic is not eradicated by the coming year.

Further, as physical distancing inadvertently meant restricted mobility and self-isolation at home, this impacted the mental health of the individuals. Additionally, the idea of being isolated at the hospital or in a room once an individual is found to be COVID-19 positive (without any contact with family or friends), eventually led to depression and anxiety issues. The associated stigma further spiraled mental health issues. Shiller (2020) reflected on another mental health issue, that is, the *pandemic of anxiety* corresponding to the negative economic impact of COVID-19 pandemic on the families. Unemployment, loss of livelihood, closure of business caused financial anxiety in people who in a desperate search for work may have become ignorant of precautions required to prevent the spread of the disease. In addition to the health and economic disparities, the pandemic had an inordinate impact on the marginalized people in terms of social inequalities (migrant workers, domestic helpers, women and children in particular). In some countries (like the USA and India) it took the form of racial discrimination where racial minorities were stigmatized and were blamed to be the carriers of the disease (Haokip 2020; Kipgen 2020; Manning 2020).

Taking account of the present situation, Yong (2020) tried to prognosticate the eventuality of a double pandemic across the world. Yong referred to the potential pandemics of the year 2013 when an outbreak of H7N9 bird flu in China and that of MERS (caused by a coronavirus) spread from Saudi Arabia to other countries. Since new diseases are emerging rapidly, it is difficult to predict the potentiality of such events. Where a single pandemic has led to strained international alliances, scarce resources and demoralized experts, one could imagine the situation if two pandemics strike together in addition to the natural disasters happening all over the world.

The macro issues stated above have indefinitely impacted the personal lives of the people. As urban women carry the double burden of waged work outside the home and that of a caregiver at home; rural women find themselves doing domestic work both at private and public spaces. The normalization of violence and fixed gender roles and responsibilities when challenged require certain coping mechanisms to fulfill the ideological expectations of Indian families from women. Moreover, the added stress caused by COVID-19 health crisis took the form of disproportionately increased violence against women in the domestic spaces. Recently in their awareness campaign, the UN Women (2020a) termed domestic violence as a *shadow pandemic*. The subtle existence of domestic violence as a phenomenon in the lives of the women crosses all structural barriers (class, caste, religion) whereas its lived experiences are subjective as the lived realities of the women may vary from one another. In this view, the following sections of the article will try to discuss the impact of the double pandemic i.e. the intersection of domestic violence with COVID-19 and the way agencies have tried to handle the situation amidst crisis.

COVID-19 and Domestic Violence : Statistics

The rapid spread of COVID-19 instigated the governments to declare lockdowns all across the world. The 'knock-on effects' were realized within a month when the number of domestic violence cases reported increased in developed countries like the United States, the United Kingdom, France, Spain and other western nations (Graham-Harrison et. al. 2020). Following the trend, the cases tripled in China and increased by 40-50% in Brazil (Shivakumar 2020).

According to a recent study it was found out that in cases of emergencies (including epidemics or disasters) there is a manifold increase in violence against women (UNFPA 2020; WHO EMRO 2020). This is majorly due to the crisis induced stress and the absence of social and protective networks. Financial predicaments and limited access to services worsen the risk for women suffering violence.

The COVID-19 necessitated lockdown restricted the movement and communication of women with their social support systems (families, friends, employers and others). The proximity of family members and increased stress due to everyday household negotiations exposed women and children to violence. The risk is greater in cases where the chances of losing employment by either of the partners (husband or wife) or other economic support was high. For example in West Africa 60 per cent of total deaths in the 2014 year Ebola virus outbreak were women. Following the Canterbury earthquake in New Zealand, there was a 53 per cent rise in domestic violence (Scotland 2020, UNFPA 2020).

In India, during the first phase of lockdown (22 March- 14 April, 2020) the National Commission of Women (NCW) reported 250 domestic violence complaints. The statistics provided by Delhi Police (in the capital of the country) showed that by the second week of April approximately 66 per cent of distress calls registered by women were related to domestic violence (Ratnam 2020). NGOs with shelter homes like the one based in Delhi Shakti Shalini reported receiving 77 calls in April and 114 in May since the lockdown. Assuming that the family members are asleep at the time women mostly contacted between 9pm to 10am (Roy 2020). Another Delhi based NGO Jagori reported a 50 per cent drop in the calls received within a month of lockdown. A similar pattern was observed for states like Rajasthan, Madhya Pradesh and Telangana where the number of domestic violence cases reported declined. Contrary to this, Punjab reported a twofold increase in the cases. In another article, a contradictory picture of Rajasthan was depicted where the state was reported to have witnessed a spike of 76% in domestic violence cases for the month of June-July (The Times of India, 24 August 2020). The data compiled from 18 police stations in urban and rural areas of Ghaziabad (a part of the national capital region -NCR of Delhi) depicted a 50 per cent tail off in the domestic violence cases during the first lockdown phase as compared to the pre-lockdown period in March (Ratnam 2020; Chandra 2020). The figures provided in these newspaper articles were reported in person by the authorities to the media.

