DOMESTIC VIOLENCE IN INDIA DURING COVID-19

THE HIDDEN PANDEMIC.

A research into response targeting intimate domestic violence against women in India before Covid-19 and how Covid-19 changed the nature of the response of NGOs and other actors.

A BACHELOR THESIS REPORT

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A QUALITATIVE BACHELOR THESIS RESEARCH

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“HOME IS THE MOST UNSAFE PLACE FOR WOMEN WORLDWIDE.“
-UN, 2018

FEELING SAFE AT HOME IS A PRIVILEGE I NEVER THOUGHT ABOUT.

COVID-19 CHANGED HOW I FEEL ABOUT MY PRIVILEGES. LIVING IN EUROPE. NEVER HAVING TO WONDER HOW TO FILL MY FRIDGE. HAVING A FRIDGE. GOING TO THE DOCTOR IF I FEEL SICK. HAVING HEALTH INSURANCE. HAVING A PLACE TO CALL HOME. BEING ABLE TO STAY HOME. CHOOSING WHO I WANT TO BE WITH. CHOOSING WHO I WANT TO LIVE WITH. FEELING SAFE AT HOME IS A PRIVILEGE I NEVER THOUGHT ABOUT. - UNKNOWN, 2020

ABSTRACT

Women are disproportionately affected by any form of domestic-, gender-based or intimate partner violence. That is the case worldwide, in every city, in every house, in every social class. The WHO concludes in two different studies that such forms of violence, including intimate domestic violence (IDV), are higher in settings where women have limited access to public life, jobs and social services. The lockdown that followed the outbreak of Covid-19 in India, and many other countries, is limiting this access of women and exacerbates the issue of domestic violence worldwide. The increased need for accessible support services puts pressure on local actors and NGOs supporting female survivors of intimate domestic violence while the lockdown exacerbates existing challenges in the response to intimate domestic violence. The question remains what effects do Covid-19 and the Covid-19 lockdown have on the work of national NGOs and other actors supporting female survivors of intimate domestic violence in India?

To answer this main research question, as well as subsequent research questions, qualitative research on the effects of Covid-19 and the lockdown in India on intimate domestic violence against women has been carried out. 5 respondents from a broad range of regions and backgrounds in India have been interviewed using semi-structured online interviews and follow-up emails to validate the different interview outcomes. The comparison of the findings from qualitative interviews in India with literature helped identify gaps and challenges in providing support to female survivors of intimate domestic violence against women in India in the context of the Covid-19 pandemic.

Amid the global pandemic, questions around testing capacities, available vaccines and economic impact often overshadow the side effects of such global disasters. The influence of Covid-19 on domestic violence is therefore often referred to as the hidden pandemic of 2020. Factors that exacerbate domestic violence in India but also worldwide, such as economic uncertainty, increased stress at household level, and changes in power dynamics are further aggravated by the lockdown. Reported cases of intimate domestic violence increased by 250% in 6 months, compared to 2019. While the UN and other global actors ask for action against those side effects of the pandemic, the response to intimate domestic violence in India is still considered “non-essential“, which

significantly limits the room for action of responding actors such as small, local NGOs and associations. Services and institutions that are considered “non-essential“ have to comply with stricter lockdown measures and travel restrictions than those considered “essential“ (such as police, supermarkets, hospitals etc.).

The separation between “essential“ and “non-essential“ services is one of the biggest challenges for NGOs and other actors responding to intimate domestic violence in India. It also increases the inequalities of power and deteriorates the relationship between stakeholders. Especially the relationship with the police (considered “essential“) is crucial in times of lockdown and poses intense challenges for both parties. Other important challenges in the response to intimate domestic violence against women in India are related to increased stress for both (potential) survivors as well as responding individuals. Furthermore, reaching survivors physically, but also offering accessible support services online has been an ongoing challenge.

On a positive note, the relationship between NGOs and associations improved in the response to intimate domestic violence through cooperations, shared workload and the combined effort to improve access of survivors to support services. Helpline coverage improved through cooperations where several NGOs shared responsibilities, making helplines accessible 24/7. Community outreach-projects were partly successful thanks to the cooperation with food distribution centres. And the implementation of App-services for survivors was made possible through partnerships with the tech sector. Those include informative apps about support services and emergency-contact apps. The global recognition of the issue of domestic violence increased significantly and increased awareness is a crucial step to stop violence against women.

Recommendations that improve the response of NGOs and other actors to intimate domestic violence against women in India during lockdown have been defined based on the research. Those recommendations include the improvement of cooperation with stakeholders such as the police, as well as the government. Furthermore, focus on keeping employees and volunteers safe is crucial, to be able to deliver appropriate support without harming ones own mental and physical health. On a more practical side, investment in the digitalisation of the response, but also prevention interventions is highly recommended, as it improves the access to support services in times of lockdown.

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1. INTRODUCTION

According to a WHO study from 2012, up to 60% of women worldwide have experienced physical violence, and up to 75% have experienced emotional abuse by their intimate partner at least once in their lifetime (WHO, 2012). Figures from March 2021, published by the WHO suggest a decrease to globally 30% of women that have experienced some sort of physical or sexual violence in their life (WHO, 2021). According to both studies, domestic violence is assumed to be higher in settings where women have limited access to public life, jobs and social services.

Due to Covid-19 and the government restrictions that followed, access to those services decreased significantly all around the world. After many countries ordered a lockdown following the spread of the virus, the UN has called for measures to address the "horrifying global surge in domestic violence" (UN, 2020).

In India, a lockdown was announced at the end of March, to fight the spread of the coronavirus. According to the National Commission for Women (in India), the number of reported cases of domestic violence had doubled during the lockdown by mid-April, compared to pre-lockdown days (National Commission for Women, 2020). The reasons for this increase in domestic violence vary and are the subject of research in this report.

For international- but also local NGOs and other actors that are working with communities in India, the lockdown had severe effects as well. From one day to the other, any physical meetings were prohibited and care centres were closed, leaving thousands of people alone with their troubles and NGOs helpless on how to help those in need. Care International published a Global Rapid Gender Analysis for Covid-19. In this report, they state that the risk of all forms of gender-based violence (including domestic violence) will increase, and measures need to be taken in order to adapt on-going projects according to the changing needs and possibilities during lockdown (Care, 2020).

The topic of domestic violence in India is highly sensitive and complex. It has underlying root causes in colonialism, religion and the Indian caste system and has been a topic for human rights organisations for years. Since 1983 domestic violence is recognised as a criminal act under the Indian Penal Code 498-A. This criminal legislation could lead to prosecution. The "Protection of Women from Domestic Violence Act 2005" (PWDVA) was implemented in 2005 and centres the survivor's needs in a civil law context. From 2006 onwards, the PWDVA defined domestic violence as including all different forms such as physical, emotional, verbal, sexual and econo-

mic violence and demanded officers to assist survivors. It furthermore helped set up ways to get civil remedies like residence, protection, custody order and compensation. The act also underlines the importance of collaboration between the government and external organisations such as NGOs and other actors to protect women and their rights (International Institute for Population Sciences, 2017).
The Indian Ministry of Health and Family Welfare undertakes the National Family Health Survey (short NFHS) focusing on several issues related to family and health. The newest NFHS was conducted for the years 2015 and 2016. Domestic violence is one of the 16 main focus points of the survey among issues like HIV/AIDS, women empowerment, child health, nutrition, family planning etc. According to the surveys key findings concerning domestic violence 33% of ever-married women in India have experienced spousal violence. This type of violence describes the violence between married partners. Only 14% of women who have experienced domestic violence in and outside of marriage have sought help to stop the violence (International Institute for Population Sciences, 2017).

These numbers are worrying and an increase in domestic violence could have been expected in times of lockdown, according to Marianne Hester, researcher of abusive relationships. She indicated that domestic violence goes up all around the world whenever families spend more time together than usual, such as during Christmas and summer holidays (Taub, 2020).

Aljazeera published the following numbers concerning the increase of domestic violence during the Covid-19 lockdown: In France, there has been a 36% increase in reported cases, in Australia the internet search for the support of survivors of domestic violence rose by 75%. In the UK, helpline services saw a 25% increase in contact and in Tunisia the cases are 5 times as high as pre lockdown, according to the Ministry for Family and Health (Aljazerra, 2020).

The National Commission for Women in India (NCW) reported a decrease in calls that they received during the first weeks of lockdown. This was first assumed to be a sign of a decrease in domestic violence. After research looked into the reasons for this decline in calls received over the helpline it became clear that there is not a decrease but an increase. Men and women were asked to stay at home and survivors of domestic violence were unable to use landline phone to reach the helpline, given the fact that they spend 24/7 with their perpetrators. The NCW implemented a WhatsApp helpline, where a message could be sent via WhatsApp and no phone call or E-mail was necessary to report a case of domestic violence and ask for help. Suddenly the number of reported cases went up significantly.

In June 2020 the National Commission for Women (NCW) in India announced that there is a huge increase in reported cases of domestic violence during the lockdown. They said that the number of reported cases had doubled (after implementing the WhatsApp number) during lockdown by mid-April, compared to pre-lockdown days in mid-April last year (timesofindia, 2020). Only two weeks after this statement the NCW reported that the increase in reports they received is not necessarily an indicator for an increase in cases of domestic violence. The Chair of the NCW Rekha Sharma denied that there is an increase in actual cases. According to the Hindu, she stated that there is just an increase in reported cases but not in actual new cases. Through the WhatsApp helpline, it is just easier for women to report and therefore the majority of the reported cases are not new cases but mostly women that are experiencing domestic violence already for years (the Hindu, 2020). The Ministry for Women and Child Development in India also stated that there is no problem concerning domestic violence during Covid-19 and that “we have one-stop crisis centres in every district of every state” (the hindu, 2020).

Local NGOs and women rights activists are worried and believe that there is indeed a huge increase in cases of domestic violence during the lockdown. They argue that if reported numbers are increasing in times where access to relevant support services is limited this is a clear indicator for an increase not just in reported, but also in actual cases. The biggest issue in India, according to the All India Progressive Women's association was that the lockdown in India came without any warning. Just from one day to the other millions of women were trapped in their houses with their abusers and were not able to secure themselves by leaving to family members they feel safe with (Aljazeera, 2020). The All India Progressive Women's Association also suggests that the number of domestic violence during lockdown is much higher than reported by the National Commission of Women because there are no nationwide hotlines available for survivors, which makes data collection increasingly difficult.

The fight against domestic violence has been on the agenda of NGOs, advocates, activists and other actors working in India for years. Women empowerment and the fight against domestic violence are key aspects of the development of a country. The interaction between development and disasters is known as either helpful or destructive. In history, there have been examples where a disaster significantly helped the development of a region by opening peoples mind for dialogue or urging politicians to implement new laws. But there is also a destructive side for development whenever a disaster strikes. A disaster can throw development back by decades. According to the World Bank, Covid-19 might push up to 100 million people into extreme poverty. This would be the first increase in extreme poverty worldwide since 1998 (World Bank, 2020).

Especially for women empowerment and the fight against domestic violence a disaster that influences millions of households and livelihoods has a huge destructive nature. Covid-19 and the lockdown that many countries implemented is such a disaster. First of all, the pressure on women and girls to carry out household duties such as caring for elderly or ill family members, but also cooking and cleaning for more people (as household size increases when all people are at home all the time) increases the pressure on women and girls. The economic stress factor due to job loss and fewer possibilities to carry out livelihood strategies increases the pressure on women to bring food to the table. The psychosocial stress of the combination of overcrowded households, job loss, lack of access to public social services and the uncertainty of the future adds another layer of insecurity and therefore hinders development.

In times of lockdown, outreach, community work and access to survivors of domestic violence are limited and therefore local actors are hindered in carrying out their usual work, including the support of women affected by domestic violence. According to the International Planned Parenthood Federation (IPPF), more than 5600 mobile clinics and community centres had to close down in 64 countries, hindering NGOs in offering especially healthcare such as HIV testing, contraceptive care and services for gender-based violence (including domestic violence) survivors (The New Humanitarian, 2020).

The extra layer of insecurity brought in by such a lockdown was researched in order to mitigate the effects of Covid-19 on women and help to prepare NGOs and other actors for future scenarios.

2. RESEARCH

2.1 COMMISSIONING ORGANISATION

The Gender Security Project is a Chennai based initiative that is working towards expanding the understanding of gender in the context of peace, conflict, justice, and security. Their main areas of engagement include research, reportage, and documentation on gender, peace, security, and justice. They commission research on the above-mentioned topic, always centring on a gender perspective. They have a broad network within India, including human rights activists, NGOs and other actors. They are a relatively new initiative, founded by Kirthi Jayakumar, with the mission to centre and include a global south perspective to the women, peace and security agenda through research, documentation, and south-led voices. A specific focus lays on documenting sexual violence across the peacetime-wartime continuum, which draws attention to the fact that gender-based violence takes part around the world, regardless of social status, history, income, nation or whether a country is at war or not. The Gender Security Project is commissioning this research and is a valuable partner for the researcher when it comes to networking with relevant partners in India, as well as providing valuable feedback to increase the reliability and relevance of the research. Especially because of the GSPs mission to centre and include a global south perspective, special emphasis is put on Indian let organisation, rather than international actors responding to intimate domestic violence against women in India. They agreed to publish the research once finished on their website, offering the researcher a large and relevant platform reaching a broad range of interesting institutions and actors across India and beyond.

2.2 PROBLEM DEFINITION

The influence of Covid-19 on intimate domestic violence against women in India, as well as the influence of Covid-19 on the work of NGOs and other actors, responding to intimate domestic violence against women, has not been sufficiently researched. Gaps in service providing that arose due to Covid-19 and the effects on the management structure of the response result in a lack of knowledge on how to adapt ongoing projects in order to continue the support for affected women during the lockdown.

2.3 RESEARCH OBJECTIVES

The objective of this research is to understand the work of NGOs and other actors responding to domestic violence in India before Covid-19 and how Covid-19 and the lockdown influenced the service providing of NGOs and other actors supporting female survivors of domestic violence in India.

A set of supportive measures and recommendations are worked out that can be of help for international and local NGOs and actors in order to adapt their projects concerning domestic violence to be effective and appropriate during times of lockdown.

2.3 RESEARCH QUESTIONS

2.3.1 Main Research Question

What effects do Covid-19 and the Covid-19 lockdown have on the work of national NGOs and other actors supporting female survivors of intimate domestic violence against women in India?

2.3.2 Sub-Research Questions

1. What kind of response did national NGOs and other actors provide to female survivors of intimate domestic violence in India before the Covid-19 lockdown?

2. What is the impact of Covid-19 measures on intimate domestic violence against women in India and why does vulnerability increase in times of lockdown?

3. What kind of response do national NGOs and other actors provide to female survivors of intimate domestic violence in India since the Covid-19 lockdown?

4. What are the main challenges for national NGOs and other actors supporting female survivors of intimate domestic violence during the Covid-19 lockdown in India and how did these influence the response?

3. BACKGROUND

To understand the complexity of the issue of intimate domestic violence against women in India during Covid-19 several concepts need to be explained, as well as their interrelation. Furthermore, previous disasters and health emergencies and their interconnection with violence, specifically intimate domestic violence against women are analysed using literature review to understand the issues at stake.

3.1 MAIN DEFINITIONS AND CONCEPTS

Understanding the influence of Covid-19 on intimate domestic violence against women in India and the influence of Covid-19 on the work of NGOs and other actors responding to intimate domestic violence against women is the main goal of this research. To narrow down the topic of this research the focus will be on understanding the influence of the lockdown measures (defined below) on intimate domestic violence against women in India. The definition of violence, gender-based violence, intimate partner violence and domestic violence have been reviewed and combined to narrow the scope of the study.

3.1.1 Lockdown

A lockdown is defined by the University of Cambridge as "a situation in which people are not allowed to enter or leave a building or area freely because of an emergency" (Cambridge, 2020). Before the outbreak of Covid-19 the term was mostly used in prison, war, schools or hospitals but usually not for a whole country or a larger area. There are exceptions such as war zones, epidemics or regions that are politically restricted in terms of travel in and outside.

After the Covid-19 outbreak in December 2019 in Wuhan, China is the first country to announce a lockdown to fight the outbreak of the Coronavirus on January 23rd 2020. This first lockdown affected millions of people in Wuhan and the Hubei region and international experts were unsure of its appropriateness (the guardian, 2020). But time showed that lockdowns are indeed amongst the most effective measures to slow down the spread of the virus (United Nations University, 2020). The Covid-19 lockdowns implemented by countries all around the world came in different forms, with different restrictions. Wuhan suspended all public transport and private cars from the roads, and no travel outside the city was allowed, not even for medical reasons (the guardian, 2020). The only reason for people to leave the house was going to su-

permarkets or pharmacies. The lockdown in north Italy and France followed similar patterns, but public transport and private cars were still able to move. In Spain, people were also allowed to go out for short walks once a day, but after numbers increased, they also tightened the restrictions.

After reviewing several definitions of the concept lockdown the researcher will use the following definition:

In this research the word **lockdown** describes the situation in India after March 24th 2020 when Prime Minister Modi announced that public life will be slowed down, all non-essential activities and services will remain closed, public transport stopped operating and people were asked to work from home and stay at home as much as possible.

3.1.2 Violence

In order to understand the second bigger concept of the study, several definitions of violence have been reviewed and combined to one definition, specifically suitable for this research.

The WHO divides violence itself into three categories, each with different subcategories. They divide violence "according to characteristics of those committing the violent act" (WHO, 2002). There is "self-directed violence" including suicidal behaviour and any other form of self-abuse. There is "collective violence" that is furthermore divided into social, political and economic violence. The third category is "interpersonal violence", which includes domestic violence and intimate partner violence (WHO, 2002).

Domestic Violence is described as the violent or aggressive behaviour happening inside a household (Oxford, 2020). Usually, a close relationship between victim and offender is given; this might be voluntarily a close relationship or a relationship by blood. Domestic violence can occur between life partners, spouses, children and parents, siblings, or in any other constellation within a household. In India, in the "Protection of women from domestic violence act, 2005" domestic violence is defined as follows: "any act, omission or commission or conduct of the respondent shall constitute domestic violence in case it:

(a) harms or injures or endangers the health, safety, life, limb, or well-being whether mental or physical, of the agrieved person or tends to do so and includes physical abuse, sexual abuse, verbal and emotional abuse and economic abuse; or
(b) harasses, harms, injures or endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or
(c) has the effect of threatening the agrieved person or any person related to her by any conduct mentioned in clause (a) or (b); or
(d) otherwise injures or causes harm, whether physical or mental, to the aggrieved person." (Gazette of India, 2005)

Another important term to define in this context is **Gender-Based Violence** (GBV). GBV is described as "violence against a person because of that person's gender or violence that affects persons of a particular gender disproportionately" (European Commission, 2020). Women are disproportionately affected by GBV and domestic-, and intimate partner violence are examples of gender-based violence.

In contrast to domestic violence **Intimate Partner Violence** (IPV) describes violence towards the intimate-, life-partner or and within marriage. The WHO refers to intimate partner violence as "any behaviour within an intimate relationship that causes any type of harm to those in the relationship" (WHO, 2002). This means that the violence does not necessarily happen within a household, as intimate partners can also live separately. In-

timate partner violence is the most common form of violence against women. Whereas men are generally more vulnerable to violence outside the household, women are much more likely to experience violence in their own house or from someone in their direct environment.

After reviewing several definitions of violence, domestic violence, gender-based violence, and intimate partner violence the researcher came up with an own definition of the term, combining the before mentioned definitions:

Intimate domestic violence against women (IDVAW) describes any form of abuse or violent behaviour of a male spouse or life partner towards their female counterpart, living in the same household. This includes economic, verbal, emotional, sexual and physical abuse.

The researcher recognises that any form of gender-based violence, domestic violence or intimate partner violence does not happen exclusively in heterosexual relationships or exclusively towards women, but for the sake of scoping this research as well as based on the evidence indicating that women are disproportionately affected by any form of domestic violence, this research will exclusively focus on Intimate Domestic Violence Against Women (short IDVAW).

The wording of people experiencing any form of violence is dynamically changing throughout the years. The term “victim“ has been subject to discussion on whether it reduces dignity and is considered to be pushing someone into a rather victimised and passive role. The term “survivor“ on the contrary offers a more strong and dignified way to speak about people experiencing violence. The term survivor does not necessarily mean someone was in a life-threatening physical fear, but that someone survived a traumatic experience, whether mentally or physically.

DOMESTIC VIOLENCE
(DESCRIBING THE PLACE WHERE THE VIOLENT ACTS HAPPENS)

+

GENDER-BASED VIOLENCE
(DESCRIBING VIOLENCE AGAINST S.O BECAUSE OF THEIR GENDER)

+

INTIMATE PARTNER VIOLENCE
(DESCRIBING VIOLENCE BETWEEN INTIMATE PARTNERS)

↓

INTIMATE DOMESTIC VIOLENCE AGAINST WOMEN
(DESCRIBING VIOLENT BEHAVIOUR BETWEEN MALE SPOUSE AND FEMALE COUNTERPART LIVING IN THE SAME HOUSEHOLD)

3.2 INTIMATE DOMESTIC VIOLENCE AGAINST WOMEN

3.2.1 Reasons and contributing factors

The reasons for IDVAW are difficult to research, but amongst the main influential factors is the fact that women are especially, but not only in the global south economically dependent on their life partner/husband. This significantly influences the power dynamics at home. In more traditionally shaped societies wife-beating is seen as a consequence of disobeying the husband's expectations, views or opinion. Among studies from the global north and south, there is consensus about the following events that often trigger partner violence (WHO, 2005): Not obeying the man, arguing back, not having food ready on time, not caring adequately for children or home, questioning the man about money or girlfriends, going somewhere without the man's permission or refusing sex. Furthermore, the following factors are associated with a man's risk for abusing his partner (WHO, 2002): Young age, depression, low income, witnessing or experiencing violence as a child, economic stress, poverty and/or low social capital. Especially witnessing abuse or violence during childhood can significantly influence whether a man becomes violent later on himself (Capaldi, 2012).

