



Domestic Violence and Covid-19: Policy and Pattern Analysis of Reported Cases at the Family Counseling Center (FCC) in Alwar, India

Meerambika Mahapatro¹ · Moksh M. Prasad² · Sudhir Pratap Singh³

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Abstract

Introduction The paper aims to assess the pattern of reporting complaints at the Family Counseling Centre (FCC), the nature and form of domestic violence (DV) during the lockdown, and the challenges addressed by the FCC, located in Alwar, India.

Methods The methodology is considered an event study methodology. The study was conducted using the records available with the FCC. Using monthly time series data for 33 months (from April 2019 to December 2021), the time series analysis was done to bring out the pattern of reporting, nature and form of DV. Interviews were conducted with the counselors to document the challenges faced by them.

Results The analysis shows that the reported DV-cases decreased by 23 percent during the lockdown. Challenges faced during the lockdown by the FCC in the existing policy guideline was that the lockdown disrupted the physical access of the routine complaint system. The COVID-19 lockdown and restrictions on mobility explain why only a portion of the women reach the center. The average decrease in reporting masked significant information about altered patterns and low reporting does not translate to a decline in violence at home.

Conclusions The average change in DV during lockdown can be very misleading when thinking about a reframing policy response in India. Therefore, these findings should not be restricted to lockdown but are viewed broadly in the explanation that can be extended in policy to include the role of chronic stressors in accentuating violence.

Policy Implications The study has significant implications for realigning and redesigning institutional strategies to overcome cultural barriers for seamless access to the FCC. This would enable a transition of counseling from event-based rescue to building resilience by adopting a lifelong learning and well-being approach.

Keywords Domestic violence · COVID-19 · India · Family counseling center · Time series analysis

Introduction

The rights of women to access justice are essential, and domestic violence undermines the role of women's autonomy and goes a long way toward limiting the scope of the legal-rights framework. Women affected by domestic violence (DV) need a range of specific services and support relating to their health and safety. The effects of preventing

a COVID-19 pandemic have had unintended consequences on DV. There is an emerging literature on the changes and responses to DV during COVID-19. Globally, various countries have announced a country-wide lockdown from time to time to contain the spread of the disease. International studies have shown that women are more likely to face violence when the situation forces people to remain confined to their homes with limited access to essential services, minimalized social support options, and mobility restrictions (Piquero et al., 2020). Studies suggest that “domestic abuse is acting like an opportunistic infection, flourishing in the conditions created by the pandemic” (Taub, 2020). A body of literature highlights the situations and opportunities that trigger crime in ordinary interaction in geographical and social spaces (Brantingham & Brantingham, 1984; Campedelli et al., 2020) and lockdown decreases the

✉ Meerambika Mahapatro
meerambika.mahapatro@gmail.com

¹ National Institute of Health and Family Welfare, New Delhi, India

² JSS Medical College, Mysuru, Karnataka, India

³ Sapna NGO, New Delhi, India

social space, restricting people to staying at home (Ivandić et al., 2020). The study pointed out that “DV is increasing; unemployment and financial hardship caused by the pandemic are cited as main factors that contribute to the increase in domestic violence as abusers are addressing their depression by abusing their victims while they are at home” (UN Women, 2020a). Moreover, lack of income, isolation from social and protective networks, and extended periods spent in the home by the husbands’ household stays are the key reasons for violence against women during the pandemic (Mahapatro et al., 2021; Campbell, 2020; Capaldi et al., 2012). A study from Argentina reports that there is a significant increase in DV after mobility restrictions are imposed (Perez-Vincent et al., 2020). Findings suggest that the magnitude of DV increases in situations when there is an unprecedented crisis, reduced economic opportunity, increased parental time at home, or emotional instability (Gelder et al., 2020; Ravindran et al., 2020).

The WHO and other international authorities issued multiple warnings regarding the increased risk of gender-based violence (GBV) during the pandemic (Galea et al., 2020; WHO, 2020). This has led to rapidly increasing DV and is presumed to be seen continually across the globe with an average of a 30% increase in DV (Peterman et al., 2020; Graham-Harrison et al. 2020). A study documented a surge in GBV in different countries. During the lockdown, DV grew by roughly 5% in Australia, while other forms of crime fell dramatically (Kagi, 2020). GBV cases have tripled in China (Allen-Ebrahimian, 2020), while 399 femicides were reported in a month in Pakistan (Baig et al., 2020). Furthermore, nine large metropolitan areas in the USA reported increases in DV service calls of 20 to 30% as a result of the stay-at-home policy (Tolan, 2020), with some regions reporting increases of up to 62% (Hartmann, 2020). It was seen that following the installation of self-isolation and quarantine measures in France, there was a 32 to 36% increase in domestic violence complaints (Reuters News Agency, 2020). In the UK, a 150% increase in calls made to a UK-based charity supporting victims of domestic abuse was seen (Kelly & Morgan, 2020). The number of emergency calls made by women experiencing DV increased by 60% in WHO EU member states (Mahase, 2020). Calls to DV hotlines have increased by 20% in Spain, 30% in Cyprus, and 40–50% in Brazil (Graham-Harrison et al., 2020). In Canada, Germany, and the USA, there has been an increase in the demand for emergency shelters and allegations of domestic abuse.

