Gender and Economic Policy Discussion Forum

Impact of the COVID-19 pandemic and subsequent lockdown on violence and women's security

HIGHLIGHTS / KEY POINTS

- Gender-based violence has both deepened and increased over time in India. Speakers at the forum highlighted data availability, institutional capacity and equal access to redressal systems, as being key to eliminating all forms of violence.

- Specific groups of women based on caste, racial, regional, or occupational backgrounds are at greater risks. It is imperative to use an intersectional lens which recognizes that gender-based vulnerabilities are exasperated for women from these socially disadvantaged locations.

- Spatial inequality leads to a series of invisible costs and risks borne by women in the form of increased risk of violence, feelings of insecurity and fear; reduced access to livelihood, education, health, and; significant unpaid work burdens. As a result, women's agency to cope with violence and seek redressal is severely compromised.

- All forms of violence including domestic violence, rape, sexual harassment, cyber bullying, and trolling, saw a rise during the pandemic. Lockdown-induced restriction in mobility changed gender relations, roles and expectations within homes that led to a rise in violence across all socio-economic backgrounds. Coronavirus-induced lockdown heightened spatial inequality to unprecedented levels that resulted in not just surge in violence but also increased risk of exposure to the virus. Violence in public spaces continued with many women occupying them either out of necessity or as part of the workforce deployed to manage the pandemic.

- Various factors such as income loss, job loss, food insecurity, absence of relief or social security, inability to access toilets, water, soaps, etc. aggravated women's situation across low-income settlements and remote regions.

- During the lockdown, violence against women from Northeast India escalated. They were targeted as "corona-carriers' due to racial stereotyping that had accompanied the pandemic across the world. Most cases were unreported or unresolved due to low access to social security and redressal systems.

- Community networks were instrumental in filling the void left by public systems during the lockdown. They became central in coordinating relief, rescue and rehabilitation efforts. Additionally, many community-based support groups played a key role in primary prevention strategies which includes providing immediate relief to survivors.

- Secondary and tertiary level prevention strategies which involve counselling, legal aid, shelter homes and liaising with law enforcement officials became most challenging during the lockdown due to the shift to online or telephonic media. Some of the challenges included addressing the need for immediate relief, training staff to operate, and lobbying with law enforcement officials and public institutions for urgent action.

- The discussion bought out five key pillars of action as we build forward - ensuring equal access to justice, greater accountability from employers and public institutions, universalizing comprehensive redressal and care, inclusive urban planning and, creating awareness.

The coronavirus pandemic and lockdown have had several gendered consequences. One such crisis, labelled as the 'shadow pandemic,' refers to a rapid rise in violence against women (VAW). Even before the pandemic, UN reported that globally one in three women between 15-49 years of age faced physical or sexual violence at the hands of an intimate partner. During the pandemic, this figure saw a 30% surge in some countries (UN, 2020). In India, an early warning sign took effect in the first week of the lockdown when the National Commission for Women (NCW) reported 100% increase in the number of domestic violence complaints (Radhakrishnan et al, 2020). Amidst heightened insecurities and frustrations, the imposition of lockdowns in order to prevent the spread of virus forced people to remain within homes. Restricted mobility coupled with job loss, income loss, food insecurity and inability to access money or services had prompted experts to forewarn an increase in incidence of violence (WHO, 2020).

This discussion aimed to understand some of the trends with regard to VAW during the lockdown. We wanted to learn about the sources and causes of violence, women's coping mechanisms, interventions providing support, and challenges faced by practitioners. We also wished to address few structural reasons contributing towards the prevalence of violence in an effort to guide an effective plan of action. The speakers for this forum were Dr. Nayreen Daruwalla (Director, Prevention of Violence against Women and Children; SNEHA - Society for Nutrition, Education and Health Action); Dr. Alana Golmei (General Secretary – Northeast Support Centre and Helpline; Founder – Pann Nu Foundation) and Dr. Kalpana Viswanath (Co-founder and CEO, Safetipin). The discussion was chaired and moderated by Nandita Pradhan Bhatt (Director, Martha Farrell Foundation).

Contextualizing the discussion

Gender-based violence has both deepened and increased over time in India. In 2019, 4,05,861 crimes against women were reported amounting to a 7% rise from the previous year (National Crime Records Bureau, 2019). 78.5% of these were reported under four major crimes under the Indian Penal Code (IPC): cruelty by husband or his relatives (30.9%), assault with intent to outrage woman's modesty (21.8%), kidnapping & abduction (17.9%), and rape (7.9%).

