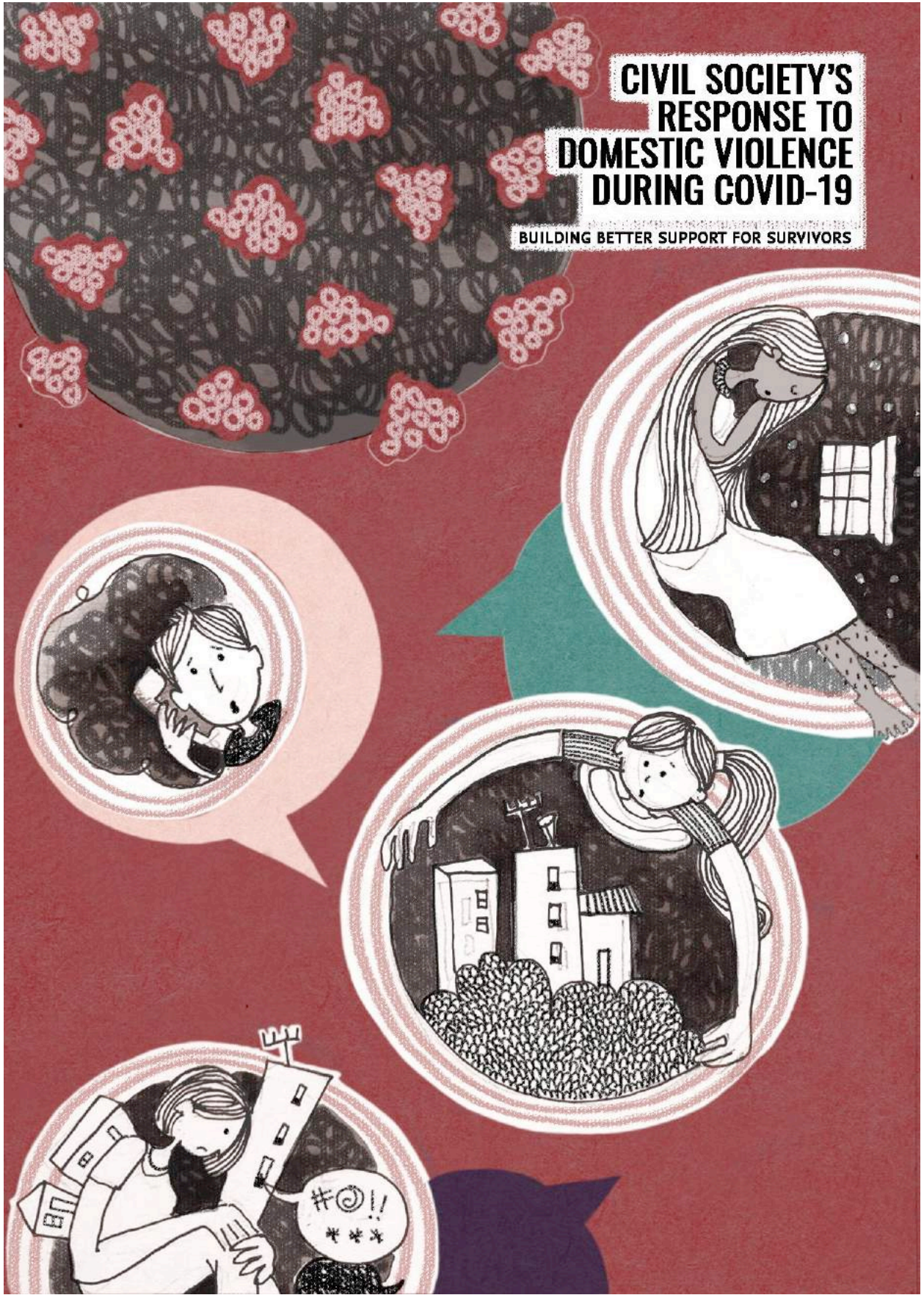


CIVIL SOCIETY'S RESPONSE TO DOMESTIC VIOLENCE DURING COVID-19

BUILDING BETTER SUPPORT FOR SURVIVORS



Civil Society Response to Domestic Violence Survivors During COVID-19
Building Better Support for Survivors

Conducted by One Future Collective

Funded by the Azim Premji Covid Research Funding Programme 2020

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Executive Summary

The COVID-19 pandemic brought with it unprecedented challenges which led to systems either coming to a halt or learning to adapt to new ways of functioning. There is increasing evidence that the lockdown led to a substantial reduction in support to survivors of domestic violence, an increase in cases of domestic violence and the emergence of new patterns of domestic violence.

Through this research study, we examine the response of Civil Society Organisations (CSOs) to incidences of domestic violence while observing shifts in patterns of incidence of domestic violence in urban India and gaps in support mechanisms available for survivors, during the COVID-19 pandemic. Through this examination, the study attempts to develop pathways to design better support systems for survivors of domestic violence.

The recommendations in this study are built upon interviews with 30 CSOs, focus group discussions with 40 civil society workers and survivors of domestic violence, a survey of 44 civil society workers, and an intensive analysis of existing information. Key findings that emerged were the lack of reliable information, failure of institutional support systems, inequity in access furthered by the digital divide, the relative success of community networks and bystander intervention, a strong unmet need for financial and infrastructural support, and existing gendered biases and stereotypes. The recommendations are therefore developed around six key overlapping areas: effective information dissemination, behavioural change efforts, development of community networks and bystander intervention, institutional capacity building, provision of financial and infrastructural support, and the adoption of digital and hybrid support mechanisms to improve the support available to survivors.

Keywords: domestic violence, COVID-19, pandemic, civil society organisations

About the Researchers

About One Future Collective (OFC)

One Future Collective is a feminist, youth-led not-for-profit nurturing radical kindness in people, communities and organisations through the work we do on knowledge, advocacy and community building -- towards a world built on social justice, led by communities of care.

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Our study is built on the tireless work that CSOs and individual civil society participants across India undertook amidst a global pandemic to support survivors of domestic violence. It is their willingness to share with authenticity, their challenges, successes and recommendations, that has helped us evolve our study. We are immensely grateful for the support, time, and effort of all participating organisations and individuals. Individual participant names and that of some organisations have been kept anonymous on request, the ones that have given consent to being named can be found in Annexure 'A'.

Lastly, we are thankful to each other for the support, generosity and compassion extended to us by our fellow researchers.

Table of Contents

Sr. No.	Chapter	Page Nos.
i	Executive summary	I
ii	About the Researchers	II
iii	Acknowledgements	III
1	Introduction	1
2	Literature Review	3
3	Research Methodology	6
4	Findings and Discussion	10
5	Recommendations	21
6	Conclusion	27
7	References	28
iv	Annexure A: List of Participating Organisations	V
v	Annexure B: Interview Schedule for CSOs	VII
vi	Annexure C: Consent and Release Form	X
vii	Annexure D: Survey for Individuals	XIII



Introduction

The incidence of domestic violence has grown exponentially during the pandemic, amidst restricted movement, social isolation, and economic insecurity, in turn increasing people's vulnerability to violence within their homes (UN General Assembly, 2020).

In India, the use of two search terms on Google, "domestic abuse" and "domestic violence helpline" increased significantly after the government imposed the lockdown, and peaked on 19 April 2020 and on 10 May 2020 (Ravindran & Shah, 2020). Around the same period, the National Commission for Women (NCW) reported a two-fold increase in the number of complaints related to domestic violence, from March to May 2020 (Pandit, 2020). Research further reflects that the number of domestic violence cases in India increased in districts with the strictest lockdown rules (Ravindran & Shah, 2020). The average number of monthly domestic violence complaints per red zone district was below 1.5 in March 2020, which went up to almost 2 in May 2020 (Ravindran & Shah, 2020).

In April, reports suggested that India had set up 52 helplines to support women facing domestic violence during COVID-19, all operated by state-run authorities (Press Trust of India, 2020). However, helplines could be less than effective considering that less than one-third of women in India have access to the internet and only 43% have access to telephones (The Quint, 2018). The state response to domestic violence has been inadequate. The police have been overburdened with policing lockdowns, in addition to their usual responsibilities. Courts, commissions for women, and other forms of formal justice and support systems have been rendered inaccessible to survivors seeking aid.