A similar spurt in DV was reported across India during COVID-19. The Indian government has taken various measures to address DV. The National Commission for Women (NCW), which is the statutory body of the Government of India generally concerned with advising the government on all policy matters affecting women,

reported a steep rise in crimes against women across the country amid imposed restrictions due to the coronavirus outbreak. There has been a 48.2% rise in the number of complaints related to gender-based violence at NCW (Decan Herald, 2020). The nationwide lockdown confined the abuser and the victim together. Therefore, NCW launched a WhatsApp number to report emergency cases of DV (Economic Times, 2020). The commission constituted a special team to handle the complaints on a fast-track basis to provide support and security immediately with the help of state police and administration. The government also popularized its helplines to rescue abused women during the lockdown.

During the lockdown in India, the complaints received by NCW were 538 in January, 523 in February, 501 in March, and 337 in April (Arora & Jain, 2020), and a total of 40 messages were received through WhatsApp (The Hindu, 2020). However, this data does not confer with the same pattern of rising. Academic research reports that the evidence across these studies is mixed, as some papers report an increase in DV (Ravindran & Shah, 2020), while others report no significant change in DV during the lockdown (Arora & Jain, 2020). Using trend analysis, Piquero and the team found an instantaneous rise in DV following the cessation of the lockdown, but a sustained rise or a plateau was not observed (Piquero et al., 2020). Ravindran and Shah find that DV only increased in areas where strict lockdown measures were imposed by the Indian government (Ravindran & Shah, 2020).

This is further substantiated by the Routine Activity Theory proposed by Cohen and Felson, which theorizes that when there is a disruption in the daily activities and routine of the offender and the victim, there arises an opportunity for crime (1979). The lockdown, which poses a major change in people’s routine activities and rhythms of life, poses an extremely high risk for DV to occur and also depresses the chances of the victim reporting the crime due to the constraints posed by their environments.

The Policy Context

The Indian system for abused women under the Domestic Violence Act 2005 recognizes the rights of women and has established family counseling centers (FCCs) in every district of India for the protection of women and their children facing DV (Mahapatro & Singh, 2019). The FCC is a state action that represents an extension of social institutions embedded within the state, combining legal and administrative functions to become a societal authority. In India, the woman victim approached the FCC physically to complain. An important point is that women seeking formal support and institutional help imply the intensity of

the violence. Despite constant efforts, utilization of legal rights is limited, and due to the lockdown, there has been further subsidence in reporting, as Indian culture is not yet conducive to reporting DV.

The Problem

The three research questions focused on changing conditions during COVID-19 concerning access and utilization of FCC services by the victims of domestic violence. The questions were to ascertain (i) What was the pattern of complaints registered during the lockdown? (ii) Is there any change in the nature and form of domestic violence during the lockdown? (iii) What were the challenges addressed by the FCC during the lockdown? There is very limited study on the nature and form of domestic violence during the lockdown. Thus, it is important to analyze DV during lockdown because of the extended duration of the high-stress environment. The country-wide use of the intervention by the FCC provides a unique opportunity to investigate the situation during the COVID-19 crisis. This paper aims to assess the pattern of reporting complaints at the FCC, the nature and form of domestic violence during the lockdown, and the challenges addressed by the FCC, located in Alwar, India.

Phases of Lockdown in India

The COVID-19 lockdown was imposed phase-wise. The Phase-1 lockdown was imposed from 25 March 2020 to 14 April 2020; phase-2 from 15 April to 3 May 2020; and phase-3 from 4 to 17 May 2020. Based on the positivity rate of the virus, the government divided all the districts into three zones-green as low, red as high, and orange as medium. These classified districts had proportionate relaxations. People in the red zone were only allowed to move out with prior government permits. Shops, markets and education were closed completely. On May 17, the national-level lockdown was further extended until May 31 by the National Disaster Management Authority (Tribune India News Service, 2020). On May 30, a decentralized regional state-level lockdown was extended until June 30. In the localities with high positivity rates, they were declared as containment zones. Between June 8th, 2020, and December 2020, services were resumed in seven unlock phases, starting from “Unlock 1.0” on June 8th, 2020, and unlocking 7.0 in December 2020. By the end of February 2021, India was hit by the largest COVID wave resulting in state-wide lockdowns from March 2021. Depending on the declining infection, the state eased restrictions (Wikipedia, 2021).

