

7.0 Domestic Violence during COVID-19: Recognize Patterns, Perception and Awareness against Females in Kanpur City

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Abstract

Domestic violence against Women is an age old phenomena of human society. Domestic violence has become a global social problem affecting women and girls across different culture and socio-demographic. Domestic violence cases were vast in Uttar Pradesh, and the numbers were further aggravated at an alarming rate in Kanpur City during the COVID-19 pandemic. Present study enumerated female victim's cases of last 2 years (August 2020 to 2022) from study period that were analyzed to explore the issues related to the surge in domestic violence incidents during COVID-19 lockdown period. The impact of COVID-19 pandemic on female victims was unprecedented and worse which were investigated in findings. Home containment as a measure to protect the health and wellbeing of the general public has resulted in increased sufferings for women intense of both sufferings from diseases and increased domestic violence. The present study tried to enlighten the actual scenario of domestic violence in our society. The study is limited to view perception pertaining to domestic violence through semi structured questionnaire by Random Sampling. The study was conducted in the small sample of Kanpur City (Sample size = 150 female victims). Though, the study is confined to analysis the patterns, perception and awareness of victims. In the present study the findings revealed that domestic violence is mainly reported in form of physical, sexual and emotional violence. The study concluded that victims' perception about domestic violence is highlighted towards to revolt with the act of domestic violence and community should be aware about counseling centers, NGO's, and social service centers regarding the help of female victims during COVID time

Key words: Domestic violence, rural women, scenario, perception.

Introduction

Domestic violence is rampant in the country and several women encounter it in some or the other form. The States of women in India is a contested terrain as there are protagonist and antagonists of the conditions of women. The women have a significant role in the society as in the contemporary world the women contribute considerably in the private and public sphere and also to the country's economy (Smith, Merrill, 2004).

There is definitely some progress in the condition of women in Modern India compared to the past. Modernization and the development of educational facilities for women have changed the conditions to a large extent. But the empirical reality seems to be different from what we perceive about the status of women in India. Status of women is an essential prerequisite for women's liberation from male dominated society and also from other form of control. Cutting across the major religion of India, women treated as Goddess with astonishment and restraint

by the humanity. In the boring world women have tremendous commanding regards and respects from the society. But in case of status in family and community they face hardship and humiliation from patriarchal society (Das, 2013).

Violence and crime against women has a worldwide epidemic. Crime against women is a common evil in Indian Society and has deeply rooted traditional in Indian Culture Crimes have been classified under Indian Penal Code as Rape, Kidnapping and Abduction, Homicide for Dowry and Dowry deaths, Torture, Molestation, Sexual harassment and importation of girls. Violence against women is a serious problem in India. Violence against women in particular hinders in achieving the millennium development goals (WHO, 2005). The worst part of the problem is that women today are not feeling safe and secured even in the family.

Cutting across the boundaries of caste, class, religion and region, domestic violence is the most common type of VAW prevalent in India (Ghosh, 2007). Violence is not committed by the external agencies but even by husbands against wives. Many dowry deaths have been reported due to harassment by husbands and other family members. According to several research reports, violence against women certainly rise significantly because women has become sex object and she found herself suppressed and subjugated in a patriarchal society. Domestic violence is any behavior intended to gain power and control over a partner, spouse, or intimate family member. The behavior does not have to be physically violent to be considered domestic violence. Minnesota Law defines domestic violence as “Physical harm, bodily injury or assault or the infliction of fear or imminent physical harm, bodily injury or assault, when done by a family or household member. Terroristic threats, criminal sexual conduct and interference with on emergency call are also forms of domestic abuse when they are committed by a family or household member”.

Potential Forms of Domestic Violence

As mentioned, domestic violence can occur in a multitude of ways. Different abuse types include physical, emotional, financial, digital, sexual abuse and coercion, and reproductive coercion. Recognizing domestic violence when it occurs is crucial to stopping the cycle and finding a way to escape an abusive relationship. Below are several examples of each type of abuse to be aware of the different ways domestic violence can occur. These lists are not extensive but give a broad idea as to what behaviors are considered abusive.

Physical Abuse

- Forbidding Victim from sleeping or eating.
- Withholding prescriptions.
- Driving recklessly or dangerously while your victim is in the car.
- Using weapons to threaten or hurt victim.
- Damaging property when angry.
- Punching, slapping, kicking or biting you.
- Preventing victim from seeking medical attention or calling the police.
- Harming victim children.
- Forcing victim to use drug and alcohol.