Similarly Radhakrishnan, Sen and Singaravelu (2020) reported that the period of 25 March- 31 May, 2020 had the highest complaint rate compared to the data of last 10 years. 1477 complaints were recorded, that is, about 32 complaints received per 1 million women in Delhi. The rate was the highest with 600 complaints for Uttar Pradesh as compared to all other states. Total complaints from women rose from 116 in the first week of March (2-8 March) to 257 in the final week of March (23 March-1 April). Cases of domestic violence increased from 30 to 69. Police apathy towards women's complaints increased threefold as NCW received 16 complaints on this issue as police was busy enforcing lockdown due to COVID-19 (Chandra 2020).

Punjab's Directorate General of Police revealed a 21 per cent increase (from 4709 to 5695) in cases of crime against women (CAW) in a three month period (1 February-20 April) where the average number of calls received per day increased by 34 per cent in one month (20 March-20 April) as the daily average calls for three months before that was 99.33 for domestic violence cases. Complaints from lactating mothers were also received where the mother was separated from their newborn babies after domestic violence. Henceforth, the state government of Punjab asked the law officers (advocates) to counsel families where domestic abuse against women was registered during the lockdown period (*The Tribune*, 21 May 2020).

The Ministry of Women and Child Development provided month-wise and state-wise data indicating number of complaints registered with NCW under the category "protection of women against domestic violence" for March, 2020 till 20 September, 2020. According to this data, total number of domestic violence cases registered with NCW are 4350. The highest number of cases

were received from Uttar Pradesh followed by Delhi and Maharashtra. Moreover, the total number of cases registered/ received by NCW under the category of 'crime against women' and 'deprivation of their rights' since March 2020 is 13,410 with the highest in Uttar Pradesh, followed by Delhi and Maharashtra. The number of complaints related to domestic violence registered through WhatsApp was 1443. Ironically, analysis of the data shows highest number of cases in the month of July in both the categories i.e. Data Set 1: 660 cases, Data Set 2: 2914 cases. The data for table 1 was extracted from the Press Information Bureau (2020) and data for table 2 was extracted from Oxfam India (Arora and Jain 2020).

Table 1 Complaints registered with NCW for Domestic Violence and Crimes against Women for some states.

Data Set 1: Number of complaints registered with NCW under the category "Protection of Women against domestic violence", received during the last six months, i.e. from March 2020 till 20th September 2020.		Data Set 2: State-wise data of complaints (crime against women-CAW) registered/ received by NCW since March 2020.	
State	No. of DV cases received	State	No. of CAW cases
Uttar Pradesh	968	Uttar Pradesh	5470
Delhi	784	Delhi	1697
Maharashtra	458	Maharashtra	865
Bihar	254	Haryana	731
Haryana	229	Bihar	659
West Bengal	182	Rajasthan	572
Rajasthan	173	Madhya Pradesh	479
Madhya Pradesh	149	West Bengal	342
Tamil Nadu	137	Tamil Nadu	341
Karnataka	137	Karnataka	322
Punjab	103	Punjab	281

Table 2 Nature wise report of the complaints received by NCW for the period of January-27th September 2020.

Nature of complaint	Total No. of cases
Harassment of Married Women/Dowry Harassment	2283
Protection of Women Against Domestic Violence	3604
Dowry Death	236
Total Number of Complaints Received	15640

Table 3 State wise report of domestic violence cases in which legal aid was sought.

States	No. of cases reported for legal aid and assistance
Uttarakhand	144
Haryana	79
Delhi	63
Chandigarh	50
Tamil Nadu	48
Punjab	47
Uttar Pradesh	46
West Bengal	46
Odisha	37
Chhattisgarh	31
Bihar	21
Kerala	18
Jammu & Kashmir, Arunachal Pradesh Mizoram	17

Maharashtra	12
Himachal Pradesh	10
Madhya Pradesh	8
Tripura	7
Rajasthan	4
Manipur	3
Andhra Pradesh	1

According to a recent article, a total of 694 domestic dispute cases were resolved through family counseling and mediation in the period of April-June 2020 nationwide. In addition to this, National Legal Services Authority (NALSA) provided legal assistance to 2878 cases of domestic violence, with petitions filed in 452 cases under the Protection of Women from Domestic Violence Act (PWDVA), 2005 (*The Hindu*, 17 September 2020). The interim data on the legal aid provided during the lockdown period was presented by NALSA (table 3). It depicted that 727 domestic violence related cases were reported to the legal authorities across the country during the lockdown with highest from Uttarakhand, followed by Haryana and Delhi (Mandhani 2020; Mahapatra 2020).