Domestic violence has consistently been the most reported crime against women in India. According to the National Family Health Survey (NFHS) 2015-16,

30% of women aged 15-49 years in India have experienced physical violence within homes since the age 15, and 21% reported experiencing the same in the year preceding the survey (IIPS and ICF, 2017). Nayreen cited data from SNEHA's referral services wherein out of 14,000 complaints received in the past 5 years 80% related to domestic violence (Daruwalla, 2020). Rest 20% included offences such as sexual assault, harassment, child neglect and child sexual abuse (ibid). NFHS surveys notes specific groups of women being more vulnerable than others. For instance, 39% of employed women have experienced physical violence within homes since the age of 15 years when compared to 26% of unemployed women. Similarly, a higher vulnerability is seen in the case of widowed, separated, single and adolescent women. In order to address the prevalence of domestic violence, the Indian parliament enacted the Protection of Women from Domestic Violence (PWDV) Act in 2005 to provide comprehensive care and redressal. However, evaluation studies have revealed that the success in increasing access to women in remote areas through this Act has been undermined by the inability to effectively engage three key service providers – legal services, shelter homes, medical and counselling services (Jha, n.d.).

Nandita noted that women informal workers are also routinely subjected to many forms of harassment and violence (physical, sexual, mental, and emotional) both at workplaces and in public places while travelling to work (Bhatt, 2020). Their insecure and precarious job status along with lack of social security systems weakens their access to help and support services. The Government of India enacted the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act in 2013 (POSH) with an aim to extend protection to women workers in the informal sector through local committees at the district level. However, Nandita pointed out that provision in the Act and their effective implementation are subverted by a lack of institutional capacity (ibid).

Speakers at the forum agreed that though violence against women had already been widespread prior to the pandemic, there are glaring gaps related to data availability and equal access to redressal. Data from NCRB and NFHS continue to struggle with low reporting rates across all forms of violence. Prominent institutional challenges that discourage women to report crimes include tedious mechanisms in filing FIRs and non-acknowledgement of crime by law enforcement officials (Jain, 2020). Moreover, survivors are silenced by a culture of shame and stigma that leads to significant pressure with family and community. Data from the NFHS 2015-16 reveals that 86% of women subjected to domestic violence remain unreported (IIPS and ICF, 2017). Moreover, 77% of these women never even mention the incidence to another person (ibid).

Intersectional Identities

Specific groups of women based on caste, racial, regional, or occupational backgrounds are at greater risks. To address this point, Kalpana proposed using an intersectional lens which recognizes that gender-based vulnerabilities are exasperated for women from these socially disadvantaged locations (Viswanath, 2020). For instance, Dalit women, who constitute 16% of India's female population, occupy the margins of a deeply stratified society. Caste-based systemic discrimination, violence, and segregation working alongside patriarchal notions and practice, lead to impunity for crimes against Dalit women. Kalpana added that such impunity is encouraged not only culturally but also by ineffective institutions (ibid). Dalit feminists argue that sexual assault and rape are used as dominant tools to dehumanize the entire community and preserve power relations. NCRB data notes that nearly ten Dalit women are raped every day and crimes against Dalit women had increased by 44% in the previous decade (National Crime Records Bureau, 2019). Yet, scholars lament on the dearth of caste-disaggregated data and omission of caste as an integral lens while addressing violence against women.

In addition to this, Alana said that women from North-east India are repeatedly subjected to racial stereotyping both in public spaces and homes (Golmei, 2020). Name-calling, bullying, harassment in public spaces, stalking and stereotyping are everyday experiences for them in cities Iike Delhi and Bengaluru. Alana drew attention to a long history of violent crimes against women from Northeast India and stressed on their racial undertones. These crimes remain unreported or unresolved. Even here, lack of comprehensive data poses challenges in designing and implementing any preventive and support infrastructure. Alana concluded by raising issues that limit these women's access to institutional redressal and care which include lack of awareness and racist attitudes of law enforcement officials and service providers (ibid).