The issue of an ineffective response to domestic violence must be placed within a pre-pandemic context, where formal and informal response systems to domestic violence have been inadequate (Chattopadhyay & Jacob, 2019; Lawyers Collective Women's Rights Initiative, 2010; Sinha et al., 2017). During the pandemic, there has neither been any uniform, emergency protocol by the Indian government to address domestic violence nor have there been effective efforts by existing institutional systems to provide continued support. Formal legal routes to justice and support are not trauma-informed or inclusive of all persons facing gender-based or domestic violence. The failure of systems to even initiate an adaptation of their work to meet the needs of survivors highlights this further.

The lack of a state response to domestic violence during the pandemic has been accompanied by an increase in civil society actors coming to the fore to support survivors with innovative strategies at different levels. This research study examines the response of Civil

Society Organisations (CSOs) to the needs of survivors of domestic violence; and the ways in which CSOs and individuals had to innovate and adapt their work to be able to provide support to survivors of domestic violence during a pandemic. Additionally, it looks at the shifts in patterns and incidence of domestic violence during the initial lockdown and maps these against adaptations of CSOs and individuals, to propose recommendations for building stronger support systems for survivors of domestic violence.

There is an urgent need to observe and understand this response by CSOs in order to create a more effective strategy for all stakeholders to respond to domestic violence, especially during a crisis. Our hope is that the results from this research study will be a starting point to inform future policy-legal change, programmatic models and community adaptive solutions for survivors of domestic violence, both during emergencies and otherwise.



“ DELHI HIGH COURT ORDERS MEASURES TO PROTECT SURVIVORS OF DOMESTIC VIOLENCE ”

BETWEEN 25TH MAR-31ST MAY 31,1,477 COMPLAINTS OF DOMESTIC VIOLENCE FILED.

DOMESTIC VIOLENCE ACT, 2005

Literature Review

The relationship between Emergencies and DV

The relationship between crises, and pandemics in specific, with a rise in domestic violence, has been long established through different health epidemics such as through the spread of the Ebola, Zika and H1N1 viruses (Peterman et al., 2020). Reasons such as economic insecurity, quarantine isolation and reduced availability of health services have been attributed to this linkage. Considering that these crises are often accompanied by an increase in financial insecurity, it is evident that those who are denied financial independence are likely to be more vulnerable to violence. Studies have also illustrated that those who are financially secure and have access to finances are less likely to be subjected to domestic violence. This adds impetus to the need to focus not only on providing relief against violence but also the need to focus on more comprehensive socio-legal policies which foster social equity and justice.

This interrelationship highlights the need for adapting a multi-dimensional approach to problem solving by policy makers. In all responses to emergency situations such as the pandemic, there is a simultaneous need to account for its socio-cultural and economic implications on survivors of domestic violence to ensure that comprehensive support is available.

Stakeholder Collaboration

The need for different stakeholders to maximise their own intervention during times of crises to come in support of survivors has been long explored (Evans et al., 2020). Strong, meaningful collaboration between government bodies and civil society organisations (CSOs), especially in emergency situations, has been indispensable in responding to domestic violence. Collaborative efforts allow us to combine resources and expertise to focus on the well-being of the most vulnerable (Woods & Majumdar, 2020). Community-led models of support, rooted in trauma-informed, survivor-centric care and reliable referral and 'train-the-trainer' programs (Clark et al., 1996) have also proved to be effective support infrastructure during emergency situations where formal and the state machinery have broken down.

With the breakdown of formal redressal mechanisms, the need to investigate alternative models of support is of paramount importance. We will draw from the experience of CSOs, including lawyers, social workers, mental health professionals, doctors, and survivors themselves, to better understand their capacities, expectations, and strengths. We believe that it

is important to invest in alternative support models to decentralise care and support for survivors and to supplement formal justice systems.

State Response

When compared to international response, India's response to the rise in domestic violence during the pandemic has been highly unsatisfactory (Nigam, 2020). Globally, governments have been quick to issue official statements, direct the conversion of previously public spaces such as hotels, schools, and hostels into shelter homes and have also allocated emergency funds (European Commission, 2020) to ensure that survivors' interests continue to remain prioritised during the pandemic. In contrast, only some state governments in India have made active efforts to ensure that survivors are offered some support and protection from the government. The High Courts of Tamil Nadu (*Ramalingam v. Chief Secretary*, 2020), Karnataka (*Jameel v. Union of India*, 2020), Delhi (*All India Council of Human Rights, Liberties and Social Justice v. Union of India*, 2020) and Jammu and Kashmir (*In Re: Court on Its Own Motion v. Union Territories of Jammu & Kashmir and Ladakh*, 2020) have issued some guidance on the measures that the governments are to undertake to ensure that all possible support measures are put in place for the benefit of survivors. However, there is no data on their implementation within these states.

An examination of responses to domestic violence worldwide by state, nonstate and international organisations would serve as valuable insights for researchers of this study to be able to make a few recommendations grounded in practicality depending on their successes previously.

We undertook an extensive literature review and media mapping exercise as part of this research study, to better inform our research design and give us an in-depth understanding of the domestic violence crises during the pandemic. This literature review is an abridged version to ensure brevity while presenting our research findings (One Future Collective, 2021). One Future Collective also conducted an exercise of mapping media coverage of domestic violence during the pandemic, to record how the media reported the issue (One Future Collective, 2021). This exercise analysed the role of media houses in highlighting the urgency of the sudden spike in DV cases and also determined whether and how they could have ensured stronger accountability on policy makers to make the appropriate policy decisions in support of survivors. Later in this study we have relied upon semi-structured interviews, surveys, and focused group discussions, in addition to this literature review, to develop a holistic understanding of the

ongoing CSO response to domestic violence during the COVID-19 pandemic and learnings that arise from their response.



Research Methodology

This chapter will introduce the research methodology for this study. The research plan, including the aim, limitations, participants, data collection process and ethical concerns are primary components of this chapter.

Research Questions

The study develops a theoretical framework to answer the following questions.

1. What are the changes in the pattern and incidence of domestic violence during the pandemic?
2. Were traditional state support mechanisms for survivors of domestic violence adequate?
3. How did civil society organisations respond to domestic violence during the pandemic?
4. What response needs and best practices emerge from the experience of CSOs in responding to domestic violence during the pandemic?

Aim

The aim of this study is to analyse the response of CSOs to support survivors during the pandemic, in urban areas of India, towards developing solution pathways to better responses for survivors. This study also examines the patterns in the incidence of domestic violence in urban India during the COVID-19 pandemic.

Objectives

1. Developing an understanding of the patterns and incidence of domestic violence during the COVID-19 pandemic;
2. Understanding whether and how the unique challenges that survivors of gender-based violence face in accessing traditional justice systems and traditional remedial systems put in place have been exacerbated during times of emergencies;
3. Mapping out responses of NGOs, CSOs, and other stakeholders to survivors of GBV to identify gaps in support available.
4. Recommending best practices and procedures that can be put in place to respond better to GBV taking place during such times in the future.

Operational Definitions

1. **Domestic Violence:** Domestic violence takes its definition from *The Protection of Women from Domestic Violence Act, 2005* and refers to violence perpetrated within a domestic relationship as defined by law. We will also be looking at the violence perpetrated in domestic relationships that is directed at adult victims/survivors owing to the gender or sexuality of the victim/survivor [this could include forced removal from employment by family members to reduce financial access, forced marriage, trafficking, violence against LGBTQ+ persons and more]. We will not be looking at abuse perpetrated against senior citizens by their children.
2. **Survivors:** Survivors are people of any gender (excluding elderly and child survivors of domestic violence) who have been subject to domestic violence during the course of the pandemic.
3. **Civil Society Organisations (CSOs):** CSOs are defined as non-state, not-for-profit, voluntary entities formed by people in the social sphere that are separate from the State and the market. They can include community-based organisations as well as non-governmental organisations (NGOs). We also include within this, individual persons that volunteer or serve specific causes through their professional roles or otherwise, simply as responsible citizens and bystanders, even if they are not affiliated to an organisation.
4. **During the pandemic:** during the pandemic refers to the period from 25 March 2020 to 31 May 2020, i.e. during the complete, nationwide lockdown in India. However, since at the time of conducting the interviews and focus group discussions the pandemic was ongoing the responses received were sometimes also indicative of responses to domestic violence put in place after 31 May 2020.
5. **State/Institutional:** State/Institutional refers to any organization or body associated, controlled or set-up directly by the government or its subsidiaries.
6. **Urban India:** Urban India has been used to refer to towns with populations of over 1,00,000 persons in India. It excludes villages and tribal communities and areas.