Setbacks and Impact: Women Survivors of Domestic Violence during pandemic

The incident rate of domestic violence cannot be estimated through the data which is provided by various agencies as the ability of women to a complaint or report an incident is dependent on various factors. The experiences of violence are influenced by various socio-cultural, economic and environmental factors. The opportunity to reach out for help through phones becomes difficult in a situation created by the lockdown where there is a lack of privacy as women share domestic spaces with their perpetrators. Services of most state run and non-governmental organizations (NGOs) maintained shelter homes available for women, *anganwadis* (child care centers), ASHA (Accredited Social Health Activist) workers, *Mahila Panchayats* (female jury) were bound to the nationwide lockdown guidelines. Even though helplines were working, most of them could not help the women due to the same. The help extended by social workers, counselors, para-legal staff were limited to telephonic counseling. In the initial phase of lockdown, the public transport services were temporarily shut down with only few buses available for emergency purposes. Because of this women facing domestic violence could not travel to their natal homes (Chandra 2020). The social workers could not commute to women's houses or make travel arrangements for them. Coming out of their homes and going to a police station amidst a lockdown was not possible. Since the police were directed towards COVID-19 duties, investigating domestic disputes by making home visits was not the priority. But in cases where police had to mediate, the case could not be interrogated further until the lockdown was lifted. Furthermore, as domestic violence is considered a civil dispute, cases could not be filed in the lower courts as courts were closed and most case hearings were postponed or addressed virtually in emergency cases. Also, this meant that various abusers returned home as 'remission of sentence' 'parole' and 'interim bail' was granted to perpetrators under trials and convicts to reduce the overcrowding of prisons and prevent an outbreak of virus among the inmates (DSLSA 2020a:2; DSLSA 2020b:12).

According to the United Nations Population Fund (UNFPA), the current pandemic has exacerbated the global financial inequality between men and women. During the existential financial crisis, women are more vulnerable in terms of precarity or stability of jobs, especially for women who are single parents (Beech 2020). Women survivors of domestic violence have become more susceptible to 'financial' abuse which may extend to restrictions in terms of access to job and education opportunities. In Indian societies, the family is mostly headed by a male authority figure. Even in joint families, with

shared household units, the wife of the male authoritative figure in the house may share a power dynamic with other women of the household (for example, mother-in-law). In such cases the abused women are at financial risk if there is a lack of control over finances as financial information (bank passwords, accounts and other related activities) and sources (like jewelry) may be under the control of the spouse. Women tormented for dowries, or financially exploited by depleting her savings amidst the pandemic such that no money is left for escape has increased the risk of domestic abuse.

Pandemic exacted solitary confinement has also impacted the health of pregnant women in many ways. Access to healthcare was restricted since most hospital services were directed at providing treatment to coronavirus positive patients. Due to the fear of contracting the disease people avoided the visits to hospitals or clinics. The healthcare professionals were also not advising the patients to get admitted unless necessary. Outpatient department or outpatient clinic (OPDs) were also not active in hospitals during the phased lockdown. The decrease in transport services, limited healthcare facilities and restricted movements affected the access to maternal and child healthcare services by pregnant women.

The women do not have autonomy over their sexual or reproductive lives. The loss of sexual health agency of women and pregnancy due to forced carnal desires during the lockdown increased the burden on women's physical, sexual and reproductive health. The inadequate access to financial resources to travel to hospitals for checkups or barriers to acquire safe abortion services further aggravated their situation (Shivakumar 2020; Beech 2020; Bhattacharya 2020). It was predicated that many women missed the 24 week abortion window due to the lockdown restrictions. Though the Ministry of Health & Family Welfare (MoHFW) had released the guidelines enabling the delivery of health services especially to reproductive, maternal, newborn, child, adolescent health plus nutrition (RMNCAH+N) services wherein 'abortion' is marked as an essential service, women faced obstacles to attain them (MoHFW 2020). The stigma associated with abortion and miscarriages in the Indian societies, even though the former achieved the legal status a few years back, along with the inability to visit a local pharmacy for pregnancy kits, modern and emergency contraceptive methods need to be considered (Srivastava 2020; Beech 2020).

The Surge in Domestic Violence : Reasons

The prime reason in the escalation rate of domestic violence at present seems to be 'confinement' where men take out their frustrations on women (Deb Roy 2020). Stereotypes related to fixed gendered roles in relationships and domestic work (like cooking, cleaning, washing, caring) is another major reason where men are not used to/ do not want to help with the domestic chores. Financial stress on men as the 'breadwinner' of the house and the uncertainty associated with jobs, businesses and other modes of employment damage the notion of hegemonic masculinity that is embedded in the Indian society. Middle class working women are stressed as they have to manage household responsibilities with those at the workplace (work from home), with patriarchal expectations from a woman to prioritize needs of the family members and household chores. Thus the fear of economic precarity, forced isolation and stressed households led to increased domestic conflicts (Chandra 2020).

The India Inequality Report 2020 links women's unpaid care work with domestic violence they face. According to the UN Women (2018), women spend 2.6 times more time doing unpaid care and domestic work as compared to men which leaves them less time to do paid work, upskill themselves or concentrate on their careers (OECD 2018). The study revealed that in many cases women have internalized their husband's violent attitudes to an extent that they justify their husband's anger and

violence against them as they, the women, feel they have been unsuccessful in fulfilling their household responsibilities. This is because the social conditioning of the girls and women makes unpaid care work central to women's selfhood (symbolically and otherwise) and their ascribed 'identities' as daughters, daughter-in-law, wives and mother. It rationalizes violence placing the sole accountability on women to do these tasks. Triggers like 'mistakes' in the household work or skills (not cooking well, not taking care of children, not preparing meals on time, food and tea not properly cooked), refusal to sexual intercourse, disobedience to husband's instructions, back talking (arguing is disrespectful) to husband or in-laws, spending money without asking, leaving the house without permission are some of the reasons identified that caused infliction of violence against women by their partners (Nandy and Dutta 2020).