Lastly, transgender and inter sex communities face violence, harassment and discrimination starting from their childhood and within homes, neighbourhoods, schools, and extending to work and public places. Lack of access to quality education and decent work leads them to take up occupations such as sex work, seeking of alms and many forms of bonded labour. Recurring systemic discrimination, widespread stigma and negligible legal or social security prevents them from establishing their identities and demanding equal rights. In addition to violating their fundamental right to life, expression, and self-identification, many legislations create institutional impunity to violence and harassment against these communities. These include legislations such as the Immoral Trafficking Prevention Act, Sections 370-373 of the IPC and the Transgender Persons (Protection of Rights) Act, 2019. The latter most, for instance, fails to concretise institutional support, expand protection and promote affirmative action to address urgent needs of such as housing, employment, education, health and social security (Anasuya, 2018). However, before this Act, no provisions in the IPC specifically prosecuted offences of sexual violence against transgender individuals. Even here though, the punishment for rape against a transgender person is 6 months to 2 years, compared to graver provisions for rape against women. This is but one example of structural inequality undermining equal treatment before law.

Spatial Inequality

Feminist geographers remind us that mobility and access to spaces are shaped by, and in turn reproduce, relations

of power. The gendered division of power within households leads to an unequal distribution of responsibilities, and normalizes woman's unpaid work burdens and violence within homes. The perception of households as feminine spaces renders women's paid and unpaid labour performed within homes invisible. ILO estimates that on an average an Indian woman spends 5 hours per day on unpaid work compared to half-hour spent by a man (Charmes, 2019). Both violence and unpaid work are worsened by spatial inequality in our cities. The 2017 Economic Survey reports that about a third of Delhi's population lives in sub-standard housing (Planning Department, Government of NCT of Delhi, 2017). Nayreen points out that this ratio goes up to 41% in Mumbai. These settlements, often peripherally located, are characterized by insecure tenure and poor provisioning of public services including transport. Much of the informal workforce from these settlements, that includes a large share of women, either walk or use public transport to work. Kalpana noted that spatial inequalities lead to erosion of women's right to the city by restricting their

freedom of movement (Viswanath, 2020). Moreover, they lead to a series of invisible costs and risks borne by women in the form of increased risk of violence, feelings of insecurity and fear; reduced access to livelihood, education, health, and; significant unpaid work burdens. As a result, women's agency to cope with violence and seek redressal is severely compromised.

Gender-based violence during the pandemic induced lockdown

Nandita stated that all forms of violence including domestic violence, rape, sexual harassment, cyber bullying, and trolling, saw a rise during the lockdown (Bhatt, 2020). Data shared by Nayreen (Table 1) showed that incidences of domestic violence had stayed consistent to the levels reported before the lockdown (Daruwalla, 2020). But the cases of intimate partner violence saw significant increase (ibid). Likewise, the cases of child sexual abuse and child neglect doubled (ibid). Nayreen also pointed to the rise in mental health issues arose from conflict with family and neighborhood, and financial crisis (ibid).

Table 1: Cases of various forms of violence referred to SNEHA centers (Sept 2019 – Aug 2020)		
Forms of Violence	Pre-pandemic (September 2019 to February 2020)	During pandemic and lockdown (March 2020 to August 2020)
Domestic Violence	639	689
Intimate partner Violence	603	961
Sexual violence perpetrated by non-intimate partner	38	36
Child sexual abuse	7	18
Child neglect	7	14
Mental health issues arising from family conflict, neighborhood conflict, financial crises	234	397
TOTAL	1528	2115

Source – Presentation by Dr. Nayreen Daruwalla at the 33rd Gender and Economic Policy Discussion Forum

Both speakers said that the lockdown-induced restriction in mobility changed gender relations, roles and expectations within homes that led to a rise in violence across all socio-economic backgrounds. An exploratory study which compares district-wise monthly data of complaints reported to the NCW with the intensity of lockdown across districts, supports this observation. According to the findings, compared to green zone districts[1], red zone districts reported a 131% increase in domestic violence complaints in May (Ravindran & Shah, 2020). In the case of cyber crime complaints, the concurrent figure of increase was 184% between red and green zones (ibid). For survivors trapped with abusers the lockdown resulted in a gradual shift to serious crimes including sexual abuse, physical and mental torture. Even women who otherwise reported or asked for help were unable to do so due to difficulty in accessing transport to travel to police stations, crisis centres, support groups or safe spaces; overburdened NGOs, shelters, and crises centres; fear of spread of infection that had led many crucial service providers to shut down; and, inability to report crimes over phones. (Kapoor, 2020).