Methods

Study Design, Area, and Participants

Study Design

The methodology is considered an event study methodology. The COVID-19 lockdown is considered a variable of causation, assuming that in its absence, the time series data would have continued with the same trend as before the event. The research study is based on publicly available data under the custodianship of MSSK. Therefore, the study was exempted from ethics as per the ICMR 2018 guidelines. However, the data were anonymized, and the organization’s approval was obtained.

Study Area

The data was collected from Alwar district’s Mahila Salah and Suraksha Kendra (MSSK). The FCCs serve a total population of 3,674,179 in Alwar (Census, 2011). There are 773 districts in India (Census, 2011) and since FCCs are located one in each district, the functioning of the FCCs in the Alwar district, with a socio-demographic population situated in rural and urban areas, would give a sense of the broader accessibility context of DV during COVID.

In India, the DV Act 2005 acknowledges the legal rights of women. To improve access to their entitlements, a decentralized service delivery model of FCCs in every district of India was established. The objective of the FCC is to operate as a one-stop center for the rights of abused women through collaboration with the police, judiciary, NGOs, and other line departments. FCC, along with police, after receiving a complaint from a woman, investigates cases of domestic violence, provides guidance and help to women in distress, and often resolves marital conflicts through counseling and conciliation. The services at FCC are provided free of charge. FCC acts to fulfill a twofold demand of women; one, to empower a woman’s efforts to continue her marriage and family with dignity; and two, to create ease of access to and utilization of rights by steering coordinated, timely benefits across multiple departments. The FCC was in physical mode.

Study Participants

The study participants were those women who had filed a complaint under the DV Act with MSSK during the period of study. All the cases registered before the COVID lockdown, during the COVID lockdown, and a few months after the lockdown were considered for the study. The counselor working at the FCC.

Detailed Procedure of Data Collection

With the help of the register and records maintained at MSSK, the data were collected from 1 April 2019 to 31 December 2021. The data was collected and the interview was conducted by a trained researcher who trained in public health and has three decades of experience in gender and public health, while the other researcher is a medical student and the third researcher is a retired police officer. One-on-one telephonic interviews were conducted. Before the interview, informed consent was taken from the authorities and the counselors working at the FCC. There were 2 counselors and a supervisor appointed by the FCC, and all were women. The counselors were interviewed regarding the functioning of the FCC during COVID- time and challenges faced by them. While collecting the data, there were 3 broad open questions: (i) What was the pattern of complaints registered during the lockdown? (ii) Is there any change like violence during the lockdown? (iii) What were the challenges addressed by the FCC during the lockdown?

Data Analysis

The center has maintained records for more than one and a half decades and has developed uniformity in coding the data with descriptions containing information about the type of offense, the detailed history and the span of violence, the relationship between the victim and the offender, the date, time, and location, etc. Therefore, since the data was exclusively on DV, no filtration or classification of data was required. The complaint was registered by the female victims themselves, and no third-party reporting was involved.

The data recorded allowed us to study different changes in DV trends during the lockdown. The government enforced a nationwide lockdown from 25 March 2020. The period up to February 2020 is referred to as ‘before the lockdown’ and March 2020 to December 2021 is referred to as ‘during the lockdown’ period. Twenty-one months during the lockdown period have been categorized into two phases: Phase-1 (hesitancy and unpredictability) and Phase-2 (admissibility and acceptability). Each phase consists of 11 months, which includes a lockdown and lean period. Unlike complete lockdown months, the lean period permitted restricted social mobility and economic activities.

Before the lockdown period (before COVID-19), it was considered the baseline level because it could capture existing trends of DV reported at the FCC. The analysis considered monthly data for 33 months (April 2019–December 2021). Using monthly time series data, an event study analysis was done. The event study methodology involves contrasting outcomes within a unit before and after the application of the “treatment” (in this case, the lockdown). The three-point moving averages were calculated, which reduced the amount of variation present

in the data. It reduces fluctuation and provides a clear trend about the reporting during the period. The verbatims of the counselors were transcribed, and the content was analyzed. The mini quotes were cited to emphasize the situation. The definition of DV was used as defined in the DV Act 2005, India (The Gazette of India, 2005); and analyzed under physical, sexual, psychological, or economic violence against women.

