



Domestic violence during COVID times - An Indian perspective



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India is a country where women are held in high regard and are referred to as “*maata*” (mother) or *Devi* (goddess) and at the same time discriminated against; female feticide is a classic example of this. As per United Nations Development Program’s Human Development Report (2013), India ranks at 132nd position among 187 countries on the gender inequality index- which is even lower than Pakistan, which stands at 123rd position (1). Even though the constitution of India grants women the fundamental right- the equality of the sexes, most women are not just denied equal rights but also their basic rights. Indian women are not provided with an equal level of opportunities across all domains like education, health, economic independence, and decision making due to age-old customs deep-rooted in Indian society and culture. Gender inequality is highly prevalent in Northern and Central India, with the BIMARU states (Bihar, Uttar Pradesh, Madhya Pradesh, and Rajasthan) top in the list with the highest gender

inequality in areas like women’s education, health, declining sex ratio and increased violence against women thus placing them at the lower social status in the country. Gender inequity is also one of the reasons for domestic violence among women (2).

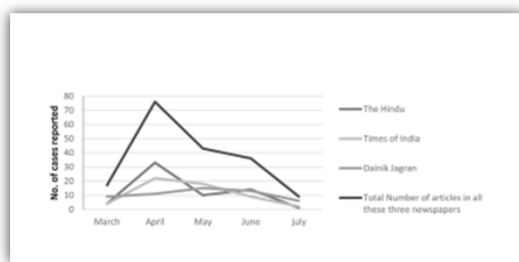
The World Health Organization reports that 15% to 71% of women have experienced physical or sexual violence or both by an intimate partner once in a lifetime. India’s National Family Health Survey-III (2015-16), 31.1% of women “experienced violence” after marriage. Manipur tops the list with a 53.1% abuse rate against married women, followed by Bihar ((43.2%), Tamil Nadu (40.6%), Uttar Pradesh (36.7%), Madhya Pradesh (33.0%), West Bengal (32.8%) and Rajasthan (25.1%) (3). It is observed that the prevalence of DV increases during any disaster like situation (4).

During the COVID-19 pandemic, and in the absence or scarcity of vaccines or effective treatment, governments had resorted to implementing strict quarantine or lockdown rules to prevent the spread of the disease. The lockdown was necessary for low and middle-income countries like India, where the healthcare system is not proportional to the demands of the population. Along with positive aspects like the reduced spread of disease, Among the many downsides of quarantine, gender-based domestic violence also increased globally with a two-fold increase in India also. The reported cases of domestic violence in India are depicted in Figure-1. Several reports from the media point toward an increasing rise of domestic violence cases even in the

Invited Article

developed countries like Australia (5% surge), China (33% surge), and the United States of America (21–35% surge) (5). As per WHO, the Eastern Mediterranean Region has the second-highest prevalence of violence against women (37%) worldwide (6).

Figure-1 Reports of domestic violence during the five months of the pandemic (March–July 2020) were published in three newspapers *The Hindu*, *The Times of India*, and *Dainik Jagran*



DV is a double blow for the women during this coronavirus pandemic which is largely preventable and socially acceptable. From global and local observations and opinions, the best way to tackle and confront domestic violence during the times of pandemic situation is with the collaboration of all the active stakeholders beginning from the local community level to districts, divisional, state, and national levels. Awareness among the victims, strict vigilance, immediate acknowledgement and acting without delay with the spirit of zero tolerance and a victim-centric approach will tackle help domestic violence victims.

A multimodal approach designed at various levels is required to tackle this social menace. We opine that telephonic counselling centres do serve the purpose, but online counselling through social media platforms or counselling cells can have a better reach to the audience where the land phone has not reached yet, especially in far-flung rural and border areas. Moreover, the identity of those seeking counselling should

be kept confidential; counselling should be done in local and understandable language. Victims should have easy access to the counselling platform and that too without paying any cost for it. Sometimes victims hesitate to receive a call. Healthcare providers at an individual level can also play a major role in tackling domestic violence. For further resources on various other methods to approach a DV victim, healthcare professionals can refer to The World Psychiatric Association Curriculum on IPV.

Even during the lockdown, two important doorstep services, garbage collection and milk delivery, were not restricted. Helpline numbers and other means of communication should be printed on the milk packets and garbage collection vehicles. Since garbage collection person is their only means of communication, they can be sensitized about domestic violence just like teachers to pass on the information to the concerned authorities. In rural areas, the village sarpanch, with the help of volunteers and healthcare workers like ASHA workers, should be educated about domestic violence to identify the signs of violence and to address the concern by escalating it to concerned authorities. As schools are shut, and the medium of teaching is online, teachers should be sensitized about domestic violence and need to teach children how to identify domestic abuse and report it to their teachers without alerting the abuser through codes, so teachers can contact the concerned authorities and report domestic abuse at their wards home. Awareness about domestic violence and the importance of reporting should be spread through community partnership and through electronic media, which should highlight that victims will be provided with much-needed help and means to contact the helpline or NGOs. It is understandable that police forces along with healthcare workers are the most overburdened in their roles during the pandemic. Police personnel

should be sensitized to acknowledge and empathise with domestic violence cases and consider them as seriously as any other case. They should be trained to handle domestic violence cases by professionals. To reduce the occurrence of domestic violence judiciary should be on a constant watch. Strict enforcement of the laws with prompt judgments should be made regarding domestic violence cases to avoid further stress on the victim. Special mobile courts should be set up with up-to-date technological support for recording statements for victims in rural or semi-urban areas.

Domestic violence is a global issue not even sparing the most developed countries. The issue of domestic violence during the COVID-19 pandemic has increased manifold. Cultivating advocacy and awareness among the victim, escalating surveillance, strict vigilance, immediate acknowledgement and acting without delay with the spirit of zero tolerance and victim-centric approach are bunch of principles to tackle domestic violence victims. The incidence of domestic violence can be addressed only if we learn from failures and gaps in addressing the issue.

References-

1. Jha P, Nagar N. A Study of Gender Inequality in India. *Int J Indian Psychol* [Internet]. 2015 Jun 25 [cited 2021 May 30];2(3). Available from: <https://ijip.in/articles/a-study-of-gender-inequality-in-india/>
2. Kalokhe A, del Rio C, Dunkle K, Stephenson R, Metheny N, Paranjape A, et al. Domestic violence against women in India: A systematic review of a decade of quantitative studies. *Glob Public Health*. 2017 Apr;12(4):498–513.
3. Addressing domestic violence against women: An unfinished agenda Kaur R, Garg S - *Indian J Community Med* [Internet]. [cited 2021 May 30]. Available from: <https://www.ijcm.org.in/article.asp?issn=0970-0218;year=2008;volume=33;issue=2;spage=73;epage=76;aulast=Kaur>
4. *Frontiers | Gender-Based Violence During COVID-19 Pandemic: A Mini-Review | Global Women's Health* [Internet]. [cited 2021 May 30]. Available from: <https://www.frontiersin.org/articles/10.3389/fgwh.2020.00004/full>
5. *The Shadow Pandemic: Violence against women during COVID-19* [Internet]. UN Women. [cited 2021 May 30]. Available from: <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>
6. *WHO EMRO | Levels of domestic violence increase globally, including in the Region, as COVID-19 pandemic escalates | Violence-news | Violence, injuries and disabilities* [Internet]. [cited 2021 May 30]. Available from: <http://www.emro.who.int/violence-injuries-disabilities/violence-news/levels-of-domestic-violence-increase-as-covid-19-pandemic-escalates.html>