Coronavirus-induced lockdown heightened spatial inequality to unprecedented levels that resulted in not just

a rise in violence but also increased exposure to the virus. As cities shut down and public services withdrawn, women from low-income neighbourhoods had to run from pillar to post for essential services and work, leading to increased vulnerabilities. Kalpana noted that violence in public spaces continued with many women occupying them either out of necessity or as part of the workforce deployed to manage the pandemic (Viswanath, 2020). She recounted incidents where women health care professionals were sexually harassed in ambulances, quarantine facilities and public transport (ibid).

Nandita enumerated various factors that aggravated women's situation across low-income settlements and remote regions (Bhatt, 2020). These are based on an action research conducted by domestic worker leaders with support from Martha Farrell Foundation:

1. Severe shortage of income due to shutting down of workplaces. Many women revealed payments withheld or refused by employers and inability to collect payments due to lack of transport. The pie charts in Figure 1 reveal that majority of women had not received their salaries in March and April.
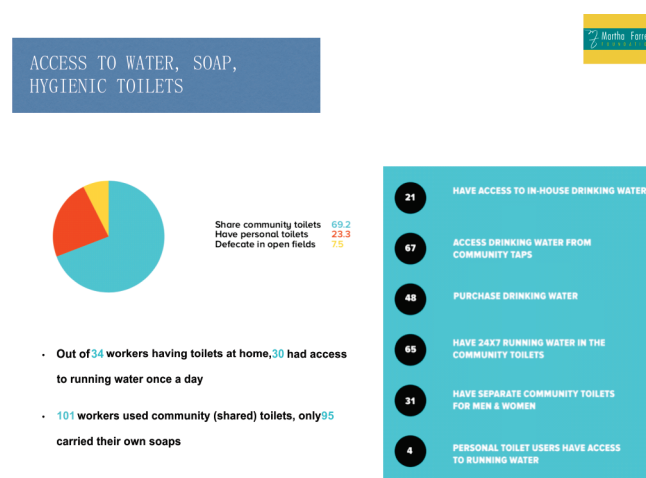
Figure 1
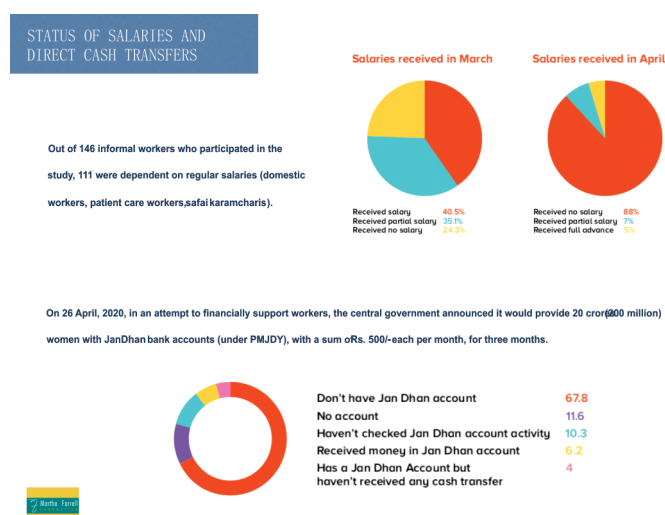
Source – Presentation by Nandita Pradhan Bhatt at the 33rd Gender and Economic Policy Discussion Forum

Figure 2

Source – Presentation by Nandita Pradhan Bhatt at the 33rd Gender and Economic Policy Discussion Forum

2. Complete loss of livelihood due to shutting down of workplaces, public spaces, markets, etc., and an acute shortage in demand

3. Absence of relief or social security measures due to limited coverage of state packages including direct cash transfer schemes which failed to reach women without Jan Dhan Accounts. The doughnut chart in Figure 1 shows that majority of women did not have Jan Dhan accounts

4. Paucity of food, ration and cooking oil due to limited coverage of the public distribution systems and government canteens providing cooked food. Even schemes such as the facility to obtain e-ration cards did not help due to inability to access internet/computer, or non-literacy, etc.

5. Severe shortage in access to essential healthcare services including sexual and reproductive health services and essential medicines were also reported. In the case of specifically vulnerable sections such as LGBTQIA+ individuals, persons living with HIV or other critical conditions, the inability to access medicines resulted in serious ailments and even deaths.