Results

Characteristics of Women-victims Registered with FCC

A total of 735 women registered with the FCC from April 2019 to December 2021 were analyzed. Women victims aged 23 to 45 years were from lower socio-economic backgrounds with a minimum of 10 years of schooling. All the women were married with children, except for eight, who were married without any children. All the abused women registered their complaints with the FCC while residing with their abusive husbands and family.

Pattern of Complaints Registered During the Lockdown

In the table, it was seen that if the number of cases is compared before and during the lockdown, then within a similar time frame of 11 months, there was a drastic drop of 23% in Phase-1: hesitancy and unpredictability period (from March 2020 to January 2021) and 6% in the Phase-2: admissibility and acceptability period (from February 2021 to December 2021). This may be attributed to the news from severely hit nations like Italy and the USA, which started spreading in March 2020, leading to increased anxiety as even the developed nations were seemingly unable to control the spread (Table 1).

The line graphs of DV reported monthly clearly indicate that a higher number of complaints (37%) were registered at the FCC before the lockdown period. The three-point moving averages reflect similar findings (Fig. 1). One significant observation is that the number of complaints remained low throughout both lockdown phases. The number of DV complaints during the strict period of 3 months (March–May) in both the phases of the lockdown period was a 15 and 22% reduction in reporting respectively compared to the lean period of that phase. The substantial decrease in the proportion of complaints may be due to the constraints posed by the lockdown. These include a stark decrease in physical accessibility to the MSSK; challenges in using mobile phones or other forms of digital communication; and the absence of reportage from neighbors, bystanders, and natal family members. After the ease of lockdown, mirrored trends were seen from 2019 with a

Table 1 Women-victim registered domestic violence complaint before and during COVID-19 at FCC by monthly

Status of lockdown	Months	Case registered		
		Number	Percentage	
Before COVID-19 (from April 2019 to February 2020)	April 2019	38	14	
	May 2019	23	8.5	
	June 2019	29	10.7	
	July 2019	29	10.7	
	August 2019	18	6.7	
	September 2019	23	8.5	
	October 2019	28	10.4	
	November 2019	17	6.3	
	December 2019	19	7.03	
	January 2020	24	8.9	
	February 2020	22	8.2	
Total		270	100	
During COVID-19				
Phase-1: Hesitancy and Unpredictability period (from March 2020-January 2021) Strict lockdown observed from March to May 2020	March 2020	9	4.3	
	April 2020	3	1.4	
	May 2020	19	9.1	
	June 2020	27	12.9	
	July 2020	20	9.6	
	August 2020	24	11.5	
	September 2020	19	9.1	
	October 2020	21	10.1	
	November 2020	25	12	
	December 2020	22	10.5	
	January 2021	20	9.6	
	Total		209	100
	Phase-2: admissibility and acceptability period (from February 2021-December 2021) Strict lockdown observed from March to May 2020	February 2021	33	12.9
March 2021		23	9	
April 2021		17	6.6	
May 2021		17	6.6	
June 2021		28	11	
July 2021		28	11	
August 2021		27	10.5	
September 2021		20	7.8	
October 2021		19	7.4	
November 2021		13	5.1	
December 2021		31	12.1	
Total		256	100	

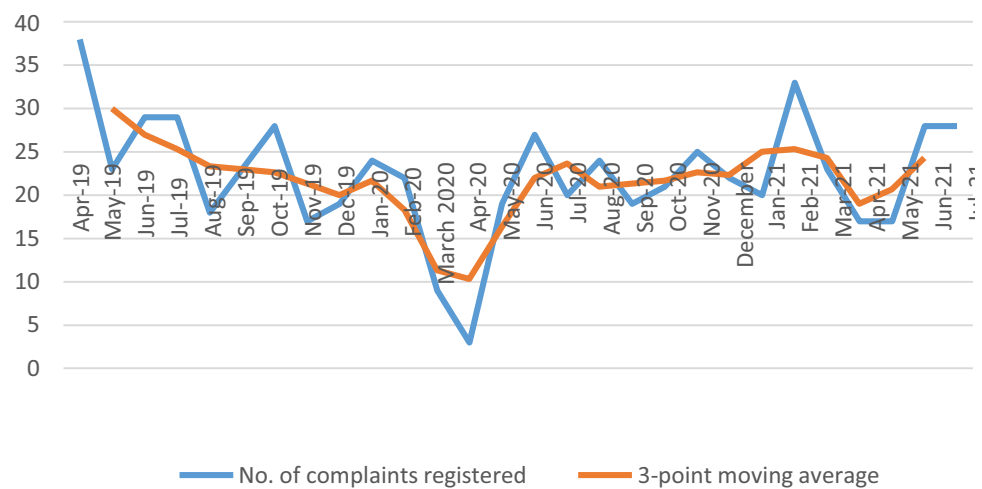
sudden increase in DV complaints during the lean period of lockdown. The data shows that there is an increase of nearly 8% in reporting from the Phase-1 to Phase-2 lockdown period (Table 1).