Positionality of OFC and the researchers

The researchers and the organisation (OFC) include queer, non-binary, young women from diverse income backgrounds, cultures, and professions, including lawyers, students, data

analysts, and survivors. We recognise those parts of our identity that lend us privilege in being able to conduct such a research study during a global pandemic, including but not limited to our caste, employment and health status. Our backgrounds, experiences and work enable us to understand the nuances of conducting a study of a sensitive nature, such as this one, and helps us to identify the underlying reasons for gaps in our response systems, in order to build better models of support for survivors.

Methodology

This research sought to draw generalised inferences from observations through an inductive approach which involves the combination of reasoning and experiences (Bryman, 2012). The survey-based method used for this qualitative study “enables us to make sense of reality, to describe and explain the social world and to develop explanatory models and theories” (Morse & Field, 1996).

Sample Size

Through interviews and focus group discussions, data was collected to capture recommendations and experiences of 30 different CSOs and individuals in dealing with domestic violence during the pandemic. Only CSOs and individuals who worked on the issue of domestic violence and provided support to survivors in any form or those who have lived experiences are included in the study.

Data Collection

The study uses the following techniques to collect data.

1. Existing statistics: existing statistics on the occurrence and cases of domestic violence and insights from existing research and news articles are used.
2. Interviews: The study uses a semi-structured interview process. The researchers prepared a list of open-ended questions to probe into specific, relevant aspects of the interviewee’s answers. Each interview was conducted via ‘Zoom’. The interview was recorded and then transcribed using ‘Otter.ai’. Interviewers also made notes to capture elements from the discussion. Interviews were conducted in English and Hindi.
3. Focus group discussions: These were conducted with the aim of facilitating cross-learning and bringing emphasis on emphasis on solutions to reduce the challenges

faced by survivors of domestic violence. The sessions were hosted over 'Zoom' and were recorded for future reference, participants have been kept anonymous. The sessions were facilitated in Hindi and English.

4. Survey: A survey was conducted to gauge responses from individuals, groups and independent civil society workers. We received 44 responses and these have been used along with data collected through the other data collection tools listed above to inform our findings.

Ethical Concerns

The researchers sought written consent through a separate Consent and Release Form from interviewees. Data from the focus group discussions has been represented in an anonymised format, in consideration of the nature and sensitivity of the subject. The study also uses information with utmost care to ensure privacy is not breached in any way and the participants' consent is not violated at any stage. Anonymity has been maintained, where requested by participants.



Findings and Discussion

In this chapter, responses from the interviews, focused group discussions, and survey concerning the four main areas of this research study have been mapped with the intention to analyse the experience of different CSOs which supported survivors of domestic violence during the pandemic. The four focus areas of the study were:

1. Shifts in the patterns of domestic violence during the pandemic;
2. Status of state institutional response to domestic violence during the pandemic;
3. Impact of the pandemic on the capacity of CSOs to support survivors; and
4. Recommendations on improving response to domestic violence by different stakeholders.

We received 44 responses from individual civil society workers who supported survivors of domestic violence during the pandemic. While the quantitative responses to the survey may not be as statistically significant, the qualitative answers are insightful and prove to be a valuable addition to our findings from the interviews and focused group discussions.

Shifts in the patterns of domestic violence during the pandemic

a. Frequency of cases of domestic violence

In response to whether there was an increase in the number of cases of domestic violence being reported, most interviewees who previously dealt with cases of domestic violence reported an increase in cases. Even CSOs and individual civil society members that did not previously work with this issue reported that they received requests for support in cases. For example, a prominent national CSO leading relief work during COVID-19 reported that between the months of April to June 2020, it received about 200 calls reporting domestic violence. This is important as previously, they dealt with about 200 cases annually. Another leading organisation working closely with survivors of domestic violence reported an 80% increase in the organisation's caseload.

Most interviewees noted that the violence was perpetuated by male members of the family. One of the interviewees noted that in several cases mothers in law were also the perpetrators but made a significant distinction. They said that while the male members of the family engaged in physical and sexual violence, the women generally engaged in emotional violence alone. Interviewees didn't provide specific data concerning the extent of domestic violence committed against queer persons but indicated an increase overall. Most of the

incidents of domestic violence that CSOs reported were perpetrated against cis-women¹ by their husbands, in-laws, or parents. Violence against children by the perpetrators along with their mothers was also reported to have increased during the pandemic. Cases were reported through phone calls, SMS, and instant message services.

b. Nature of domestic violence

There was a general consensus that the nature of violence perpetrated was more severe during the pandemic, than before. One of the interviewees notably stated that during the pandemic, 'the number of cases and the intensity of cases have both increased.' Particularly, instances of physical, psychological, and financial violence increased manifold.

Sexual and reproductive health also suffered during the pandemic. There was an increase in pregnancies, both wanted and unwanted. However, abortion services were no longer as accessible. As per one of the interviewees, pregnancy kits as well as sanitary napkins were short in supply.

Overall, interviewees were of the opinion that due to restricted mobility, survivors were subjected more to non-physical forms of violence. This included forced marriages, restrictions on socialising with friends, and on continuing their education and work.

c. Contributors to the the increase in domestic violence

In addition to patriarchal structures, bias, and power imbalances within the household which contribute to domestic violence routinely, there are a few causes which have been specifically attributed to its increase during the pandemic. Increased uncertainty resulting from higher job insecurity was cited repeatedly as a leading cause of anxiety and flared tempers amongst perpetrators, which resulted in violence against women and queer persons. According to the account of one of the interviewee, it was stated that alcohol and drug withdrawal was one of the key factors contributing to domestic violence in the communities they worked with. Alcoholism and alcohol withdrawal due to its diminished supply also played a significant role in the persistence of domestic violence.

The increase in violence can be attributed to the root cause of patriarchal power structures where women and queer persons are treated as outlets for pandemic induced frustration or feelings of powerlessness by abusers.

¹ Women whose gender identity is of a woman and are assigned female at birth.

The lack of focus by state institutions to prioritise survivors' safe exit from abusive situations is a reflection of the normalisation of domestic violence.² On the broadest level, capitalist power structures which de-prioritise the need to integrate strong social security nets are also a key contributor to both, the increase in financial uncertainty as well as in the inability of the survivors to be able to leave situations of abuse without access to finances.

Status of state institutional responses to domestic violence during the pandemic

An integral element to supporting survivors during the pandemic was also identifying formal avenues of support and navigating them. A non profit that we interviewed collaborated with government bodies to establish queer friendly infrastructure. They helped start a quarantine center that was inclusive for transgender persons. This speaks to the importance of government and civil society collaboration for change.

We analysed the interviewees' responses of action taken by state-run institutions: police, law enforcement officials, national and state commissions for women, and the judiciary. Figure 1 below shows the status of various responses by state institutions to domestic violence during the pandemic.

² The United Nations Secretary General's call for a 'ceasefire' of domestic violence during the pandemic is another illustration of how domestic violence is routinely normalised. Here, domestic violence is equated to war, and the call indicates an unacceptable permission to continue domestic violence after the pandemic.