6. Rapid spread of misinformation and stereotypes led to greater panic, fear and discrimination against vulnerable groups including Muslim vendors and people from the Northeast who were severely targeted.

7. Inability to access basic services such as drinking water, tap water, soaps, toilets, sanitizers, and masks which severely compromised health and made it impossible to practice safety guidelines and prevent infection.

8. Inability to access safe toilets was reported due to erratic service timings, shutdowns, and also, lack in maintenance of safety and hygiene of community toilets. Figure 2 reveals that most women in low income settlements relied on community toilets.

Alana presented specific experiences and vulnerabilities of women from North-east India who were targeted as "corona-carriers' due to racial stereotyping that had accompanied the pandemic across the world (Golmei, 2020). Research from rights-based groups have documented many such incidents reported in various parts of the country (Chakma, 2020). Alana added that several other forms of crimes against northeast women had also increased during the lockdown. She highlighted two examples: one, online harassment including bullying, trolling, threats and using pictures without consent, and two, fake recruitment letters promising secure, highly paid jobs as tourist guides. She alerted that in many of these cases women are tricked into dangerous conditions including trafficking (Golmei, 2020). She argued that while there is no specific law against racism in India, the conditions of women from the Northeast had exasperated due to lack of social security systems. The four short cases documented in Box 1 shed light on some of the experiences of women from North-east India during the lockdown.

Box 1 – Violence against women from North-east India: intersection of racism and gender-based violence

Case 1, Delhi - On the eve of the lockdown, a biker spat on a young Manipuri student from Delhi University, living within the university campus area, and shouted 'corona virus!'

Case 2, Delhi – Men in bikes threw water balloons at 2 women from Northeast India, targeting their private parts, and shouted 'Aye corona!'

Case 3, Bengaluru – At midnight, a male neighbor forced himself into an apartment rented by 6 women from Northeast India. He videotaped, hurled racial slurs, and demanded them to vacate the flat. The girls reported that the man walked across every room

in their apartment, and did not respect that they were not dressed appropriately at that time of the night. One of them recounting the horror, said, "the pain and trauma that we had undergone that night will stay with us forever. It still haunts us today."

Case 4, Punjab – When the employer of 8 women from Northeast India living in a rented house did not pay the rent during the lockdown, the house owner took it as an excuse to lock them up without any essentials for several days, and held them as ransom till the rent was paid.

Source – Presentation by Dr. Alana Golmei at the 33rd Gender and Economic Policy Discussion Forum

Finally, the speakers also referred to some of the specific vulnerabilities of marginalized groups such as sex workers and LGBTQIA+ communities. Kalpana reminded us that the Supreme Court took cognizance of the plight of sex workers who faced chronic hunger and starvation during the lockdown (Viswanath, 2020). The Court had directed governments to provide dry ration to sex workers identified by the National Aids Control Organization (NACO) without demanding identification documents such as ration cards (The Hindu, 2020). However, the implementation of this order is yet to be evaluated. Furthermore, for many individuals from LGBTQIA+ communities including transgender persons, the lockdown had resulted in inability to access essential medicines including anti-retroviral drugs and hormonal therapies.

Interventions and Challenges

Nayreen shared learnings from SNEHA's experience of continuing and expanding programmatic interventions during the lockdown. She stated that prevention strategies are designed at three levels. At the primary level, community mobilization through group education and individual volunteerism is used for relief work, and providing support services such as legal aid and counselling (Daruwalla, 2020). She asserted that constant capacity building of communities and consistent interface with public institutions were key to effectively delivering primary prevention services (ibid). Preliminary research has revealed that such community networks became instrumental in filling the void left by public systems during the lockdown. Nayreen seconded this by stressing on the central role that community networks played even when cases surged during the lockdown.

Alana also emphasized on the importance of networks. She revealed that the first lockdown brought an overwhelming number of complaints through helpline numbers and internet. To address the volume of cases, a Northeast Task Force was formed to encourage collaboration between institutions and service providers (Golmei, 2020).This network was supported by the Special Police Unit for North-eastern Region (SPUNER), a unit for people from Northeast India living in Delhi, which eased pathways for filing complaints (ibid). Furthermore, the network also supported rescue, relief and ration distribution for stranded women.