In Punjab (a north Indian state) most domestic violence cases where Punjab State Commission of Women (PSCW) was directly approached was by working women (aged 30 to 35) from the educated class of families. These women, who under normal circumstances were working at offices were now facing harassment at home. Work, as an escape and a coping mechanism to deal with violence was no longer available. There is a stigma attached to coronavirus (labelling of households by authorities when a family is infected with COVID-19) where neighbors and other may avoid a specific household. This added to the hesitation of women survivors in approaching to the police as police presence may give an impression that it is a COVID positive case. Besides this, a significant number of cases have also been reported from the rural areas of Punjab by housewives who are of above the age of 40 (Sareen Kumar 2020). The unavailability of alcohol amidst lockdown has also been correlated to the increase in domestic violence, primarily due to withdrawal symptoms (Vijayalakshmi and Dev 2020). Also, high stress environments has led to increased consumption of caffeine, and substance abuse. The latter is also responsible for increase in domestic abuse (Vijaykumar and Chauhan 2020).

The literature on domestic violence suggests that when men and/or women get employed, domestic violence tends to fall as interactions between couples reduce. Under a lockdown, interaction time has increased and families have been left with little access to the outside world. The literature also suggests that violence is a way for the man to assert his notion of masculinity. The current atmosphere of fear, uncertainty, food insecurity, and unemployment may create feelings of inadequacy in men. All these factors are likely to aggravate tensions at home and make women victims of those tensions. The lack of access to friends, family and support organizations is expected to aggravate the situation for abused women further (Vijayalakshmi and Dev 2020).

The global gender gap report for the year 2020 assessed the gender gap performance across 4 dimensions (economic participation; educational attainment; health and survival; and political empowerment) which intersect with each other and are major causative agents of domestic violence. According to the report economic opportunities, economic participation (active engagement in labour market i.e. working or looking for work), literacy rate, access to health, estimated earned incomes, and political representation of females is extremely low in India. The huge gender gap in India is closely connected to violence, forced marriages and health inequities (World Economic Forum 2019).

The gender norms in India govern many aspects of women's lives. These norms applicable before and after marriage limit women and girls engagement with mobile phones. It includes maintaining purity for marriage; patrilocal exogamy; subservience and prioritization of caregiving. Norms, income and education are central to women's empowerment and affect women's use of digital technology (Barboni et al. 2018). In India, most households have only one phone which is generally kept by a man. This is especially the case in rural areas and that of the economically weaker section (EWS). Even

when women have their phones, running out of prepaid currencies is common. Many women do not have the knowledge to use a smartphone, internet and other related services, and may be dependent on their spouses or other family members for even making a phone call. This fact was established by the GSMA Intelligence Consumer Survey in 2018 where a significant gender gap in the use of technology was found in low and middle income countries. In India, women are 26 per cent less likely than men to use mobiles, and 56 per cent less likely than men to use mobile internet services (GSMA 2018). Factors deterring women to own mobile phones are in the order of affordability, literacy and skills, safety and security issues and relevance. Similarly, the same factors are also responsible for the low use of the internet by women but the lack of literacy and skills (do not know how to use a mobile or internet) required to use it is the foremost concern. Thus, the reporting rate of domestic violence cases is concomitant to this digital gap.

Social norms in a patriarchal society like India and the attitudes of both men and women who consider marriage and family as institutes of sanctity make it difficult to come out of unhappy and abusive relationships. Defying the belief in these systems goes against the concept of 'honour' and comes with feelings of shame, guilt and embarrassment. These idealized representations of home and family confine women survivors of domestic violence as they have to think of consequences before reaching out for help or to take action to counter abusive and controlling family life (Bradbury-Jones and Isham 2020).

Initiatives and Response Mechanism

The global struggle with COVID-19 pandemic and consequent upsurge of domestic violence cases was resisted with a series of stratagems undertaken by countries at national levels. Countries like Brazil, Germany, Greece and Italy started new helplines for women which received a larger number of emails and text messages than calls (Anjali and Ranganathan 2020). Countries have come up with official codeword schemes that are operating in countries from Argentina to Italy to alert the agencies that the woman is a victim of domestic violence. The codewords vary from a 'mask' to an 'eyeliner' but are useful only when the other person is aware of it. It started from the original codework project where a survivor simply had to ask for a 'Mask 19' from a pharmacy (a campaign devised by Kika Fumero of Canary Islands Institute of Equality) the use of which can extend beyond the pandemic (Elks and Davies 2020). In Argentina, pharmacies were declared 'safe spaces' for reporting domestic abuse. Grocery stores in France came up with 'pop-up' support services including availability of 20,000 hotel rooms for women who are unsafe at home. The government of Spain exempted women from lockdown in case they needed to escape from their houses. Integrating the measures as national plans, countries like Canada and Australia channeled their resources and funding to counter the effects of COVID-19 (UN News 2020).