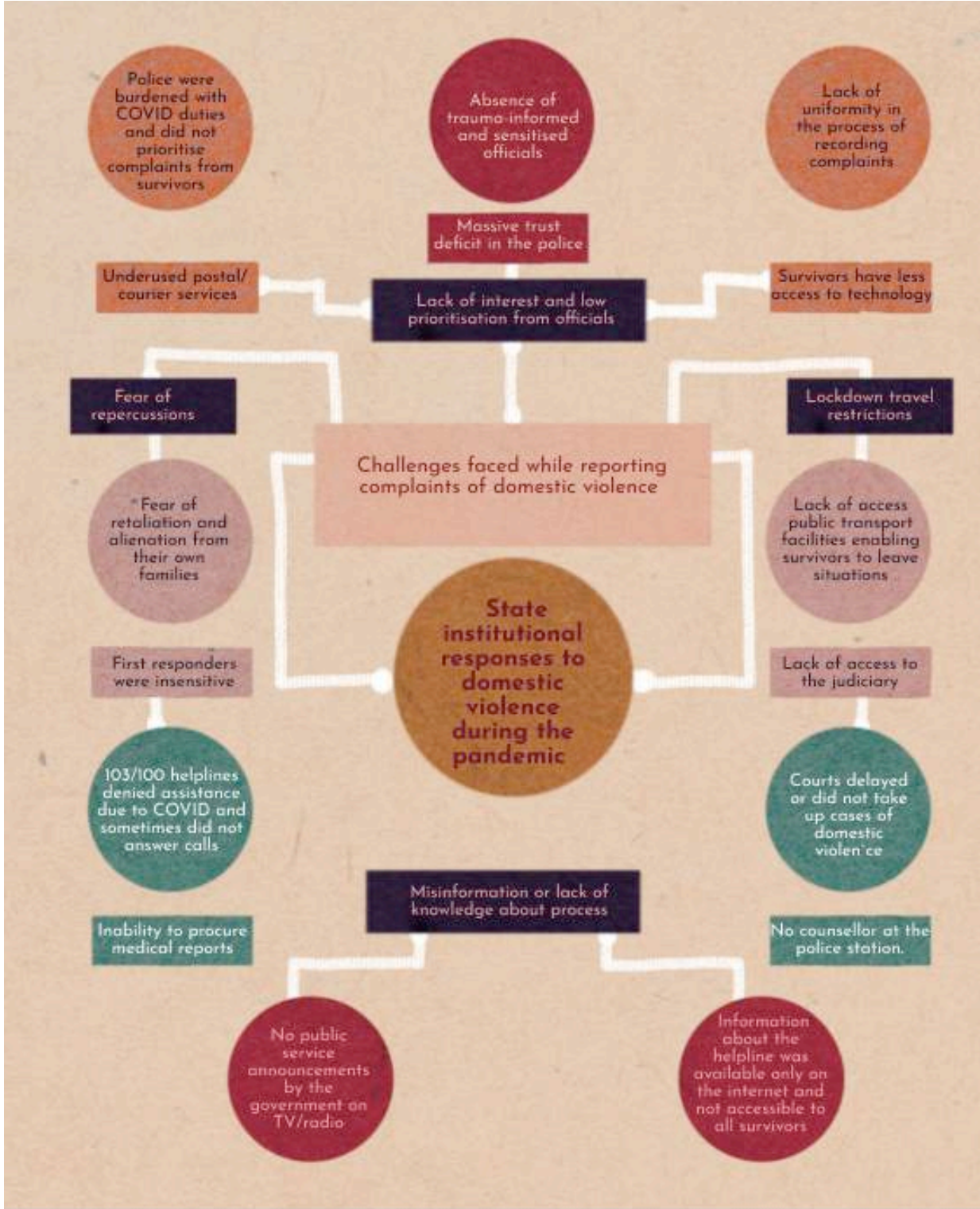


Figure 1: State Institutional Responses to Domestic Violence During the Pandemic
 Note: The image is not colour-coded and should be read keeping that in mind

a. Approaching official avenues of support to record complaints

Interviewees emphasised the lack of clarity in the process of recording complaints of domestic violence. With little to no information available about how to contact Protection Officers designated under *The Protection of Women from Domestic Violence Act, 2005*, police officers became the primary sources of state support. While some police stations insisted on in-person reporting, some accepted complaints via telephones. One of the interviewees, a prominent women's welfare organisation mentioned that the police visited the survivor's house after receiving telephonic complaints, which further endangered their safety. Despite most operations shifting online, complaints have not been reported to have been recorded through SMS and Instant Messaging services. Even the helplines launched by the NCW and State Commissions for Women were unhelpful as they primarily referred complaints to the police.

There was no clarity on the continuance of support by the police and state actors on issues such as domestic violence during the pandemic, making it difficult for survivors to determine how and where they can reach out for support. The police offered minimal to no assistance to survivors because of being overburdened due to the pandemic, and because of the perception of domestic violence as a low-priority issue. As per one civil society worker 'The police were more reluctant to help survivors and conduct investigations. They were understaffed due to covid and allocation of work was poor. Protections Officers were not very helpful as courts were closed initially and not much could be done by them.'

b. Challenges faced while reporting complaints of domestic violence

Survivors faced logistical and attitudinal barriers while wishing to report complaints of violence to formal authorities. Some of the challenges highlighted by interviewees are:

- Lack of access to public transport facilities which would enable survivors to leave situations of abuse and approach the nearest police station;
- Shifts to tech-based solutions excluded several survivors who do not have access to technology in India;
- Postal and courier services, as alternative ways by which complaints could be filed, were heavily underused to address restricted access;
- Lack of interest and priority from police officials who treated cases of domestic violence, especially non-physical violence, as unimportant;

- Absence of trauma-informed and sensitised officials, who were already overburdened and underfunded, due to the de-prioritisation of domestic violence in policy and state responses; and
- Fear of retaliation and alienation from their own families and communities.

Figure 2 depicts that the police is not the first choice of most survivors when they choose to speak up about domestic violence. Most survivors tend to approach people in their close personal networks first, while some tend to approach CSOs or social workers. One of the CSOs we interviewed has shared their experience as follows, 'we referred to the NCW but nothing used to happen, there was delay and suggested things which we could have suggested too.' Fewer survivors tend to approach their family members and colleagues, and even fewer tend to approach the police or other survivors to speak about domestic violence faced by them. Due to the lack of importance given, no effective alternatives were provided to survivors where existing systems became dysfunctional due to pandemic-related restrictions. The systemic lack of importance afforded to domestic violence led to the authorities not taking steps to ease the difficulties that survivors faced in accessing systems of support. After trying to approach the legal system, the interviewee, a founder of a leading organization working in the field of domestic violence, describes the feelings a survivor confided in them: '... she was so disheartened by the whole response of the system that she said she prefers just quietly moving out of the house and taking a new house (instead of approaching law officials).' Such challenges were found to be fewer when CSOs shared a good rapport with the local police.

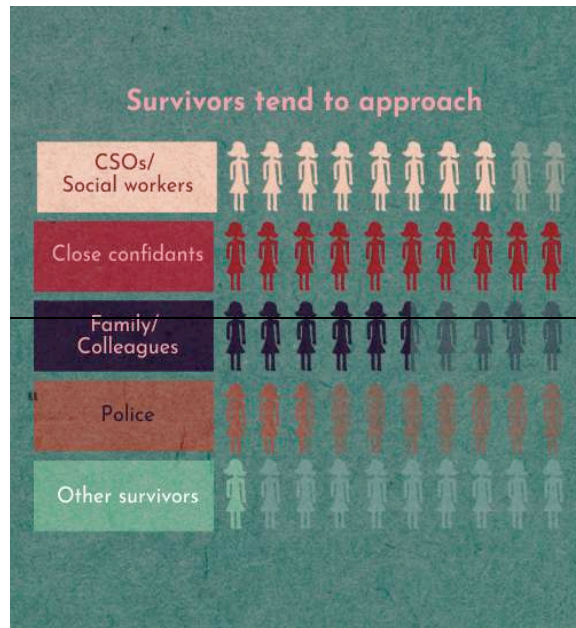


Figure 2: Stakeholders Survivors Reach Out to for Initial Support Seeking

c. Access to the judiciary

Before the pandemic, courts were inaccessible due to legal expenses, uncertainty of outcomes, and the fear of repercussions from lawyers, judges, and relatives of the survivor. The pandemic added to these challenges as lower courts were non-operational and higher courts shifted to conducting hearings via video conferencing, with reduced capacities. Importantly, cases of domestic violence were not prioritised by courts, during this time. These reasons either prevented or delayed access to the judiciary in individual cases.

It was because of the reduced access during the pandemic, that courts were treated as a last resort by CSOs. Several interviewees reported that it was extremely difficult to obtain protection and maintenance orders during the pandemic, which made it unsafe for survivors to exit situations of abuse safely.

CSOs further sought the judiciary’s intervention in order to set out uniform response guidelines for states. Here, too, although a few High Courts were proactive in setting guidelines to safeguard the well-being of survivors, the judiciary did not prioritise domestic violence as an issue exacerbated by the pandemic, and no uniform guidelines were put in place for Indian courts to deal with such cases.

d. Community-based responses

For the purposes of this section, communities refer to groups of individuals who have close proximity to each other, physically or otherwise, including groups of survivors.

Community-based initiatives took the form of support groups (like *Mahila Mandals*) and support circles. Some CSOs facilitated survivor network groups and set up local response units which aided survivors in finding a community to rely upon. Some worked with communities to build active bystander networks by working closely with unconventional communities such as building security personnel, grocery shop owners, vegetable vendors and others whom a survivor would interact with in their daily routine, as a way to check in on survivors and their wellbeing. Several interviewees stressed on the role of faith based organisations in driving mindset change. However, one civil society worker pointed out that since faith based organisations have the easiest access to families, there is a need for them to undertake multiple sustained interventions instead of one-time interventions only, especially during an emergency like the pandemic.