Nayreen stated that keeping up with the demand for secondary and tertiary level prevention strategies became more challenging. Secondary level prevention, relating to counselling and referral services, aims to prevent the continuation or escalation of violence (Daruwalla, 2020). Nayreen said that during the lockdown SNEHA's local counselling services were halted and moved online which led to challenges in providing immediate relief. Moreover, the counselling staff had to be urgently trained in using and managing devices. Yet, this shift proved to be instrumental in creating a reliable pathway for many survivors to access help. Table 2 highlights the rapid surge in referrals made through internet, crisis mails and helpline numbers during the lockdown.

Table 2: Modes through which women accessed counselling services at SNEHA (Sept 2019 to Aug 2020)		
Referral Data	Sept to Feb 2019	March to August 2020
Community referrals	1245	1217
Website/Internet/Crisis mail	89	150
Helpline Number	2	565
Police/Court/Hospital	48	48
SNEHA programs	77	75
I.C.D.S	14	12
NGOs/CBOs	18	28
Others	35	20
	1528	2115

Source – Presentation by Dr. Nayreen Daruwalla at the 33rd Gender and Economic Policy Discussion Forum

Lastly, tertiary level prevention includes liaising with law enforcement officials and public system to provide a coordinated response to violence (ibid). It also includes provision of mental health and legal services to minimize the impact of the violence. Table 3 summarizes some of the services provided during the lockdown. Services such as mental health assessments through helplines, referrals to clinical psychologists and in-house psychiatric care increased. While only 6-7 FIRs were filed during the lockdown, Nayreen positively reflected on the support provided by law enforcement officials in reinstating women inside homes and rescuing stranded or isolated women. However, she added that such intervention was possible only after a period of lobbying with the officials.

Table 3: Several types of psychosocial interventions provided during the lockdown by SNEHA

Type of Intervention	Number of cases
Counseling interventions	2115
Follow up counseling	1839
Mental health assessment	1293
Mental health intervention	640
Cases referred to clinical psychologists	252
Cases referred to in house Psychiatric care	122
Police intervention	300
Legal intervention	603
Referral to shelter homes and other NGOs	171

Source – Presentation by Dr. Nayreen Daruwalla at the 33rd Gender and Economic Policy Discussion Forum

Speakers at the forum were critical about the response of public institutions. Nandita revealed that local committees responsible for providing redressal and support services to informal sector workers were found to be either non-responsive or non-existent (Bhatt, 2020). She substantiated this by citing that only 3 of the 11 District Officers within the local committees of Delhi were reachable and they had not received any guidelines for operation during the lockdown (ibid). It is also noteworthy that information and contact details of Protection Officers, mandated under the PWDV Act to ensure women's access to police and support services, was available online for only 15 states. Alana added that even prominent institutions and nodal officers from public committees were slow in responding to urgent needs. To address the immediate surge in racially motivated crimes against women from the Northeast, she had filed a public interest litigation at the Supreme Court demanding the Central Government to urgently draft guidelines. However, she severely criticized the government's apathetic response, their lack of political will and proper awareness of the problem (Golmei, 2020).

Recommendations

Speakers reflected on a shared feeling of helplessness they had endured during the lockdown. They felt that several strides made over decades towards eliminating all forms of gender-based violence may have been lost. The pandemic laid bare crucial gaps in policies and planning that failed to effectively address the intensity of the problem. The discussion bought out the following key pillars of action for building forward better.

Equal access to justice

Legislations such as PWDV Act and the POSH Act, 2013 should include coverage to communities hitherto left out. This starts with excluding heteronormative and patriarchal definitions of gender identity, workplace, domestic relationship, perpetrator, etc., which limit constitutional protection to the most vulnerable. For instance, informal workers such as waste pickers, home-based workers, and sex workers are unable to legally establish their identity as workers. Legal definitions fail to cover their places of work and in the case of sex workers, legislations actively criminalize it. As a result, these workers are unable to avail protection and redressal under the POSH Act. Similarly, the 2005 Act fails to cover persons from transgender and intersex communities despite activists repeatedly asserting that the household has been a primary source for violence.