Especially in countries where violence is often used as a tool to discipline children IDVAW seems to be more prevalent. This has several reasons. For one, children that experience or witness violence learn that violence is an accepted tool to solve an issue. Furthermore, children living in violent households learn that, if they do something wrong violence will follow. This becomes some sort of reality and later on, they believe violent behaviour is right if something has been done wrong. This is the case for both sides, the abusers side and the abused. Goldman called this the "Sad Legacy of Abuse" (Goldman, 1989).

Bhalotra et al. researched the correlation between employment and domestic violence and found out that male unemployment is associated with an increase in intimate violence, while women's unemployment was associated with a decrease in violence (2019). This might be a result of men feeling emasculated in their role as main breadwinners when being unemployed (Schneider et al, 2016).

Cramped living situations, for example during holidays or whenever families spend more time together is another contributing factor that can increase domestic violence (Taub, 2020). Those living situations also influence the stress level of all household members. Stress furthermore often leads to increased consumption of alcohol, which contributes to an increase in domestic violence as well.

3.2.2 Consequences

The consequences of IDVAW differ greatly and largely depend on the angle it's been looked at. In broad literature, violence is seen as a health issue, as it impacts not just the physical well- being of a person, but can also have long-term psychological consequences, including depression, anxiety, phobias, post-traumatic stress disorder and or suicidal behaviour and self-harm (Leserman J et al, 1996). It has been thought for a long time, supported by independent studies, that domestic violence is more common in families with more children (Jejeebhoy, 1998). A more recent study from Nicaragua suggests on the contrary that violence might be a risk factor for having many children, as access to contraceptives and control over their own body is limited in families where domestic violence occurs (Ellsberg, 2010). Another important aspect is the economic impact of violence. Research from India, Nicaragua and the United States showed that women who experience domestic violence are more likely to lose a job and being affected by domestic violence also impacts a woman's ability to keep a job. On top of that women affected by abuse earned 46% less than women that reported

never suffering from domestic abuse (Morrison AR, 1999). Furthermore, the impact on children is one of the most challenging consequences of domestic violence between partners. Children witnessing domestic violence (between their parents) are far more likely to become abusive in their adult life as well. Children are exposed to a whole range of emotional, but also behavioural problems that could impact their development in the long-term (McCloskey, 1995).

3.2.3 Response

The main bodies responding to intimate domestic violence against women (IDVAW), are non-governmental women's organisations. Those are partly supported by government funding or in rare cases by the implementation of laws that make violence against women a criminal act and therefore punishable. A significant step, that made the response to domestic violence a little easier, was recognising violence against women as a "fundamental violation of their human rights" (UNDFW, 2003). Including violence against women in the human rights framework made it possible to pressure governments to be accountable for those violations. The United Nations Declaration on the Elimination of Violence Against Women in 1993 was virtually signed and agreed on by all governments worldwide. This was a milestone but reality and time showed that those declarations, laws and rules and regulations only slowly bring about change in reality.

In India, but also elsewhere in the global south police plays a significant role in responding to domestic violence. Efforts were put into implementing laws that would require arrest for domestic violence abusers and training of police to take the issue more seriously and support women in escaping the violent situation. For a long time, the fact that violence against women happens mostly within families and households somehow made the police not taking the issue seriously. Kavita Krishnan from the All India Progressive Women's Association explained in an interview that especially during Covid-19 women were not taken seriously by the police when reporting abuse by their husband, with the notion that there are more serious issues in the world right now than a fight with your partner (Aljazeera, 2020).

On a more local scale, women's crisis centres and women's shelters are at the heart of the response to domestic violence against women. These centres offer a broad range of support services, ranging from individual counselling and assistance in legal matters such as divorce or job training for women that were not allowed to work during their abusive relationship. Long-term shelters are proven to be expensive in maintenance and therefore, especially in the global south, most NGOs offer so-called "safe homes" where women can only stay short-term to escape a drunken or violent partner for a night or two. Outreach work as a community-based effort is also widely used by NGOs to fight domestic violence. Those outreach workers travel to communities and homes of women experiencing violence but also their abusers/perpetrators. The main goal of those visits is to advise and inform survivors and abusers about help services. Community-based focus group discussions and group sessions, mainly for women experiencing domestic violence are among other most used responses to domestic violence.

The principles of good practice are a set of guidelines to help "good practice" in the field when responding to violence against women. Those include the following:

"- Actions to address violence should take place at both national and local level.
- The involvement of women in the development and implementation of projects and the safety of women should guide all decisions relating to interventions.
- Efforts to reform the response of institutions – including the police, health care workers and the judiciary – should extend beyond training to changing institutional cultures.
- Interventions should cover and be coordinated between a range of different sectors." (Krug EG et al, 2002).

The Center for Research on Women published a study on the existence and effectiveness of government and non-governmental response interventions against domestic violence in India in 1999. The governmental response was slowly focusing on the criminalisation of domestic violence and issues such as dowry. The government has set up courts and implemented "All Women Police Stations". The main focus of NGOs in the 90ties was that domestic violence is a structural issue and needs to be tackled from the preventive side, empowering women and promoting equality. A minority of NGOs involved affected women and their families directly. The study also indicated that options for women outside marriage are so limited that focusing on reconciliation seems to be more easy and effective than offering long term solutions for survivors that might help them into a new life. The Indian state's view in the 90ties was that "marriage is an inviolable institution that needs to be preserved" (ICRW, 1999). Short-term shelters that were offered by the government proved to be restrictive in terms of freedom of movement and not conducive for women to recover from mental and physical distress. Programmes where the government efforts were joined with voluntary agencies usually showed more promising responses. Responses that support women with psychological and medical services seemed to be non-existent in the 90ties, according to ICRW. The study also tried to determine the best practice and most effective interventions.

The following characteristics have been suggested for the most effective practice:

- cultural specific in design,
- wide-ranging and divers services,
- easy accessibility,
- multiple funding sources,
- emphasis on collaboration with various sectors,
- a holistic treatment of the problem,
- ethical and moral leadership.

3.3 THE INTERSECTION OF IDVAW AND DISASTER

3.3.1 Violence and disaster

According to a WHO study violence and the vulnerability to violence is likely to increase after a disaster. Reasons for this include increased stress, mental health problems such as post-traumatic stress disorder, the destruction of social networks, and also the increased feeling of economic insecurity due to job and livelihood loss (WHO, 2005). Among the types of violence that are most likely to increase after a disaster are child abuse, intimate partner violence and sexual violence. Studies showed that intimate partner violence increased for example in the Philippines after Mt. Pinatubo erupted, and in Nicaragua and the USA after several Hurricanes and

earthquakes. One of the main issues mentioned in the study was that women are separated from their friends and families and therefore lack access to social support and help systems (WHO, 2005). Furthermore, especially after a disaster struck women might be increasingly economically dependent on their abuser, in many cases their husband. Sexual violence increases especially in settings where women and children are displaced and/or completely separated from any family member. A high increase in rape had been reported in refugee camps in east Africa, especially shortly after arrival. Another issue after disasters is child trafficking and sexual exploitation. Those are mainly caused by limited livelihood options and a vast number of unaccompanied children.

The International Federation of the Red Cross and Red Crescent Societies published a global study on gender-based violence in disasters, which mainly reports a huge gap in reliable data on the issue. The study starts with introducing the main reasons why disasters impact women differently and often more severely than men. Among the main reasons is the increased responsibility that women bear for the elderly or children. This makes them more vulnerable in times of disaster. Culturally women are in many countries not in decision-making positions. In times of disaster, this makes them more vulnerable to being left behind when male decision-makers firstly decide what is best for them individually. Physical abilities also play an important role as women are more likely to not know how to swim, which might be crucial in times of flooding and other water-related disasters (IFRC, 2015). Women and children are also 14 times more likely than men to die in disasters (WorldBank, 2011). The phenomena of "disaster fathering", when mothers die during a disaster, leaving fathers as single parents, has been widely underestimated. The psychosocial stress for men suddenly being single caregivers often results in men turning to alcohol, which seems to exacerbate GBV in return again (Enarson, 2012). Generally, alcohol seems to play a significant role in the aftermath of a disaster. Stressed people tend to turn to alcohol and drinking increases after a disaster, concluded the IFRC study (IFRC, 2015).

A study by the Australian Red Cross noticed an increase in family violence after a disaster due to stress factors such as the loss of family members, financial uncertainty due to job loss and loss of access to a stable social network outside the household (Australian Red Cross, 2015). Other studies also suggested that whenever the feeling of power is decreasing outside the household, abusers tend to tighten their feeling of power at home, with violent behaviour being the consequence.

Another issue important to mention in this context is the breakdown of law during crisis and disaster situations. Okur (2016) indicated that women that experience sexual violence are less protected in times of crisis, whereas perpetrators often get exempted from punishment.

There is a particular risk of gender-based violence by strangers after displacement due to disaster. Especially in cramped living situations such as camp settings, and when single women are not accompanied by male family members, violence against women increases. This issue has been subject to several studies and comes to similar conclusions (IFRC, 2015).

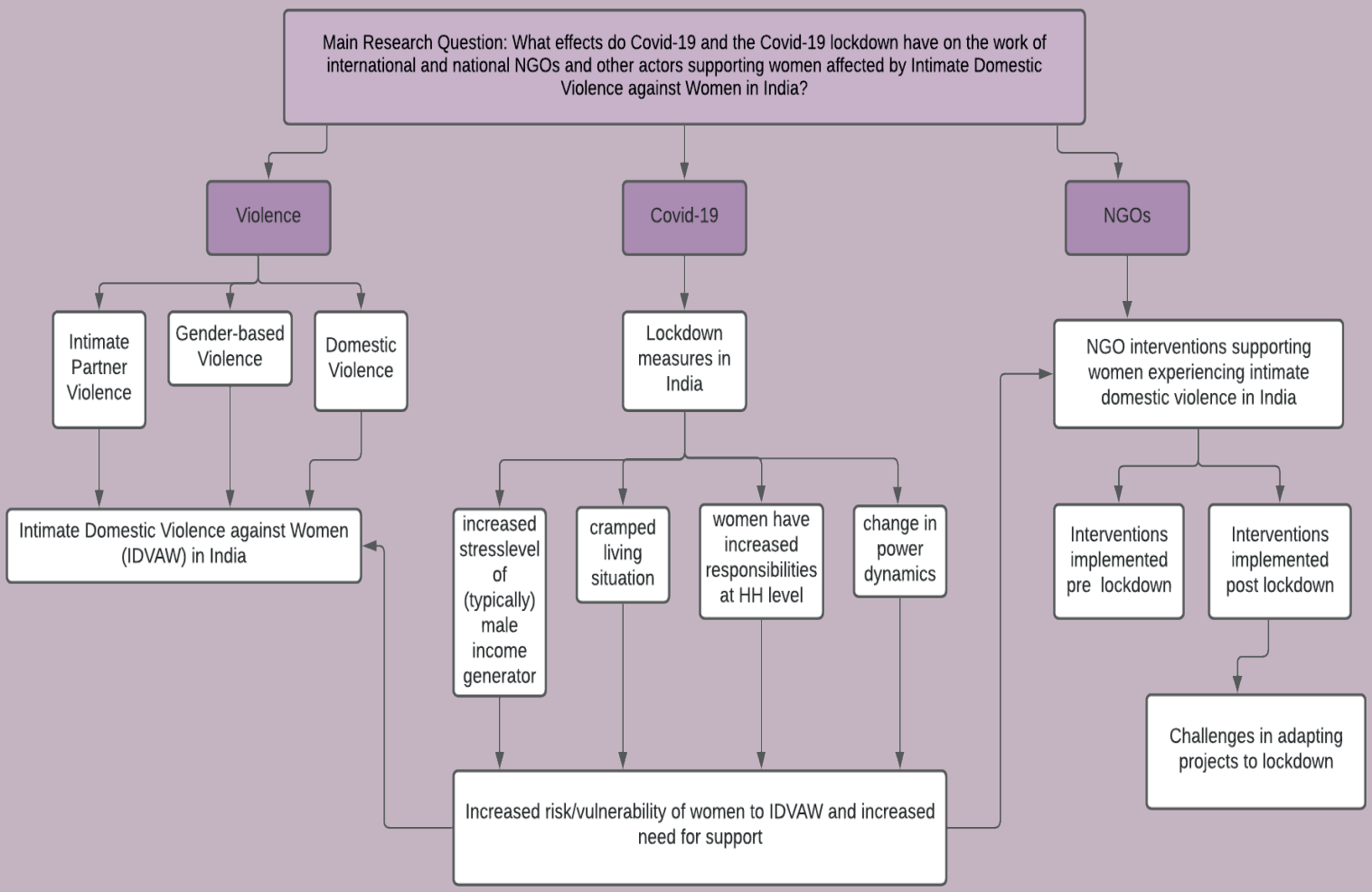
3.3.2 IDVAW during health emergencies

When looking for research concerning the influence of lockdowns, quarantines and pandemics on intimate domestic violence against women worldwide, data is very limited. History gives insight into the widespread technic of using quarantines as the most effective tool against the spread of contagious diseases (Schepin, 1991, p. 3-22). The absence of a vaccine or other effective treatment against a disease has led to the widespread adoption of quarantine and lockdown measures. The downsides of those measures, as seen now during Covid-19, are an increased risk of losing jobs, and increased psychological issues resulting from isolation, loneliness and uncertainty. This is regarded as the quarantine paradox, whereas the positive influences of quarantining against a disease stand against the negative consequences for individuals and mental health. Furthermore, research studies from West African countries during the Ebola outbreak in 2014 give some insights into the intersection of health emergencies and gender-based violence. Here, lockdown measures such as the closure of public services like workplaces, schools and sports centres came with a steady increase in rape, sexual assault and domestic violence against women and girls (Bhattacharya, 2020).

The most important and influential factor seemed to be the closure of schools. This increased stress at the household level, where women had to carry out not only household activities such as cleaning and cooking, but also take care of their children at the same time. Other influential factors include loss of job and limited access to social networks outside their household. All those factors increase the overall stress level at home and subsequently as well the increase of different forms of violence (UN Women, 2015). Children seemed to be disproportionately affected by violence during the Ebola Epidemic in 2014. Especially the death of parents in combination with the closure of schools left children vulnerable to rape by strangers or extended family members (Williams, 2015). Not only the cases of violence increased but also the response was affected by the epidemic. The restricted movement and closure of care centres left those affected by violence without access to help services. Police and NGOs shifted their focus towards direct response to the epidemic and less attention was paid towards helping those affected by violence (International Rescue Committee, 2014).

3.4 CONCEPTUAL FRAMEWORK

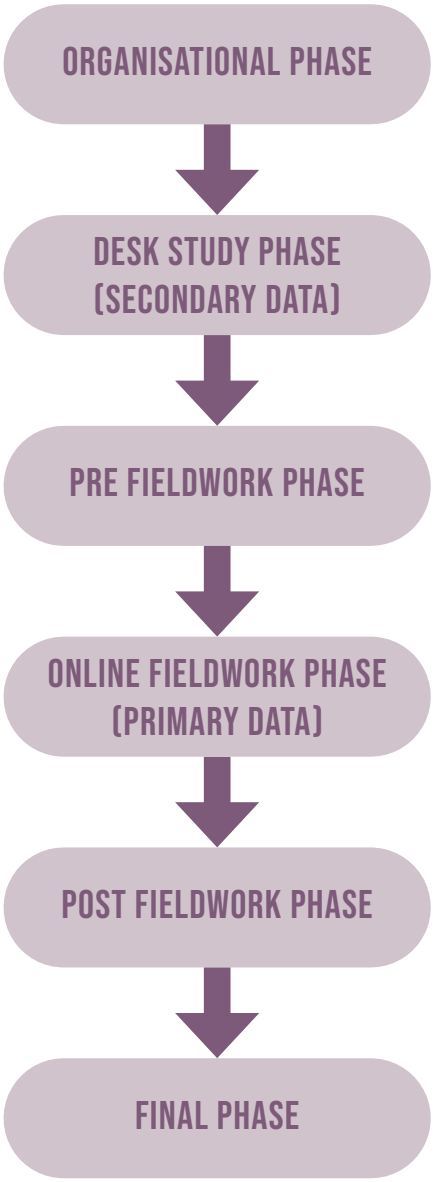
As the most important concepts of the research Violence, Covid-19 and NGOs have been identified. As previously mentioned the concept of violence is rather broad and therefore different concepts related to violence have been researched. Intimate partner violence, gender-based violence and domestic violence submerge together to the new concept of intimate domestic violence against women (IDVAW) which is used predominantly in this research. Covid-19 is a broad concept as well and in order to define the scope of this research special emphasis is being put on the lockdown (defined above) as one of the most influential effects of Covid-19. This lockdown furthermore has several consequences on different parts of everyday collective and individual life. Among the most important consequences of the lockdown, and in the scope of this research are the economic insecurity due to job loss of mainly male income generators in India, which subsequently led to an increased stress level. Job loss is also one reason for the increased number of people living in the same household. Before Covid-19 a large number of people lived close to their workplace, sometimes even hundreds of kilometres away from their household. This changed after companies, factories and other workplaces closed down and many workers moved back to their families. Next to the changed living situation in many households, the closure of schools is an important component for an increase in the responsibilities of women at home. The power dynamics between spouses changed as a result of stress, where men tend to tighten their feeling of power at home when they lose it outside the household. On a social dimension, the loss of access to social support systems especially outside the household is an influential factor as well. All those factors increase the vulnerability of women to intimate domestic violence and thereby increase the need for support. This support is usually offered by NGOs and other actors that are working to support women that have experienced domestic violence by their intimate partner. To understand the change that Covid-19 brought for female survivors of intimate domestic violence, but also for NGOs in their programming, the most important projects and programs offered by NGOs for women are explained and analysed. The impact, the challenges and possible solutions for NGOs working during Covid-19 to support women experiencing intimate domestic violence are in the focus of this research.


Main Research Question: What effects do Covid-19 and the Covid-19 lockdown have on the work of international and national NGOs and other actors supporting women affected by Intimate Domestic Violence against Women in India?
Violence
Covid-19
NGOs
Intimate Partner Violence
Gender-based Violence
Domestic Violence
Lockdown measures in India
NGO interventions supporting women experiencing intimate domestic violence in India
Intimate Domestic Violence against Women (IDVAW) in India
increased stresslevel of (typically) male income generator
cramped living situation
women have increased responsibilities at HH level
change in power dynamics
Interventions implemented pre lockdown
Interventions implemented post lockdown
Challenges in adapting projects to lockdown
Increased risk/vulnerability of women to IDVAW and increased need for support

4. METHODOLOGY

Even though fieldwork in India at location would have been ideal, the situation due to Covid-19 makes it unrealistic to travel within India and the research was therefore conducted online from Germany. The methodology contains information on distant/online research but with the remark that carrying out this kind of research would have been more reliable and accurate when conducted at location.
To create trustworthy and useful research the research objective is clearly defined as follows:
The objective of this research is to understand the work of NGOs and other actors responding to intimate domestic violence against women in India before Covid-19 and how Covid-19 and the lockdown influenced the service providing and management structure of NGOs and other actors supporting female survivors of intimate domestic violence in India.

The research has been divided into the following stages:



4.1 ORGANISATIONAL PHASE

During this phase, the problem definition, the research questions, as well as the research objective was defined to scope the research. Furthermore, discussions with possible commissioners, including the Gender Security Project have been made to find a suitable partner organisation for this research.

4.2 DESK STUDY PHASE

This phase aimed to deepen the understanding of the issue, the context of intimate domestic violence against women in India and the current situation. Desk study has been the most important part of this phase.

A desk study was used to review existing literature about the issue of domestic violence in general and put it into context in India, looking into the underlying root causes such as colonialism, religion and patriarchal structures. Furthermore, secondary data such as the National Family Health Survey-4 were analysed to understand the ground on which intimate domestic violence against women increases during the lockdown. The complex and dynamic changes that Covid-19 brings have been in focus as well. Another important point for the desk study was to understand under which circumstances NGOs can deliver help and assist those in need in times of lockdown. To deepen the understanding data and literature about other lockdowns, such as during the Ebola outbreak in West Africa were analysed. At the end of this phase, the lack of research about the increase of intimate domestic violence against women in India due to Covid-19 and the lockdown was clear, as well as the contrasting outcomes and discourses of previous research projects.

4.3 PRE FIELDWORK PHASE

This phase aimed to plan primary data collection/fieldwork. Because of the sensitivity of the topic of the research, it has been decided to focus on individual qualitative interviews. Previously planned was to conduct interviews with around 10-15 organisations that work in the sector in India. During the phase of planning more than 30 organisations in India were contacted using Email, as well as web contact forms, WhatsApp and LinkedIn. After several reminders were sent, over more than two months, only 5 organisations reacted and indicated they are willing to be interviewed. The main reasons for negative replies where that potential interviewees did not speak English or where too busy given the extra workload due to Covid-19. The fact that the research was conducted online made the use of interpreters rather difficult, especially because internet connectivity was another challenge in most parts of the research. Therefore the sample size was reduced significantly from 10-15 to 5 interviews. To compensate for the reduced number of interviewees, the interviews were designed more into depth and the interview questions increased. The chosen 5 interview partners come from a variety of regions within India, allowing for a suggestion of findings and recommendations for the whole country of India.