Emotional Abuse

- Acting jealous or possessive.
- Blaming victim for any abuse.
- Controlling your appearance with clothing, makeup etc.
- Referring to victim by the wrong pronouns.
- Humiliating victim.
- Punishing victim by withholding affections.
- Isolating victim from family and friends.
- Accusing victim of cheating.
- Cheating on victim then blaming you for their behavior.
- Telling victim that you are lucky to be with them.
- Threatening to cheat on victim.
- Always needing to know where victim is.

Financial Abuse

- Giving victim allowances.
- Demanding receipts from purchases.
- Preventing victim having or viewing a bank account.
- Refusing to provide victim with money for shared expense.
- Living with victim but refusing to work or contribute to rent.
- Stealing money from victim.
- Maxing out credit cards or refusing to pay victim credit cards bills.
- Limiting the number of hour's victim can work.

Digital Abuse

- Uses apps or social media to keep tabs on victim.
- Limits that victim can connect with on social media.
- Sends you unwanted or explicit pictures.
- Demands explicit pictures or videos from victims.
- Looks through victim's phone frequently or without asking.
- Regularly texts victim to check up on you.
- Insists on knowing victim's passwords.

Sexual Abuse and Coercion

- Forcing victim into having sex.
- Involving other people against victim will in sexual activities.
- Pressuring victim to do things you do not want to
- Forcing victim to dress a certain way
- Drugging victim or giving victim Alcohol to loosen victim inhibitions
- Making victim feel threatened if victim say no
- Demanding sex when victim is sick, tired, or hurt

- Holding victim down
- Hurting victim with weapons during sex

Studies related to domestic violence in India are well documented. It is also acknowledged that domestic violence is associated with education employment status, caste, and religion of women (Garg et al. 2019), sex of first-born child (Weitzman 2019). Alcohol consumption by husband (Ram et.al 2019), Dowry (Pallikadavath and Bradly, 2019) Asthma, genital sores or ulcers, genital discharge and sexually transmitted disease. (STD) (Pengpid and Petzer 2018) Abortion (Stephenson et al., 2016). Justification for wife beating (Begurn et al. 2015) multiple sex partners of husband (Sinha et al 2012) and controlling behaviors by husband (Dalal and Lindqvist 2012) Parkinson (2019) also noted on increase in and new cases of domestic violence in Australia Post Balk Saturday bushfires in 2009. Despite these evidences, there is a dearth of research related to domestic violence during pandemics in India.

Violence against Girls and Women in the country's most populous state Uttar Pradesh rise from 23.5% in 2015-16 to 51 percent in 2018-19 while the sexual violence increased from 30% to 48% in the same period, according to a new study based on a survey of 10,100 adolescents. The UDAYA (Understanding the lives of adolescents and Young adults) study by NGO Population Council was carried out on 10,100 adolescents in Uttar Pradesh in 2015-16. The same sets of adolescents were re-interviewed in 2018-19. According to the study, the number of married Girls who reported by the ever experiencing emotional physical or sexual violence almost doubled over the two survey waves.

"In 2015-16, physical violence with married Girls (15-19 Years) was recorded at 23.5 percent which more than doubled and shot up to 51% in 2018-19. In 2015-16 sexual violence was recorded at 30%, which increased up to 48%. Emotional Violence in 2015-16 was recorded at 19% which increased to 35%. The study also captures mobile phone/internet based harassment. It clearly shows an increasing trend in the survey years from 2015-16 to 2018-19. Married girl's respondents in U.P. aged between 15-19 in 2015-16 experienced 3% internet based harassment, which increased to 4.8% in 2018-19. However, the study also observed that gender discriminatory practices among adolescent girls have reduced one time. Girls aged between 15-19 years in 2015-16 was 23% improved to 18% in 2018-19.

Domestic Violence in India during COVID-19 Pandemic

On 22nd March 2020, the Prime Minister of India announced a nationwide lockdown for one day. This lockdown was subsequently extended for a week, then for 21 days and finally until 3rd May 2020 to contain the spread of COVID-19. India declared COVID-19 a "notified disaster" under the Disaster Management act, 2005 (Sharma et.al. 2020) extended lockdown and other social distancing measures imposed to curb the pandemic made women more vulnerable to domestic violence. Women were fighting a shadow pandemic inside their homes (UN Women 2020).

