



Gendered Violence In India During Covid-19: A Special Reference To Domestic Violence On Women

Priyanka Masant

Centre for Gandhian Thought & Peace Studies

Central University of Gujarat

Abstract: Gendered violence is a severe and harmful issue in human society. Researchers have verified that gendered violence (physical, sexual, and emotional) leads to higher susceptibility to psychopathologies and physical morbidity. Gendered violence cases in India have increased significantly during the COVID-19 pandemic. The current study focused on assessing instances of gendered violence among Indian women during the COVID-19 pandemic. There was a significant rise in cases of gender-based violence during the COVID-19 pandemic compared to prior years. The number of cases was higher at the beginning of the epidemic but declined over time. The COVID-19 pandemic had an unparalleled and more severe effect on women compared to previous situations. The use of home confinement to safeguard public health has led to heightened health issues and elevated instances of domestic violence among women.

Keywords: Gendered violence, India, Covid-19, Domestic violence, Caste, Class, Religion

Introduction

International research is increasingly offering comprehensive insights into the incidence of gender-based violence worldwide. Researchers in recent decades have tried to measure the extent of violence against women, but there is still a notable gap in the literature on gender-based violence. Violence is experienced by both genders. Gender influences how men and women perceive the meaning of violence. Men are at a higher risk of experiencing physical attacks in public areas due to war, gang involvement, and street violence, whereas women are more susceptible to sexual abuse perpetrated by acquaintances.

United Nations defines 'violence against women' as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life" (UNGA, 1993). The COVID-19 pandemic is widely recognised as a significant threat to humanity. The sickness has caused not

only loss of life but also significant socio-psychological effects. By 20 December 2020, more than 1.6 million individuals worldwide had died. The psychological effects of the Covid-19 pandemic and subsequent lockdowns have had severe repercussions on nearly all individuals. The situation has caused concerns, unease, and sorrow among both the general public and healthcare workers (Jaiswal, Singh, & Arya, 2020), resulting in a significant rise in suicidal tendencies and other mental health disorders. The epidemic has had a disproportionately negative impact on women, which warrants further investigation. Lockdowns and social isolation measures in impacted countries have compelled women to stay at home, even though they may be experiencing spousal abuse and have limited access to social support. The increasing prevalence of domestic violence during the coronavirus pandemic has emerged as an additional and equally significant concern on a worldwide scale. This study aims to investigate the increase in domestic violence in regions of the world known as the global South, such as India, as noted by Mittal and Singh (2020).

The World Health Organisation (WHO) defines intimate partner violence as a coercive act including physical, sexual, or psychological abuse by a current or former partner or spouse towards a woman. Several psychological theories exist about intimate relationship violence. Psychoanalytic theorists focus on relational masochism to understand why a woman chooses to stay with an abusive partner. However, this idea has faced extensive criticism for indirectly attributing blame to the victims, perpetuating violence, and associating masochism with femininity. The traumatic bonding theory explains marital violence by focusing on the power imbalance between spouses. Intermittent abuse can increase the attachment between partners through negative reinforcement by stopping the abusive behaviour (Garcia-Moreno et al., 2013). Feminist scholars argue that the gender-power dynamics of the patriarchal system are central to domestic violence. Johnson and Leone (2005) coined the phrase 'intimate terrorism' to describe violence used to dominate a partner, with male coercion acting as a tool for exerting control. Gender status discrepancy is a reliable predictor of domestic violence.

Theoretical Insights on Gender Violence

Previous studies and the findings of this research indicate that gender-based violence in India is caused by the combination of patriarchal culture and situational variables. To successfully address crimes against women, we must target both patriarchal culture and the situational reasons that enable such acts. Gender-based violence is entrenched in society culture that reinforces gender inequity and patriarchy (Johnson et al., 2008). In a patriarchal society, cultural norms not only accept but also promote crimes such as the dowry system, female feticide, infanticide, and acid attacks. The power dynamics and inflexible gender expectations within married partnerships in a patriarchal society are major factors that lead to domestic violence or Intimate Partner Violence.

The patriarchal culture contributes to various crimes against women, while societal changes create opportunities for other types of gender-based crimes. As countries advance socioeconomically by educating and employing women, they gain access to domains that were formerly controlled by men. This exposure leads to increased opportunities for women to become victims of crime, a concept articulated by the

Situational Crime Prevention Theory developed by Felson and Cohen (Cohen & Felson, 1979). Another approach is the Ecological model developed by Heise in 1998. The ecological framework identifies four distinct environmental layers that have a role in gender-based violence. 1) Person 2) Family and Relationships 3) Community and 4) Society. Identifying risk factors at different levels is crucial for developing prevention methods tailored to each level to mitigate these concerns. Risk and preventative variables at each level continuously impact the other levels (Heise, 1998).