Even without the assistance of CSOs, several communities organised themselves in order to support each other. CSOs reported the rise of “peer support” initiatives within survivors who made it a point to check up on each other regularly. In one of the communities that an interviewee worked with, it was reported that survivors could earlier check in on each other during the vocational training held by the CSO. During the pandemic, although this was no longer possible, the survivors created community WhatsApp groups and held weekly conference calls to stay connected with each other. A not profit realised that smartphones weren't accessible for everyone in their communities. They set up *mohalla* clinics with one smartphone each so that survivors would have a means to access help. They did this through strong community networks and a low cost investment.

Impact of the pandemic on the organisation's capacity to support survivors

a. Shifting operations online

Since physical workplaces were shut down owing to the pandemic, most CSOs shifted their operations online. They reported reduced efficiency in service provision due to limited physical contact with survivors. In one case a not for profit started reaching out to survivors they had interacted with pre-pandemic, especially where survivors were still living with perpetrators, to check if there was any relapse of violence during the lockdown. This accounted for communication barriers that may not have allowed survivors to reach out for support. Now, most

operations relied heavily on tech-based alternatives such as helplines, mobile applications and video-based support groups.

This shift to tech-based solutions has left behind a large population of survivors given the restricted access to technology with less than 40% of women having access to mobile phones across India (Shah, 2018). CSO responses concerning access to tech by queer persons was alarmingly insufficient making relief for them an extremely ad-hoc effort led primarily by individuals alone.

b. Stronger advocacy efforts directed towards state institutions as well as individuals

Advocacy efforts by CSOs during the pandemic largely revolved around creating and disseminating more knowledge concerning domestic violence. They also undertook efforts to share information about the available support infrastructure in an attempt to address the challenge of information asymmetry. Unable to engage directly with communities, CSOs used their resources to design and disseminate content with the intention of creating more awareness about domestic violence and available remedies in an effort to contribute to enhanced citizen advocacy. Organizations responded to survivors' restricted access to space and technology by launching campaigns designed to encourage discrete calls for assistance.

One of the non profits started a campaign to encourage bystanders to intervene in instances of domestic violence by ringing the doorbell when there was suspicion of violence behind closed doors. This helped strengthen community-based intervention without violating pandemic related health regulations.

c. Direct relief efforts

Organizations which only offered legal assistance and counselling support also undertook relief operations, offering ration to remote communities. An interviewee mentioned that they “shifted their strategy to relief work because it was the only way they could continue meeting and interacting with survivors.” The nature of assistance to survivors also shifted. A 'Domestic Abuse Relief Fund' for survivors was created by a non profit. It provided upto 20,000 INR per survivor where the survivor needed money to be able to leave an abusive situation. It supported atleast 5 survivors during the pandemic-lockdown. This accounted for the need of financial independence and agency for survivors to leave abusive situations and speaks to the importance of direct cash assistance programs for survivors. Another non profit provided legal

aid to women earning below Rs. 5000 and set up a scholarship fund and helpline to support survivors. Access to legal and financial support is key for survivors.

This shift is significant as it points towards the unresponsiveness of governments in ensuring access to necessities across the country, to all persons. Organisations also suffered due to this change in their mandate due to restricted access to funds and human resources during the pandemic.

d. Redesigning internal team capacities and processes

The pandemic reduced CSOs' team capacities. While some organizations' transition online was seamless, some reported difficulty due to the discomfort in using technology, reflected by their team and communities which they supported. Organizations reported that they were constrained to lay-off salaried employees and replace them instead with volunteers. Increased video-related fatigue, anxiety, and burnout negatively impacted team dynamics and productivity. CSO members who were working on-ground feared getting infected in the backdrop of an overstrained healthcare system as well. They were also concerned about the safety of their team members who ran the risk of being attacked by perpetrators while on duty.

The government's support towards CSOs has been minimal. In terms of funding as well as in technical assistance, the government failed to cooperate with CSOs and missed an opportunity to combine their resources in a way that would have enabled CSOs to support survivors.

Out of the 44 civil society workers surveyed, almost 70% said that they found the response from CSOs effective in addressing Domestic Violence during the pandemic. Investing and building on them in a sustained manner could serve as an integral support network for survivors in the future. During our interviews as well, we found that CSOs had adopted practices to support domestic violence survivors during the pandemic, which if institutionalized can prove to be effective response mechanisms to domestic violence during general periods and emergencies. We have built upon these practices in our recommendations.

Limitations of the study

1. The study explores the pattern in cases of domestic violence during the pandemic, in urban areas of India. It does not cover the incidence of domestic violence in rural India.

2. The data was collected by interviewing CSOs. It does not include responses from the government and its agencies, CSR initiatives and other types of organisations that work to support survivors.
3. The languages used during the interviews and focused group discussions were English and Hindi. Hence, CSOs or individuals who did not speak these languages were not included.

Conclusion

Civil Society Organisations responded with resilience in the face of a pandemic with limited resources and minimal support from state institutional bodies. Their experiences, adaptations, response and suggestions for different stakeholders are captured to formulate a set of recommendations in the next chapter.



Recommendations

Our research reflected an emergent pattern of practices that were found to be helpful while addressing the needs of domestic violence survivors, for women and queer persons, during the pandemic. The recommendations in this chapter have been proposed based on these experiences, successes and unresolved challenges.

Caveats

1. The experiences and support requirements of survivors of domestic violence, both women and queer persons, are varied. None of these recommendations are suggested as isolated solutions but as pathways to developing contextualised solutions.
2. These recommendations arise from a persistent failure to prevent the incidence of domestic violence itself and should be read accordingly. Several recommendations that follow will serve to reduce the incidence of domestic violence over time, as prevention and redressal is often enmeshed in post-incident support required by survivors.
3. The recommendations are made towards supporting survivors of domestic violence who are facing ongoing violence, and not towards those that may have faced domestic violence in the past.

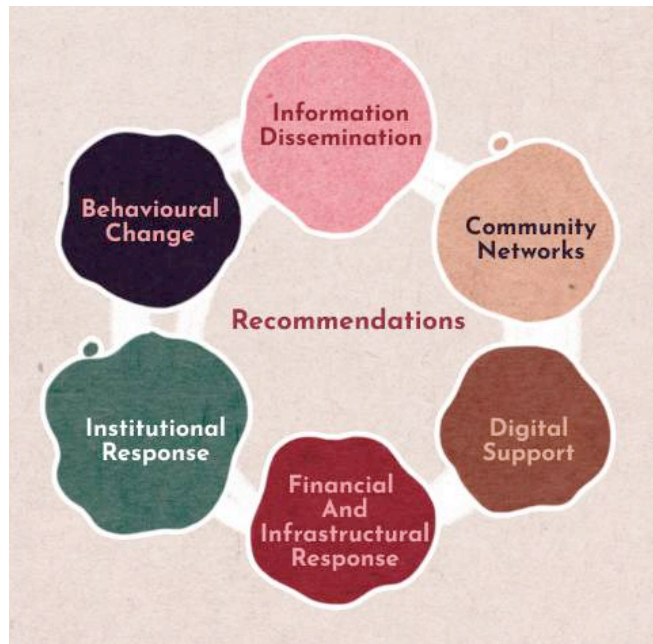


Figure 3: Recommendations for Building Better Support for Survivors of Domestic Violence

The recommendations are designed around a novel six pronged axis (Figure 3) that centres the agency of survivors, works to build capacity in survivors and their support ecosystems, and recognises the intersectionalities of survivors and the ensuing varied support requirements. While several of these solutions have been implemented with varying degrees of success by organisations worldwide, their interconnectedness and the need for collective implementation is developed here.

1. Behavioural change

(a) Gender justice mainstreaming

There was an urgent need indicated for mainstreaming gender justice across curricula in educational institutions, in addition to separate modules, to build empathy and understanding on issues of gender justice.

(b) Public perception of domestic violence

To correct public perception of domestic violence and reinstate it's understanding as an inherently patriarchal social issue to ensure that in times of crisis, multiple stakeholders take ownership for addressing the issue of domestic violence and it is not relegated to a few.