The NCW has reportedly received 4,350 complaints through email, phone and a dedicated Whats App numbers between March 1 and September 18 since the outbreak of the COVID-19

pandemic. From the begging of the lockdown due to COVID-19 pandemic, the NCW launched an advertisement campaign through electronic media and social media inviting women who have secured any kind of violence to come forward and report it. Further, in addition to handling complaints received through regular mode, NCW has also launched a Whats App number 7217735372 on April 10 for reporting domestic violence cases. Deccan Herald quoted women and child development Minister Smriti Irani as saying “The additional modes provided by NCW facilitated reporting of cases, including from women who had been experiencing violence at home for the past several years. The complaints received by NCW are acted upon by coordinating with victims, Police and other authorities she added.

National Commission for women’s (NCW) data showed that domestic violence complaints doubled after the nationwide Lockdown was imposed in India (Vora et-al. 2020). Tamil Nādu police reported increase in domestic violence complaints. They received 25 calls every day during lockdown period and registered at least 40 such cases (Kannam 2020). Similar Bangalore police reported a spike in complaints from 10 calls to 25 calls every day from the victims of domestic violence (Peter 2020). These data from different sources indicate that domestic violence incidents increased across the country during the lockdown. On the contrary organizations such as Jagori, Shakti Shalini, and AKS Foundation reported a decrease in complaint calls related to domestic violence (Ghoshal, 2020). The decrease could be attributed to confinement at home constant monitoring (Piquero et-al. 2020) and controlling decision-making by the abusers, social isolation of victims from friends and family members (Kaukinen 2020) and reduced options for support (Wishes et-al. 2020).

Same studies explored the phenomenon of domestic violence during and post disaster in India such as (Hines 2007) and (Rao 2020). However, existing literature abuse on domestic violence during lockdown situation is different from other types of disasters. Almost all the states were affected by the presence of this virus at a single time.

The COVID-19 pandemic has been felt among the world populace as one of the most prominent threats to humankind. The damaging consequences of the disease have not only been limited to the loss of life but also have severe socio-psychological consequences. As of 20 December 2020, over 1.6 million people across the globe have lost their lives (WHO, 2020). The psychological impact of COVID-19 pandemic and the consequent lockdowns have resulted in extreme consequences for almost everyone. It has resulted in fears, anxiety and sadness not only among common people (Bahnot, Singh, Verma & Sharad, 2020) but also among healthcare professionals (Jaiswal, Singh & Arya, 2020), which has led to an alarming increase in suicidal and other psychiatric conditions (Raj, Ghosh, Singh, Verma & Arya, 2020). However, the impact of this pandemic on women has been even worse and is worth exploring. The lockdowns and other social isolation measures implemented by all affected countries have forced women to be confined to their homes despite the fact that they are subjected to family violence, with limited or no social support option available (Van Gelder et al. 2020). As a consequence, the steady rise of domestic violence during the corona –Virus pandemic has surely come up as an additional and equally potent challenge at the global level. A surge in domestic violence is equivalently observed in the global South,

including India (Mittal & Singh, 2020) and the current study is an attempt to explore this issue.

Although the prevalence of domestic violence in Indian society has always been troublesome, it worsened at an alarming rate during the COVID-19 pandemic (Mittal & Singh, 2020). This aligns with the global rise of domestic violence cases during this pandemic (Roesch, Amin, Gupta & Garcia-Moreno, 2020; UN-Women report, 2020), often being referred to as the double pandemic (Bettinger-Lopez, & Bro, 2020), shadow pandemic (UN Women, 2020; Ravindran & Shah, 2020), hidden epidemic (Neil, 2020), and the other pandemic (Nazri, 2020). In a recent review of the gender-based violence during the COVID- 19 pandemic, Mittal and Singh (2020) noted a significant increase in the cases of domestic violence.

The most populous state of Uttar Pradesh recorded the highest number of complaints of crimes against women at 15,828 followed by Delhi at 3,336. Nearly 31,000 complaints of crimes committed against women were received by the National Commission for Women (NCW) last year (Snigdha Choudhary, 2022) the highest since 2014. With over half of them from Uttar Pradesh. The complaints category includes complaints that involve harassment other than domestic violence. The complaints category was defined this way in 2019 by NCW as more and more women had started approaching the commission alleging harassment at the hands of parents, husband and the in-Laws trying to curtail their freedom to take decision stopping them from working, and situations that infringed their privacy.