Torres (1991) stated that domestic violence stems from cultural norms that grant men higher status and power than women. This clarifies the varying prevalence of domestic violence among different cultures and nations. In South Asian countries, domestic violence is prevalent due to cultural factors such as gender norms, asymmetrical gender expectations, patrifocal family system, sex differences in resources, and the practice of dowry. Patriarchal beliefs are present in all aspects of life in India. In Indian homes, males are often called breadwinners, reflecting a culture of male reverence and dominance. According to the 2018 National Crime Records Bureau data, 'Cruelty by Husband or his family' is the most frequently reported kind of 'cruelty against women' in domestic settings, accounting for 31.9% of all reported incidents. The dowry system is a significant predictor of domestic violence in India. In 2018, 7,166 incidences of dowry fatalities were recorded. Domestic violence has always been a prevalent gender-related issue in Indian society.

When discussing gender, it is important to acknowledge that the experiences of all women are diverse and cannot be generalised under a single coherent category. Violence against women is frequently influenced by many aspects of their identity such as race and social class (Bilge, 2010). To fully comprehend the violence experienced by women, it is essential to investigate how elements like class, caste, religion, and nation interact and influence each other as interconnected systems. However, an Intersectionality approach is important to understand the gendered violence in India. Exploring the intersectionality framework in an Indian context to analyse how characteristics like class, caste, religion, and geography impact the perception of gender violence, responses to it, and the punishment of perpetrators. Identity is a social construct shaped by the state's ability to control communication and influence the development of identity. This idea gained more prominence in Said's Orientalism theory. India, similar to several regions worldwide, particularly in the East, has a lengthy history of European colonisation and Western imperialism. The phrase 'others' has emerged to establish a system of hegemony, oppression, and separation between the West and the East, as discussed by Said (2016). Nevertheless, among marginalised Indian women, there is a hierarchy based on factors such as caste, class, religion, and geography. Some women in this group have distinct advantages, while others face more severe forms of abuse and marginalisation.

Crenshaw developed a racial interpretation of gender-based violence. He argued that research found that black men received more severe and lengthier penalties than white men. Severe punishments were more common when the crime involved blacks committing an offence against a white woman (Crenshaw, 1989). Violence is frequently employed to subjugate oppressed groups, and rape is seen as a severe manifestation of both class and patriarchal oppression (Hanmer & Maynard, 1987). Gender-based stereotypes such as

clothing, behaviour, and past relationships are sometimes used to justify the oppression of women by suggesting that they were not victims of rape but were instead begging for sex. Thus, it is commonly believed that the victim is blamed for inviting sexual advances by violating gender-specific social conventions.

Cornish and Clarke (2014) proposed the Rational Choice Theory, which states that criminals make rational judgements based on weighing the risks and rewards before committing a crime. Natarajan (2002) presented a comprehensive theoretical model in her study on domestic violence among Indian immigrants, explaining how men exploit low-risk settings to victimise their spouses. Victimologists use Rational Choice Theory to describe how victims decide whether to tolerate or denounce gendered offences against them. The Rational Choice theory was utilised as the theoretical basis. This article explores the interconnected problems of human security and human trafficking in India from a human rights standpoint. The text delves into the fundamental reasons, appearances, and outcomes of human trafficking, taking into account the socio-economic, political, and cultural elements that lead to susceptibility and abuse. The essay examines the efficiency of legislative and institutional actions against trafficking by utilising current research and empirical evidence. It also highlights the deficiencies and obstacles in dealing with this complex issue. The text underscores the significance of implementing a rights-based strategy to address trafficking, focusing on the necessity of thorough prevention, protection, and prosecution tactics that respect the dignity and rights of every individual. The essay ends with suggestions for policies and actions to improve human security and address human trafficking in India.

Three-Level analysis of gender violence in India

To understand gender violence in India, comprehensive interventions are needed to address many aspects of the issue. Efforts should include legislative reforms to enhance legal protections for survivors, educational campaigns to challenge gender norms and advocate for gender equality, economic empowerment programmes to support marginalised communities, and community-based interventions to shift social attitudes and behaviours. Addressing gender violence at the individual, family, and community levels can lead to significant advancements in creating a safer and more equitable society.

1. Individual Level

Gender violence at the individual level refers to direct acts of violence committed against an individual due to their gender. This includes physical abuse, sexual assault, emotional manipulation, and other types of violence directed against persons based on their gender identification. Violence at this level may be influenced by entrenched patriarchal beliefs, cultural norms that support gender hierarchies, and unequal power dynamics between genders. Economic inequalities and limited resource availability can worsen vulnerabilities, especially for marginalised groups.