Nature of Domestic Violence During the Lockdown

In the cases filed before the lockdown, 88% of the nature of violence was constituted by physical and psychological violence, while the remaining 12% was sexual violence. The prominent reasons for the violence have affected the

behavior of the husband due to alcohol abuse, followed by financial constraints, other family members' interference and associated misunderstandings, extramarital affairs of the husband and sexual abuse by the father-in-law. The form of violence had changed and physical abuse had decreased during the 3-month lockdown (Phase-1) from March to May 2020. Although psychological violence persisted, it did not affect women as deeply as before. The severity of violence had also gone down, except in five cases where the severity of physical violence increased. Few women gave a mixed response regarding the severity of violence. The reasons for

Fig. 1 Monthly reported domestic violence complaints at FCC vs. 3-point moving average



the reduction in violence were investigated. It was found that because the family members were present in the house throughout the day, the perpetrator was not able to find an isolated space to hit the woman. (ii) The major factor influencing abuse was the consumption of liquor. Due to the lockdown, liquor was unavailable. The severity of violence has decreased greatly. (iii) Respondents reported that psychological abuse did not have that great an effect on the victims. (iv) The husbands are fearing COVID-19 and have started to fear God and have become a bit religious. They have also become more compliant and listen to their wives. This was reported by the counselor.

But with time, there is an increase in violence during the lockdown. Given the current situation, all the members of the family were spending more time at home, so their demands were higher, and the women needed to do their chores perfectly also. Domestic work is often socially demarcated as ‘women’s work’. The workload of household chores increased many folds during the lockdown, and if the women fail to complete their tasks, the chances of violence increased. The counselor reported that “if they don’t meet their expectations, their husband often targets the children in the home as a means of furthering control over them and the household.” Insecurities about survival start surfacing, which activates additional stressors. Respondents reported that longer durations of lockdown, fear of infection, loss of the job of the husband, disturbance in the usual routine of life, and reduced physical and social contact with others created a sense of anxiety and anger that were the primary reasons for the husband’s being more violent.

Challenges Faced During the Lockdown by the FCC in the Existing Policy Guideline

The FCC gradually graduates an event in the life of a woman as a social anomaly by protecting the woman’s

interest, preserving her social position, and preventing reoccurrence of such crime through empowerment. The MSSK was closed during the lockdown. It opened for a physical visit to register complaints and take response action after 20th April 2020 the government notification. Lockdown disrupted the routine complaint system, which was after the women physically registered their complaints, a joint meeting was held at the center. Then follow-up visits are made by the counselors to their houses. If required, police also accompany the counselors. Women come to MSSK from towns and villages at a distance of 10–15 km, especially when citizens were expected to stay at home. During the lockdown, the non-availability of public transport further strained access to MSSK. Women felt that in-person services were halted during the pandemic. While MSSK tried its best to deliver services by conducting awareness campaigns as part of the organizational policy, limited organization resources also restricted MSSK’s ability to continue providing services. Before 20th April 2020, during the lockdown, MSSK attempted to extend its services by communicating with the women through mobile phones, but it had limited impact due to the lack of compassion and trust generated without physical counseling. The counselor reported that even if they wished to help the registered survivor, they could not do much as their details, including phone numbers and case files, were in the MSSK center. Women who may have called the landline phone of the closed MSSK center during the lockdown remained unattended. To overcome practical challenges, it was only after the lockdown that MSSK workers decided to provide their numbers.

According to the counselor, in some cases, grown-up children accompany their mothers, but most women were accompanied by their mothers. Before COVID-19, the reporting was in person. Later during COVID, though the government instructed the use of phone messages/WhatsApp as

a means to access MSSK, however, with no standard operating procedure/guidelines on how to handle these newly introduced means of communication; it becomes difficult for the counselors and institutions to act upon it. In such situations, responding to incidents requires authentication, and human and financial resources to commute and coordinate with line departments. Coordinating with police and law-enforcing authorities was a challenge. However, cases referred by police to MSSK were addressed.