Greater accountability from employers and public institutions

There is a severe dearth of statistics to guide effective programme design and delivery. Enhancing statistics through participatory methods such as community-led audits should be encouraged to overcome implementation challenges that have long plagued public systems. District magistrates must ensure the appointment of Protection Officer who shall be held accountable for providing access to key services equally to survivors. The laudable aim of 2013 Act to address workplace sexual harassment across formal and informal sectors remains futile with non-existent or non responsive local committees. District Officers must be held accountable for ensuring accessible and inclusive local committees. Even in the case of formal sector enterprises, the internal committees across most enterprises are dysfunctional due to limited access to information and support to survivors. There is a strong need to hold employers accountable through audits undertaken by workers' organizations. In the case of global supply chains such as in the garment manufacturing sector, the brands along with factories must jointly ensure that all factory workers have access to fair and inclusive internal committees. In case of public safety, there needs to be a paradigm shift in urban planning that has hitherto remained top-down. Here too, social and community audits led by women, children and persons belonging to marginalized and vulnerable groups must inform Master Plans, street designs and building by-laws.

Universalizing Comprehensive Redressal and Care

Comprehensive care requires catering to not just immediate relief but ensuring that long-term support is available for women. This involves extending universal access to key support services such as legal services, medical aid, shelter homes and counselling services. Many of these remain outside the reach of women from marginalized backgrounds due to systemic discrimination and spatial inequalities. For instance, in most low-income settlements, access to healthcare services continues to be limited due to dysfunctional PHCs. For referral services, many women rely on distantly located community health centers (CHCs) or district hospitals without access to safe and affordable transport. This is also true for other service providers such as shelter homes which have been widely reported to be unsafe and difficult to access. Nandita pointed out that emotional support services and counselling also remains inaccessible to most informal workers (Bhatt, 2020). In this regard, policy should ensure that key support services are streamlined to universalize access to comprehensive care. Additionally, there is a strong need to proactively train and sensitize law enforcement officials to ensure ease in filing FIRs and seeking both immediate and long-term redressal.

Inclusive Urban Planning

Kalpana noted that while rebuilding our cities forward, we must ensure that exclusionary and discriminatory practices are not repeated (Viswanath, 2020). She pushed

for deep-rooted change in designing streets and public spaces to make them inclusive for women and other vulnerable groups such as people with disabilities, trans people and elderly. In order to address public violence, the present surveillance (CCTV cameras) based model must shift to one that upholds women's freedom of movement (ibid). Streets, instead of being designed to increase motorization and speed, must ramp up pedestrianization, pavements and building of a slower city which supports women's mobility and enhances their perception of safety. Moreover, there is an urgent need to extend protection of tenure and provision of basic services across all low-income settlements. The state should adopt measures that uphold the right to the city for marginalized communities. This includes substituting peripheral resettlement with in-situ redevelopment projects and increasing access to affordable housing, drinking water, tap water, sanitation, community toilets, health, education, drainage, electricity and garbage disposal.

Raising awareness

In order to complement the above four pillars, there is an urgent need for effective community level interventions and engagements. Nandita pointed out that promoting community level support systems and bystander interventions through campaigns are crucial towards ensuring access to primary prevention and accountability (Bhatt, 2020). Kalpana reminded us that community-based advocacy is required to pursue low-hanging fruits such as influencing street designs that yield long term positive results (Viswanath, 2020). Policy must build capacity of community level stakeholders through awareness campaigns with innovative narratives, languages and strategies. Alana stressed on the need for informal engagements in colleges and neighborhoods, along with sensitization workshops for law enforcement officials, key service providers and residents' welfare associations (RWAs), to effectively address stereotypes and identity-based discrimination (Golmei, 2020). These stakeholders must be made aware of the guidelines and protocols they are mandated to follow.

Endnotes

[1]The Ministry of Home Affairs had categorized districts into red, orange and green zones based on the cases and doubling rate of infections. According to the MHA order, the lockdown was most severely implemented in red zones with very limited permissible mobility, in contrast to green zones, which had fairly relaxed measures.

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Speakers at the Forum

Dr. Alana Golmei, Founder, Pann Nu Foundation; General Secretary, Northeast Support Centre and Helpline

Dr. Nayreen Daruwalla, Director - Violence against women and children programme, SNEHA (Society for Nutrition, Education and Health Action), Mumbai

Dr. Kalpana Viswanath, Co-founder and CEO, Safetipin

Chairperson

Nandita Pradhan Bhatt, Director, Martha Farrell Foundation

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