There was 30 percent rise in complaints of crimes against women in 2021 as compared to 2020 when 23,722 complaints were received of the 30,864 complaints, a maximum of 11013 were related to the right to live with dignity that takes into account the emotional abuse of women, followed by those related to domestic violence at 6,663 and dowry harassment at 4,589 according to official NCW data.

The number of complaints received by the NCW has been highest since 2014. In 2014, a total of 33,906 complaints were received. NCW chief Rekha Sharma had earlier said there has been a rise in the complaints because the commission has been making people more aware its work. “Also the Commission has always made it a point to launch new initiatives to help women. Keeping in line with this, we have launched a round-the clock helpline number as well to provide support services to women in need where they can also register a complaint.” Sharma said.

From July to September 2021, over 3,100 complaints were received every month; the last when over 3,000 complaints were received was in November, 2018 when India’s #MeToo movement was at its peak. As many as 1,819 complaints have been received regarding the offence of outraging modesty of women or molestation, 1675 complaints of rape and attempt to rape. 1,537 of police apathy against women and 858 complaints of cyber crimes, according to NCW data. Besides this the commission received 250 complaints related to sexual Harassment at workplace and 145 related to sexual assault in 2021.

Akancha Srivastava, the founder of Akancha Srivastava Foundation, a non-profit organization that works towards imparting cyber safety knowledge, said when complaints rise it is a good thing because it means more women have the courage to speak up and there are platforms in place now and they are aware of where to report.

The Central Government shared the data that was collated by the additional solicitor general, Aishwarya Bhati that also had details about the number of shelter homes, One-Stop Centers and Protection Officers. Bhati said, "As per the information received from the states and Union Territories, 2, 95,601 complaints/litigations have been registered under PWDV Act, whereas the number of courts to deal with these cases are reported to be 6289. There are 807 shelter homes and over 700 one stop centers to take care of women affected by violence and distress."

May 03, 2022 Police in Uttar Pradesh arrested a 46-year-old man for reportedly murdering his wife due to an excess salt in his breakfast. Witnessing the assault, the couple's 12-year-old son informed police that his father followed his mother. Nirmala into the bedroom, yelling about salt and began hitting her. In some other recent cases a man has detained in Noida, a suburb of Delhi in January for reportedly murdering his wife because she refused to serve him food.

Another man was arrested in Uttar Pradesh in June 2021 after reportedly murdering his wife for not serving a salad with his lunch.

Domestic Violence during COVID-19 in World

There is preliminary evidence to conclude that domestic violence during the COVID-19 increased globally. The restrictions imposed to curb the spread of virus resulted in an increase in violence. For instance, the frontline practioner dedicated to support victims of domestic violence in Australia reported an increase in the frequency and security of violence against women during COVID-19 (Fitz-Gibbon et-al.2020).There was an increase in new violence incidents as well. Around 42% of the Australian practioners noted on increase in first time family violence reporting by woman (Fitz-Gibbon et-al. 2020). Mahase (2020) reported a 60% increase in emergency calls related to violence against women by their intimate partners in Europe. Similarly, Ajuero (2020) found a 48% increase in helpline calls related to domestic violence in Peru. While analyzing tweets related to domestic violence, Xue et-al. (2020) highlighted that tweets mentioning an increase in domestic violence due to COVID-19 were frequent (Xue etal.2020)

Regarding domestic violence during COVID-19, only a few empirical published studies are available. For instance, a study on Ethiopian women found that almost one in a four women experienced any form of domestic violence during the COVID-19 pandemic. Housewives aged less than 30 years and with arrange marriage were at greater odds of experiencing domestic violence (Gebrewahd et-al. 2020). (Piquero et-al. 2020) examined the association between stay-at-home order in Dollars and domestic violence during COVID-19 using data from Dollar Police Department, they found on increase in domestic violence in the first two

weeks after the lockdown was imposed and a decrease later (Piquero et-al. 2020). Sedini et-al. 2020 reported that violence against women increased during the lockdown. Further it was positively associated with depression, anxiety, and stress (Sedini et-al. 2020). These studies can only be considered the first step towards a more profound understanding of domestic violence during COVID-19.

Also, the cases were higher during the initial phases of the pandemic but gradually decreased as time progressed. The impact of the COVID-19 pandemic on women was unprecedented and worse than before. Home containment as a measure to protect the health and well being of the general public has resulted in increased suffering for women in terms of both sufferings from disease for women in terms of both sufferings disease and increased domestic violence. Therefore, present study is aimed to explore the objectives to determine the prevalence, patterns, reasons health consequences and perceptions and awareness of female victims about domestic violence in Kanpur City during the COVID-19 pandemic.