(c) Undoing gender stereotypes and biases

In keeping with (1)(a), all formal and informal educational programs need to focus on undoing gender stereotypes and biases towards nurturing gender just societies, including within this a correction of traditionally oppressive notions of gender and sexuality to support preventive action in reducing harm and violence against LGBTQ+ persons.

(d) The role of men and boys

Several CSOs reported the significant role men and boys had played in preventing aggravated domestic violence and in supporting survivors and recommended the integration of men and boys in all prevention and redressal efforts.

(e) Bystander intervention and citizen civic action

A general public attitude of non interference in issues that have incorrectly been demarcated as 'private/domestic' allows for domestic violence to continue unchecked. CSOs reported that active engagement and intervention by citizens was key in assisting survivors and preventing further domestic violence. Introduction of open bystander intervention training programs and involvement of multiple stakeholders was a repeated recommendation.

(f) Public awareness campaigns and sentiment shifts

Public awareness campaigns to nudge behavioural change and signal that the issue of domestic violence is a priority would help in prevention and redressal of domestic violence. The Indian government added an advisory voiced by a recognised film actor to spread awareness about COVID-19 that played when initiating any phone call, something similar could be instituted for domestic violence.

2. Information Dissemination

(a) Correcting information asymmetry

Ensuring the delivery of correct information both online and offline and efforts to reduce misinformation and disinformation is imperative in emergency situations. In order to tackle the issue of information asymmetry, we recommend that governments and CSOs have an emergency communication plan that takes issues of gender injustice and access into account.

(b) Innovative delivery systems

Reliance on traditional information delivery pathways was inadequate. Based on the successes of CSOs, we encourage the involvement of micro level community members like vegetable sellers, pharmacy stores, religious leaders and others for information dissemination, in regional languages.

3. Community networks

(a) Development and Integration

CSOs reported an immense reliance on local community networks (self help groups, *Mahila Mandals*, student peer networks, housing society groups, resident welfare associations, LGBTQ college clubs etc) that were formed pre-pandemic to support survivors of domestic violence. They recommended the development of pre-existing communities of support and mutual aid, self led or organised by activists and organisations. It was shared that governments can develop response capacity in institutional community networks, such as with ASHA workers, teaching and support staff at educational institutions, municipality workers etc. while also providing them fair and increased remuneration as support for such work. Future capacities can be

developed by training and effective policy communication with existing communities pre crisis.

(b) Activation

Having a rapid response plan in place for emergencies with prior communication to this effect for all such identified community networks, be they governmental, NGO led, community or self led, will help reduce turnaround time on activation of such networks and reduce the incidence of harm and violence.

4. Institutional Response

Here, we will focus on state bodies as institutions but will also examine few other stakeholders.

(a) Preparedness

Domestic violence support was not immediately listed as an essential service and no public support mechanisms were put in place to meet gendered needs: be it access to menstrual hygiene management products, medical supplies for hormone supplements, birth control or abortion, or access to legal and safe housing systems for survivors of sexual and gender based violence, including domestic violence. All governments bodies, media, the judiciary, and disaster relief departments must be mandated to implement a policy that accounts for gender mainstreaming across responses during emergency situations, including a pandemic.

(b) Responsiveness

Apart from preparedness, what stood out for CSOs was the apathy and lack of responsiveness of the police, the media, state officials and others responsible for addressing the needs of survivors during the pandemic. We recommend instituting a free electoral constituency level helpline, a digital portal and an offline follow up mechanism that allows for public complaints and open tracking of the status of complaints against refusal of officials to perform duties during emergency situations. We recommend a similar mechanism for complaints against the judiciary. Additionally, general sensitisation training should be mandated for all three branches of the state.

(c) Performance standards and benchmarking

We urge that new performance measurement standards are brought into play for political representatives and civil servants, that link their performance to certain benchmarked gender developmental indicators in their constituencies for promotions,

salary payments and other perks. In addition to this, we would recommend that these standards don't consider the lack of or reduced complaints as a positive but rather that they are developed in a more nuanced and complex manner that accounts for layered factors, including responsiveness and preparedness to issues.

(d) Expanding our understanding of institutions

Our FGDs with survivors and with civil society workers threw light on the need for media houses, educational institutions, residential housing societies and workplaces to be seen as responsible institutions and for them to develop and implement an 'Anti-Domestic Violence Policy' that supports the needs of their people and their families in case their student, employee, or resident is the perpetrator, including specific support for queer persons.

5. Financial and Infrastructural Support

CSOs, survivors and independent social sector workers reported an immense need for financial and infrastructural support amongst survivors, including access to government ID documents often in control of the abuser and needed for accessing any support, a safe place to stay, and money to meet their basic needs, and that of a dependant.

(a) Social Security

Dismantling of patriarchal beliefs, access to opportunities, recognition of housework as work, and financial agency remain key aspects of a long term solution to support survivors. There remains an urgent recommendation for comprehensive social security measures, including but not limited to, interim and affordable long term housing, emergency transport services, medical care and access, specific victim compensation schemes for LGBTQ+ persons and for other survivors of domestic violence, access to ration and cooked food, and direct cash transfers -- both during emergencies and otherwise.

(b) Policy-legal changes

Immediate policy-legal changes are required to safeguard the rights of women and LGBTQ+ persons, made vulnerable by deliberate ignorance by law. In addition to this, a barrier faced by multiple survivors and CSOs while accessing services was that of providing government ID proofs in situations where they had to escape their homes without planning. Especially during an emergency, accounting for policies that comprehend and address such needs should be made mandatory and government identification should not be required to access any services or support.

(c) Building resilient support organisations

CSOs reported reduced funding during this period as a major challenge, especially as several had adapted to providing other services to meet immediate needs. Major support for survivors, especially for LGBTQ+ persons came from small, community based organisations with restricted funds. For survivors to have access to high quality independent support systems, an urgent recommendation was for more partnerships with CSOs not just to deliver services but to support them financially for them to be able to deliver these services sustainably.

6. Digital Support

(a) Access

CSO and government initiatives that are solely digital, including digital community networks, are limited in their reach. CSOs affirmed that stakeholders recognised a need to improve digital access, privacy and control over devices and digital literacy -- not only to ensure that survivors can reach support but also to ensure that bystanders and community members can reach out for support more easily. In addition to this, there is a need to design digital initiatives in a way that is inclusive of needs of persons with disabilities, those speaking different languages, with access to limited internet bandwidth and more. We recommend development and usage of low bandwidth tools like SMS services, and adapting tele counselling, chatbots etc to meet the needs of survivors.

(b) Alternative Planning

CSOs recognised the need for understanding and accepting the reality that Indian women and LGBTQ+ persons have limited digital access. While improving access must be prioritised, interim digital solutions must be developed to ensure that people are not left behind. For example, if a government jingle to raise awareness about domestic violence plays when one person calls another on a cellphone, this jingle could also be played on the loudspeakers of police vans to take the message to a larger audience. There is also the possibility of developing hybrid tools that improve access to digital services by providing offline integrations. Examples of this could be installing emergency response booths in different localities staffed by women and queer persons, equipping bystanders with digital tools where possible.



Conclusion

Most research participants reported that the number and intensity of domestic violence cases received by CSOs has increased during the pandemic. The causes for this increase stem from patriarchal power structures within the home, where, because of restricted financial security, restricted mobility, and unemployment, husbands and other household or family members find it acceptable to treat women and queer persons as outlets for their anger, stress and anxiety.

CSOs stated that survivors were unable to access support owing to societal stigma and fear, general restrictions on mobility, and health and financial concerns during the pandemic. The findings of this study significantly highlight the apathy and failure of institutional bodies to assess and address the needs of survivors of domestic violence. It also refocuses our attention on the need for developing community based support and reimagining our definition of justice, to account for social security mechanisms as a part of justice. In addition to that, it calls on us to examine and dismantle patriarchal power structures, in our families, in the law, and in our institutions, as a necessary precondition for any domestic violence redressal effort.

CSOs and public spirited citizens adapted their work and developed innovative ways to support survivors during the pandemic. From their responses we developed a six pronged set of recommendations focusing on better information dissemination, behavioural change, community networks, institutional response, financial and infrastructural shifts and digital support.

We hope that recommendations from this research study will be used to further develop equitable and just survivor-centric solutions for both during times of crisis and otherwise.