Furthermore, an additional focus was added in response to the limited amount of available interviewees in India. A key informant interview with the Association of Women‘s shelters (Frauenhaus Koordinierung e.V.) that oversees more than 200 shelters in Germany was conducted to get insights into the situation for responders to intimate domestic violence against women in Germany. Comparing the response as well as the challenges that Covid-19 impost on the response in both countries helped significantly to come to valuable outcomes and recommendations.

4.3.1 Developing the Interview Questions

For the development of the interview question, the conceptual framework was used as a base. The four sub-research questions connect directly to the framework. In the next step each sub-research question was broken down into several themes or topics.

Those themes and topics were then translated into the interview questions. The themes and topic are also used as guidance for the structure of the findings chapter.

Sub-Research Question 1: What kind of response did national NGOs and other actors provide to female survivors of intimate domestic violence in India before the Covid-19 lockdown?

- Focus of the response
- Change in occurrence of domestic violence in the past years
- Success stories
- Challenges
- Most effective Interventions
- Involvement of men and stakeholders in the response
- Monitoring & Evaluation

Sub-Research Question 2: What is the impact of Covid-19 measures on intimate domestic violence against women in India and why does vulnerability increase in times of lockdown?

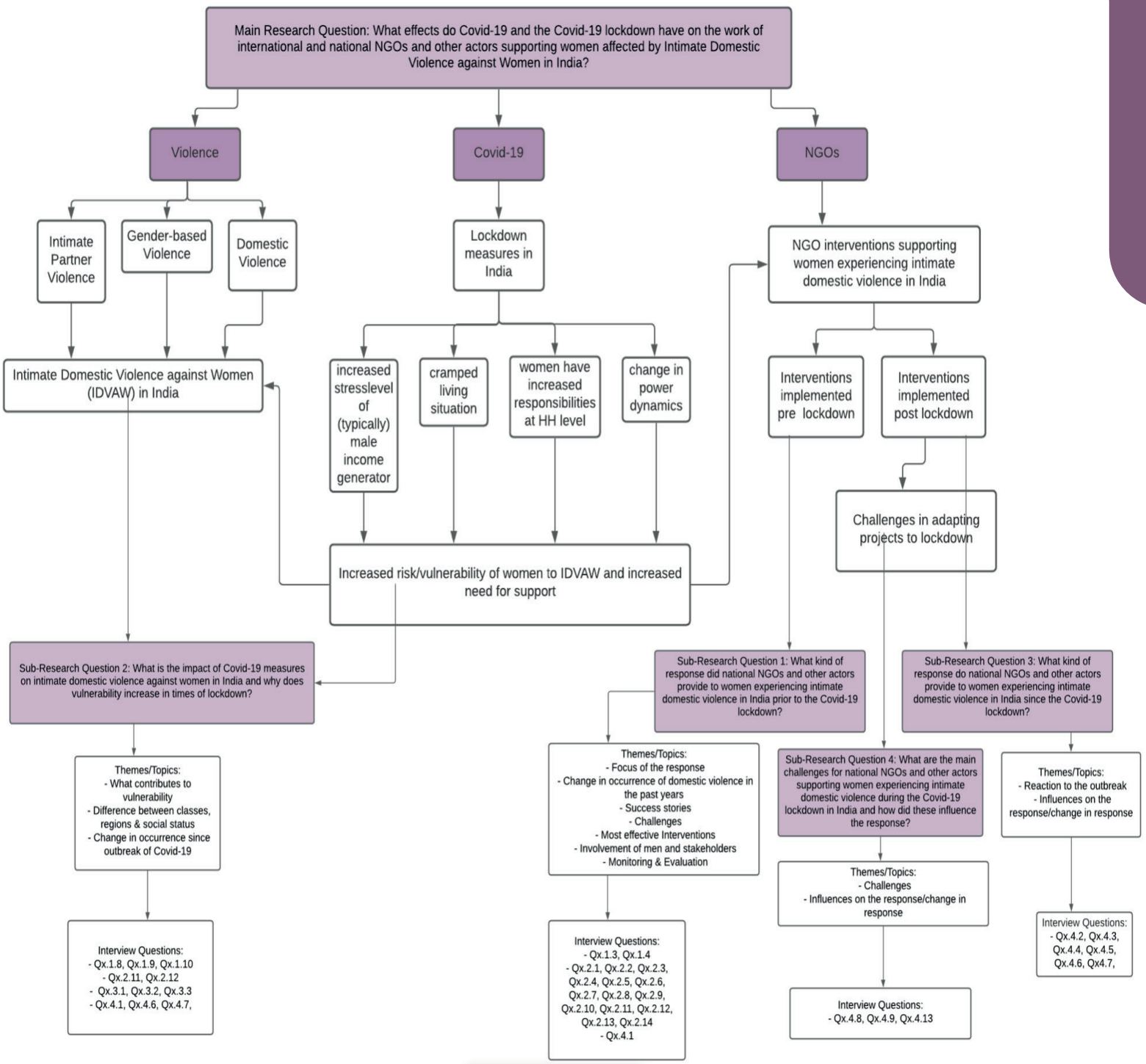
- What contributes to vulnerability
- Difference between classes, regions & social status
- Change in occurrence since the outbreak of Covid-19

Sub-Research Question 3: What kind of response do national NGOs and other actors provide to female survivors of intimate domestic violence in India since the Covid-19 lockdown?

- Reaction to the outbreak
- Influences on the response/change in response

Sub-Research Question 4: What are the main challenges for national NGOs and other actors supporting female survivors of intimate domestic violence during the Covid-19 lockdown in India and how did these influence the response?

- Challenges
- Influences on the response/change in response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Violence
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Intimate Domestic Violence against Women (IDVAW) in India
increased stresslevel of (typically) male income generator
cramped living situation
women have increased responsibilities at HH level
change in power dynamics
Interventions implemented pre lockdown
Interventions implemented post lockdown
Challenges in adapting projects to lockdown
Increased risk/vulnerability of women to IDVAW and increased need for support
Sub-Research Question 2: What is the impact of Covid-19 measures on intimate domestic violence against women in India and why does vulnerability increase in times of lockdown?
Sub-Research Question 1: What kind of response did national NGOs and other actors provide to women experiencing intimate domestic violence in India prior to the Covid-19 lockdown?
Sub-Research Question 3: What kind of response do national NGOs and other actors provide to women experiencing intimate domestic violence in India since the Covid-19 lockdown?
Themes/Topics:
- What contributes to vulnerability
- Difference between classes, regions & social status
- Change in occurrence since outbreak of Covid-19
Themes/Topics:
- Focus of the response
- Change in occurrence of domestic violence in the past years
- Success stories
- Challenges
- Most effective Interventions
- Involvement of men and stakeholders
- Monitoring & Evaluation
Sub-Research Question 4: What are the main challenges for national NGOs and other actors supporting women experiencing intimate domestic violence during the Covid-19 lockdown in India and how did these influence the response?
Themes/Topics:
- Reaction to the outbreak
- Influences on the response/change in response
Interview Questions:
- Qx.1.8, Qx.1.9, Qx.1.10
- Qx.2.11, Qx.2.12
- Qx.3.1, Qx.3.2, Qx.3.3
- Qx.4.1, Qx.4.6, Qx.4.7,
Interview Questions:
- Qx.1.3, Qx.1.4
- Qx.2.1, Qx.2.2, Qx.2.3, Qx.2.4, Qx.2.5, Qx.2.6, Qx.2.7, Qx.2.8, Qx.2.9, Qx.2.10, Qx.2.11, Qx.2.12, Qx.2.13, Qx.2.14
- Qx.4.1
Themes/Topics:
- Challenges
- Influences on the response/change in response
Interview Questions:
- Qx.4.8, Qx.4.9, Qx.4.13
Interview Questions:
- Qx.4.2, Qx.4.3, Qx.4.4, Qx.4.5, Qx.4.6, Qx4.7,

4.3.2 Potential respondents

Potentially interesting key informants include the National Commission for Women (in India). The National Commission for Women is one of the leading institutions when it comes to responding to and documenting domestic violence in India. They work in close cooperation with other governmental bodies and institutions on a broad range of women issues. The functioning of their women helpline before Covid-19 and since the outbreak of the Pandemic, as well as the change in the occurrence of domestic violence would have been focus points for an Interview. Furthermore, Kavita Krishnan from All India Progressive Women's association would have been interesting. In an Interview at Aljazeera, Kavita Krishnan talked about the main reasons why the sudden lockdown in India was such a problem for organisations helping survivors of domestic violence and the survivors themselves. She would be an interesting interviewee helping to understand the bigger picture, why domestic violence has been a huge problem in India previous to Covid-19 and how Covid-19 fuelled this. Also, the International Foundation for Crime Prevention and Victim Care from Chennai was identified as an interesting interview respondent. Other interesting and more grass-root organisations that are important to mention in this context include Breakthrough, Martha Farell Foundation, Shakti Shalini, Akshara Centre, Bembala Foundation and Hamara Saahas Trust.

4.3.3 Chosen respondents India

Chosen respondents are the International Foundation for Crime Prevention and Victim Care located in Chennai, the Bembala Foundation located in Bangalore, Shakti Shalini located in Delhi, Hamara Saahas Trust located in Jodhpur and the founder of Saahas App, an app service for survivors and bystanders of domestic violence worldwide.

Saahas App, Kirthi Jayakumar

Kirthi Jayakumar is not only the commissioner of this research and head of the Gender Security Project, but she also runs an app called "Sahaas". As for data collection, she was interviewed and asked to specifically answer in her role as head of Sahaas. The App supports survivors of gender-based violence, as well as bystanders by connecting services for survivors with those who need them. It was launched and mainly advertised in India, but it is accessible across 196 countries. The app reached more than 30.000 people worldwide. The main goal is to support survivors and bystanders to access the support services they need. The app has information and contact details for over 40.000 organisations including medical, legal, food, shelter clothing and emergency support. Examples for users could be a sister in India, trying to help her abused sister in London, or a daughter in Germany reaching out for help because of violence in her own family.

> "THE APP IS A PIECE OF TECHNOLOGY THAT IS DRIVEN BY VALUES LIKE FEMINISM AND PEACE TO CREATE SUSTAINABLE FUTURES OF NON-VIOLENCE."
> – KIRTHI JAYAKUMAR (2020)

The Bembala Foundation, Y.

Y. is working with Bembala Foundation, a daughter organisation of White Field Rising Bangalore. Bembala Foundation was founded in spring 2019 and is therefore relatively new. Most people working for Bembala are volunteers that got trained by White Field Rising Bangalore before they started working at Bembala. The organisation only works in Bangalore, but does interact and coordinates with other organisations when cross-state issues arise. Before Covid-19 their main role was being first responders for survivors of gender-based and domestic violence. Survivors reached out, came to their office and received

help, depending on their situation and needs. Since the outbreak of Covid-19, their main focus is a helpline that received calls from all over India. Here Bembala supports survivors in accessing help or just talk with someone outside their house for a change.

"ESPECIALLY IN TIMES WHERE WE WENT INTO LOCKDOWN AT THE END OF MARCH UNTIL MID-MAY. IT WAS PRETTY HARD. A LOT OF WOMEN WERE STUCK AT HOME WITH THEIR ABUSERS." – Y. (2020)

International Foundation for Crime Prevention and Victim Care, Swetha

Swetha is Director at the International Foundation for Crime Prevention and Victim Care, located in Chennai, India. They are mainly active in the state of Tamil Nadu, but they are also supervising and organising a 24-hour national domestic violence hotline. They are among the largest organisations focusing on the support of survivors of gender-based and domestic violence in India. They mainly focus on women and queer individuals but include men if necessary in response and prevention programmes. They apply a multi-sectoral approach including interventions with partners such as the "All women Police Station", shelters, medical care and more in their projects. Swetha mentioned several times that focusing on crisis response is very important but the real work is done in prevention programmes, focusing on changing the mindset of the next generation. Swetha said that PCVC strongly believes in the rights of women to live lives free of violence and discrimination.

Shakti Shalini, Barthi

Bharti is acting chair of Shakti Shalini, an NGO actively engaged in promoting gender equality, individual agency and dignity in India since 1987 (Shakti Shalini, 2021). Shakti Shalini started off working mainly in child protection and only focused secondarily on violence against women, but their focus changed more and more and now their main focus is on women and other individuals that experienced domestic- or any other kind of violence. Shakti Shalini is based in Delhi, and their main work is focusing on Delhi and the communities in the outskirts, but through their helpline and their broad range of communication means they are involved with Indian survivors worldwide. Shakti Shalini's work is divided into two parts. First, they focus on responds mechanisms for right after a violent act has happened through a helpline and their crisis intervention and counselling centre. They are running a shelter as well, for those survivors that do not feel safe at home anymore. The second part of their work focuses on prevention where they focus on awareness as well as education in marginalised communities and schools. In both parts, they believe in zero tolerance to violence of any form.

"VIOLENT ACTS ARE ALWAYS A DEMONSTRATION OF POWER FROM THE POWERFUL TO THE LESS POWERFUL." – BHARTI (2020)

Hamara Saahas Trust, Tamanna

Tamanna is the founder and head of Hamara Saahas Trust, an NGO based in Jodhpur, Rajasthan, India. At Hamara Saahas women work for and with women and mainly in the field of women empowerment and prevention of domestic violence. Apart from that, they are involved in environmental projects aimed at increasing awareness about environmental issues and the role the environment plays regarding gender roles. Hamara Saahas is a very grassroots organisation, only active in Jodhpur and some neighbouring villages. Ta-

manna founded the NGO in 2014 with the mission "to enable every woman who belongs to the impoverished section of society with certain tools and techniques and to build up her courage that she has no longer be dependent on others to sustain a healthy and respectable life" (Hamara Sahaas, 2021). Tamanna believes that empowering women, mentally as well as economically is the most effective tool against domestic violence, because it gives women self-worth, which is often missing.

"THERE IS MORE VIOLENCE THIS YEAR. NOW WE SEE IT EVERYDAY, EVERYDAY VIOLENCE" – TAMANNA, 2020

4.3.4 Key informant Germany

Ms Elisabeth Oberthür from the Association of Women's Shelters in Germany has been chosen as a key informant from Germany. This was done in order to understand the similarities and differences of the response to domestic violence and put the findings into an international perspective. Germany is used as an example of a western global north country and their response to domestic violence before and after the outbreak of Covid-19. According to Ms Oberthür Germany ranks pretty much in the middle when it comes to cases of domestic violence in Europe. In a German study on domestic violence, every fourth woman in Germany has experienced domestic violence in her life.

4.4 ONLINE FIELDWORK PHASE

During this stage, all interviews planned during the previous phase were conducted partly as **online interviews**. In contrast to asynchronous interviewing (via email or post for example), the chosen mode of interviewing allows for live interaction between interviewer and interviewee and can help to overcome misunderstandings due to language or spelling. Usually, online interviews should be short and to the point, as screen interactions are known to decrease people's attention.

Initially planned was to conduct the interviews over Zoom or a similar video chat platform. Unfortunately, internet connectivity in India did not work out as expected. Therefore, parts of the interviews were shifted to WhatsApp. The researcher texted a couple of questions at a time and the interviewed person answered them over voice message. This allowed a lot more flexibility in terms of time management, as respondents were able to answer at any time of day, to their convenience. Also transcribing the interviews became a lot easier this way. Nevertheless, the researcher made sure to video chat with all respondents at least once, to increase the feeling of security and reliability in each other.

In between the different interviews, time was used to re-read questions and answers and update interview questions for future interviews according to experiences. Initially planned was to have at least two rounds of interviews with the same panel of respondents making use of the Delphi Method.

The **Delphi method** is mostly used to "obtain the most reliable consensus of a group of experts through a series of intensive questionnaires interspersed with controlled opinion feedback" (Dalkey & Helmer, 1963). The Delphi method makes use of at least two rounds of questionnaires to the same panel of experts. In round one, the aim is to explore the topic by using broad open-ended questions. Now, the outcomes of this first round are evaluated by the researcher, before each round that follows includes an evaluation of the last round to come up with another set of questions. The overall goal is to come gradually to consensus or near-consensus between the experts in the panel. The Delphi appro-

ach aims to collect informed information and judgement on largely unexplored issues that are very complex and often context-specific (Helmer, 1967). Due to its nature, the Delphi method is a very interactive method that also depends on the time each expert is willing to put into the research.

Four out of five respondents indicated that they do not have time for such extensive interviews given their workload during the pandemic. Therefore, the Delphi method was not used. To compensate for the Delphi method and to ensure the validity and reliability of the findings, the researcher identified gaps that arose during the interviews, for example, due to unclear questioning or contradicting answers with previous interviewees. The researcher transcript and summarised all interviews individually. Follow up e-mails with additional or repeated questions were sent to all interviewees individually, in order to clarify open questions.

At the beginning of the interview, a summary was given that introduced the researcher, as well as the overall goal of the research. Furthermore, privacy issues were clarified, for example concerning a recording of the interview, as well as giving the respondent the possibility to not answer in case a question is too private. To ensure proper documentation of what is said during an interview it is vital to capture what the respondent is saying without being too distant from the conversation. A third person taking notes would be a useful way to overcome this issue. Due to the sensitivity of the issue as well as the internet connectivity issues in India the researcher decided to not include a third person in the interviews but record the interviews (with consent) to transcribe them afterwards. This gave the interviewer the possibility to focus on the conversation rather than capturing everything the respondents is saying at a particular moment. During the online interviews methods such as rephrasing helped clarify answers. In the end, consent to publish the interview under pre-made conditions as well as offering contact details for follow up questions from both sides was given.

To include the perspective of women experiencing domestic violence by their intimate partner the researcher aimed to underline the report and the research with **personal stories**. Throughout the research, it became clear how difficult the collection of those personal stories directly through the researcher is, especially because providing an enabling environment in which survivors feel safe to speak about their experiences is difficult over the internet. When respondents were asked for such stories, most indicated that they do not feel comfortable with sharing those stories with the public. Quotes from the conducted interviews are included in the report, providing at least some sort of personal stories, experienced by the respondents in their work with survivors.

4.5 POST FIELDWORK PHASE

During this phase, the findings from desk research, literature review and interviews conducted during online fieldwork were analysed and put together.

4.5.1 Primary Data processing

The process described in this chapter makes use of the Indian responses as an example. The key informant interview with the German respondent has been processed similar, with the additional step of translating all answers from German to English. Also, some steps were skipped due to having only one response per questions.

The **first step** after and during data collection was transcribing the information obtained during the interviews. Afterwards, the researcher grouped the answers of each respondent per interview question so get an overview of similarities and differences between the answer from different respondents to the same question.

E.g.:
Q.1.3: What are your focus areas? (question set 1, question 3)
- A1.1.3 (answer from respondents 1 to question set 1, question 3)
- A2.1.3 (answer from respondents 2 to question set 1, question 3)
- A3.1.3 (answer from respondents 3 to question set 1, question 3)
- A4.1.3 (answer from respondents 4 to question set 1, question 3)
- A5.1.3 (answer from respondents 5 to question set 1, question 3)

The **second step** was summarising and shortening the answers, per interview question.

E.g.:
Q.1.3: What are your focus areas? (question set 1, question 3)
- Ax.1.3 (summarised A1.1.3, A2.1.3, A3.1.3, A4.1.13, A5.1.3)

In the **third step**, those summarised answers were grouped to the corresponding sub-research question and the corresponding topic. The Framework for this can be found in the previous sub-chapter (4.3.1 Developing the interview questions) or in the Annexe (V. Coding Interview Questions to Research Questions).

E.g.:
Sub-research Question 3: What kind of response do national NGOs and other actors provide to female survivors of intimate domestic violence in India since the Covid-19 lockdown?
Topic: Reaction to the outbreak:
- Ax.4.2 (summarised A1.4.2, A2.4.2, A3.4.2, A4.4.2, A5.4.2)
- Ax.4.3 (summarised A1.4.3, A2.4.3, A3.4.3, A4.4.3, A5.4.3)

Topic: Influence on the response:
- Ax.4.4 (summarised A1.4.4, A2.4.4, A3.4.4, A4.4.4, A5.4.4)
- Ax.4.5 (summarised A1.4.5, A2.4.5, A3.4.5, A4.4.5, A5.4.5)
- Ax.4.6 (summarised A1.4.6, A2.4.6, A3.4.6, A4.4.6, A5.4.6)
- Ax.4.7 (summarised A1.4.7, A2.4.7, A3.4.7, A4.4.7, A5.4.7)

In the **fourth step**, the questions were summarised per topic and included in chapter 5. Findings.

4.5.2 Secondary data processing

The acquired knowledge of secondary data compiled through literature review was processed and grouped according to the conceptual framework and the resulting topics and interview questions. The table can be found in chapter 6. This method makes the discussion and comparison of primary and secondary data per sub-research question easier.

4.5.3 Validation of data

To validate the data from primary research, the findings were compared and discussed with the findings from the literature review. Furthermore, the findings from each interview were compared to the other interviews to find differences and similarities. Through the comparison with the findings from Germany the findings can be validated internationally (to a certain degree).