Problem: To examine the status of women who are victims of domestic violence in Kanpur City of Uttar Pradesh during COVID-19 Pandemic.

Objectives

- The study was undertaken with the following objectives:
- To determine the patterns of domestic violence during COVID-19.
- To find out the perception of the female victims to cope up with the act of domestic violence during COVID-19 period.
- To find out the awareness of the female victims about taking help during COVID-19 period.

Materials and Methods

Sampling: The sample of study was undertaken randomly from Mahila Welfare Department “Asha Jyoti Kendra” of Kanpur City in Uttar Pradesh. Study has been comprised by interviewing 150 adult and adolescent females’ victims who were residing in Kanpur urban and rural city with the help of a pre-designed and pretested semi-structured questionnaire.

Sampling Procedure: As it was mentioned in approved entitled “A study of domestic violence proposal that the 150 sample of study would be taken the 150 sample of study would be taken from Mahila Welfare Department” Asha Jyoti Kendra” (One Stop Center) which is located in heart of city Kanpur. The data base of female’s victims has been screened from “One Stop Center”. But due to paucity of time it was not feasible to study data in bulk for maintaining the quality of research work Principal Investigator has randomly interviewed only those females’ victims who were victimized during the COVID-19 Pandemic (last three years) from study period. For eg. : PI has screened only those cases which were included from 2020-21, 2021-22, 2022 to till Dec. The screening criteria for the selection of female victims are.

Inclusion Criteria: Female victims (adolescent and adult) who were Physically, Sexually and emotionally and economically abused more than three times (aged 5 years and above) and who were willing to give informed consent were included for the purpose of study. Finally, they have been interviewed by the PI. Those who were not willing to participate and abused only one or two time were excluded. Authentic name and Address of the victims have been confidentially listed from this department and relevant information for study purpose has been collected by the PI by interviewing victim's women.

Duration of study: One year from 07-02-2022 to till October 2022.

Study Population: Homogeneity of the sample could not be maintained because most of the female victims belonged to the rural areas of Kanpur City. Who filed their complaint against perpetrators in 'One Stop Center' (Mahila Welfare Department)? The record of victims who were abused of domestic violence during COVID-19 pandemic from last three years was interviewed for study purpose. PI has screened and interviewed the sample mentioned below: Total selected sample = 150 screened sample according to inclusion criteria

Last three years from study period.

Selected Urban sample	=	65
Selected Rural sample	=	85
Interviewed female victims who belonged to Urban areas of Kanpur City	=	65
Interviewed female victims who belonged to Rural areas of Kanpur City	=	85

Study Tools: A pre designed, pretested semi-structured questionnaire which contained different details of domestic violence as following: -

- a- Proforma for Measuring Socio-demographic details of victims
- b- Proforma for Measuring patterns of domestic violence.
- c- Proforma for measuring reasons of domestic violence.
- d- Proforma for measuring Health consequences of Domestic violence victims.
- e- Proforma for measuring perceptions and awareness of domestic violence victims

Study Technique:

Methodology: Interview Method

Data Collection:

Primary Data: The Primary data were collected from the survey of victim's female. The survey has been conducted with the help of semi structured interview schedules has contained questions pertain to the objective of the study.

Secondary Data: Firstly, researcher searched new articles, studies, references on the Google Search Engine using a combination of certain keywords. These Keywords were "Domestic Violence", "Intimate partner violence", "Spousal Violence", "Marital Violence", "Lockdown", "COVID-19", "Corona Virus". Researcher used online news paper sources namely "The Times of India", "The Hindu", "BBC News", Times Now and AL Jazeera using

Google Search date and site syntax we collected news articles published in the English Language only. Hence translation and back translation was not required.

Procedure of Data Collection:

After taking the permission of District Probation Officer of domestic violence cases, visit of 'One Stop Center' was conducted and PI informed verbal consent to victims for present study was obtained by all the participants. The females' victims were interviewed face to face in the center by the PI herself. During the interview the female victim was alone with the interviewer. The homogeneity of the responses was guaranteed. The operational definition of domestic violence adopted for this study was maltreatment of the adolescent and adult females by the husbands, parents or other family members including minor or major physical harassment. The reference (during COVID-19 pandemic period) considered was last three years from the date of interview. The females were interviewed about their socio demographic profile, patterns, reasons and consequences and their perceptions and awareness towards domestic violence.