At the international level, a collaborative initiative was made by the WHO with the United Nations' specialized health agency and FIFA (football's world governing body) for the promotion of violence free healthy lifestyles. FIFA, the European Commission with the WHO launched a #SafeHome campaign to support people at higher risks from domestic violence (WHO 2020). However, the appeal of the Government of India (GoI) to 'Stay Safe, Stay Home' did not hold the ground for women survivors of domestic violence as 'safe' and 'home' are not necessarily synonymous to one another. This is because even the reporting of a husband may lead to torture by natal as well as marital family members (Shivakumar 2020).

Measures taken at state level in India

In the Indian context, the lockdown led to increased household responsibilities for women especially since domestic helpers were not available. This was more so for working women as the workplace entered the domestic space. As discussed before, this is one of the causes of increased violence against women at homes. In this view, as a part of wider awareness campaign against domestic abuse by the Whistling Woods International (WWI), *Laadli* (a girl child initiative of Population First) and the UNFPA, #ShareTheChores campaign was started by promoting families to advocate gender equality in household chores (Tahseen 2020). Also, as an emergency response mechanism the NCW launched a special WhatsApp helpline number on 10 April, 2020. This was done for women survivors to alert and sought help from the authorities. Even so the tendency to seek help decreased due to the presence of potential perpetrators in the immediate vicinity, approximately 199 complaints were received via WhatsApp in the month of April alone (NCW 2020).

From Central India, *Gaurvi*, a one-stop crisis center of Bhopal (the capital city of Madhya Pradesh) collaborated with organizations like Udaan, Action Aid and others for a programme '*Bol ki lab azad hain tere*' [your lips are free to speak] which gave voice to 600 survivors of domestic violence. These women were trained to drive, licensed and given subsidies to e-rickshaws as a mode of employment (Jha 2020).

Further, in the national capital region of India (at Noida) a special mobile counseling unit for the rural belt was made active as the area reported a lower number of domestic violence and dowry death cases due to lack of safety and protection facilities. The police also launched a mobile patrolling unit for women constables. In this area, 15 women had committed suicide over issues of domestic discords, harassment by husband or in-laws, fights with spouses and prolonged illness between 24 March- 27 June, 2020 (Salaria 2020).

In the western region of the country, the Tata Institute of Social Science (TISS) in Mumbai and the Maharashtra government set up six helplines under the '*Mala Bolaayche Aahe*' [I want to speak] initiative in which 8000 domestic violence complaints were received in three months (Jain 2020). Such initiatives helped in estimating the reporting percentage of domestic violence cases.

In 2019 the legislative assembly of Andhra Pradesh (a state in south eastern region of India) had passed Disha Act (AP Special Courts for specified offences against women and children act, 2019) and AP Disha Act-Criminal Law (AP Amendment) Act, 2019 for speedy trials and capital punishment for convicts of rape. Even though Disha SOS App was launched by Andhra Pradesh Police with a view to help women and children in general, the nature of complaints (approximately 39 per cent) reported on this app has been of harassment of wives by husbands (*The Times of India*, 15 May 2020).

As it came to the notice of the authorities that women may not be able to step out of their homes to lodge complaints, the Jammu and Kashmir (in the north of India) high court passed an order on 18 April taking *suo moto* cognizance of domestic violence cases during the lockdown (Ratnam 2020). The order prescribed some guidelines and directed a special fund to be created for activities undertaken to help the women in need. Informal safe spaces like grocery stores and pharmacies were ordained where women could report their issue without alerting the family members. Similarly, the high court of Karnataka (a state in the south western region of India) stipulated information from the state government regarding available helplines, shelter homes, counselors, protection officers and other measures taken on domestic violence complaints.

On 12 April, 2020 the Delhi government had informed the courts about the working procedure that will be followed for the cases received during the lockdown. As per this, once a survivor has reached out to the agencies through the helpline number 181, the tele-caller takes the complaint and the necessary details which are then forwarded to a counselor. The counselor is supposed to get in touch with the survivor via telephonic communication on the account of the lockdown. The counselors are empowered to conduct counseling sessions with the woman, her spouse and family members. In cases of sexual or physical assault, the tele-caller is liable to inform the police about the case and assist the survivor in filing a First Information Report (F.I.R). Further, the counselor is to inform the protection officer for an incidence report to be filed. On 25 April, 2020 Delhi high court reviewed the status reports of national and state commissions of women as to the actions taken against domestic violence in terms of awareness about helpline numbers, shelters, one-stop homes as well as appointments of protection officers. The state and central government were directed to administer relevant measures and take control of the situation on this front (Ratnam 2020).