4.5.4 Consultation

Another important point, also in terms of validation was the organisation of a consultation workshop during this phase. The consultation was organised and carried out with the objective to creatively and interactively communicate the research and its outcomes to a panel of interested actors. All interviewed organisations, as well the commissioning organisation of the research were invited to the online consultation. The method "online discussion platform" retrieved from the "fieldwork in a pandemic" document was used. A fruitful discussion validated the outcomes and gave valuable input for finalising the research report. Please find the consultation plan in Annexe IIV.

4.6 FINAL PHASE

This phase ended the research project. Important for this phase was that research is completed beforehand and no interviews or other methods of data collection still needed completion. This phase solely focuses on finalising the thesis report and the article, which was handed in to the commissioner and the Van Hall Larenstein University of Applied Sciences in March 2021.

4.7 LIMITATIONS & OPPORTUNITIES

A lot of factors influenced the research significantly. Those include limitations and challenges that arose due to the pandemic itself and the timing of the research, as well as opportunities that had implications on the methodology.

4.7.1 Limitations

Covid-19 and the lockdown in India

The lockdown influenced the research in two very different ways. First of all, due to the long and severe lockdown in India, most interviewees were not present in their office but working from home, or even from relatives homes. Both situations resulting in slow and limited internet connectivity and more responsibilities in the household such as taking care of children or the elderly. Secondly, but also very important is the fact that most organisations had a much higher workload due to Covid-19. They were busy with changing projects and programmes always to new regulations and restrictions. Furthermore, the outcome of the study shows that intimate domestic violence against women overall increased and therefore of course also the need for protection and assistance for survivors.

Covid-19 and the lockdown are likely to have influenced the response rate of interview requests, given people were busier, less organised and sometimes not in office for weeks or months. During the pre fieldwork phase and the online fieldwork phase, a lot of interview respondents got sick or had sick family members to take care of. This resulted in long waiting periods before follow up interviews were carried out and emails were answered.

Seasonality

The success of a research project like this one largely depends on the availability of potential interviewees. During October, November and December (the main data collection time) there are several festivals in India, resulting in longer holidays and limited accessibility. Also, weather patterns show a lot of rain and storms in November and December, especially in South India. Internet and Electricity in India are very prone to bad weather conditions and resulted in long power-cuts and bad connection during interviews.

4.7.2 Opportunities

Broadened Scope beyond India

Because the responds rate was so limited when looking for potential interviewees, the researcher decided to broaden the scope beyond India and include a key informant

from Germany to compare findings and potentially learn from both countries. This turned out to be really beneficial, especially because academic literature is still very limited and comparing the findings from India to the findings from Germany helped in getting more meaningful insights.

Increased focus on local actors in India

Initially planned was to include international actors that are responding to intimate domestic violence against women in India, but especially because most international actors shifted their response to Covid-19 directly, there was only a limited number of international actors potentially interesting. The researcher decided, also because of the sensitivity of the topic to exclude international actors and rather give local, smaller NGOs a platform for exchange. This resulted in in-depth and intense interviews with women working all over India in the fight against intimate domestic violence against women.

Time Management

With all the challenging influences of Covid-19 on this research, there was also a positive outcome. Because there was no clear deadline, no definite date for the consultation or any moment in which certain things had to be done the researcher had the option to be flexible in time management. The researched topic is quite intense and after reading stories of abused women and statistics on domestic violence for days and weeks, flexible time management was really important and helpful to take breaks and individually decide when to continue with which part.

5. FINDINGS & RESULTS

This chapter focuses on the findings and results from primary data collection that has been done with Indian respondents. A summary of the findings from Germany can be found in the Annexe VI. It is recommended to read those before continuing reading chapter 6. Discussion.

5.1 RESPONSE OF NGOS AND OTHER ACTORS TO IDVAW BEFORE COVID-19 IN INDIA (SRQ-1)

5.1.1 Focus of the response in India

All five interviewed organisations primarily focus on women and their empowerment, four with a specific focus on domestic violence. Four out of five mentioned that they tackle the issue focusing on response to domestic violence as well as preventive measures, mainly through projects on awareness and potential support systems. Three out of five mentioned that they involve people outside the binary spectrum and LGBTQIA+ as well in all projects. Two interviewed organisation specifically involve children, the others engage with children through preventive interventions in schools or Kindergarten. One organisation includes the topic of environmental issues and sees a connection to women empowerment. All interviewees are actively involved in supporting women. For some, the involvement started after they either experienced first hand or in their close surrounding how survivors of domestic violence are supported, or rather not supported. All interviewees agree that supporting women does not end with support for survivors, but should already tackle the issue at its roots, which are deeply entrenched into the Indian society, culture, and religion.

Different organisations deal differently with the issue of domestic violence. But some believes or approaches are similar. Three respondents mentioned that they believe in an integrated approach, that keeps the survivor at the centre but works with the people and stakeholders around as well. Involving the abuser or other family members is part of this integrated approach, just like involving stakeholders such as the police, legal aid, medical or mental help. For organisations to understand how to deal with domestic violence, it is crucial for the survivor herself to understand and know what she wants or can do. Four respondents mentioned that they rather facilitate and help survivors with finding help than telling them what is best. One organisation mentioned that their main goal is to solve the issue of domestic violence wi-

thin the family rather than involving other stakeholders.

All respondents indicated that they have no previous experience in lockdown areas or specific responses for working in lockdown areas.

5.1.2 Change of Occurrence of Domestic Violence in India in the past

Four respondents mentioned that there is an increase in reporting, thanks to easier mechanisms and a decrease in stigma around the issue of domestic violence, but that there is no change in actual cases (apart from the situation during Covid-19). Reasons for violence to increase are cultural stigma in India, alcoholism, the role that violence plays in the upbringing of children and the sense of normalcy for domestic violence. Two respondents mentioned that the most important significant issue is the difference between cases of domestic violence and reporting of domestic violence. While the actual cases can increase significantly, as long as reporting does not increase the increase of violence cannot be documented and is often treated as non-existing. And vis-versa, if reporting increases this does not directly mean violence increases as well, but maybe just that the means of reporting are easier to access or the stigma around asking for help as a survivor changed. Both respondents indicated that decreasing domestic violence in the long-term can only be achieved by focusing on engaging men and boys as well as engaging families and try to change the mindsets, attitudes and deeply entrenched cultural perceptions about the role of men and women. This includes advertising non-acceptance of any form of domestic violence and normalising for survivors to speak up.

5.1.3 Successes and Challenges in response in India

When speaking about successes one topic reoccurred in all answers. Moments, where women dared to speak up, made their own choices or successfully fought for custody were mentioned as main successes. One respondent mentioned stakeholder partnerships, especially with police or across states to be among their biggest successes of the previous years. One respondent mentioned the increasing number of women that seek help as a success, because it does not indicate an increase in cases, but just an increase in women that dare to get help.

When asked about challenges an overwhelming amount of respondents spoke about social stigma, social status and the lack of self-worth most women feel in India. The first step to assist and support survivors of domestic violence is that the survivor needs to want help. Before someone can actively ask for help they need to recognise that violence is wrong and it is not their fault. Especially understanding that the violent act is never the fault of the abused, but always the abuser's fault is very difficult for many survivors, according to three respondents. The survivor needs to be able to define the issue (to a certain extent) and be able to speak about it. A lot of stigma and biases make this the hardest part of the response to domestic violence. A majority of women (according to four respondents) believe that if they divorce their husband they will never find a new one, but they are unable to take care of themselves. If children are involved the situation becomes even more challenging according to two respondents. The acceptance of NGOs and other actors that respond to domestic violence is another issue that was mentioned several times. This sometimes goes so far that NGOs are threatened and blackmailed to stop their work. Three respondents mentioned that women are often not allowed to come to their centres for info sessions or vocational training, and are far from being allowed to access

help if they need it. Abusive male household members often seem to control communication from within the household, by checking phone call history or making sure access to a mobile phone and or internet is denied. According to one respondent, the involvement of NGOs is often seen as an intrusion into the family's structure and families are afraid that they are being called out by their community for not being able to handle their problems themselves. As challenging was also mentioned the number of severe cases, such as sexual abuse of children and burn or acid attacks on women. All five respondents mentioned funding and money is often a challenge as well, especially when it comes to employing mental health specialists, lawyers or other professionals, that are needed but expensive in contrast to volunteers and semi-educated social workers.

5.1.4 Interventions in India

Saahas App

Saahas developed an app that aims to give women and other survivors of gender-based violence access to support systems all around the world. The focus of the app is gender-based violence, but most support systems for gender-based violence also include domestic violence, therefore this app is relevant for both. The app is not only focused on survivors, but also on bystanders in supporting survivors with whatever help they need. Saahas offers information in eleven categories, including legal help, medical help, education and employment, refugee support centres, police helplines, child support, LGBTQIA+ support, ambulance helplines and more. The apps information and resource base depend on the support services a country offers and might not be the same in every country. The app also includes tips on how to handle domestic violence when faced with it, and also safety plans that might help survivors and bystanders to be better prepared in case something happens. The app is advertised on app-stores, through the Gender Security Project and their respective collections and podcasts.

Bembala Foundation

Bembala Foundation is based in Bangalore, Karnataka. Their main function previous to Covid-19 was being first responders for cases of domestic violence. The survivor came to the office or reached them over social media and they offered something called "befriending" a form of counselling. Befriending is more intimate and more on a friends level, whereas counselling keeps a more distant relationship to the survivor. Befriending offers in-depth emotional support and listening, before looking for ways forward. It is central to their work, that women or survivors chose their paths. Bembala offers survivors help of any kind, from legal to medical, but also employment support and much more. They do not offer legal help directly but act as the first base for survivors to contact, and depending on their specific needs Bembala refers them within their network to a partner, that specialises in their specific need. Another important aspect is that Bembala stays in contact with the survivor for a longer period of time. They check up on the survivor after a couple of weeks to see if the help offered to them was right and actually improved their situation. It is also important on an emotional and mental level, for the survivor to know that they still matter, even though their problem might not be new. Bembala also works on the preventive side of the issue of domestic violence. They go into communities for awareness campaigns, where they offer sessions explaining domestic violence in its various forms, and give information on what to do if either you or someone in your surrounding is facing this kind of violence. Bembala believes that prevention needs to be the starting point to tackle the roots of biases that often result in domestic violence. Therefore they hope to start working in schools after Covid-19.

International Foundation for Crime Prevention and Victim Care

PCVC is located in Chennai, Tamil Nadu. They have two kinds of projects, Crisis intervention response and prevention. The crisis intervention response includes a 24/7 toll-free

helpline, where trained counsellors respond to calls and provide immediate emergency help like referring survivors to police stations, legal and medical help. Furthermore, they have a project specifically focusing on the "All women's police station" and help survivors to approach these. In their "Begin Anew" project they work with a local hospital to help burn and acid survivors with medical but also psycho-social support. "Astitva" is the name of their shelter for women and children in crises situations. Prevention programs on the other side try to tackle the issue at its core. PCVC has a community-led action program in cooperation with the police that tries to increase the safety of women in public places. "Youth Unite" focuses on a meaningful dialogue of young people around all sorts of topics important to the issue of domestic violence. These include power, privilege, inclusion, identities, justice, respect and equality. "Sharp" focuses on promoting respect and safety at the workplace. "Redrawing resistance" is a program where survivors get the change to tell their stories. The "We Can" campaign aims at spreading awareness about domestic violence, gender, and healthy decision making in the whole of India.

Shakti Shalini

Shakti Shalini is based in Delhi. They run a crisis intervention and counselling centre (CICC) where two trained counsellors and several social workers work. This centre focuses on response to domestic violence and includes a landline helpline running from 10:00 am to 6:00 pm. This helpline is the starting point. All survivors come to the CICC first. Afterwards, they can decide if they want to go to the shelter, which is very basic, or if they need legal, medical or any other kind of assistance. Shakti Shalini has a specific focus on the rehabilitation and reintegration of survivors. This could mean help in finding employment, a new house, or just settling back into their old house and family. Shakti Shalini also focuses on prevention through awareness sessions in schools and community outreach projects. Here they work with 5 marginalised communities in the outskirts of Delhi, in separate groups (adolescent girls, boys, women and men) because they believe that way people are more open to talking. Shakti Shalini's third part is skill development for economic empowerment which is very important when it comes to giving women the opportunity and the hope to find employment and being able to take care of themselves. Economic dependency on male breadwinners is among the biggest obstacles for survivors to speak up, according to Shakti Shalini.

Hamara Saahas Trust

Hamara Saahas Trust is a very grass-root organisation, located in Jodhpur, Rajasthan. Their main focus is on the preventive side of the issue of domestic violence. They believe that empowering women to be strong and independent can have a great impact on domestic violence. The trust has an awareness project on menstruation, where they teach how to make sanitary pads and how to use them. Furthermore, they also focus on skill development because economic empowerment is a very important part of women empowerment. Women need to have the feeling that they can be independent. According to Hamara Saahas Trust, it is important to give women the tools and knowledge to produce something by themselves. Hamara Saahas Trust also focuses a little bit on child education, including a lot of awareness sessions. They combine women empowerment with the aspect of the environment because they believe the two topics are closely related and intertwined.

5.1.5 Involvement of men and other stakeholders in the response in India

Three respondents indicated that they include men, but primarily in their prevention programs, such as awareness sessions. One respondent specifically mentioned that male privileges contribute to the oppression of women in India and to dismantle this, men need to be included to be allies and act as strong

examples for other men. The importance of example for other men was mentioned by three respondents. All five mentioned they include men in response such as counselling and mediation, but only if the women specifically ask to do so. The primary focus of each respondent are women (and children) and they focus on making sure that women (and children) feel save.

Three respondents mentioned that police plays a very crucial role in the response to domestic violence as they are often the first ones to respond. Generally, the role of stakeholders such as police, medical or legal help seems to be influenced by the background of the survivor, including social asset and steps she intends to take to get out of the violent situation. Three respondents actively involve the police in training and workshops to improve the police's response to domestic violence. One respondent interacts and includes the police but from the survivor's point of view to educate them how to speak to the police to be taken seriously, instead of teaching the police to take survivors serious with their complaints. One respondent indicated that the police does not play such an important role and it is more the last step to take for her organisation to contact the police, only if nothing else helps.

5.1.6 Monitoring and Evaluation in India

Four respondents indicated that they do not focus on monitoring and evaluation because of the privacy aspect of their work. M&E might be harmful to the anonymity of the survivor and a lot of survivors would not contact any support system without knowing that no one will ever know that they contacted someone. One respondent on the other hand explained that M&E is embedded in all their projects and ongoing within all services. They document every call, every counselling session, every police report, each response from lawyers and so on to gain insights into the change of response structure of all important stakeholders that are involved.

5.1.7 Table of overview of services and interventions before Covid-19

TYPE OF INTERVENTION	INTERVENTION	STRENGTHS	WEAKNESSES
Response	Helpline	- accessible form anywhere - easy and quick response	- access to a phone and privacy is not always given
	Counselling centres	- physical contact is often more helpful for survivors - possibility to be redirected to approapriate service	- difficult to access without abusers knowledge - requires physical movement (which is often limited)
	App-services	- accessible from anywhere - helpful for bystanders and survivors	- phone and access to the internet are preconditions
	Shelter	- exchange with other survivors - physical distance to abuser	- no long-term solution for living situation - physical distance to other family members
Prevention	Education of children & Youth	- tackles the issue at the root	- needs to be age, culture and community appropriate
	Training for bystanders and community awareness sessions	- being prepared and ready to intervene	- needs to be age, culture and community appropriate - need regular follow up
	Economic empowerment of women	- helps women to be economically independent - increases feeling of self-worth	- could change power dynamics which could led to increase of violence

5.2 THE IMPACT OF COVID-19 MEASURES ON DOMESTIC VIOLENCE IN INDIA (SRQ-2)

5.2.1 What contributes to vulnerability in India

First, all respondents were asked if they believe women are disproportionately affected by domestic violence. All five agreed, one mentioned that before the age of 14 boys are more vulnerable to domestic violence than girls, due to the use of violence as a tool for teaching discipline. When asked about reasons for women's vulnerability to intimate domestic violence in India, all five interviewees mentioned deep entrenched cultural and social factors are among the main reasons. Three respondents mentioned patriarchy as another main reason, which is internalised into Indian society and imbedded in the long history of the country. All five respondents see a strong connection between the vulnerability of women to intimate domestic violence and the way young boys and girls are educated in their roles of power. One respondent mentioned that men in India are taught that they are superior to women and both physically and mentally stronger. Women on the other hand are taught that problems within the household need to be solved alone, and they are indeed the weaker and more to blame variable of any issue at household level. India's culture of silence nourishes this feeling for women of being left alone to solve issues. This was confirmed by three respondents. Power can lead to control and control can lead to violence according to two respondents. Those imbalanced power structures are also rooted in unequal shared responsibilities at household level. Men are the primary breadwinners in India, women carry more unpaid responsibilities such as taking care of children, cooking and cleaning. This often results in women feeling not able to take care of themselves, which is a barrier when it comes to calling for help or leaving an abusive partner. They are afraid that they need a man to earn money for them. This kind of economic dependency is another factor that plays into the power dynamics of a household. This also plays an important role when it comes to the gap between actual cases and reported cases and the barriers that keep survivors from speaking up. All respondents agreed that domestic violence is not an individual problem, but rather a structural issue that is not going to be solved by just responding to the violence.

Alcoholism was mentioned by 3 respondents as another reason that increases intimate domestic violence. Increased stress due to unemployment but also other stress factors were mentioned four times as a contributor to intimate domestic violence. During the holidays or at other times where people spend more time together with their families than usual, also seem to be contributing to increased (intimate) domestic violence. Another factor that was mentioned several times is the role that violence plays in upbringing children and education. Violence as a tool to discipline children is widely used in India, not just within households but also in schools. This contributes to a widespread normalisation of violence and the belief that it is normal that you beat or get beaten to solve an issue. Another widespread issue in this area is that children that get beaten automatically start to inherit the feeling that they did something wrong. This, later on, increases the feeling that violence is justified.

5.2.2 Difference between classes, regions and social status in India

The question of whether vulnerability to intimate domestic violence against women differs in regions or social status was answered almost the same by all five respondents. One mentioned she does not know because her organisation only focuses on one specific city. But she indicated that the differences might be most probably only very small. All other four respondents said that they might

have answered differently a couple of years ago due to the belief in stigma, but in the end vulnerability to intimate domestic violence against women is an issue that cuts across all social classes and regions. Four respondents mentioned that religion does not play a role, and neither does caste or income when it comes to vulnerability to intimate domestic violence against women. The only difference might be in the possibilities for women to access help, which might be better in urban regions that are more populated or in higher social classes because education and awareness might be higher.

5.2.3 Change in the occurrence of IDVAW since Covid-19 in India

For respondents 1 (from Saahas App) the question was rephrased to get a specific answer on whether the use of the app increased or not.

For this question, it is important to separate the increase in actual cases and the increase in reporting. All respondents indicated a decrease in reporting in the first weeks of the lockdown. After a couple of weeks, all 5 respondents noticed an increase in reporting to their helplines, apps and offices. This does not necessarily mean that also the cases of domestic violence increased. One respondent indicated that she cannot say if the numbers increased, but she believes they did. Three respondents clearly stated that not just reporting, but also the actual numbers increased drastically. They argue that their experiences and knowledge concerning the impact of stay-at-home measures on domestic violence combined with the experiences in their personal surrounding can only lead to the conclusion that actual cases increased. The Saahas App noticed a spike in downloads, as well as several install/uninstall cycles which leads to the conclusion that safety to access mobile phones was an issue in many cases.
Without exception, every respondent mentioned that the main reasons for an increase in domestic violence are a blend of lockdown

and stress factors. The fact that survivor and abuser (and potentially children) are spending 24/7 time together at home, without the usual time outside the home for groceries, work etc. is the main reason for increased domestic violence. The other reason mentioned by four respondents and closely related to the first reason is stress. The psychological stress factor of unemployment (of typically male income generator) being afraid of the virus (everyone), increased responsibilities (women need to care more for children and husband) not knowing what the future holds (everyone) increases tensions at household level, what can eventually lead to domestic violence. In patriarchal societies, men are expected to be breadwinners and the lack of means of income results in a lack of power and "being in charge". Violence seems to be a way of restoring and reclaiming that power. Stress and the lack of power can also lead to increased alcoholism, which often leads to violent behaviour as well. Four respondents indicated that people in India are very afraid to get Covid-19 or even die from it, which increases stress as well. Another reason mentioned is the fact that support services for survivors of domestic violence are not considered essential in India, which makes operating and offering support to survivors really difficult, even though it is much more needed in times of lockdown than during other times. App and social media engagement increased but three respondents mentioned that women face difficulties calling helplines because the abuser is always there and access to a smartphone is not as easy as before the lockdown. Calls often come in late at night, or early morning, because those are times when the abuser is sleeping, giving the survivor a small timeframe to access the smartphone without him noticing. What also plays into this is the limited access to common support systems such as friends and family outside the own household. One respondent indicated that she believes that there are not many new cases since Covid-19, but those previously existing cases are just getting more severe.