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ANNEXURE A: LIST OF PARTICIPATING ORGANISATIONS

The organisations that consented to their name being shared publicly as participants in the research study can be found below:

#	Name of Organisation	Representative
1	Aangan	Chaitali Sheth
2	Aashana Trust	Trupti Sheth
3	Anhad	Shabnam Hashmi
4	Association for Advocacy and Legal Initiatives (AALI)	Aalima Zaidi Renu
5	Breakthrough Trust	Priyanka Singh
6	CORO India	Mumtaz Shaikh
7	Good Universe and Invisible Scars	Ekta Viveck Verma
8	Maher	Sr. Lucy Kurien
9	Ya_All	Sadam Hanjabam
10	Mithra Trust	Not applicable
11	MSAAW Foundation	Subha Nivedha
12	My Choices Foundation	Archana Brian
13	Neev Foundation for Legal Aid	Mishika Singh
14	PCVC	Shanmathi S
15	Pink Legal	Manasi Chaudhari
16	Project Mumbai	Shishir Joshi
17	Protsahan India Foundation	Preeti Kumari
18	Sambhali Trust	Abhilasha Chouhan Shivani Singh
19	Shaheen Women's Resource and Welfare Association	Not applicable
20	Shakti Shalini	Dolly
21	Sajhe Sapne	Surabhi Yadav
22	Swayam	Sriya Satuluri
23	The Hands of Hope Foundation	Insia Dariwala
24	Thea Care	Swarnima

25	Urja Trust	Bhattacharya Deepali Vandana
26	Woman of the Elements Trust	Not applicable

The individuals that consented to being to their name and participation being publicly shared are: Mamta Sharma, Veena Gowda, Shampa Sengupta, and Vibhuti Patel.

We are deeply grateful to each of the organisations and individuals who participated in our research study, and took the time to share their insights with us.

ANNEXURE B: INTERVIEW QUESTIONS

ABOUT INTERVIEWEE

1. Name:
2. Role:
3. Organisation:
4. Is supporting survivors of DV under your organisation's mandate? (yes/no)
5. During the pandemic did your organisation support survivors of DV? (yes/no)
6. What does your organisation do? (pre-pandemic)
7. What does your organisation do to address the incidence of DV?

A. SHIFT IN PATTERNS

Did you see a shift in the number and pattern of DV cases that you dealt with pre- and during the pandemic? In case interviewee did not deal with DV cases before: how many and what kind of DV cases did you support during the pandemic?

1. What is the average number of domestic violence case support requests you received monthly, prior to March 2020?
2. Are you able to tell me about the number of domestic violence incidents or cases you've seen during the pandemic-lockdown from March till May?
3. Have you noticed any difference in types of patterns of domestic violence during this time as compared to pre-lockdown times? *(Example prompts if needed: Type of violence, needs of survivors, frequency of violence, intensity of violence, relationship with perpetrator, etc.)*
4. Who is the perpetrator? What is their relationship to the victim usually?
5. What is the living situation of most survivors that you have dealt with *(living alone with partner, joint family, with children, etc)?*
6. Does that make a difference to the case? *(demographic-survivor's financial autonomy, employment, its impact on intensity of violence, access to community for support, isolation of the survivor, how much people know that this is happening)*
7. Who do survivors tend to approach first? *(neighbours, friends, or other family members or CSOs)* when faced with such a situation?
8. What type of solutions/support are survivors looking for when they approach you?

9. Do survivors want to exit the abusive relationship?
10. In cases where survivors want to exit the abusive relationship, are they able to?
(Yes/No)
11. What are barriers to this?
12. How do survivors get to know of you/get in touch with you?

B. INSTITUTIONAL RESPONSE

Did you face any challenges while interacting with different stakeholders to support survivors of DV during the pandemic? If yes, please explain what kind of challenges you faced?

1. Do survivors generally wish to take such cases to the police? Have survivors during the pandemic wanted to report such cases to the police? Have you noticed any change in trends in this regard?
2. Have you seen such cases get reported to the police during the pandemic? Who was usually the one making the complaint? Was the survivor accompanied by someone?
3. How were these complaints made? What was the medium used to make the complaint?
(*did the survivor have to go to the police station, online, or on the telephone*)
4. What challenges have you seen or experienced when reporting to the police?
5. What was the reaction of the police to such cases during the pandemic?
6. How satisfied are victims and support organisations with the outcomes of this?
7. Did survivors know of the online reporting mechanism set up by NCW? Or During the pandemic-lockdown, from March to May 2020, are you aware of how effective was the online reporting mechanism set up by the NCW?
(<http://ncwapps.nic.in/onlinecomplaintsv2/frmPubRegistration.aspx>) *was there any shift from June to October?*)
8. Did you see any domestic violence cases reach court during the pandemic-for interim orders etc.? What were the outcomes?
9. Are there any other challenges to accessing justice that you saw during this time
(including cost of obtaining a lawyer, pursuing a civil case, etc)?
10. Overall, how would you say this has impacted survivors?
11. Are there any other best practices that you saw during this time?
12. Apart from approaching authorities were there any other remedies pursued in cases of domestic violence during these times (*mediation, community based solution, providing safe houses, providing financial support, etc.*)

C. ORGANISATIONAL CAPACITY TO RESPOND:

Did your organisation face any internal challenges in supporting DV survivors during the pandemic? If yes, could you please tell us a bit more about the challenges faced? (infrastructure, staff, funding, internal capacity, etc.)

1. As an organization did you have to adapt to new ways of supporting survivors during the pandemic?
2. If yes, what were the new mechanisms/responses you put in place?
3. Do you think these new responses could have been made more effective? if yes, how? *(support from formal authorities, support from local government, etc.)*
4. Did you face any challenges in addressing the issues?what kind of issues were particularly difficult to address / manage? *(To also ask what are challenges they as an organisation faced- infrastructure, staff, funds, etc)*
5. Do survivors follow up / continue after reporting: with what rate?

D. RECOMMENDATIONS/IMPROVING ACCESS TO JUSTICE

1. How do you think the response can be improved? What might be your key recommendations? *(General recommendations: can relate to any level, and any stakeholder in the entire process, not just their own organisation.)*

E. OTHER

1. What organisations and individuals do you know that support such cases and what is their focus of work?
2. Do you have a contact there you can put me in touch with?
3. Are you familiar with any reliable reporting (articles, news videos) or data on this issue?

ANNEXURE C: CONSENT AND RELEASE FORM

One Future Collective - Civil Society Response to Domestic Violence during COVID-19 | Building Better Support for Survivors | Consent and Release Form

Hi!

Thank you for participating in the Research Study conducted by One Future Collective and supported by Azim Premji University, titled: Civil Society Response to Domestic Violence during COVID-19 | Building Better Support for Survivors ("Research Study").

Your participation will help strengthen the systems of support that we can build for survivors of domestic violence.

Please fill this form before your interview with us.

* Required

Email address *

Release Form

Without expectation of compensation or other remuneration, now or in the future, I hereby give my perpetual consent to One Future Collective, to do the following actions for the purpose of the Research Study.

1. To interview, film or audio-record the interview, and create a transcript of the interview, and to save or store such recordings for the purpose of the Research Study. *

Yes

2. To use the data generated from this interview and any interview statements from me in its research publication, advertising or other media activities related to the Research Study. *

Yes

3. Use my name in relation to attributable quotes in the Research Study, and other promotional material related to it. *

- Yes
- No, but you can use the name of my organisation (for CSOs only)
- No

4. I am authorised to participate in this interview on behalf of my organisation. (please check "N/A" if you are participating in your individual capacity) *

- Yes
- N/A

5. I consent to the processing of my personal information and data for the purposes of the Research Study. I understand that such information will be treated as strictly confidential. *

- Yes

Consent Form

1. I consent to being interviewed by the researcher at One Future Collective, for this Research Study.

2. I have read the Participant Information Sheet, have had the opportunity to ask questions to One Future Collective. I understand the principles involved in the Research Study.

3. I understand that my participation is voluntary, that I can choose not to participate in part or all of the Research Study.

4. I understand that my responses to the questions asked during the interview will be published only as findings, and no personally identifiable data will be shared without express and informed permission.