Discussion

The time-series analysis shows that the women victims locked with their perpetrators were not able to report the abuse, and the DV-reported case decreased by around 23% and 6% from the baseline during Phase-1 and Phase-2 lockdown respectively. Looking at the ratio of population to the center, overall the reporting by women of DV was less, suggesting an increased threshold of women victims reaching out to the FCC only when it was out of hand during the COVID lockdown. The average decrease in abuse reporting masked significant information about constraints redefining the context of altered patterns. The sudden increase in DV during the lean period explains that the victim was curtailed under the lockdown to find opportunities for reporting at FCC. This implies that many were trapped with the perpetrators with no means to report it, especially abusers who easily hush the victim from reporting her condition. This insight can also explain the mixed evidence of the effects of lockdowns on DV (Ivandić et al., 2020). The reason may also be attributed to the fact that women have less social support, rather COVID stress added a social burden on women to be more tolerant of the deviant behavior of husbands. If willing to complain, women had limited freedom or privacy to use mobile communication to reach out for help. Call records or WhatsApp messages have left evidence and erased her confidentiality, thus adding risk to her. Therefore, a shortage in reporting doesn't translate to a decrease in violence at home. This stage of women suffering from DV and not reporting for seeking help from FCC is because women are psychologically colonized by patriarchal ideology, thereby women's obligation to absorb and maintain a modest appearance extends to the inside of their homes (Arfaoui & Moghadam, 2016). When women try to step out of these cultural boundaries, men feel that they are entitled to "correct their wives" (Parkinson, 2019). Often men are challenged by behaviors contravening the dominant moral norms, the token of masculinity in the COVID crisis made them assert their fragile masculinity to protect their ego of the family represented as honor in society, which they so cherish.

The study reported that the number of cases before and during the lockdown had reduced significantly in the

initial phase of lockdown. The pattern of DV has changed, as evidenced by the gross reduction in violence. Primarily, domestic violence is attributed to alcohol consumption in India. Due to its unavailability of alcohol during the lockdown, physical abuse had diminished greatly. Moreover, the presence of family members in the house throughout the day acted as social control by reducing verbal and physical violence. However, this social control broke its threshold with time during the lockdown, there was an increase in the form of violence. The reason may be attributed to increased vulnerability to unemployment and poverty faced by men, which may have erased financial supremacy as states of fragility, emasculation, and humiliated impotence. As men's identity as that of those providing sustenance to the family was in jeopardy. Continued financial crises and uncertainty of employment were hardships shown to increase the prolongation of DV (Capaldi et al., 2012). As per the routine activity theory, COVID-induced changes have increased the risk, vulnerability, and incidence of violence due to disruption of the daily routine outbound of the perpetrator and victim.

The after-effects of vulnerability caused due to the lockdown on families thereby may perpetuate the risk of DV for an extended period. The resultant social and financial uncertainty and anxiety could exacerbate existing conflicts as this new setup of greater social proximity between members of a household. Globally, it is predicted that DV is expected to rise after a disaster (Parkinson, 2019; Weitzman & Behrman, 2016; Schumacher et al., 2010). As a result, these findings should not be restricted to lockdown but should be interpreted broadly in light of the explanation that the presence, interaction, and proximity of perpetrators to victims play a significant role in reporting and explaining DV patterns.

Another finding of the study was that before COVID-19, as per the existing policy, the FCC operated in physical mode. India is a male-dominated conservative society, women reaching out of the family to resolve conflict is unacceptable. Thus, reported cases are not actual reflections of violence, rather they are a representation of cases that break women's resilience to uphold the cultural threshold. During COVID-19, the provisions of the FCC help were sought over WhatsApp messages and phone calls by abused women. However, it will take time for society and the State (legal and administrative system currently operates as paper-based evidence) to adopt a new technology-enabled system that may improve access to women by surpassing cultural barriers. The countrywide use of this experimentation provides a unique opportunity for policymakers to further investigate the situation during the lockdown period and transform an effective public system. Virtual access to the FCC would further overcome hurdles faced by the women for seamless contact by avoiding confrontation with the abuser and family members, more importantly, it will not disrupt the image of the women in the neighborhoods.

The findings of the study also suggest how to handle the crisis within a larger crisis of COVID-19. Since no mandate guidelines were issued on how to handle this situation, it became difficult for the institutions to act upon it. In a larger crisis, responding to incidents requires risk funds for decentralized usage to address resource needs, including financial, human, and law-enforcing power, and special service procedures. To convert FCC into a collaborative effort, it should expand community women networks (such as self-help groups) and develop social capital to detect and deter violence against women. Policymakers and governments may consider enacting rules and regulations for creating online support groups and digital reporting systems, informing women's self-help groups and raising awareness among neighbors and bystanders about the importance of effective reporting.

The strength of the study is that it focuses on intensive analysis from one center, highlighting the need for policy alternative approaches to handling the issues of addressing domestic violence across the country. The limitation of the study is that the data collection does not appreciate the subjective involvement of the women-victim. Also, the lived experience of women is captured and interpreted through documentation and discussion with FCC counselors.