> "IN ANY CASE, SHE WAS BEATEN UP AFTER HE CAME HOME FROM WORK, NOW IT IS JUST THE WHOLE DAY"
> – Y. (2020)

The numbers of received calls and messages at helplines and over social media are indicators that domestic violence increased, according to all five respondents. Another example of an indicator on a global scale is the number of people seeking help in other ways. In France and Germany survivors got the chance to ask for help in pharmacies, where they had to mention a specific code word, indicating what kind of violence they faced. There was an unbelievable big number of those cases, according to one respondent. Three respondents mentioned the number of cases they heard of in their private surrounding increased as well.

5.3 RESPONSE OF NGOS AND OTHER ACTORS SINCE THE OUTBREAK OF COVID-19 IN INDIA (SRQ-3)

5.3.1 Reactions to the outbreak in India

The Indian government's reaction to the outbreak of Covid-19 came unprepared and as a shock for all interview respondents. Covid has been present for quite a while before hygiene and lockdown measures came into place. But when Prime minister Modi announced the lockdown on March 23rd in 2020 it was not even 24 hours until the police started to violently enforce the lockdown nationwide. 80% of respondents from primary data indicated that having a longer lead time would have helped immensely in preparing for the next months. Immediate action such as closing down centres and suspending classes was

taken by three respondents, one respondent indicated that they tried to go from in-person to online service without interruption and the Saahas App mainly tried to check the availability of their resources in times of lockdown.

5.3.2 Change in response in India

Three respondents indicated that there was no change in focus after the outbreak of Covid-19, but their focus rather intensified because of the increased need for support for survivors. The means to deliver their outputs changed according to 60% of respondents and became much more digitalised. In the first weeks, almost all organisations closed their physical centres, suspended classes and tried to offer online counselling instead of in-person counselling. In general, the response got more digitalised but prevention interventions stopped almost completely. Schools are closed in India since the end of March 2020 and therefore training in schools is also impossible since then. Other prevention interventions such as training sessions or awareness sessions with the police or within companies were also paused completely after they all require physical contact to be considered efficient. One respondent that focused on prevention and women empowerment previous to Covid-19, especially through vocational training and group activities got involved in food distribution and used that in two ways. On one hand, they tried to involve men in food distribution, which got them out of the house and therefore offered the women the possibility to reach for help if needed, without having her husband around. On the other hand, they used food distribution to get around, which was difficult in times of lockdown, without an "essential" reason. This way they managed to visit households they knew were affected by intimate domestic violence against women and offered help to women through messages hidden between vegetables and other groceries. They also started a sewing club for women at home, to offer a possibility to create some kind of income by selling masks. The other respondents that mentioned a change indicated this change was especially because referral to partners was not always possible and they tried to offer more support themselves, including opening a shelter home.

Four respondents indicated that they adapted their projects to be a lot more digitalised and mainly carried out online. One respondent indicated that they were involved in online projects previously already and therefore did not change that much.

All respondents mentioned that the digitalisation of support systems was a major change in their response. All things that previously happened on-site, in the office, in communities or shelters were tried to be offered online. Those who offered counselling and mediation previous to Covid-19 offered those sessions online instead. In some serious cases, they also offered in-person meetings, depending on the severeness of the issue and the situation. Respondents that offered classes for economic empowerment and awareness in person, switched to prerecorded classes that they then distributed via the internet.

Immediate response increased nationwide, especially through social media and helplines. Helplines were offered 24/7 and switched from landline to mobile numbers to be reachable at all times. Some helplines were offered in cooperation with other NGOs, or government entities, which made them even more effective. Calls came in especially during nighttime and in the early mornings leading to the conclusion that those are times where survivors can access phones more privately and therefore more safely. The fact that the Saahas App notices not just a spike in downloads, but also several install/uninstall cycles furthermore leads to the conclusion that access to mobile phones was not given and safe for all survivors.

All respondents said that they had to be really creative, flexible and adapt quickly to new developments, to make sure to support survivors as best as possible. 60% of respondents

indicated they intensified their focus on bystander interventions because they considered them more essential in times where physical social interaction is limited and neighbours and other bystanders might be the only ones to notice violent behaviour.

All five respondents said that they were not able to travel at all during the lockdown. They all had different ways to still reach people. Three respondents worked with organisations together that were allowed outside, such as the police, medical aid practitioners or people that organised food distribution. They informed those about their projects and equipped them with information on how survivors can access help. Food distribution seemed to be a good way to stay in contact with the community. The respondents from South India indicated that working closely together with food distribution helped them to stay connected with survivors, especially those from lower economic classes without mobile phones. Wealthier people were reached more often over social media, such as WhatsApp. Four respondents indicated that they worked with the police, to make sure that survivors in need were rescued.

The fact that response to domestic violence is not considered an “essential service“ in India reduces the room for manoeuvre and makes it essential to cooperate with those that are considered “essential“. 60% of respondents started a series of online training for police officers to teach them how to sensibly react to issues of domestic violence.

5.4 OVERVIEW OF INTERVENTIONS BEFORE AND AFTER OUTBREAK OF COVID-19

TYPE OF INTERVENTION	INTERVENTION	BEFORE COVID-19	AFTER OUTBREAK OF COVID-19
Response	Helpline	- often only during office hours available	- 24/7 hotlines available - more cooperation between actors ensured availabiity
	Counselling centres	- running successfully - redicrecting people to other services	- difficult to access because of lockdown regulations
	App-services	- accessible from anywhere - helpful for survivors & bystanders	- services available needed to be checked for opening hours and availability during lockdown continuously
	Shelter	- exchange with other survivors - physical distance to the abuser	- need for negative Covid-19 test - difficulties to maintain hygiene measures and distance
Prevention	Education of children & Youth	- especially successful in schools	- schools are closed, so educational sessions are not possible
	Training for bystanders and community awareness sessions	- most successful with physical interaction	- no physical training is possible
	Economic empowerment of women	- most often in form of physical vocational training	- was shifted partly to home, like mask production to keep income going

5.5 MAIN CHALLENGES IN THE RESPONSE OF NGOS AND OTHER ACTORS TO IDVAW SINCE COVID-19 IN INDIA (SRQ-4)

5.5.1 Challenges in India

Four respondents mentioned that money and employment-related issues were the most challenging. On one hand for the organisations themselves, because funding got reduced by the government to have more money available for the fight against Covid-19. At the same time, more money was needed to ensure the continues support of survivors and families through digitalised response (which is costly). A lot of people lost their jobs which resulted in increased stress and lack of food. Difficulties to get around and mobility, in general, was also mentioned by three respondents as one of the biggest challenges. Not just the fact that survivors were not able to travel to shelters and offices, but also the social workers, counsellor and others from the organisations were not able to travel into the communities. Another mobility-related issue was getting food to the shelters or just withdrawing money to buy groceries for the shelter. Electricity and fridges are not as common and stable in India as they are in Europe. Beforehand planning, buying groceries for a couple of days in advance are therefore a lot more difficult.

Cooperation with other stakeholders, especially with the police was mentioned by three respondents as a major challenge as well. Two respondents indicated that police response was the main issue, especially because they played such a crucial role as first responders, but where often so overburdened by increased responsibilities that they simply did not handle the domestic violence cases with the care needed. The police are overworked and underpaid in India, according to two respondents and especially in times like this, they have too many responsibilities. From one day to the other they were responsible for food distribution and enforcing lockdown rules, which puts them at risk of infection. A lot of police officers got sick with the virus, which puts even more pressure on the remaining officers. The fact that domestic violence is not taken very seriously and not prioritised or even considered essential by the government puts pressure on entities like the police because they have to take over responsibilities from organisations that are not allowed outside anymore. During the lockdown, a lot of women that called the police because of domestic violence cases were not taken seriously, because emergency and police helplines were too busy responding to Covid-19 calls and cases. Stigma and the belief that reconciliation is the solution to all family-based issues makes police response to domestic violence not really effective.

A lot of shelter homes required a negative Covid-19 test before allowing a survivor to come in. Three respondents said that this was a major issue especially when there was a dire need for women to get out of a violent situation. Four respondents mentioned that even if women manage to reach them over the phone or message, the constant presents of the abuser at home made it difficult for women to freely talk about the issue at stake.

Physical health was mentioned by three respondents as another major issue because access to hospitals was so limited. Missing public transport made access to hospitals even more difficult and often excluded those without private transport vehicles. Three respondents spoke about the missing social network of women and survivors that usually plays a significant role in the support of survivors. The increased mental stress for aid workers and volunteers during the pandemic was also mentioned as highly challenging, which made supporting survivors even more difficult.

Three respondents agreed that recognising the response to domestic violence as essen-

tial services is crucial to ensure support for survivors, also during lockdowns. One respondent specifically indicated that those essential services go beyond medical help and include legal, mental and shelter to ensure support. One respondent mentioned that the function of bystanders is crucial in lockdown situations as well because those are often the only ones that could intervene. Awareness-raising and training for bystanders are therefore most important for her. Having a safety plan ready, including an emergency plan on where to go and what to take are also mentioned by two respondents as most crucial. One respondent mentioned that GBV and domestic violence usually get worse during disasters and therefore a fund for GBV and domestic violence during and after disasters is important.

5.5.2 Influences on the response in India

The issue of funding influenced the responses especially when it comes to shifting the response to a more digitalised approach. Most centres had no computers, laptops or internet that could have been used for online counselling sessions or online training. The increased need for funding came with cuts in the budget from the governmental side, to have more funds for the transformation of hospitals and test and vaccine centres. Most respondents indicated that they managed to switch to a more digital approach, especially by using private resources.

One respondent indicated that they had offered vocational training sessions previous to Covid-19. After physical classes were not allowed anymore, they brought sewing machines to some communities and offered online sewing classes on how to produce face masks. This was a good way to keep in contact with women that are potentially affected by intimate domestic violence and at the same time offer them the possibility to create a small income by selling masks. This was especially helpful in households that lost employment due to the lockdown.

The response to domestic violence by the police during lockdown underlined the importance to improve cooperation between NGOs and the police. The police play such an important role in the response to domestic violence especially in times of lockdowns, that it is vital to train them properly.

Online work, including social media presence and helplines, increased and changed the response for many actors in India. Respondents that did not offer a helpline previous to Covid-19 implemented one and those who had one running during daytime and at landline, changed to a mobile number that is accessible 24/7.

The response with shelters became very difficult for several reasons. Shelters are characterised by sharing common living space with other people. Another characteristic is that usually, the inhabitants of shelter homes change often and quickly. New people come in, others move out, or move and come back a couple of days later. This makes social distancing difficult. Soon after the lockdown was imposed shelter homes for survivors asked for a negative covid-19 test, before taking people in. Then comes the fear of the virus into play what resulted in most survivors not wanting to go to testing facilities before coming to the shelter. Or not coming to the shelter at all, because they were too afraid of the virus. Some shelters rearranged their centres and offered testing and quarantine at location before registering women as residents of the shelter. But this only works when the shelter has enough space for such a testing facility and enough financial asset to offer test free of costs.

All respondents agreed that they had to be very creative and spontaneous and quickly adapt their response to new developments.

6. DISCUSSION

This chapter gives further in-depth information and validates the previously stated findings, by comparing the findings from primary data from India and Germany with the findings from the literature. The comparison with Germany has been done to include lessons learned from another country, introducing differences and similarities of the response to intimate domestic violence against women in India and Germany. A summary of the findings from Germany can be found in the Annexe. It is recommended to read those, before continuing with this chapter. The chapter is structured in three parts. Part one focuses on the response to intimate domestic violence against women, its successes and challenges before the Covid-19 outbreak and the lockdown. The second part focuses on the increase of violence in times of lockdown, which is vital to understand in order to make sense of the research. The third chapter introduced the impact of Covid-19 on the response, underlining challenges that arose and identifies points for action and improvement.

6.1 RESPONSE BEFORE COVID-19

6.1.1 Focus of the response (before Covid-19)

In India, as well as in Germany, the response to domestic violence is usually a mix of prevention and response interventions. Also, worldwide the response to domestic violence usually applies a mix-method approach of prevention interventions and response. Especially in the 90ties, the response to domestic violence was often more on the preventive side instead of engaging directly with affected families (ICRW, 1999). A respondent from India indicated that still, the involvement of NGOs is often seen as an intrusion into the family's structure, which remains a huge challenge in the response.

Primary data from India showed that the response to domestic violence and the support of female survivors of intimate domestic violence usually is carried out by small, local, non-governmental actors with little to no support from the government. In Germany, actors supporting female survivors of domestic violence are more often bigger organisation or associations, partly funded by the government, that oversee different smaller actors. In Germany, the main focus of the response lies in the support of survivors and political

lobby work to change laws and regulations at state-level, while Indian actors apply a more direct approach.

Shelter homes play an important role in the response to domestic violence worldwide. Whereas in India short-term shelters are more common, Germany offers more places for long-term stays for survivors of domestic violence. The main reasons for this are the high maintenance costs for long-term shelters in India, which do not match with the limited funding.

6.1.2 Change of occurrence of domestic violence in the past (before Covid-19)

Primary data from India and Germany agree that there has been a steady increase in reported cases and crime statistics in the past years. Respondents from both countries agree that this does not mean an increase in actual cases, but rather that survivors feel more encouraged to reach out for help and that support services are made more accessible for survivors. All respondents furthermore emphasised the difficulties to report on actual numbers due to the nature of the issue. A study by the US department of justice concluded that violent crime and intimate partner violence decreased between 1993 and 2010 (Catalano, 2012). Similar studies from other countries come to similar conclusions, but the unreported cases make it difficult to come to evidence-based conclusions.

6.1.3 Successes in the response (before Covid-19)

Literature and research show that the implementation of laws that support the safety of women within their own house has contributed to an increased public interest in the issue. Building a connection between gender-based violence, domestic violence and human rights has furthermore helped to hold people and governments accountable for not responding adequately to cases of violence against women. A global increase in reporting has been acknowledged and is seen as a success, according to all respondents from India and Germany. This is an indicator that support-services and mechanisms are more suitable and accessible for survivors. The majority of respondents from India and Germany also indicated moments where women dared to reach out for help, speak about their experiences with intimate domestic violence and consequently manage to leave abusive relationships are seen as success stories. 20% of respondents from India indicated that a success is to reconcile families again that might have split up because of violent behaviour. 80% indicated that reconciliation should never be the main goal, but figuring out what is best for the survivor and supporting her in achieving that. There is a global shift from traditional family structures towards more open discussion and acceptance of single-parents or those who decide not to marry. This reflects back on the findings from primary data that prove that more women are having the courage to leave an abusive relationship than 10 years ago. An increased political and public discussion about the issue of domestic violence can also be seen as a success because it contributes to dismantling the culture of silence around the issue.

6.1.4 Challenges in the response (before Covid-19)

Globally and especially in India NGOs responding to domestic violence often face the issue that their work is seen as an intrusion into the families structure. The widespread misconception that domestic violence is a private issue and not a political, societal, human rights issue makes it difficult to carry out interventions. A normalisation of violent behaviour is often rooted in childhood education and parenting technics which shape the power dynamics within households significantly. In many countries, violence has been and still is used as a very common tool to discipline children and this has severe implications on the violent behaviour of grown-

ups. The missing recognition of the relation between experiencing violence as a child and using violence as an adult makes lobbying for the issue worldwide very difficult. In India, social contributors, such as stigma, culture, caste, the patriarchal society and a culture of silence are among the main challenges in the response to domestic violence. Respondents from Germany emphasised the missing public awareness and the missing laws and law enforcement as the main challenge. Indian and German respondents agree that another issue is missing professionals that can adequately support survivors in overcoming their traumatic experiences. In India especially the missing funding to employ those professionals is an issue.

6.1.5 Effective interventions (before Covid-19)

To decrease or eradicate domestic violence, Indian and German respondents agree that prevention projects focusing on awareness, education and bystander function are most effective. In Germany lobby and advocacy are also known to be among the most effective to make domestic violence a political public issue, not a private matter. The Indian respondents indicated that a change in law and subsequently prober law enforcement would be most effective. Generally, a mixed support system for survivors including medical, legal, psychological aid has proven to be effective when it comes to immediate response. Increased shelter work in different countries has also been encouraging women to leave abusive relationships and is therefore also considered effective.

6.1.6 Cooperation and involvement of men, stakeholders and actors (before Covid-19)

Effective interventions are often characterised by including different stakeholders and actors. Global research on the effectiveness of aid programs shows that cooperation and multi-stakeholder approaches increase the success of interventions, independent of the topic at stake. In India, the police and therefore also the cooperation with the police play a very significant role in the response to domestic violence. The police are one of the first respondents to domestic violence cases in India, but not so much in western countries such as Germany. 80% of respondents in India are actively involving the police by giving training on how to respond to survivors. Reconciliation is still seen as the major goal of intervening in domestic violence cases from the police side.

Cross-state cooperations on issues such as child care and custody have been very important for 40% of respondents from India. Indian as well as German actors cooperate with a mixed group of stakeholders and partners such as medical, legal, psychosocial aid.

A continuing discussion that came up during research is the involvement of men. In India, men are only involved in prevention efforts such as training and awareness sessions. In response-interventions such as counselling, men are only involved if the survivor specifically asks for it. So far the findings match the literature as well as the information from Germany. Nevertheless, in Germany, there is an increased discussion about employing men in shelters. The first reason to do so is that young children that experienced violence between their parents should have a positive male role model that shows that not all men are abusers. Also having positive male role models is important for the upbringing of children of any gender. Respondents from India indicated that involving men as employees might also help in creating alternative gender roles where employed men act as role models for other men and decrease the stigma around their work. In the end, the issue of intimate domestic violence against women is often an issue of patriarchal gender roles that start with men. Therefore including them as much as possible, while keeping the position of the survivor at the centre should be guiding for future interventions.

The help and involvement of the Indian government in the response and prevention of domestic violence in India remain an obstacle. Funding from the governmental side remains low, as well as the engagement in setting up laws that would help to hold people accountable for domestic violence as a human rights violation. A study by the Indian organisation Bharatiya Stree Shakti concludes that if laws are in place, law enforcement is often weak, which leads to distrust and avoidance from the survivors' side (Bharatiya Stree Shakti, 2017). During primary data collection, the respondents often tried to change the topic when asked about the involvement of the government.

6.1.7 Monitoring & Evaluation (previous to Covid-19)

In order to create and design effective, sensible interventions that tackle the issue short- and long-term, monitoring and evaluation is vital. In Germany, especially for those actors that receive public funding M&E plays a significant role to be accountable to donors. Therefore it is embedded in all projects. In India, a minority of respondents (10%) have clear M&E practices in place. The main reasons for the absence of those practices are issues with privacy and trust that often arose in the past. Literature research showed that prober reporting on reasons, issues, numbers and response to domestic violence worldwide is still missing in many cases, especially because the topic is very complex, region-specific and often not of global interest. M&E is therefore considered one of the most important areas for improvement.

6.2 DOES DOMESTIC VIOLENCE INCREASES IN TIMES OF LOCKDOWN?

A vital question that needs to be answered to make sense of the research is whether intimate domestic violence against women increases in times of lockdown. In order to answer this question, one has to look at the factors that contribute to an increase in domestic violence, and the factors that contribute to the vulnerability of women to experience domestic violence and understand how those factors increased during the pandemic.

Reasons for increased vulnerability to domestic violence, also in the aftermaths of disasters have been subjects of research in the past. The main influential factors identified are increased stress at household level, economic uncertainty, alcoholism, increased time spent with many family members at home, (male) unemployment and experienced violent behaviour during childhood. Indian respondents agree with those findings, but add that power structures and India's culture of silence increases the problem. German respondents indicated that the structure of society "traps" women in certain roles and denies them access to power and decision-making control. Many of those factors can directly be translated to the Covid-19 pandemic and help to answer why vulnerability increases during pandemics. Specifically, in the area of health emergencies, other factors come into play as well. Most important here is the fear of catching the disease what increases stress level, keeps people from going out (which could decrease stress) and from reaching out to physical support services. Also, as mentioned above, the increased stress level is further increased during pandemics such as Covid-19, when schools are closed, men are not working or working from home and women carry more responsibilities at household level. Research from 2014 during the Ebola

outbreak showed that the closure of schools was the most influential factor for increased stress at household level (UN Women, 2015). This often changes the typical power balance between men and women. Restoring and reclaiming the power within the household through violence is often seen as a coping mechanism for men that lost power in their job.

Literature and global research suggest that domestic violence increase whenever families spend more time together. For example, during Christmas holidays helplines across the US are reporting an increase in calls. This is intensified by the lockdown, not just in India, but worldwide. Findings from India agree with this, indicating that also in India helplines are receiving more calls over the holiday season. This can be translated to the lockdown, which is just another moment where families spend more time together than usual.

Researched also showed that domestic violence increases in times of high male unemployment and vis-versa, domestic violence decreases when women are unemployed (Bhalotra et al., 2019). This can directly be applied to the lockdown situation in India, where thousands of people, especially men, lost their jobs. This increases not only unemployment but also factors that go hand in hand with unemployment. The most important aspects in this context are increased stress, economic uncertainty and a missing feeling of control, all mentioned both in literature and in primary data collection in India as driving forces for increased vulnerability to domestic violence.

Quarantines and lockdowns are known to be most effective in the fight against contagious diseases since the 1990ties (Schepin, p. 3-22, 1999). The positive influences of those measures on the spread of a disease often contradict the negative influences of those measures on other parts of human life. Increased risk of losing employment, increased psychological stress resulting from isolation, loneliness and uncertainty are known effects of quarantines and lockdowns and therefore do not come as a surprise.