5. I agree to making myself available for a further interview, with reasonable notice, should it be required.

I give my consent to what is stated in the Consent Form, above. (Please use the "Other" option in case you consent with special conditions, and we will try to work something out!) *

- Yes
- Other:

Please write the name of your organisation or write "N/A" if you are participating in your individual capacity. *

Please write the email ID of your organisation. *

Please type your name in the box below to indicate your agreement to participate in the Research Study. *

Please add today's date here. * *Example: January 7, 2019*

ANNEXURE D: SURVEY

This survey is part of a research study titled: Civil Society Response to Domestic Violence during COVID-19 | Building Better Support for Survivors, conducted by One Future Collective (Morarka Leadership Foundation) and funded by the Azim Premji University Covid-19 Research Funding Programme 2020.

The survey will take around 25 minutes to complete. Please remember to click 'Submit' once done.

Please read the following instructions before you fill this form:

1. The purpose of this research study is to analyse patterns in incidence of domestic violence during the COVID-19 pandemic and the response of civil society and individual actors in supporting survivors during this period in urban areas of India.
2. Our research is limited to urban pockets of the country. Urban areas/pockets in India are defined as: urban agglomerations in India with a population of 1 million or more as of 2011.
3. For the purpose of this study, "during the pandemic" refers to the period from 25 March 2020 to 31 May 2020, ie during the complete, nationwide lockdown. However, at the time of collecting responses to this survey the pandemic remains ongoing and we encourage you to respond for the period beyond 31st May as well, as required.
4. For the purpose of this study, Civil Society Organisations (CSOs) are defined as non-state, not-for-profit, voluntary entities formed by people in the social sphere that are separate from the State and the market. They can include community-based organisations as well as non-governmental organisations (NGOs). We also include within this individual persons that volunteer or serve specific causes through their professional roles or otherwise, simply as responsible citizens and bystanders, even if they are not affiliated to an organisation.
5. For the purpose of this study, "domestic violence" takes its definition from 'The Protection of Women from Domestic Violence Act, 2005' and refers to violence perpetrated within a domestic relationship as defined by law. We will also be looking at violence perpetrated in domestic relationships that is directed at adult victims/survivors owing to the gender or sexuality of the victim/survivor [this could include forced removal from employment by family members to

reduce financial access, forced marriage, trafficking, violence against LGBTQ+ persons and more]. We will not be looking at abuse perpetrated against senior citizens by their children.

6. Please only fill this form if you have supported survivors of domestic violence in your independent, professional capacity, during the pandemic. If you provided support as part of an organisation, then please fill this form: https://bit.ly/DVStudy_EoIForm and we will be in touch to request an interview.

7. All responses are anonymous, confidential, and will be used for research purposes only. All information will only be published as aggregated or consolidated findings and no personal data will be published in any manner without prior express and informed consent.

8. While some questions are optional, we request you to answer all the questions in order for us to obtain more reliable results.

9. Your participation in this survey is entirely voluntary. You can choose not to participate in the survey.

10. Ms. Vandita Morarka and Ms. Ashita Alag are the Principal Investigators, and Ms. Sanaya Patel and Ms. Uttanshi Agarwal are the Co-Principal Investigators for this research study.

11. If you wish to know more about our research study or would like to speak to us personally, please get in touch with us at info@onefuturecollective.org.

Please fill 'not applicable' wherever you may not have an answer to add. Thank you very much for taking the time to fill this survey.

1. Email address *
2. During the pandemic, I have directly or indirectly supported survivors of domestic violence in my independent, professional capacity. *

Please only fill this form if you have supported survivors of domestic violence in your independent professional capacity during the pandemic. If you provided support as a part of an organisation then please fill this form: https://bit.ly/DVStudy_EoIForm

Yes

3. I have read the instructions, understand and agree to the terms set out, above. I wish to participate in this survey. *
 Yes
4. Name *
5. Age*
6. City you are based in *
7. Profession *
8. Please write in what capacity you have interacted with or supported survivors of domestic violence. * This could be as a lawyer, doctor, mental health professional, volunteer, social worker, active community member or just a regular citizen or bystander.
9. Which city/area and state(s) of India did you provide support to survivors of domestic violence in during the pandemic? * Please list all cities/areas and states.
10. Did you deal with cases of domestic violence before the pandemic? *
 Yes
 No
11. If you answered 'yes' to the previous question, was there a change in the number of domestic violence cases that you dealt with during the pandemic? *
 Yes, there was an increase
 No, there was a decrease
 There was no change
 Not applicable
12. On an average, how many cases of domestic violence did you support per month, before the pandemic? *Write "NA" if this is not applicable to you.
13. On an average, how many cases of domestic violence did you support per month during the pandemic? * Write "NA" if this is not applicable to you.
14. What do you think were the reasons for the increase/decrease, if any? * Please provide detailed reasons. Write "NA" if this is not applicable to you.

14. Did you face any unique challenges in responding to survivors of domestic violence during the pandemic? *
- Yes
 - No
15. If you answered 'yes' to the previous question, please explain the nature of those challenges. * Please provide a detailed explanation of any challenges you have faced in responding to survivors of domestic violence during the pandemic.
17. Are there some specific strategies that you have found effective while responding to the needs of domestic violence survivors during the pandemic? If yes, please share them with us. *
18. If you were supporting survivors of domestic violence before the pandemic, how have you continued to support them during the pandemic? * Please provide details of the nature and manner in which you continued to provide support.
19. What categories of institutions and individuals did you work with to provide support to survivors of domestic violence during the pandemic? * (*Check all that apply.*)
- Police
 - Independent lawyers
 - Law firms
 - Legal Aid Services Authorities
 - Mental health professionals
 - Government medical institutions
 - Private medical institutions
 - Independent medical professionals
 - National Commission for Women
 - State Commission for Women
 - NGOs
 - Shelter homes
 - Judiciary
 - Faith/religion based organisations or groups
 - Friends or family working in the social sector
 - Friends or family not working in the social sector

Other:

20. What was the response from state authorities in supporting survivors of domestic violence during the pandemic? * Authorities include police, judiciary, state run shelter homes, National and State Commissions for Women, Protection Officers, and government helplines. Write "NA" if you did not deal with any state authorities.

21. Was the response from these categories of institutions and individuals effective in supporting survivors of domestic violence during the pandemic? *

- | | | | |
|--|------------------------------|-----------------------------|---|
| Police | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Independent lawyers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Law firms | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Legal Aid Services Authorities | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Mental health professionals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Government medical institutions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Private medical institutions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Independent medical professionals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| National Commission for Women | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| State Commission for Women | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| NGOs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Shelter homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Judiciary | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Faith/religion based organisations or groups | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Friends or family working in the social sector | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| Friends or family not working in the social sector | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |

22. If you answered 'no' to any of the options in the previous question, please explain how the response could be improved. * Please specify as far as possible for each type of authority with whom you may have worked.

23. What was the response from Civil Society Organisations (CSOs) that you have worked with, in supporting cases of domestic violence during the pandemic? * Please write "N/A" in case you have not interacted with any CSOs during this time.

24. Was the response from CSOs effective in supporting survivors of domestic violence during the pandemic? *

- Yes
- No

25. If you answered 'no' to the previous question, please suggest how the response could be improved. *

26. On a scale of 1 to 5 (with 5 being the highest) how would you rate the support provided by the following stakeholders to you, while supporting cases of domestic violence during the pandemic? Please only rate the stakeholders that you have worked or interacted with while supporting cases of domestic violence during the pandemic.

- 1 - No response
- 2 - Got a response but they refused to help
- 3 - Got a response but they were unable to help
- 4 - Got a response and some of the requested help was provided
- 5 - Got a response and all help requested for, was provided

Police	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Independent lawyers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Law firms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Legal Aid Services Authorities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Mental health professionals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Government medical institutions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Private medical institutions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Independent medical professionals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
National Commission for Women	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

State Commission for Women	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NGOs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Shelter homes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Judiciary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Faith/religion based organisations or groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Friends and family working in the social sector	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Friends and family not working in the social sector	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

27. Please provide us with explanations to support your responses to the previous question wherever possible. *

28. Would you have benefitted from any additional support to respond more effectively to instances of domestic violence during the pandemic? If yes, please specify how.*

29. What other forms of professional support, if any, did you benefit from in responding to instances of domestic violence during the pandemic? *

30. Please share any strategies that were not effective in providing support to survivors during the pandemic.

31. Anything else you would like to share with us. *

32. Any other organisations or individuals that you know who work to support survivors of domestic violence and we can get in touch with for the purpose of this study? Please let us know. * Please include names, email IDs, and any other useful contact information.

Thank you for completing this survey.

Please feel free to reach out to us at ashita@onefuturecollective.org with any queries