Analysis of Data: The data obtained were collected and analyzed statistically by simple percentages.

Results:

Table-1 - Distribution of study subjects

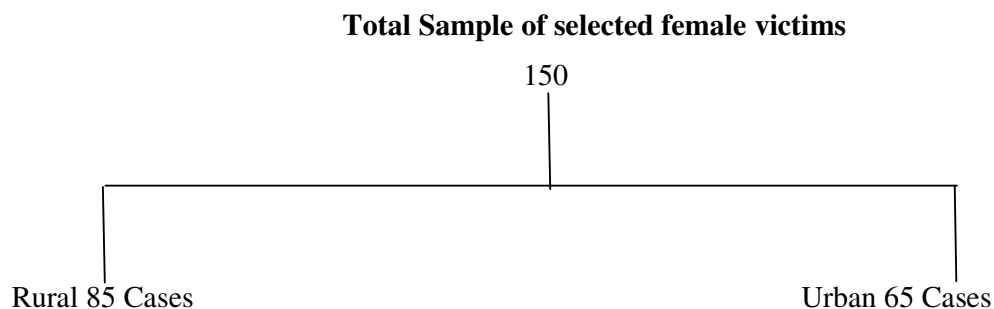


Table 1: Shows that homogeneity of the sample could not be maintained due to availability of sample. Most of the cases of victims belonged to the Rural (85) areas of Kanpur in comparison Urban areas of Kanpur City (65 cases).

Table 2: Patterns of Domestic Violence during Covid-19

S.No.	Physical abuse	Rural N= 85	%	Urban N=65	%
1.	Slapping	24	28.23	35	53.84
2.	Kicking	20	23.54	05	7.63
3.	Beating with a stick/rod	23	27.05	15	27.05
4.	Violence at the time of pregnancy	18	21.18	10	15.48
	Sexual abuse	Rural N= 85	%	Urban N= 65	%

Aforesaid table perpetrated the different types of domestic violence faced by respondent in their life. Amazingly, it was found that majority of female victims who belonged to both Rural and urban community reported that they had been physically assaulted by their husbands. Other family members acted as perpetrators in case of females. Most of females in Rural and Urban community reported slapping as the specific act of physical assault (28.23%, 53.84%) followed by beating with a stick or rod (27.05%). Maximum females of rural area reported physical assault as kicking (23.54%) and violence at the time of pregnancy were heinous actions done by their husband and other family members in comparison to females who belonged to urban areas (7.63%, 15.48%) reported.

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(15.29, 24.61) in both community 15 victims from rural area reported that they were not being able to leave their places at the time of COVID-19 pandemic. They were simply confined to their domestic space and they explained the brutality that women encountered in terms of physical violence always. Victims more than 25 percent interviewed that they were emotionally tortured by their family members as monitoring/suspecting of her activities in rural and urban community. Whereas 64.70 percent females in rural community and 49.25 percent in urban were tolerating economic abuse as their husband refused to provide money for their expenditures. It was found that stealing/taking money from victims were major economic abuse as reported by them in rural and urban community respectively. (32.94, 23.07)

Table 3: - Perceptions of female victims about taking help during COVID-19

1.	To cope with the act of violence	Rural N= 85	%	Urban N= 65	%
a.	Revolt	45	52.94	42	64.62
b.	Tolerate/hide	25	29.41	06	9.24
c.	Try to Convince assaulter	08	9.41	02	20.0
d.	Seek help outsiders	05	5.88	13	3.07
e.	Obeying elders	02	2.35	02	3.07
2.	To Overcome the situation	Rural N= 85	%	Urban N= 65	%
a.	Opportunity of Higher Education	35	41.17	25	38.46
b.	Being Economically skilled/ productive	22	25.88	19	29.23
c.	Better Family income	20	23.52	10	15.38
d.	De-addiction of Assailant	03	3.52	06	9.23
e.	Changing herself	05	5.88	05	7.69

The present table illustrates the perceptions and awareness of the victims about domestic violence during COVID pandemic. Out of 150 respondents in urban and rural areas, maximum number of females reported that they should have revolted to cope with the act of domestic violence (52.94, 64.62). Major difference was found between rural and urban female victims regarding tolerating and hiding the act of domestic violence. 29.41% rural females reported that they should have tolerated domestic violence. While female victims who belong to urban community, 9.24% reported about tolerating and hiding the act of domestic violence. Only 8% female victims in both areas reported that they would seek help from outsiders.