When the UN called for “action against the horrifying global surge in domestic violence“ that was expected after countries announced lockdowns, the media reacted surprised. It came as a shock for many that the pandemic and factors such as the lockdown will have tremendous side effects that are so difficult to manage. Even though research on the specific impact of Covid-19 on domestic violence is still ongoing and nowhere near to come to concluding insights, many factors that increase domestic violence are increasing during the pandemic, leaving no other conclusion than a rapid increase of intimate domestic violence against women cases, in India, in Germany and worldwide.

Understanding the difference between reported cases and actual cases is crucial to understand the impact of Covid-19 on domestic violence. Literature and primary data from Germany and India showed that worldwide reporting decreased in the first days and weeks after the outbreak of Covid-19. This was also registered by the National Commission for Women in India. After this initial drop, the numbers reported at hotlines, support centres and shelters increased significantly, while understanding if actual cases increased or decreased remained difficult. Understanding the difference between reported and actual cases has been an issue previous to Covid-19 already because the increase in reporting could also mean that women feel more empowered or save to reach out for help, and therefore actual cases do not necessarily increase. Various sources and 80% of respondents from interviewing agree that after implementing the lockdown to fight the Covid-19 pandemic not just reporting but also actual cases increased. Some respondents indicated that focus on domestic violence and how to access survivors effectively increased after the lockdown was imposed, making it easier for women to reach for help.

The issue of domestic violence being such an invisible phenomenon is that there are only estimates on the actual number of cases and calls to helplines or support centres are among the closest it gets to bridging the gap between reported and actual cases.

An increase in sexual violence and domestic violence has also been a result of the Ebola outbreak in Africa in 2014 (Bhattacharya, 2020), where similar lockdown rules over public life were enforced.

All evidence shows that reporting of domestic violence increased worldwide after the lockdown was imposed to fight Covid-19. Researchers, NGOs, the UN and several other actors agree that actual cases have also increased. All given research on the topic of quarantines, lockdowns and domestic violence, as well as research on other factors that increase domestic violence, leave no doubt that actual cases increased since the outbreak of Covid-19. But, especially because researchers, scientist and NGOs share the belief that reporting does not indicate actual cases, there is still a widespread belief that actual cases did not increase and reporting only increased because access to support services is easier since so many NGOs offer online counselling.

6.3 RESPONSE AFTER THE OUTBREAK OF COVID-19 AND THE COVID-19 LOCKDOWN

6.3.1 Focus of the response (since Covid-19)

In earlier health emergencies and other disasters, it was observed that the focus of the response often shifts towards responding to the immediate threat, leaving common side effects out of focus. The increase of domestic violence during Covid-19 is therefore often referred to as the "hidden pandemic". Generally in health emergencies due to contagious diseases, physical response other than to the immediate threat often come to a hold.

The International Rescue Committee published a report in 2014 focusing on the effect of epidemics such as Ebola on women and girls. The first effect they noticed is that accessing medical help was more difficult because NGOs and medical centres shifted from response to violence to respond to the epidemic itself, leaving a gap for those in need of medical treatment other than Ebola. This has been similar in India, where hospitals were appointed Covid-19 hospitals and therefore closed down support services for survivors of domestic violence. In India as well as in Africa during Ebola, the fear of the disease itself plays a significant role in accessing survivors. The fear of the virus is so intense in some countries that people are just too afraid to leave the house. Especially in severe cases, a doctor's report is needed to file a legal case against a perpetrator. The research from Africa showed that obtaining such a report from an official doctor was especially difficult during the lockdown.

Child marriages increased significantly in African countries with Ebola. This is believed to be one of the negative coping mechanisms for poorer families that lost employment. Also due to the closure of schools, many families hoped that marrying off their daughters will offer them a better future (International Rescue Committee, 2014). Whether this is the case in India during Covid-19 remains unclear, as research has not been focusing on this issue yet.

In India, most response programs such as counselling, befriending and mediation were offered online, while prevention programs such as training and awareness sessions in schools where suspended almost completely. Cooperation with other stakeholders such as food distribution, police and helplines increased and was considered mostly successful. German respondents indicated that

especially the partnership and cooperation with pharmacies to implement a code word help system was very successful. By using a code word survivors were able to ask for help in pharmacies without being too obvious. The German government also supported the advertisement of support hotlines on supermarket bills, a channel that reached a lot of people. The German respondents also implemented a weekly newsletter for organisations and shelter homes, informing them about new regulations and laws about hygiene measures and lockdown restrictions. The newsletter also contained information on possible funding and how to apply for it. The missing digital equipment became such an important part of shelter work, to offer children the possibility to continue their education that the respondents in Germany received funding specifically to increase their digital equipment.

Being considered "non-essential" has influenced the response significantly and made cooperation with the police necessary to assure continued support for survivors.

6.3.2 Successes (since Covid-19)

Successes are difficult to pinpoint, since the pandemic is ongoing and dynamic, making long-term predictions difficult. Nevertheless, the literature showed that disasters can be opportunities and drivers for change. Particularly in Germany, the Covid-19 pandemic and the increased media interest helped to lobby for funding to digitalise the response, something that was long overdue in Germany. Also in India, many respondents indicated that the pandemic helped increase awareness on the issue of domestic violence, but not funding.

6.3.3 Challenges (since Covid-19)

In the aftermaths of disasters governments and NGOs prioritise certain aspects in their response to risks. Those priorities often do not include the (major) side effects of disasters, such as psychosocial trauma, or gender-based violence. The immediate response to the disaster itself, such as the provision of food, shelter and medical aid after natural disasters often take up all capacities. Findings, recommendations and reporting from earlier health emergencies about intimate domestic violence against women are very limited, which makes learning from past events really difficult. An increased need for psychosocial support for people experiencing domestic violence, but also because of other Covid-19 related stress factors has been observed, but there seems to be a lack of professionals that have in-depth knowledge on how to deal with the issue. The closure of schools is one of the most severe challenging aspects of the pandemic. It leaves millions of children without access to education and with the increased risk of having a lost generation as a result of governments and schools being unable to provide quality education in other ways than traditionally known. The closure of schools increases the stress level at home, which is a contributor to domestic violence.

Indian respondents mention money and employment as one of the main issues, on many levels. Missing money and lost (male) employment options increase stress at household level and decrease the possibilities for women to leave abusive relationships and be independent. On the other hand, missing funding is a huge challenge for NGOs and other actors in India because they cannot employ professionals that are needed to properly respond to such an increased number of cases of domestic violence. The lockdown in India was so severe at a certain point only those considered "essential" were allowed to leave the house. This meant that travelling into communities or to survivor households was impossible. Vis versa this also meant that survivors in need of medical help could not reach hospitals or other support services. The issue of not being considered "essential" was also a topic in Germany. It hindered employees to reach out to survivors, minimised possibilities to order official masks or tests

for shelters.
The issue of mandatory tests in shelters was present in India and Germany. Most state-run shelters and later on also private run shelters required a negative Covid-19 test, before letting women in as permanent residents.

The fear of the virus is another challenge, present in India and Germany. First, it keeps survivors from accessing help or coming to shelter homes, but it also influences the mindset of employees. In India, the police were one of the only institutions that had complete freedom of movement and therefore was involved in many activities and responsibilities. The increased exposure of police officers resulted in a lot of them contracting the virus. This increased the issue of missing police capacities. There are not enough police officers to handle the increased responsibilities of lockdown enforcement, food distribution, responding to domestic violence cases and the usual work of police in India.

The issue of keeping employees and volunteers safe was mentioned several times. On one hand, the physical health of not contracting Covid-19 made it difficult to maintain interventions operational, on the other hand, the increased mental stress due to increased workload and missing social networks both influenced the service providing of employees and volunteers working for NGOs in India and Germany. Research shows that generally, the topic of mental health of aid workers influences the success of interventions and programmes significantly.

The missing availability of Laptops, Computers and a stable internet connection was also an issue in Germany and India. Primary data collection suggests that the issue of missing digitalisation was bigger in Germany.

German respondents also indicated that the weekly change in rules and regulations made preparation and management of shelter and response really difficult.

6.3.4 Most effective and successful interventions (since Covid-19)

Most effective interventions for survivors of domestic violence have to be culturally specific, easily accessible and implemented in cooperation with different stakeholders and sectors. Indian respondents emphasised the effectiveness of bystander projects, that increase awareness in the general public and train how to intervene if there is no one else that could intervene.

Being digitally prepared for the next pandemic was mentioned in Germany, not just to continue the support of survivors, but also to support continues education for children and therewith decrease stress levels at home.

Having increased shelter homes and spaces available is another important aspect because that would increase possibilities to continue shelter work while maintaining hygiene measures and social distancing. To date, there are only 6800 available spots in german shelters for women, and around 14.000 spots are missing, not just in times of pandemics according to Ms Oberthür from the Association of women's shelters.

Lobbying and continues effort to making the response to domestic violence essential and system-relevant to give the sector the possibility to react effectively and with freedom of movement to this hidden pandemic, within the pandemic was mentioned in India and Germany as most effective and important.

6.3.5 Involvement of men and other stakeholders (since Covid-19)

Cooperation with others becomes more vital in times of lockdown. Especially cross-sector partnerships with institutions that are considered essential and therefore enjoy larger freedom of movement, than institutions that are considered "non-essential". Especially the partnership with the police became very important in India. Since the lockdown was

quite severe and enforced heavily, the Indian police had an increased workload, where they were responsible for food distribution, lockdown enforcement and first responders to emergency calls because of domestic violence. A lot of police officers got sick with Covid-19 what increased the fear of the virus within the population, and increased pressure on the remaining police officers.

In Germany, the involvement and cooperation with others was especially important before the outbreak came to Germany. When the message about a possible lockdown spread, the German respondents contacted partner organisations in Asian countries to learn from the situation there and be better prepared for what was to come. This helped for example set up codewords for pharmacies that can be used by survivors of domestic violence to ask for help.

6.3.6 Monitoring & Evaluation (since Covid-19)

Especially in times of disaster, monitoring and evaluation receives less attention through a shift in activities to the response to the issue or disaster at stake. When clear M&E processes are in place form pre-disaster times, they are more likely to also be used during a disaster period. M&E was already getting little to no attention in India previous to the outbreak of Covid-19 and therefore reporting, documentation and monitoring that would make an evaluation of interventions and approach possible, remains an issue.

6.4 OVERVIEW OF RESPONSE BEFORE COVID-19

RESEARCH TOPIC	FINDINGS FROM LITERATURE	FINDINGS FROM INDIA (PRIMARY)	FINDINGS FROM GERMANY (PRIMARY)
Focus of the response	- in India: mostly short term shelter for survivors, police plays important role - worldwide: mix of response & prevention	- response &Prevention - women empowerment - mainly local, non-governmental actors	- response & lobby - support of women that experience domestic violence
Change in occurence of domestic violence in the past years	- total violent crime & IPV decreased in the US between 1993 & 2010	- change in reporting due to easier mechanisms, but no increase in actual cases	- increased reporting & crime statistics - no actual increase
Successes	- global increase in reporting - increase in laws that build connection between human rights & DV	- whenever women made own decisions - Women had courage to speak up - Increase in reporting	- increased political discussion about introduction of laws - increased funding - women managing to leave abusive relationship
Challenges	- normalisation of violent behaviour - missing recognition as global issue - power dynamics between men & women	- seen as intrusion into family's structure - social stigma & status - missing funding to employ professionals (Psychologists)	- public is not aware of the issue. - law enforcement. - nationwide regulations are missing. - missing psychologists
Most effective Interventions	- shelters - mixed support system (medical, legal, psychosocial aid) - cultural specific	- prevention projects (education and awareness) - changes in law	- projects involving bystanders - lobby & advocacy to make it a public issue, not a private matter
Involvement of men and stakeholders	- to be effective interventions are coordinated between sectors & stakeholders - men are mostly involved in prevention	- men are involved in prevention projects - police is involved in training - medical, legal, psychosocial aid	- increased discussion about involving men - livelihood security offices - legal assistance - medical aid - police
Monitoring & Evaluation	- not enough research - not enough M&E - very complex & region specific	- minority focus on M&E, mainly because of privacy issues and trust	- due to federal sponsors M&E is very important for the FHK and imbedded in all projects

6.5 OVERVIEW OF RESPONSE AFTER OUTBREAK OF COVID-19

RESEARCH TOPIC	FINDINGS FROM LITERATURE	FINDINGS FROM INDIA (PRIMARY)	FINDINGS FROM GERMANY (PRIMARY)
Focus of the response	- response often shifts to responding to the health emergency itself - less physical response - more digitalised	- increased bystander projects - increased helplines - digitalised response - little to no prevention - increased helplines	- weekly newsletter for all shelters (incl. info on funding) - increased digital equipment
Change in occurence of DV since Covid-19	- global surge in domestic violence - increased reporting at centres, helplines etc. - generally violence increases after disasters	- first reporting decreased drastically - 80% agree that actual cases increased as well	- difficult to say, but experiences & everything that contributes to vulnerability is increasing
Successes	- disasters can be opportunities for change	- higher public interest on the issue - parterships partly improved	- government helped advertising - increased interest from the press - digitalisation got supported by government funding
Challenges	- breakdown of law during disaster - gaps in reporting from earlier health emergencies - increase need for psychosocial support - closure of schools - increased stress level at home	- money & employement - not considered “essential“ - reduced access to medical help - fear of the virus - sick police officers - covid-19 tests in shelters	- little to no digitalisation in shelters - covid-19 tests in shelters - weekly changes in regulations - not considered “essential“ - keeping employees safe
Most effective Interventions	- cultural specific - easy accessibility - collaboration with different stakeholders & actors	- bystander projects - recognising response to DV as “essential“	- being digitally prepared - having increased space at shelter homes - cooperation with other stakeholders
Involvement of men and stakeholders	- cross-sector cooperations are even more vital int imes of lockdown	- partnerships with other organisations and institutions (police, food distribution)	- contact countries that are already in lockdown -lobby for increased support from the government, with success
Monitoring & Evaluation	- very limited research on intersection of DV & health emergencies	- minority focus on M&E, mainly because of privacy issues & trust. - M&E takes resources (money & time)	- due to federal sponsord M&E is imbeeded in all projects

7. CONCLUSION

After defining the research problem, the research objective and the research questions based on extensive desk study on given research and literature a qualitative research on the effects of Covid-19 and the lockdown in India on intimate domestic violence against women has been carried out. 5 respondents from a broad range of regions and backgrounds in India have been interviewed using semi-structured online interviews and follow-up emails to validate the different interview outcomes. The comparison of the findings from qualitative interviews in India with literature helped identify gaps and challenges in providing support to female survivors of intimate domestic violence against women in India in the context of the Covid-19 pandemic. To understand the difficulties and challenges in response a key informant interview with the German Association of women's shelters helped identify lessons learned in a more global context of the issue of domestic violence during pandemics. The following sub-chapters answer the four sub-research questions and subsequently answer the main research questions being: What effects do Covid-19 and the Covid-19 lockdown have on the work of national NGOs and other actors supporting female survivors of intimate domestic violence in India?

7.1 THE RESPONSE TO IDVAW BEFORE COVID-19 IN INDIA

1. What kind of response did national NGOs and other actors provide to female survivors of intimate domestic violence in India before the Covid-19 lockdown?

The response to domestic violence in India is mainly carried out by small, national, non-governmental NGOs and other actors. Next to those smaller NGOs, associations, the Police and individual bystanders play a crucial role in the response. The response is structured in prevention interventions such as education and awareness sessions in schools, as well as training for bystanders, respondents and survivors on how to respond in case they experience or witness acts of domestic violence. The second important part of the response is the immediate response to violent acts. Those include helplines, counselling centres, shelters for women and children as well as a broad referral system connecting survivors of domestic violence to a variety of appropriate services such as medical, legal or psychosocial aid.

7.2 THE IMPACT OF COVID-19 ON IDVAW

2. What is the impact of Covid-19 measures on intimate domestic violence against women in India and why does vulnerability increase in times of lockdown?

Amid the global pandemic questions around test capacities, vaccine availability and economic impacts often overshadow the side effects of global disasters like Covid-19. The influence of Covid-19 on domestic violence is therefore often referred to as the hidden pandemic of 2020. Factors that exacerbate domestic violence in India, such as economic uncertainty, increased stress at household level, cramped living situations, and a change in power dynamics are further aggravated by the lockdown. Combined with the experiences by local actors in India, this leads to the conclusion that vulnerability increases in times of lockdown and the impact of Covid-19 measures on intimate domestic violence in India are severe and impose long-lasting challenges for responding actors.

The National Commission for Women (NCW in India) published contradicting numbers of increase of intimate domestic violence during the first months of the pandemic. Uncertainty remained whether and how severe the impact of Covid-19 and especially the lockdown is on domestic violence in India. By October 2020 the NCW published numbers supporting what the UN called the expected "horrifying surge in domestic violence". Reported cases of intimate domestic violence increased by 250% in 6 months, compared to 2019 according to the NCW. While the UN and other global actors ask for action against those side effects of the pandemic, the response to intimate domestic violence in India is still considered non-essential, which significantly limits the room for action of responding actors such as small, local NGOs and associations. Services and institutions that are considered non-essential have to comply with stricter lockdown measures and travel restrictions than those considered essential (such as police, supermarkets, hospitals etc.).

7.3 THE RESPONSE TO IDVAW AFTER OUTBREAK OF COVID-19

3. What kind of response do national NGOs and other actors provide to female survivors of intimate domestic violence in India since the Covid-19 lockdown?

The response to intimate domestic violence against women got digitalised immensely in India and benefitted from the widespread digitalisation in the last years. While countries like Germany are last in line in European comparison when it comes to internet connectivity, Indian respondents shared that the response improved significantly due to increased amounts of smartphones.

Prevention interventions such as awareness session, education in schools and training for responders such as police, NGOs or bystanders came to hold almost completely. The limited possibilities on how to access support systems in India, without being caught by the abuser, remained on of the biggest issues in the response to intimate domestic violence against women in India. Helplines and digital services such as apps, sos-buttons or chatbots increase over the course of the lockdown and were especially successful when carried out in cooperation with other institutions, organisations and actors. The response had to be creative and approaches and partnerships never tried before were implemented in a "learning-by-doing" manner.

7.4 MAIN CHALLENGES IN THE CHANGE OF RESPONSE

4. What are the main challenges for national NGOs and other actors supporting female survivors of intimate domestic violence during the Covid-19 lockdown in India and how did these influence the response?

The main challenges that have severely influenced the response to intimate domestic violence against women in India are directly related to being considered "non-essential". When implementing a lockdown, the government usually decides whether a company, NGO or institution is considered essential (enjoys increased freedom without complying to all lockdown-measures) or non-essential (has to comply with all lockdown measures). While NGOs and other actors responding to the pandemic itself by offering tests, psychosocial help or medical help are almost not limited in their room for action, NGOs responding to the (major side) effects of the pandemic such as the increase in domestic violence are limited in their movement, their access to tests, masks and other resources. This decreases the room for manoeuvre also because keeping employees and volunteers safe during such as pandemic is even more difficult when access to masks, tests and other hygiene material is limited to the institutions that are considered "essential". The psychological effects of such a pandemic are often neglected or played down, as there are by far less tangible than the physical health that is directly influenced by the pandemic. This influenced the service providing of NGOs and other actors as well. On one hand keeping employees psychologically healthy became a challenge but also the immense increased psychosocial stress of survivors and potential survivors increased the need for support.

Other challenges identified as most influential include the challenging cooperation between the police (considered essential) and NGOs responding to domestic violence (considered non-essential). The dependency of NGOs on the police is extremely high, while the police are overworked with too many responsibilities during the pandemic and unable to keep up. Furthermore, the police are not trained properly on how to sensitively respond to intimate domestic violence or let only take the issue as serious as it is. The Indian Government often reacted to new Covid-19 developments by implementing new regulations and lockdown measures, which were often communicated too late to give responding actors time to properly prepare. Running shelters amid the pandemic and the various lockdown regulations, including essential negative Covid-19 tests for survivors coming to the shelter, imposed another influential challenge on responding actors. This was especially severe because shelters are the most important response mechanisms of institutions supporting female survivors of intimate domestic violence in India.

Three main areas for improvement in the response to intimate domestic violence against women in India during Covid-19 have been identified by the researcher in cooperation with local, key stakeholders in India. Those are the cooperation with others (such as police, government or other responding actors), keeping employees and volunteers safe and reaching survivors. The next chapter will specifically focus on those three main areas and recommend actions that could improve the response to intimate domestic violence against women in India.

8. RECOMMENDATIONS

After answering the main research question as well as the four sub-research questions, recommendations for different stakeholders, the commissioner of the research as well as other actors responding directly to intimate domestic violence in India are suggested.

8.1 FOR NGOS

8.1.1 Cooperation with others

Given that findings from the literature review as well as primary data collection from India and Germany agree that cooperation with other stakeholders within and outside the sector becomes increasingly important in times of disaster the cooperation with others is among the most important points for improvement. Improving the cooperation with other stakeholders can help using resources and knowledge to better respond to intimate domestic violence against women in India. Cooperation can also help manage risks better and prepare for future situations of lockdown.

A digital multi-stakeholder platform initiated by an actor such as the Gender Security Project can be used to build a network of important stakeholders that identify common challenges and establish solutions for those challenges from a broad range of backgrounds, together. Participants could be smaller, grass-root organisations and larger NGOs, initiatives and institutions working across India. It is recommended to divide the platform into working groups for the following topics:

- lobbying & advocacy to make the response to domestic violence recognised essential from the governmental side
- Understanding regulations, hygiene measures and lockdown rules
- Advertisement of support services (to improve access of survivors)
- Awareness and education around the role of bystanders
- Keeping employees, officers and volunteers healthy and safe

Each working group is asked to establish a monthly newsletter with tips and news from the respective topic. Specific points for action and implementation are part of each newsletter. Those newsletters can be distributed through the multi-stakeholder platform to all participants. Depending on the topic action and implementation plans are to be commu-

nicated with other stakeholders (such as supermarkets, police etc.)