Next, the Delhi State Legal Services Authority (DSLISA) activated a new 24*7 toll free help-line number (9667992802) in addition to their helpline 1516 to receive distress calls, messages or missed calls from victims of domestic violence. The office order was passed to help women, children and senior citizens who may require free legal aid, advice or assistance (DSLISA 2020c). The DSLISA also collaborated with a network of Mother Dairy booths, pharmacies and social workers (*anganwadi* and ASHA workers) in Delhi to extricate survivors of domestic abuse who otherwise could not reach out for help due to the lockdown. They also launched an app '*Vidhik Sewa*' (legal service) on Google Play Store to deliver free legal aid to domestic violence victims as well as for matrimonial disputes; offences against senior citizens, women, children; and other civil disputes (Mandhani 2020).

By the state government of Tamil Nadu (the southernmost part of country), a response mechanism was actuated to address the escalation in domestic violence cases during the lockdown by setting up police tele-counseling centers. District rescue teams were formed and the *anganwadi* workers were also engaged. Since *anganwadi* workers are closer to the communities, they were asked to work with community women at the grass-root level and were provided with smartphones for better communication with senior officials. The protection officers across the state reported to have rendered services to 92 women survivors of domestic violence. Most of these women requested that the abusers should only be warned or counseled, and most of them were disinterested in legal remedies (*The Hindu*, 25 April 2020). In an article recently published in *BBC News*, the same issue was brought up as to how most women survivors of domestic abuse seeking help do not want to leave their abusive spouses. They want the authorities to only warn the spouses against violence, teach them a lesson, or ask how to make them behave better. This tendency of women to tolerate abuse is due to the stigma attached to divorce in India. Especially if children are involved, very few natal families support their daughters and advocate them to seek legal separation (Deshpande 2020).

Social media platforms like WhatsApp, Twitter, Instagram, YouTube and Facebook play a crucial role in creating awareness on sensitive issues like domestic violence. For example, Indian celebrities helped the Society for Nutrition, Education & Health Action (SNEHA), an NGO in Mumbai to raise funds and resources for the fight against domestic violence with the help of a campaign #LockDownMeinLockUp through Instagram (Deshpande 2020; SNEHA 2020). Women find digital platforms like *Hidden Pockets* (on Instagram and Facebook), and online support groups like *Invisible Scars* on Facebook approachable. Women with access to smartphones and internet services approach online support groups to voice their experiences and seek support, advice or sisterhood on social media building their digital social support systems. The provision of keeping your identity anonymous

on online support systems can help women feel safe from their perpetrators in addition to avoiding judgements.

Certain non-profit organizations aided women who needed help in the lockdown. For instance, Women Entrepreneurs For Transformation (WEFT) Foundation started a 'Red Dot' campaign. Through this campaign, it was advertised that a 'red dot' on the palm is an SOS call from the victim for help. Since this campaign, WEFT received 189 calls from women survivors of domestic abuse, and 73 women were rescued amidst this lockdown from places like Jind in Punjab, Silao in Bihar and Jhunjhunu in Rajasthan. People were made aware of gestures like 'Ring the Bell' and 'Knock the Door' to extend indirect support to the survivors of household violence (WEFT 2020).

Post-COVID Strategies: Countering Domestic Violence

Scholars across disciplines have suggested ways to empower women and prepare them for adversities in different ways. The government oversighted the requirement of strategies to prevent or rather counter domestic violence during the pandemic. The lack of vigilance is evident from the issues that have been confronted above. There was a failure to formally integrate domestic violence and its impact on the mental health of women into the emergency response plans (crisis/disaster management) and public health preparedness against the pandemic (Kumar, Mehta and Mehta 2020).

Crisis like COVID-19 pandemic must entail responses that are practical and applicable at the national level. The social costs of the measures taken to contain a situation should contemplate the gender related dimensions (like domestic violence) and related needs must be rendered as 'essential services' by the government (Anjali and Ranganathan 2020). Emphasis should be laid on Gender Responsive Budgeting (GRB), a global framework which involves planning and management of resources by the government to achieve gender equality and women's empowerment (GEWE). Such that the exigencies of the pandemic are addressed in terms of response plans, resource budgeting, recovery packages with a gendered lens (ADRI 2020).

The UN Women (2020c) estimated the global cost of violence against women and girls (private, public and social) to be USD 1.5 trillion approximately, that is 2 per cent of global GDP (gross domestic product). The domestic violence pandemic has estimated to add to the economic impact of COVID-19 pandemic. And to counter this, the UN Women and Women 20 (W20) entreated the G20 members to acknowledge "women as drivers of economic recovery and resilience during COVID-19 and beyond" (UN Women 2020d). Financial dependence on the spouse is one of the key reasons that force women to suffer and survive abusive relationships. Since the social network of women generally includes family and kin, which are more into domestic and community affairs, women tend to have fewer viable economic resources. Further, social norms restrict women's mobility and engagement with informal networking opportunities, thus reinforcing gender segregated networks (Kim and Sherraden 2014; World Bank 2020:45). Thus, there is a pressing need to dedicate funds to the informal sector and support women-led micro, small and medium sized businesses. This will ensure financial independence and can help women to escape violent situations on the domestic front. One way to do this is by fostering women-led self-help groups (SHGs). The government and other stake holders must try to create ways of directing additional funds and resources to organizations working to support survivors of domestic violence such that services and operations can successfully continue. The phenomenon of domestic abuse is a global one and should be understood by the agencies by creating opportunities for scholars to engage with the issue by researching and conferring to intercultural competence. Collaborations or partnerships between organizations and innovative

business ventures should be promoted as an alternative to provide space to shelters for the victims. Since a domestic violence case may undergo several mediations, the different forms of abuse during and after divorce also need to be considered. Under the present state of affairs, the provision of virtual hearings and access to legal advice is a service that should be deemed vital such that survivors can acquire justice. Tracking systems and follow-ups should be conducted in a way as to ensure the safety of the survivor (Scotland 2020).