This table pointed out about how to overcome this situation of domestic violence. More than 35% females in both communities reported that if provided the opportunity of education the victims would be able to overcome this serious crime.

Table 4 :- Awareness of female victims about taking help during COVID-19

S.No.	Awareness about taking help during COVID-19 Period	Rural N= 85	%	Urban N= 65	%
a.	Did victims had Awareness about their women rights?	0	0	05	7.69
b.	Did Victims had Awareness about the term “Gharelu Hinsa”	25	29.41	20	30.76
c.	Did victim filed complaint to police station against domestic violence?	35	41.17	25	38.46
d.	Did victim persuade counseling and social centers, support groups and NGO’s for help at time of domestic violence?	13	15.29	10	15.38
e.	Did victim took help from helpline numbers at the time of domestic violence?	12	14.11	5	7.69
f.	Did victim took shelter of Crises intervention foundations at the time of domestic violence?	85	0	0	0

Additionally, it was found that more than 60 victims in both communities had filed complaint to police station against domestic violence act. When they were asked about the term “Gharelu Hinsa” 45 victims of both communities were aware about it. When they were interviewed about whether they persuaded NGO’s, counseling centers and social centers regarding help it was found that approximately 15% victims in both areas reported that they took help during COVID-19 pandemic.

References

- Agucro. J.M. (2020). COVID-19 and the rise of intimate partner, World development, 137, 105217.
- Ahmed, S. Khaium. M.O. & Tazmeem. F. (2020). COVID-19 lockdown in India triggers a rapid rise in suicides due to the alcohol withdrawal symptoms: Evidence from media reports. International Journal of Social Psychiatry. 66(8). 827-829.
- Bahnot, D., Singh, T. Verma, S.K., & sharad, S. (2020). Stigma and discrimination during COVID-19 pandemic. Frontiers in Public health, section Public Health Education and Promotion. <https://doi.org/10.3389/fpubh.2020.577018>

- Dalal K, Lindqvist K. A national study of the prevalence and correlates of domestic violence among women in India. *Asia-Pacific Journal of Public Health*. 2012; 24(2):265–277.
- Das Dr. Ira (2013), status of women: North Eastern Region of India versu India International Journal of scientific and Research Publications, Volume 3, Issue 1 , ISSN 2250-3153
- Fitz-Gibbon K, Pfitzner N, True J, Walklate S, Meyer S, Segrave M, et al.COVID-19 *and the* increase of domestic violence against women. Melbourne: Monash University
- Ghosh, Debarchana. "Predicting Vulnerability if India Women to Domestic Violence. "Research and Practice in Social Sciences 3 1 (2007): 48-72, Print. Women & Domestic Violence a study in India.
- Gebrewahd GT, Gebremeskel GG, Tadesse DB. Intimate partner violence against reproductive age women during COVID-19 pandemic in northern Ethiopia (2020): a community-based cross-sectional study. *Reproductive Health*. 2020;17 (1):1–8.
- Ghosh, Debarchana. "Predicting Vulnerability of Indian Women to Domestic Violence Incidents." *Research and Practice in Social Sciences* 3 1 (2007): 48-72. Print. Women & Domestic Violence: A Study in India.
- Hines RI. Natural disasters and gender inequalities: The 2004 tsunami and the case of India. *Race Gender & class*. (2007) :14(1-2):60-68
- Kannan, S. (2020). Domestic Violence cases in Chennai up, cops get 25 calls a day Retrieved 18 April (2020), from the Times of India: [https://m.times of india.com/city/Chennai/doemestic-violence-cases-in-chennai-up-cops-get-25-calls-a-day/articleshow/75153610.cms](https://m.timesofindia.com/city/Chennai/doemestic-violence-cases-in-chennai-up-cops-get-25-calls-a-day/articleshow/75153610.cms)
- Kaukinen, C. (2020). When stay-at-home orders leave victims unsafe at home: exploring the risk and consequences of intimate partner violence during the COVID-19 pandemic. *American journal of Criminal Justice*, 45 668-679.
- Mahase, E. (2020). COVID-19: EU states report 60% rise in emergency calls about domestic violence. *BMJ: BritishMedical Journal* (Online), 369.
- Mittal, S., & Singh, T. (2020). Gender based violence during Covid-19 pandemic: A mini review.
- Frontiers in GlobalWomen's Health, Section Women's Mental Health. <https://doi.org/10.3389/fgwh.2020.00004>