8.1.2 Keeping employees and volunteers safe

To be able to deliver aid effectively it is vital to stay healthy as a volunteer or employee working in the response to intimate domestic violence against women in India. Since primary data collection and specifically since the consultation it became clear that keeping employees and volunteers safe, both physically and mentally remains a big challenge, especially since the outbreak of Covid-19.

Incorporating tools such as the "Short Questionnaire on Stress" by John H Ehrenreich could help organisations and employees to keep track of their mental wellbeing and observe first signs of stress before they become a bigger issue.

Having an open work environment, where mental health is considered as important as physical health is recommended, as research shows that the mental wellbeing of aid workers has an impact on the way they deliver aid and can therefore have long-lasting influences on the survivor/beneficiaries/supported human-beings as well. Proper mechanisms that are easy to access need to be in place, to make sure employees and volunteers know whom to address if issues arise.

Institutions and organisations that are considered essential usually have better access to tests, masks and disinfectants. Therefore lobbying and advocating for making the response to domestic violence essential would also help to make the response physically more safe for employees. Often the fear of the virus keeps employees from coming to work, what could be improved if proper hygiene measures such as masks, test and disinfectants are available. Symptoms and early warning signs are to be communicated with employees do decrease the possibility of an outbreak.

To keep employees and volunteers safe, preparation is key. This does not only mean employees and volunteers should know how to keep track of their mental health and physical hygiene measures, but also that they are prepared to do their job right. Especially in India, where the employment of volunteers in the response to domestic violence is very common, those volunteers need to be trained adequately. In times of lockdown, physical training can be difficult, therefore a written guide on best practises can help. This guide can be accompanied by video sessions and training. The guide could include clear structures and interventions on how to engage with survivors, as well as whom to contact incase of severe cases that might need the involvement of doctors, police or others. The guide can also include the "Short Questionnaire on Stress" and other helpful tools to keep their own mental and physical health in mind.

8.1.3 Reaching survivors

The most challenging but also the most successful points of change in the response to domestic violence were observed in the field of reaching survivors. Communicating support services and making sure they are easy to access by survivors of domestic violence has been the most crucial point in the response to domestic violence. Given that the lockdown posses increased challenges on reaching survivors this was also the first point of change in the response.

The implementation of codewords such as "Mask-19" as it was called in Germany, helped to offer survivors the possibility to ask for help in pharmacies and supermarkets, that were previously trained in how to respond to those codewords. Because of the success of those codewords in Germany and other countries, it is recommended to implement something similar in India. Pharmacies and supermarkets could for example be trained on how to ask simple yes and no questions to understand the issue and the nature of help

needed better, before referring the survivor to the appropriate service.

The implementation of a hand sign can be used similarly to the codeword. The hand sign is a specific movement made by hand during video-calls or videoconferences that should indicate to other participants in the video chat that someone is experiencing some form of domestic violence and the abuser may be close by. In case such a hand sign is observed, the people observing it are asked to ask simple yes or no questions to understand what kind of help is needed and what kind of action the survivor wants.

To improve the access of survivors of domestic violence implementation of so-called "SOS-buttons" in Apps and setting up emergency contacts is recommended. Pre-assigned emergency contacts can be set up in most phones, where a simple sequence of buttons contacts an emergency contact. This emergency contact can then contact the survivor and help with finding useful services.

Being prepared at all times might be vital for survivors of domestic violence. To improve access of survivors to support services and make leaving an abusive situation easier having a safety kit ready is useful for survivors or people potentially affected by domestic violence. Organisations, NGOs and other actors are asked to communicate this within their communities as best as possible. The emergency bag should consist of all things a survivor needs to leave within a couple of minutes. This includes spare clothes, toothbrush and other sanitary items, money, ID, medical records, other important personal documents, personal items such as photographs, a spare key for own house or other places the abuser has no access to. Apart from this, the emergency bag includes a list of important phone numbers within the personal network as well as phone numbers and information of organisations that respond to domestic violence.

Communicating those different tools, codes and hand signs with potential survivors is key for success. Especially during Covid-19 and the lockdown communication is an issue. All available channels, such as TV, advertisement in supermarkets, advertisement online, as well as the spread over social media, are to be used to communicate the above-mentioned tools as best as possible to the potential survivor.

Making use of so-called neighbourhood watch or community spokesperson to actively communicate the different services is another vital step that is recommended. Those community spokespeople are to be informed regularly on available services (for example by making use of the newsletter) and are to be encouraged to actively seek contact with potential survivors in their communities.

8.2 FOR THE GOVERNMENT

8.2.1 Recognising response to domestic violence as essential during lockdowns

An overarching challenge in the response to intimate domestic violence against women in India is the fact that responding actors and institutions in India and their response to intimate domestic violence against women is considered "non-essential". Being considered "non-essential" limits room for manoeuvre of actors responding not to the pandemic itself but to major side effects. The call to acknowledge the response to major side effect such as the increase of domestic violence due to Covid-19 essential would significantly increase room for action and would positively impact the whole response.

8.2.2 A GBV Fund for Disaster times

The increased need for funding during disaster times could have been foreseen. Especi-

ally in the field of gender-based violence research showed that the impacts of disaster on gender-based violence are significant and can in parts be reduced by increased funding. Therefore, the government is urged to create a gender-based violence fund for disasters. This fund could be used in different types of disaster to compensate for the additional risk that especially women face in times of disaster.

8.3 FOR THE POLICE

8.3.1 Recognising the issue

Domestic violence is not a private issue, it is a political, public issue. Therefore, the police are urged to protect the public from the matter. Recognising domestic violence as an issue and understanding the role the police plays in the response is vital to improve the overall response.

8.3.2 Training to respond

Given the sudden additional workload of police officers during the lockdown in India, being overwhelmed and unable to do their job justice is a common issue. Training to adequately respond to domestic violence, including knowledge of relevant actors and how to refer survivors appropriately will improve the response significantly.

8.3.3 Increase All Women Police Station

Given the culture of silence and the fear of not being taken seriously, women often prefer to talk to female police officers. Therefore the already established network of All women police stations could be improved and expanded to offer a safer space for survivors of domestic violence to file a case. This could also make task division easier as domestic violence cases can be directly referred to the All Women Police Stations, while other stations focus on other responsibilities such as lockdown enforcement.

8.3.4 Keeping officers safe

Keeping police officers safe in times of global health emergencies was proven to be an issue. Hygiene measures such as wearing masks, washing hand regularly and making use of disinfectants, were not communicated enough, resulting in a high number of sick police officers. To avoid this in the future, it is highly recommended to publish a written guide for pandemics, including updated hygiene tips and tools such as the “short questionnaire on stress“ to keep track of stress and mental health as well.

8.4 FOR BYSTANDERS AND INDIVIDUALS

You, me and we. All individuals can become powerful bystanders in the fight against domestic violence. So-called bystander interventions can be another significant helper to improve the response to domestic violence during pandemics. Bystanders are to be trained with a specific focus on the four Ds: Distract, Delegate, Direct and Delay (for further information please check Annexe VIII. II Bystander interventions). The Saahas App is recommended in this context for further resources on how to be an active and positive bystander.

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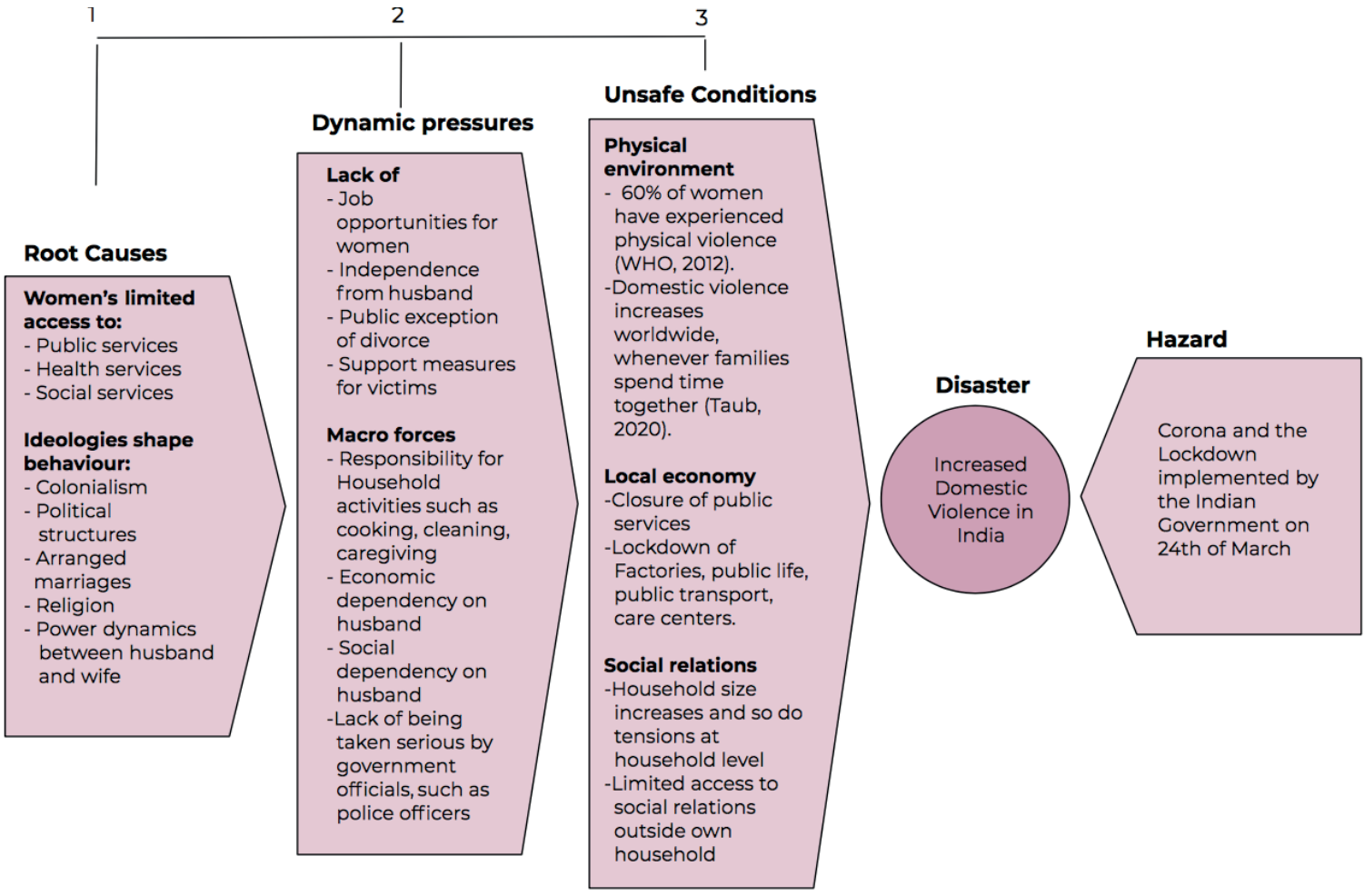
ANNEX

I. PAR MODEL

A PAR Model has been used in order to deepen the understanding of the issue at stake and understand the progression of vulnerability:



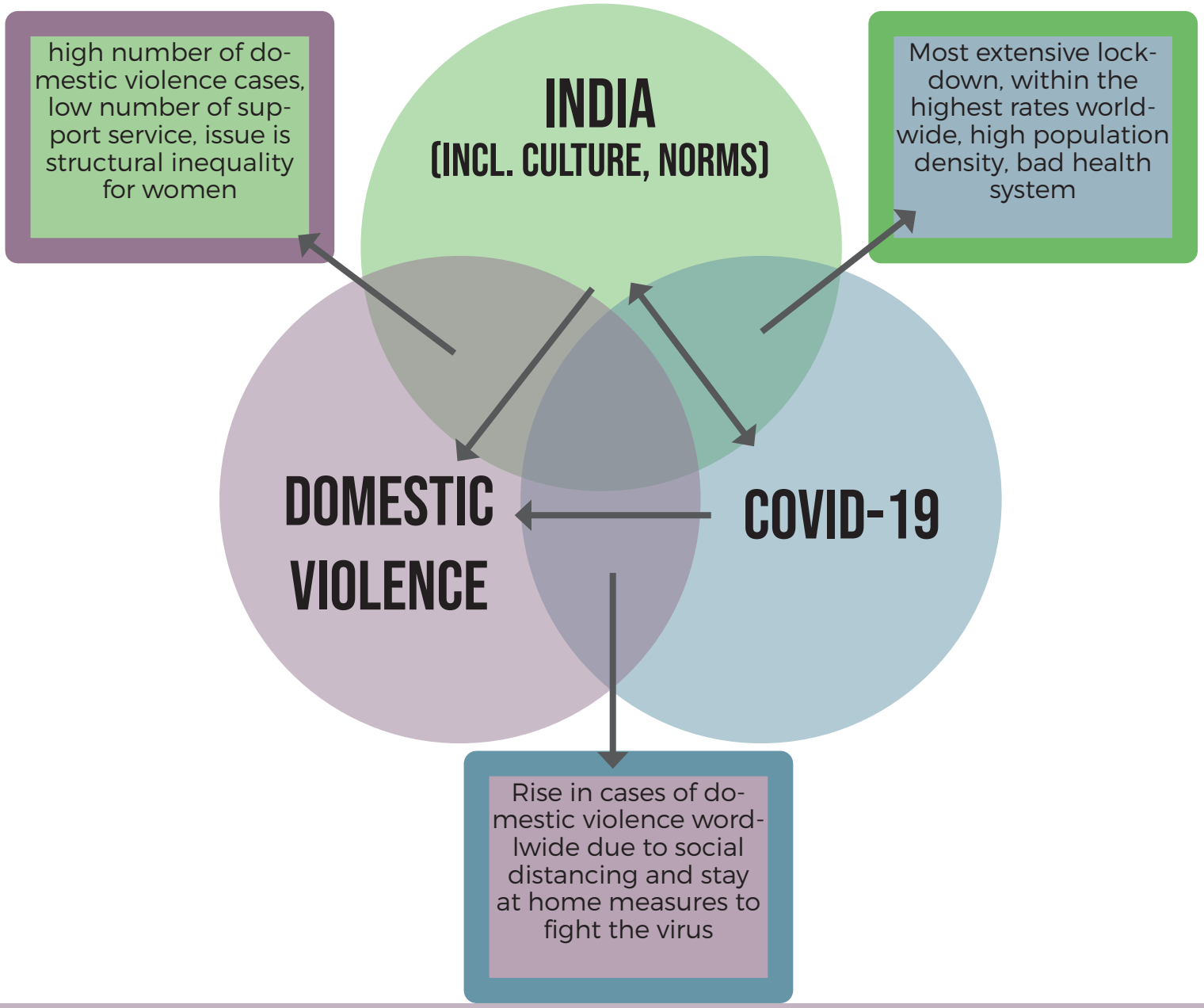
II. TIMELINE OF LOCKDOWN IN INDIA

- January 30th 2020: Indians south state Kerala confirmed the first Covid-19 case in the country (Ministry of health and family welfare, 2020).
- March 11th: India suspends all tourist visas until April 15th.
- March 12th: India records first Covid-19 death.
- March 19th: India bans all incoming international flights.
- March 24th: India's Prime Minister Narendra Modi announced a 21-day nationwide lockdown in the fight against Covid-19. This nationwide lockdown was extended twice.
- June 8th: India lifted the lockdown restrictions with a slow "unlocking" of the country.
- June 12th: As of today, India is the fourth worst-hit nation.
- June 24th: India reports over 15.000 new infections, its highest single-day rise in cases.
- July 6th: As of today, India is the third worst-hit nation, overtaking Russia.
- July 14th: India implements new restrictions because of the high increase in cases.
- July 19th: India reports 38.902 new cases, its new highest single-day rise in cases.
- August 1st: India reports 57.000 new cases.
- August 31st: India reports 78.000 new cases and surpasses the U.S record for two days in a row.
- September 4th: India reports 83.000 new cases for the second consecutive day
- September 7th: India hits 93.000 new daily cases, overtaking Brazil as second worst-hit country.
- September 29th: Indias Vice President Venkaiah Naidu tests positive for Covid-19.
- October 20th: India reports less than 50.000 new daily cases for the first time in three months.
- December 18th: India becomes second country, after US to record 10 million Covid-19 cases total.
- January 2nd 2021: India authorises the Oxford-AstraZeneca Covid-19 vaccine.
- January 16th: India vaccines 200.000 residents during the first day of its vaccination campaign.

(think global health, 2020)

The lockdown was the single largest and most extensive stay-at-home order given world-wide. There was no country where more people where urged to stay at home, and nowhere the access to public services was so limited during these times.

IIV. THE INTERSECTION OF COVID-19, INDIA AND DOMESTIC VIOLENCE



IV. INTERVIEW QUESTIONS

1. Introduction:

Q.1.1 Could you please introduce yourself and the organisation/company you are currently working with?
Q.1.2 What regions are you working in in India?
Q.1.3 What are your focus areas?
Q.1.4 How are you involved in projects supporting women?
Q.1.5 Why do you think supporting women is so important?
Q.1.6 How would you define domestic violence?
Q.1.7 Do you believe that women are disproportionately affected by intimate domestic violence?
Q.1.8 What makes women vulnerable to intimate domestic violence in India in general?
Q.1.9 Are there differences in regions? If so, what makes women vulnerable in your focus region?
Q.1.10 What are contributing factors for increased intimate domestic violence against women?

2. Before Covid-19:

Q.2.1 How does your organisation deal with intimate domestic violence against women?
Q.2.2 What do your projects targeting intimate domestic violence against women look like?
Q.2.3 What are success stories?
Q.2.4 What are challenges?
Q.2.5 Do you include men? If yes/no, why? If yes, how?
Q.2.6 Do you include other actors (police etc)?
Q.2.7 How do survivors reach out to you?
Q.2.8 What role does the police play in the response to intimate domestic violence against women?
Q.2.9 What role does medical/psychiatric support play?
Q.2.10 What role does shelter homes play?
Q.2.11 Has there been a change (increase or decrease) in intimate domestic violence against women in the past years?
Q.2.12 What are reasons for an increase/decrease in intimate domestic violence against women in your opinion?
Q.2.13 What kind of projects are most effective against intimate domestic violence against women in your opinion?
Q.2.14 How do you monitor and evaluate the success of your projects?

3. General Covid-19:

Q.3.1 Did you notice a change in the occurrence of intimate domestic violence against women since the outbreak of Covid-19?
Q.3.2 What are the main reasons for an increase/decrease of intimate domestic violence against women since the outbreak of Covid-19 in your opinion?
Q.3.3 What are indicators for this change?
Q.3.4 Do you believe the change is due to the generally higher stress level or particular because of the lockdown?

4. After the outbreak of Covid-19:

Q.4.1 Does your organisation have any experience in working on lockdown areas?
Q.4.2 How did you react to the outbreak of Covid-19?
Q.4.3 Did your focus areas change after the outbreak of Covid-19?

Q.4.4 How did your response change due to the outbreak of Covid-19?
Q.4.5 How did survivors reach out to you during lockdown? (social media, helpline, other people)
Q.4.6 Did you adapt your projects to be effective during lockdown?
Q.4.7 How did you make sure to reach people during lockdown? How did you travel?
Q.4.8 What main challenges did you encounter after the outbreak of Covid-19?
Q.4.9 What were some of the challenges supporting survivors during the lockdown?
Q.4.10 What was the police response like during the lockdown? (especially when survivors wanted to press charges)
Q.4.11 What was medical/psychiatric support accessible for survivors during lockdown?
Q.4.12 Were shelter homes accessible during lockdown? And were they able to handle social distancing and hygiene measures?
Q.4.13 What is most important to ensure support during lockdown?
Q.4.14 Which other bodies (governmental and non-governmental) need to be involved?

V. CODING INTERVIEW QUESTIONS TO RESEARCH QUESTIONS

1. What kind of response did national NGOs and other actors provide to female survivors of intimate domestic violence in India before the Covid-19 lockdown?

- Topics/Themes:
  - o Focus of the response
  - o Change in occurrence of domestic violence in the past years
  - o Success stories
  - o Challenges
  - o Most effective Interventions
  - o Involvement of men and stakeholders in the response
  - o Monitoring & Evaluation
- Interview Questions:
  - o Q.1.3, Q.1.4
  - o Q.2.1, Q.2.2, Q.2.3, Q.2.4, Q.2.5, Q.2.6, Q.2.7, Q.2.8, Q.2.9, Q.2.10, Q.2.11, Q.2.12, Q.2.13, Q.2.14
  - o Q.4.1

2. What is the impact of Covid-19 measures on intimate domestic violence against women in India and why does vulnerability increase in times of lockdown?

- Topics/Themes:
  - o What contributes to vulnerability
  - o Difference between classes, regions & social status
  - o Change in occurrence since outbreak of Covid-19
- Interview Questions:
  - o Q.1.8, Q.1.9, Q.1.10
  - o Q.2.11, Q.2.12
  - o Q.3.1, Q.3.2, Q.3.3
  - o Q.4.1, Q.4.6, Q.4.7,

3. What kind of response do national NGOs and other actors provide to female survivors of intimate domestic violence in India since the Covid-19 lockdown?