According to the International Center for Research on Women (ICRW 2020), there is a need to close the gap of gender inequality which will indirectly safeguard the economic well-being of women. A perusal of skills (soft and hard skills), building economic ties and strong social networks will shape women's professional as well as personal growth. The interventions need to be inclusive of 'socio-emotional' tools (assertiveness, leadership, motivation, self-confidence, resilience and risk taking ability) (OECD 2017). Even though these initiatives were suggested to encourage women into entrepreneurship, they can capacitate women to come out of abusive relationships as well. Gender-sensitive social safety nets like direct cash transfers, tax relief and food vouchers for women and children must be incorporated into the relief plans. Since children are often caught between domestic violence, the effect on their mental health needs equal consideration, given their social network outside home was also restricted during lockdown since schools were closed (Vijaykumar and Chauhan 2020). Public and private banks should bring schemes that increase women's account handling and matters related to the same. The bank staff should be trained to identify and help survivors of domestic violence.

Special consideration should be given to other vulnerable groups, including women living with disabilities, who are at increased risk of domestic violence and may face further barriers in reaching the services they need, such as social assistance and home care, due to curfews and social distancing or restrictions on movement. Displaced or refugee women, and women living in conflict-affected areas are also particularly vulnerable due to high population density, proximity in living conditions; poor water, sanitation and hygiene; limited health, social and protection services (WHO EMRO 2020).

The European Union-United Nation Spotlight Initiative's Safe and Fair Programme suggested certain interventions in the context of COVID-19 and domestic abuse which were categorized under service provision, policy advocacy and information sharing. According to these guidelines, the course of action taken should generally be evidence based and adapt a survivor centric approach and must consider the ethics and potential safety concerns that might emerge (Spotlight Initiative 2020a, 2020b). However, due to the pandemic, it is not possible to collect new evidence and therefore lessons need to be learnt from our past and present experiences. Since most countries have ratified to the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), it needs to follow through into the national policies and response plans. The involvement of stakeholders (government, civil society organizations-CSOs, NGOs, employers, women rights' groups) into advocacy in legislation, policy framework at national and local level, strategizing awareness in local languages should be obligatory. Capacity development of front line responders of gender based violence (GBV) and strengthening their support by resource allocation such that better facilities (women shelters, resource centers, CSOs, one-stop centers, safe places, health, police, psychological counseling, hotlines, social and justice services, legal aid) can be provided (UN News, 6 April 2020). Gender inclusive services should be deemed essential especially during a crisis (for example-services required by women in case they have survived gender based violence, sexual and reproductive health, sanitary hygiene, food etc.) Training and gender sensitization at all levels need to be promoted. Enforcement of PSEA (Prevention of sexual exploitation and abuse) policies, policies governing social protection and improved systems

of coordinated response during emergencies. Women who were marginalized during an emergency due to their class or caste status (for example- migrant women workers, domestic helpers in the current pandemic) should be assisted in finding jobs/ employment and debt management such that they have a financial backup to fall upon in case they become the victims of domestic violence. It is a necessity to initiate a social dialogue by engaging with social media, radio, TV programmes for those who have access to it. The aim should be to support community reporting of violence and remote services like chat groups, remote counseling and legal aid. Data collection at root levels should be institutionalized not only for the documentation, but to conceive the socio-economic deterrents of vulnerability which can help in the formulation of plan of action (Spotlight Initiative 2020b).

Interventions such as the formation of *Mahila Arogya Samiti* (MAS) or women health committees under India's National Urban Health Mission (NUHM) targeted at community based peer group education in slum and urban poor population can prove to be useful. MAS is generally a group of 8-12 women (for every 100 households) who are local residents in urban vulnerable settlements. The best example of its working was set by SNEHA (Society for Nutrition, Education & Health Action), a non-profit organization in Mumbai city. SNEHA as the mother NGO, collaborated with communities, local NGOs, urban local bodies (ULBs), ASHAs, governments and public health systems to form MASs in Mumbai. They established crisis centers and OPDs in public hospitals to train and help women. These groups of women can then be involved after proper training into health planning, locate social determinants of health, and monitor local services. Further to prevent violence against women and children, an android app "the Little Sister" was launched such that the community women volunteers (called as *sanginis*) could identify and report the cases of domestic violence and raise an alert incase support is required. Further, TARA (Take Action Reach All) Trial was also started to study the effect of community mobilization through such groups and volunteers. Such strong and replicable community level interventions and networks between various stakeholders can build resilience of the communities to handle the issues without an external support, and can address the deluge of public health concerns due to violence against girls and women.