Conclusions

In the development framework of equality and gender justice in India, the FCC is established to support domestic abused women to move from silence to action and has endowed it with wide powers to deal with gender-specific crimes and reduces male-dominance in the subordinate female social structure. However, this analysis shows that reporting the average change in the pattern of DV during lockdown can be very misleading when thinking about a policy response in India. The diverging consequences on existing physical government public structures and its services during lockdown were that victims' access and support from family, friends, FCC, and legal were reduced. Understanding the diverging consequences due to the lockdown allows policymakers to improve the effectiveness and efficiency of public interventions for at-risk households. Collective action to form a network of women through campaigns should be conducted to improve the virtual network of the community to rescue high-risk cases and adverse risk to reduce suffering at the onset. The community-based alternate support services for DV can be safely integrated beyond traditional FCC integration points. Although these findings are specific to the COVID-19 lockdown, they can be extended to see the role of chronic stressors in accentuating violence and explaining patterns of DV. Evidence reported here is important in developing future studies which may include some of the coping mechanisms used by these women, the part of a wider net for prospective screening and prevention of domestic violence.

Availability of Data and Material Not applicable as data presented in the table in the manuscript.

Declarations

Ethics Approval The study was exempted from ethics as per the ICMR, 2018 guidelines. The data was taken from the record and appropriate approval was taken from the institute.

Conflict of Interest None.

References

- Allen-Ebrahimian B. (2020). China's domestic violence epidemic. *Axios*. (Accessed 7 April 2020) Retrieved from: <https://www.axios.com/china-domestic-violencecoronavirusquarantine7b00c3ba-35bc-4d16-afdd-b76ecfb28882.html>.
- Arfaoui K and Moghadam VM. (2016). Violence against women and Tunisian feminism: Advocacy, policy, and politics in an Arab context. *Current Sociology*. 1–17
- Arora K. and Jain SK. (2020). *Locked-down: Domestic violence reporting in India during COVID-19*. Gender Justice. (Accessed 14 May 2020) available: <https://www.oxfamindia.org/blog/locked-down-domestic-violence-reporting-indiaduring-covid-19>.
- Baig, M. A. M., Ali, S., & Tunio, N. A. (2020). Domestic violence amid COVID-19 pandemic: Pakistan's perspective. *Asia Pacific Journal of Public Health*, 32(8), 525–526.
- Brantingham, P., & Brantingham, P. P. (1984). *Patterns in crime*. New York: Macmillan; London: Collier Macmillan. Print.
- Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, 2, 100089.
- Campedelli, G. M., Aziani, A., & Favarin, S. (2020). Exploring the effect of 2019-nCoV containment policies on crime: The case of Los Angeles. *arXiv preprint arXiv. 2003.11021*. (2020). Exploring the effect of 2019-nCoV containment policies on crime: The case of Los Angeles. *arXiv preprint arXiv. 2003.11021*.
- Capaldi, D. M., Knoble, N. B., Wu Shortt, J., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse*, 3, 231–280.
- Census 2011. *Office of the registrar general and census commissioner, India*. New Delhi: Ministry of Home Affairs, GOI.
- Cohen, L. E., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review*, 44(4), 588–608.
- Deccan Herald. (2020). *Domestic violence on rise in lockdown period: NCW*. (Accessed 17 April 2020) available: <https://www.deccanherald.com/national/domestic-violence-on-rise-inlockdown-period-ncw-826498.html>.
- Economic Times. (2020). NCW launches WhatsApp number to report domestic violence during COVID-19 lockdown. (Accessed 13 April 2020) available: <https://economictimes.indiatimes.com/news/politics-and-nation/ncw-launch>.
- Galea, S., Merchant, R. M., & Lurie, N. (2020). The mental health consequences of COVID19 and physical distancing: The need for prevention and early intervention. *JAMA Internal Medicine*. <https://doi.org/10.1001/jamainternmed.2020.1562>
- Gelder, N. V., Peterman, A., Potts, A., O'Donnelle, M., Thompson, K., Shah, N., Oertelt-Prigione, S., et al. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *Eclinical Medicine*, 21, 100348.