- Nazri, H. (2020). June Countering everyday extremism against women: The other pandemic. Retrieved from <https://hannah.nazri.org/countering-everyday-extremism-against-women-the-other-pandemic>
- Palikadavath S, Bradly T. 'Dowry autonomy' and domestic violence among young married women in India. *Journal of Biosocial Science*. 2019;51(3):353-373
- Pengpid S, Peltzer K. Lifetime spousal violence victimization and preparation, physical illness, and health risk behaviors among women in India. *International Journal of Environment Research and public Health*. 2018;15(12):2737.
- Peter, P. (2020). Domestic Violence calls up from 10 to 25 a day lockdown in Bengaluru. Retrieved April 18, (2020) from the Times of India: <https://timesofindia.indiatimes.com/city/bengaluru/domestic-violence-calls-up-from-10-to-25-a-day-during-lockdown/articleshow/75073669.cms?from=mdr>.
- Piquero AR, Riddell JR, Bishopp SA, Narvey C, Reid JA Piquero NL. Staying home, staying safe? A short-term analysis of COVID-19 on Dallas domestic violence. *American Journal of Criminal Justice*. (2020);45:601-635.
- Raj, S., Ghosh, D., Singh, T., Verma, S. K., & Arya, Y. K. (2020). Theoretical mapping of suicidal risk factors during COVID-19 pandemic: A mini-review. *Frontiers in Psychiatry, Section Mood and Anxiety Disorders*. <https://doi.org/10.3389/fpsyt.2020.589614>
- Ram A. Victor CP, Christy H, Hemvrom S, cherian AG, Mohan VR. Domestic violence and its determinants among 15-49 year-old women in a rural block in South India. *Indian Journal of Community Medicine*. (2019)-;44(4):362-367
- Ravindran, S., & Shah, M. (2020). Unintended consequences of lockdowns: Covid-19 and the Shadow pandemic, Cambridge, MA: National Bureau of Economic Research.
- Rao, S. (2020). A natural disaster and intimate partner violence: Evidence over time. *Social Science & Medicine*, 247, 112804.
- Sediri, S., Zgueb, Y., Ouanes, s., Ouali, U., Bourgou, S., Jomli, R., et al. (2020). Women's mental health: Acute impact of COVID-19 pandemic on domestic violence. *Archives of women's Mental Health*, 23, 749-756.
- Sharma, G.D., Talan, G., & Jain, M (2020). Policy response to the economic challenge from COVID-19 India: A qualitative enquiry. *Journal of Public Affairs*, 20(4), e2206.
- Sharma, Bela Rani, Women marriage family violence and divorce, Mangal Deep Publication, Jaipur, (1997).

Snigdha Chaudhary (2022). Nearly 31000 complaints of crimes committed against women were received by the national Commission for Women (NCW) last year the highest since 2014, with over half of them from UP published: January 1, (2022) by PTI.

Stephenson R, Jadhav A, Winter A, HindinM. Domestic violence and abortion among rural women in four Indian states. Violence against Women. 2016;22(13):1642-1658

Smith Merrill D. (2004) Encyclopedia of Rape, Greenwood Press-US.

UNESCO, Violence against Women, UNESCO Principal Regional Office.

UN Women (2020). Violence against women and girls: The shadow pandemic. Retrieved November8,(2020),from UN women:<https://www.unwomen.org/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>.

Vora. M., Malathesh, B.C., S., & Chatterjee, S.S (2020). COVID-19 and domestic violence against women. Asian Journal of Psychiatry, 63, 102227.

World Health Organization. (2020) Corona virus Disease (COVID19) Dashboard. Retrieved from <https://covid19.who.int>.

Weitzman A. The sex of firstborn children and intimate partner violence in India. Violence against women. 2019;26(6-7):590-613.

World Health Organization (2005) Integrating poverty and gender into health programme a source book for health professional's module on gender based violence: GNEVA.P.77.

World Health Organization (1997) violence against women consultation Geneva: WHO.

Xue J. Chen J. Chen C, Hu R. Zhu T. hidden pandemic of family violence during COVID-19: unsupervised learning of tweets. Journal of Medical Internet Research, 2020;22(11):e24361.