Hospital based crisis centers called *Dilaasa* (which means 'reassurance') is another example which is a joined initiative of Centre for Enquiry Health and Allied Themes (CEHAT, the research centre of the Anusandhan Trust) and the Municipal Corporation of Greater Mumbai (MCGM). It has been offering psycho-social support to survivors of violence against women and children even during the pandemic. Initially established as an OPD, *Dilaasa* centers have now been established in other hospitals of Mumbai city. They are connected to legal aid agencies, police stations and shelter homes. Through counseling, women are empowered to make decisions, informed about self-care strategies, resources and services at their disposal. CEHAT (2011) has been engaging at the state level to deem *Dilaasa* centers as an essential health service. These centers carry out safety assessments for every survivor to make sure they are safe to go home, have access to smartphones or are able to reach out for support (Rege and Shrivastava 2020). Adapting the *Dilaasa* model in public hospitals at the national level and educational interventions among the healthcare professionals is imperative to substantiate domestic violence as a public health issue (Alshammari, McGarry and Higginbottom 2018).

During the COVID-19 pandemic, cautionary messages against coronavirus were set as default ringtones (pre-call announcements) to all outgoing calls by the Indian government. Mass messages (SMS) in local languages related to the same were also being sent. Adapting the same strategies for the awareness of domestic related services (helpline numbers) could be beneficial for those women who are unable to read/write, or do not have the immediate access to phone facility. The government could engage the agencies to relay messages on television and radios for those families with access to it.

Anthropological Insights: Discussion

In anthropology, domestic violence in the south Asian and middle East context is generally inculcated to religious, traditional beliefs and practices, cultural ideologies in general. However the understanding of domestic violence by nations like the United States do not recognize it as a cultural phenomenon (McCue 2008:88; Nanda and Warms 2018: 230).

It has been established that societies are deeply conflicted by domestic violence due to socio-economic factors such as unemployment, gender disparities, cultural norms etc. The atrocities women have to face, including domestic violence and sexual abuse, has led to an increase in the number of broken families. At times women adopt certain coping mechanisms that involve consumption of alcohol, tobacco and substances that further harm their physical, psychological, sexual and reproductive health. The neglected children of such families also suffer in terms of poor health and hygiene. The focus remains more on women as a community and the problems they face, but a structural analysis of the community responses elucidates how structures of kinship, marriage and family relations have weakened the latter as a unit of solidarity. Furthermore, the impact of globalisation, the role of technology and a hedonistic culture are other precipitating factors. From the review of existing literature it can be concluded that even though various studies have been carried out that delineate the causative agents leading to the aggravation and persistence of domestic violence, ethnographic studies reflecting upon the changing social and political dynamics that may help in informing strategies to deal with this issue are lacking. An expanded role of state machinery and non-governmental organisations (NGOs) in dealing with this menace could well enhance and enable better governance strategies.

Anthropological studies on domestic violence have discussed the significance of concepts like self-identity, power relations, political dynamics involved, sexuality, reproductive power of women and so on. Different kinds of research have been carried out to understand the nuances of domestic violence ranging from feminist ethnography, auto-ethnography to experiential ethnography. However, a cross cultural and inter-disciplinary perspective is required since methodological and cultural differences pervade the issue of domestic violence through variations in meanings to the concept of violence, prevalence, moral standards, and social construction of gender. With the diversity of household units that exist, the everyday negotiations in a domestic space are changing and unfolding in terms of challenges posed when it comes to childcare, parent care, and running a household among other things. For instance, studies reflecting the effect of role reversal or additional roles undertaken in families as the one conducted by Komarovsky (1940), change in socio-cultural perceptions of the partners related to gendered roles and that of the society, expectations from each other, obligations, gendered authority etc. can influence policy frameworks in a positive way. The emotional and moral propensities towards 'domesticity' and inability to move out of abusive relationships need to be analysed in addition to the structural aspects of domestic violence. Explorations on the concept of social capital beyond the neighbourhood or community involvement can greatly inform the interaction of cultural issues with the discourse, practical and symbolic representation of thoughts, beliefs and values.

Anthropological studies on the roles and limitations of NGOs, *Mahila Panchayats*, court mediations, *Mohalla Clinics* (street clinics by Delhi state government to provide access to healthcare facilities), dispensaries etc. in tackling domestic violence need to be undertaken at the national level as these spaces are commonly used by the public. The evidence (as mentioned in the previous sections) suggests that women belonging to economically weaker sections do not have access to or working knowledge of smartphones and internet services. Though most phones offer language settings, the percentage of literate women in rural and semi-urban areas is low. Reaching out to this section becomes important

and strategies / interventions must be developed keeping in mind the limitations of the community, while respecting their social concerns. Thus, the limitations of women not only in terms of physical access to facilities and services, but also due to the cultural aspects need to be explored. It is therefore recommended to understand the conceptual subjectivities related to domestic violence. This is possible only by digging deeper into the lives of the people, the communities and hierarchies of dilemmas that they face via a much needed anthropological lens. However, this is not to provide cultural evidence as a defence to the culture of 'violence' that exists in the society.

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