- Graham-Harrison, et al. (2020). Lockdowns around the world bring rise in domestic violence. *The Guardian*. (Accessed 28 March 2020) available: <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>
- Hartmann, J. (2020). Several police departments say they've seen an uptick in domestic violence calls since start of COVID-19 pandemic. *WPXI*. (Accessed 2 April 2021) retrieved from: <https://www.wpxi.com/news/top-stories/several-police-departments-say-theyve-seenan-uptick-domestic-violence-calls-since-start-covid-19pandemic/JJLDGXYPJVH3DALQTQ3LOFVIODY/>.
- Ivandić, R., Kirchmaier, T., & Linton, B. (2020). Changing patterns of domestic abuse during Covid-19 lockdown. *Discussion paper*. London: Centre for Economic Performance 1729
- Kagi J. (2020). Crime rate in WA plunges amid coronavirus social distancing lockdown measures. *ABC News Australia*. (Accessed 10 April 2020) from: <https://www.abc.net.au/news/2020-04-08/coronavirus-shutdown-sees-crime-ratedrop-in-wa/12132410>.
- Kelly J, & Morgan T. (2020). Coronavirus: Domestic abuse calls up 25% since lockdown, charity says. *BBC NEWS*. From: <https://www.bbc.com/news/uk52157620>
- Mahapatro, M., & Singh, S. P. (2019). Coping strategies of women survivors of domestic violence residing with an abusive partner after registered complaint with the family counseling center at Alwar. *India. J Community Psychol.*, 48(9), 1–16.
- Mahapatro, M., Prasad, M. M., & Singh, S. P. (2021). Role of social support in women facing domestic violence during Lockdown of Covid-19 while cohabiting with the abusers: analysis of cases registered with the family counseling centre, Alwar, India. *Journal of Family Issues*, 1–16.
- Mahase, E. (2020). Covid-19: EU states report 60% rise in emergency calls about domestic violence. *BMJ: British Medical Journal (Online)*, 369.
- Parkinson, D. (2019). Investigating the increase in domestic violence post disaster: Australian case study. *Journal of Interpersonal Violence*, 34(11), 2333–2362.
- Perez-Vincent, S. M., & Carreras, E. (2020). Evidence from a domestic violence hotline in argentina. *Technical Note IDB 1956*, July.
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., et al. (2020). Pandemics and violence against women and children. *Center Global Dev Work Paper*, 528, 2020.
- Piquero, A. R., Riddell, J. R., Bishopp, S. A., Narvey, C., Reid, J. A., & Piquero, N. L. (2020). Staying home, staying safe? A short-term analysis of COVID-19 on Dallas domestic violence. *American journal of criminal justice*, 1–35.
- Ravindran, S., & Shah, M. (2020). *Unintended consequences of lockdowns: COVID-19 and the shadow pandemic*. NBER Working Paper No. 27562, JEL No. I15,I18,J12,J16,O15.
- Reuters News Agency (2020). As domestic abuse rises in lockdown, France to fund hotel rooms. *Aljazeera*. (Accessed on 7 April 2020) from: <https://www.aljazeera.com/news/2020/03/domesticabuse-rises-lockdown-france-fund-hotel-rooms-200331074110199.html>.
- Schumacher, J. A., Coffey, S. F., Norris, F. H., Tracy, M., Clements, K., & Galea, S. (2010). Intimate partner violence and Hurricane Katrina: Predictors and associated mental health outcomes. *Violence and Victims*, 25(5), 588–603.
- Taub, A. (2020). A new Covid-19 crisis: Domestic abuse rises worldwide. *The New York Times*, (Accessed 18 April 2020).
- The Gazette of India. (2005). *The protection of women from Domestic Violence Act*. September 14. Ministry of Law and Justice, Government of India. New Delhi: Authority.
- The Hindu. (2020). (Accessed 17 April 2020) available: <https://www.thehindu.com/news/national/india-witnesses-steep-rise-in-crime-against-women-amid-coronavirus-lockdown-587-complaints-received-ncw/article31369261.ece>.
- Tolan, C. (2020). Some cities see jumps in domestic violence during the pandemic. *CNN*. Retrieved from: <https://www.cnn.com/2020/04/04/us/domestic-violence-coronavirus-calls-cases-increase-invs/index.html>
- Tribune India News Service. (2020). Centre extends nationwide lockdown till May 31, new guidelines issued. *Tribuneindia News Service*. Retrieved 17 May 2020.
- Weitzman, A., & Behrman, J. (2016). Disaster, disruption to family life, and intimate partner violence: The case of the 2010. *Sociology of the Sciences*, 3, 167–189.
- Wikipedia. (2021). *COVID-19 lockdown in India*. (Retrieved on 23 September 2021) from: https://en.wikipedia.org/wiki/COVID-19_lockdown_in_India.
- Women, U. N. (2020a). The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific. *Gender in humanitarian action: Asia and the Pacific*.
- World Health Organization. *COVID-19 and violence against women*. Accessed: 26 March 2020 available: <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf?ua=1>.

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