- Topics/Themes:
  - o Reaction to the outbreak
  - o Influences on the response/change in response
- Interview Questions:
  - o Q.4.2, Q.4.3, Q.4.4, Q.4.5, Q.4.6, Q4.7,

4. What are the main challenges for national NGOs and other actors supporting female survivors of intimate domestic violence during the Covid-19 lockdown in India and how did these influence the response?

- Topics/Themes:
  - o Challenges
  - o Influences on the response/change in response
- Interview Questions:
  - o Q.4.8, Q.4.9, Q.4.13

Interview Questions to be used for background information and other additional information: Q.1.1, Q.1.2, Q.1.5, Q.1.6, Q.1.7, Q.4.10, Q.4.11, Q.4.12, Q.4.1

VI. SUMMARY OF FINDINGS FROM GERMANY

Ms. Oberthür from the German coordination for women shelter was interviewed in order to compare the findings from the Indian research with the current situation in Germany. This was done in order to understand the similarities and differences of the response to intimate domestic violence against women and put the findings into international perspective. Germany is used as an example of a western global north country and their response to domestic violence prior and after the outbreak of Covid-19. According to Ms. Oberthür Germany ranks pretty much in the middle when it comes to cases of domestic violence in Europe. In a German study on domestic violence, every fourth women in Germany has experienced domestic violence in her life.

1. What kind of response did national NGOs and other actors provide to female survivors of intimate domestic violence in India before the Covid-19 lockdown?

A1.3 (Focus areas)
The German association of women's shelter (FHK) is an umbrella organisation of 260 women's shelters and 230 women's counselling centres in Germany. They mainly work in political lobby work, protection of women against violence, and professional assistance for the shelters and counselling centres. They bring politics, science and professional practice together and campaign thematically for a society in which violence against women has no place. The end goal is that their work is not necessary anymore, but until then they focus on adequately helping shelters and counselling centres to manage their work. They are active all over Germany but they are based in Berlin.

A1.4 (involvement in project supporting women)
The FHK's core task is the involvement in support of women that experience domestic violence, but often not directly. They rather support shelters and centres in carrying out their work successfully, without engaging directly with survivors. The FHK believes that the support of women is especially important "Because women's rights are human rights. And where women's rights are impaired or in which they are otherwise disadvantaged, human rights are violated". Therefore the FHK sees it as naturally women have to be protected against domestic violence.

A2.1 (How to deal with intimate domestic violence against women)
"Domestic violence is not a private matter, it is a political question!"

A2.2 (Projects targeting intimate domestic violence against women)
FHK's projects are not directly aimed at women, but rather at women's shelter and counselling centres. They do have a couple of project where they try to strengthen women's participation in activities in shelters. They also implemented a german wide project that aims at protecting women from digital violence. Furthermore, they focus especially on the preventive side of the issue, in awareness and educational projects that are indeed more aimed directly at women. Here they ask and answer questions such as "How do I recognise violence?" "What do I do if someone in my surrounding is affected?"

A2.3 (Success stories)
At federal level there is an open discussion about introducing legal rights to protection

and assistance in the event of violence. Ten years ago this was still a utopia and the FHK and similar organisations were not taken serious with such demands. Generally, all laws and regulations that keep domestic violence in mind are a success. Also, the team as well as funding increases. Especially since the outbreak of Covid-19 there has been increased financial support from the federal government, what can be seen as a success. All in all, everything always takes a lot of time and is tough. On a practical level it is for example seen as a success when a women gets out of a violent relationship and at some point manages to move into her own apartment and is able to take care of herself.

A2.4 (Challenges)
There is a rather large variety of challenges. One of the main challenges is that the public and political space is not aware of the extent of the issue and therefore does not take it as serious as it is. Right-wing populism and anti-feminism have increase in the last years, especially online meaning we are constantly fighting against high winds. A lot of challenges also arise in the area of law enforcement and court. Judges that are taking decisions in custody cases are often not sensible for the issue of domestic violence. Another issue mentioned is that there are no nationwide regulations on how women's shelters should be financially supported.

A2.5 (including men?)
Exclusively women are working at their office in Berlin, but there is a constant discussion about it. To give women that are calling the helpline a better feeling of security they believe that the hotline should be answered by women. Especially in the shelters there is an ongoing discussion about this. Especially in childcare attempts to include male social workers have been made, because it is considered important to teach children that not all men are bad and violent. Also having positive male role models is considered very important. In their projects they include men, especially in projects that are aimed at men changing their violent patterns and recognise their responsibility in the issue. FHK still believes there are not enough of those projects and they wish to involve men more because in the end its men that need to change their behavioural patterns.

A2.6 (including other actors?)
FHK involves all sorts of actors and stakeholders such as Women Shelters, livelihood security offices, legal assistance including maintenance and access rights, Medical security for forensic evidence, police (to intervene and refer survivors to shelters). There is a dire need to include and cooperate more with psychologists in shelters, but funding is again an issue here.

A2.7 (how survivors reach you?)
Previously answered

A2.8 (role of police)
The police is especially involved when it comes to intervening in violent situations at household level and also assist in the referral to shelters.

A2.9 (role of other actors)
Previously answered

A2.11 (change in DV in the last years?)
Previously answered

A2.12 (reasons for increase or decrease)
Previously answered
A2.13 (projects most effective)
Most meaningful and effective are projects that include the environment of bystanders of people affected by domestic violence in order to combat the attitude that it would be "a private matter and not my concern what happens in my neighbourhood". For example in Hamburg there is a project called "SToP-Partnergewalt!" that sensitises neighbourhoods to domestic violence and tries to encourage people to intervene. This has proven to be very effective because social pressure and publicity have a great effect on perpetrators whereas solidarity also has an empowering effect for women. Furthermore, projects aims at preventing violence in the first place, addressing the root causes of the problem and understanding power relations that might influence domestic violence are very effective.

A2.14 (Monitoring & Evaluation)
Because most projects are funded by federal funds, M&E is very important for the FHK in order to be accountable for successes and challenges. Every project is closely supervised and ended with a final report.

A4.1 (experience in lockdown areas)
The FHK as well as all shelters and centres under their umbrella have had no experience with working in lockdown areas whatsoever.

2. What is the impact of Covid-19 measures on intimate domestic violence against women in India and why does vulnerability increase in times of lockdown?

A1.8 (what makes women vulnerable)
The framing of this question was received as unfitting. Mrs. Oberthür mentioned that it sounds like women are to blame for the violence they experience, which is a misconception that should be avoided. She did indicate that the structures of society are the main reason for women to be vulnerable to intimate domestic violence. These power structures deny women certain opportunities keeps them "trapped" in certain role models, while men are put into different role models and offered (better) opportunities. Domestic violence is not an individual problem, but is a structural one in which power structures enable that women experience domestic violence to a very large extent.

A1.9 (differences in regions)
Both research and their own experience from counselling and shelters show that women from all social classes, all income groups and all educational levels are affected. This also means that perpetrators can be found in all those classes, groups and levels. Furthermore, certain groups seem to be able to conceal violence better than others. Especially in educated classes, in higher income groups where reputation plays an important role women usually experience violence in places that are less obvious for outsiders. Physical wounds are more often found in places that can easily be covered by clothing for example.

A1.10 (contribution to an increase of violence)
Previously answered

A2.11 (change in IDVAW in the last years?)
It is important to distinguish between an increase in violence and an increase in reportage of violence. The FHK believes that domestic violence in Germany is high and has not changed in recent years. Crime statistics show an increase, but that is most likely a hint that survivors have more courage to speak up and ask for help. But this is no indicator on whether domestic violence did increase or not.

A2.12 (reasons for increase or decrease)
Previously answered

A3.1 (change in occurrence in IDVAW, SINCE Covid-19)
The Covid-19 crisis hit other countries earlier than Germany. There was a global fear in the sector that domestic violence will increase, given the fact that relationships in which violence had previously prevailed was now at a very narrow space, especially in countries with lockdown people had to spend a lot of time together with great tensions due to stress. In countries such as China research showed that Covid-19 did indeed led to a large increase. For Germany it is statistically difficult to say at the moment, because all numbers that are available so far are very different and do not show a clear picture. From experience, and for example during public holidays and other circumstances where families and people stay close together in small spaces, the risk of escalation of violence increases, police response to emergency calls increases and the demand at women shelters increases as well. So everything that would indicate a decrease in domestic violence during Covid-19 would be counter-intuitive and contrary to experience. Also here a separation between “is there more domestic violence“ and “is there a higher demand in the help system?“ is very important. The numbers reported are solely based on reported cases (hellfeld) and of course the unreported cases can only be estimated.

A3.2 (Main reasons for change in occurrence in IDVAW, SINCE Covid-19)
During lockdown the perpetrator is present all the time, which means the possibilities to access or seek help are incredible limited. People cannot or do not want to go out, the connection to social support systems that could notice signs of violence is missing and the perpetrator is able to monitor the abused one all the time. The fear of getting infected with the Coronavirus also keeps a significant number of people at home and afraid of accessing help in hospitals for example. Also in shelters where you usually share common spaces such as kitchens with others the risk of infection is much higher which keeps survivors from going to shelters. FHK mentioned that numbers at shelter sometimes decreased in the beginning of the lockdown, what was a worrying sign, because it is assumed that estimated cases went up significantly, while reported cases went down, making the gab between the two even bigger.

A3.3 (Indicators for change in occurrence in IDVAW, SINCE Covid-19)
Previously answered

A4.1 (experience in lockdown areas)
The FHK as well as all shelters and centres under their umbrella have had no experience with working in lockdown areas whatsoever.

A4.6 (adaption of projects to be effective during lockdown)
FHK especially changed schedules and timeframes under which projects are usually implemented. A lot of work was switched to online and digital alternatives when it comes to working with affected persons in counselling for example. Especially for the feeling of trust and for such sensitive and sometimes traumatic issues this has been challenging and a completely new situation.

A4.7 (how to reach people during lockdown? How to travel?)
FHK expanded their digital and phone call advice options. The federal government has invested heavily in public awareness of support systems. They printed posters with helplines and put helpline numbers on bills in supermarkets, to reach as many people as possible. That has quite successful. There is also the project "Maske 19" (Mask 19) where survivors can use a code word in pharmacies to get help, but the success of this project is not reported yet. There is an App being developed at the moment that should help women to quickly access support systems and seek help. FHK is not sure about the effectiveness of the app giving the fact that women that can access an app can usually also access a phone to call help. The question might be more if support systems are made visible enough and if women feel save to access them.

3. What kind of response do national NGOs and other actors provide to female survivors of intimate domestic violence in India since the Covid-19 lockdown?

A4.2 (how did you react to the outbreak of Covid-19)
FHK had no experience and therefore their first step was to contact other support systems in the Asian region, such as South Korea, as they have had more experienced with health related emergencies in the past than European countries. In Germany the whole situation was completely new territory.

A4.3 (change of focus after the outbreak of Covid-19)
FHKs first priority was to ensure that all shelters get updated information on new regulations as well as all resources available for the matter to continue their work as best as possible. Especially the fact that political opinions and rules and restrictions changed so rapidly and the women shelters do not have the capacities to inform themselves of all new restrictions and still continue their work. The FHK published so called "special information sheets" on a weekly basis, informing about hygiene measures, where to get special funding, how to offer alternative forms of accommodation in collaboration with hotels, and information about the legal situation. On a political side the FHK campaigned for response to domestic violence to be recognised an essential services in order to have more freedom of action. Digitalising shelters was also one of the first efforts made. Some shelters did not even have Wifi, let alone laptops for home schooling or home office. All this was very challenging but mostly handled successfully.

A4.4 (change of response after the outbreak of Covid-19)
The topic of digital equipment has moved forward a lot. It was evident that issues that have been present for a long time could no longer be ignored by politics. A lot of

long-standing problems came up again and again and therefore forced everyone, also on the political side to act. That was very helpful. The enormous interest from the press also changed our work drastically. Usually the FHK fight very hard for public attention on the issue of domestic violence. Due to the fear of a drastic increase of domestic violence worldwide suddenly the media had an interest in the topic that was never experienced before. A lot of employees were so occupied with new responsibilities including interviews that the FHK changed almost their entire agenda for 2020. A lot of things that were on the table for 2020 will now be picked up for 2021.

A4.5 (reaching survivors during lockdown)
Survivors reached out mainly as previous to the lockdown. Through phone calls, counselling centres mainly. Referrals through friends and family became less, due to lower social interactions.

A4.6 (adaption of projects to be effective during lockdown)
FHK especially changed schedules and timeframes under which projects are usually implemented. A lot of work was switched to online and digital alternatives when it comes to working with affected persons in counselling for example. Especially for the feeling of trust and for such sensitive and sometimes traumatic issues this has been challenging and a completely new situation.

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4. What are the main challenges for national NGOs and other actors supporting female survivors of intimate domestic violence during the Covid-19 lockdown in India and how did these influence the response?

A4.8 (main challenges after the outbreak of Covid-19)
The digital equipment of shelter homes without Wifi and without laptops was among the biggest challenges. There were just no laptops available but dozens of children suddenly had to be taught at home. Protecting employees from infection was another challenge and super important. Accepting women in shelters that are fleeing violence without knowing if they might have Covid-19 was another challenge. Other questions that came up were concerning hygiene measures and protection against Covid-19 in common areas of shelters. In many cases this meant reducing capacities and a reduced number of women could come into shelters. Some municipalities rented empty hotels to be able to offer safe spaces to all women in need. This worked in some cases, but security and psychosocial support, also through other women was an issue because a

shelter is not just a bed, but legal advice, helping settling into a new life, administrative advice and so on. In some cases shelters had to go onto quarantine and employees had to provide food and support from outside 24/7. Quick-tests for Covid-19 would solve this issue to a certain extent, but it is not sure when and if access is provided for shelters, because they are not considered essential. So far, workers and employees of response to domestic violence are not within the people that should receive the vaccine earlier and that is a huge challenge.

A4.9 (main challenges supporting survivors after the outbreak of Covid-19)
There is a great fear of the financial situation after Covid-19.

A4.13 (most important to ensure during lockdown/Covid-19)
It is very important to invest in digital expansion and finally buy things that should actually not be in question in the 21 century. The support systems that were advertised over supermarket posters and bills was very helpful. In the long-term it is obvious that the support system is absolutely incomplete. In Germany there are currently 6800 available spots in shelter homes for women, more than 14.000 shelter places are missing. That is in no way sustainable of suitable. All this was of course already before Covid-19 an issue, but now the attention is there and the issue is much more visible. In the long-term the only goal can be to expand the help system, to finance it safely and adequately and make sure that every women has an individual right to find help. All political levels (federal, state and municipalities) need to be forced to equip the support system accordingly for as long as domestic violence is present. The federal government indicated that “this is a matter for the states“ what might be legally correct, but in the end nothing happens and entities blame each other because no one at the lower level has money to invest in those infrastructures. This means that cooperating between federal government, states and municipalities has to improve, everyone has to pull together and everyone has to put more money into their hands. Under no circumstances should shelter homes continue to be a voluntarily effort by individuals.

VII. CONSULTATION PLAN

Invited:

- Kirthi Jayakumar, Gender Diversity Project, Saahas App, Comissioner of the research
- Yamani, The Bembala Foundation, interviewed organisation
- Swetha, International Foundation for Crime Prevention and Victim Care, interviewed organisation
- Bharti, Shakti Shalini, interviewed organisation
- Tamanna, Hamara Saahas Trust, interviewed organisation
- Elisabeth Oberthür, Frauenhauskoordination e.V. (Assocciation of women's shelter), interviewed organisation
- Annelies Heijmanns, supervisor of the research
- Marieke Gommans, intern at Kuno

Participants (that confirmed):

- From Saahas App, Gender Security Project: Kirthi Jayakumar
- From Shakti Shalini: Tamanna Basu, Dolly Singh, Monika Tiwary, Angeli Thakur
- From Hamara Saahas Trust: Tamanna Bhati, Nikhar Ramnani

Participants (that attended):

- From Saahas App, Gender Security Project: Kirthi Jayakumar
- From Shakti Shalini: Angeli Thakur
- From Hamara Saahas Trust: Tamanna Bhati, Nikhar Ramnani

Location, Date and Schedule:

- Due to the Coronavirus the consultation will take place online
- Zoom meeting (pro version)
- 17.3.21
- at 10:00 am European time/ 02:30 pm Indian time
- The consultation is planned to take 2 hour.
    - 2:30pm —> participants start coming in
    - 2:40pm —> welcome and introduction of myself the schedule & the rules
    - 2:50pm —> introduction round of participants
    - 3:05pm —> objectives & presentation of research findings
    - 3:30pm —> break (10-15min)
    - 3:40pm —> welcome back and questions round
    - 3:50pm —> explaining breakout rooms for small discussion
    - 3:55pm —> breakout rooms
    - 4:10pm —> welcome back and discussion
    - 4:20pm —> general questions and feedback
    - 4:30pm —> end of session

Materials needed:

Due to the fact that this will be a online consultation, there is no need for additional materials, apart from laptop or computer or smartphone, speaker and headphones, that each participants should have in order to successfully take part in the consultation. Furthermore, the researcher will make sure the consultation is recorded, so that

participants who can not take part, have the chance to look at the consultation afterwards.

Objectives:

- The Objective of the consultation is to state and discuss findings of the research with all participants and come up with additional potential recommendations, based on experiences from the field of the interviewed respondents.
- The Objective is to give all invited respondents a platform for fruitful and constructive exchange that gives possibility to grow ideas that might be positively influential for future response to domestic violence within pandemic contexts.
- After the session the participants will be able to understand the different concepts of violence that are important for the research (domestic violence, gender-based violence, intimate partner violence and intimate domestic violence against women)
- The outcomes of the consultation will feed into the conclusion and the recommendations of the thesis report in order to improve the quality and the feasibility of the recommendations.

Interactive activities:

Every participants will be asked to send a couple of sentences introducing themselves to the researcher before the consultation. This introduction will be send to another participant that is asked to present someone else during the introduction round.

After presenting the research the researcher will introduce three main fields for improvement:

- coordination with others
- keeping employees/volunteers safe
- reaching survivors

Every participant is asked to choose on field of interest, preferable one where they have a little bit of background knowledge. According to their choosing the researcher will divide the participants into the breakout rooms, where they can discuss the topic. For support, the researcher developed two/three guiding questions.
After that the participants are asked to come back and present their findings to the others in the bigger group.

Several moments for feedback and questions in between the different sections in the schedule will help keep the audience active and concentrated. In case concentration drops after the break, the researcher plans to do a little sportive exercise asking all participants to stand up, switch off their cameras and shake and dance for 2 minutes.

VIII. I Short Questionnaire on stress

Short questionnaire on stress

This short questionnaire can help you to evaluate your present stress level. Take the time to fill it out every three months in order to compare the scores.

Instructions: Rate each of the following items interms of how much the symptom was true of you in the last month.

	Never (score 1)	Once a month (score 2)	Often/once a week (score 3)	Always (score 4)
1 I feel tense and nervous				
2 I have physical aches and pain				
3 I am always tired, phisically and mentally				
4 The smallest noise makes me jump				
5 My work no longer interest me				
6 I act impulsively and take a lot of risks				
7 I can't get distressing events out my mind				
8 I am sad and feel like crying				
9 I am less efficient then I use to be				

	Never (score 1)	Once a month (score 2)	Often/once a week (score 3)	Always (score 4)
10 I have trouble planning and thinking clearly				
11 I have difficulty in sleeping				
12 Doing even routine things is an effort				
13 I am cynical or very critical				
14 I have bad dreams or nightmares				
15 I am irritable, minor inconveniences or demands annoy me a lot				
16 I am spending more time at work (hours/days) then initially				
Total				

Add up your total score:

Under 20: Your state of stress is normal, given the working conditions

From 21 – 35: You may be suffering from stress and should take it easy. Discuss with your manager and look for ways to reduce your stress level

Above 36: You may be under severe stress. Ask for help from someone close to you and/or from your supervisor, manager, Federation health officer, one of the stress counsellors or contact your doctor.

(From: John Ehrenreich)

VIII. II The four D‘s of bystander interventions

From Saahas App:
“In a nutshell, Bystander Intervention is about four Ds – namely:
1) Distract
2) Delegate
3) Direct
4) Delay

Distraction refers to creating some distraction that is enough for a perpetrator to discontinue the abusive, wrong and violent behavior. Such things could be spilling a drink, intervening to ask for directions, asking the victim to come and help with a task, telling the perpetrator that their car is getting towed or they’ve received a request to re-park the vehicle, or even screaming loudly.

Delegation refers to reaching out to others to intervene, rather than intervening yourself – you could reach out to a person in authority, a security guard or watchman, a bouncer, the host of the event you are part of, your group of friends, a parent or guardian, or even the police.

Direct refers to addressing the abusive incident directly by confronting the victim or the perpetrator. This can be done by asking if the victim is okay, or by telling the perpetrator that what they are doing is wrong. This is usually a difficult and dangerous way to intervene as a bystander, so if you do intend to intervene by directly getting into the situation, you must do so by taking all safety measures to ensure that you do not suffer as a consequence.

Delay refers to intervention after the abuse has taken place – sometimes, it is not clear that violence or abuse is taking place, or you may arrive late to the scene. It involves getting the victim to safety and providing for the victim’s needs and ensuring immediate attention.“ (Saahas App, 2021).

THE HIDDEN PANDEMIC.