Crimes such as acid attacks, kidnapping, abduction of women, rape, attempted rape, assault, sexual harassment, attempted disrobing, voyeurism, and stalking are interpersonal offences that would be most effectively addressed by interventions at the individual level. Acknowledging the gender-specific nature of these offences and implementing legislation is the first step in addressing crimes against women. Recently,

legislation was established to include acid assaults, stalking, and voyeurism as offences in the NCRB Crime in India statistics.

Individual-level intervention can be categorised by policies aimed at potential offenders and vulnerable victims. Various factors can determine whether an individual becomes a victim or a perpetrator of gender-based violence. These elements include personal experiences, behavioural aspects, resource availability, gender attitudes, and internalisation of power disparities. The following strategies could address potential perpetrators of gender-based violence at an individual level:

- Intervention programmes are tailored for persons at risk, particularly those who have suffered abuse or neglect during childhood.
- Provide prenatal counselling to individuals.
- Educational programmes Enhancing job readiness Behavioural therapy interventions.
- Heighten the likelihood of being arrested for committing crimes Control or restrict access to substances such as concentrated acid and kerosene.
- The interventions aimed at possible victims of gender-based violence at an individual level.
- Economic, political, and social empowerment of women.
- Provide details about referrals for those at risk and survivors.
- Legal assistance and support for victims. Teaching women

2. Family Level

Domestic violence frequently takes place in households and might involve intimate partners, parents, or other family members. These might appear as interpersonal violence, coerced marriages, dowry-related mistreatment, and violence based on honour. Power imbalances, inflexible gender expectations, and the passing down of violence between generations all play a part in sustaining gender-based abuse in households. Cultural standards that prioritise family honour and exert authority over women's conduct may also be used to rationalise or standardise such abuse.

Gender-based violence among families in India is a complex issue that is strongly ingrained to a significant degree. In India, marriage forms intricate links between individuals in two families, extending beyond just a personal relationship between a man and a woman. Dowry significantly influences the dynamics of these interactions. Dowry killings and brutality by husbands and relatives are among the most often recorded crimes in India, according to this study. In many regions of India, families are required to hold costly rites for daughters that are not required for sons. Boys are often seen as persons who are likely to provide financial support for their families. Families must allocate a significant portion of their funds for their daughters, who will eventually be married off to another family and will not provide any financial gain to their own family. Therefore, families often choose to commit female feticides and infanticides rather than bear the financial burden of raising a girl kid.

An individual's behaviour is significantly influenced by the social circle closest to a lady. Individuals within one's inner circle, such as family members and intimate partners, may also be perpetrators of crimes,

particularly gender-based violence. Domestic violence, dowry deaths, forced miscarriages, honour killings, female infanticides, and feticides are acts in which family members significantly contribute to the victimisation of the victims. Preventive measures at this level target family-oriented prevention programmes and educational initiatives aimed at minimising family tensions and promoting healthy relationships. The following strategies could address potential perpetrators of gender-based violence at a family level:

- Empowering women in households with greater financial autonomy.
- Enforcing dowry laws more strictly Provides counselling for pregnant women and their partners.
- Raising awareness of gender-related issues within families.
- Utilising media to create favourable portrayals of women.
- Promoting education and positive parenting
- Providing financial support for educating girls in families.
- Decrease the expenses associated with parenting daughters.
- Develop gender equality in family employment options for women.
- Ensure that married daughters also bear the obligation of supporting ageing parents.
- Restructuring of gender roles within households

3. Community Level

Gender violence at the community level is impacted by wider social, cultural, and institutional issues. Discriminatory behaviours, societal acceptance of violence against women, and insufficient legal systems for protection and justice all contribute to the high occurrence of gender violence in communities. Community ideas towards gender roles, sexuality, and women's autonomy influence the atmosphere where violence takes place. Survivors of gender violence have additional problems within their communities due to factors such as poverty, lack of education, and restricted access to justice.

Various environments, including neighbourhoods, religious groups, schools, and work organisations, are linked to victimisation and crimes to some extent. Discriminatory attitudes and practices at this level significantly contribute to the continuation of gender-based violence. Cultural and religious endorsement of these practices legitimises and fosters tolerance for violence against women. Community-level initiatives can help prevent human trafficking, honour killings, dowry-related violence, sexual harassment in workplaces and public areas, and acid assaults. Interventions at this level primarily concentrate on mobilising communities to recognise, support, and protect women's rights. Policy interventions at the community level may involve identifying at-risk communities and addressing such risks:

- Develop a neighbourhood that is conducive and accommodating to women.
- Involve many sectors of the community.
- Invest in local initiatives for preventing gender-based violence at the community level.
- Encourage the education and employment of girls within the community.
- Inform the community that honour killings are not honourable.
- Reevaluate and reform discriminatory religious and customary practices within communities.

- Provide information on proactive bystander intervention
- Establish gender-neutral environments Enhanced Street illumination
- Enhance law enforcement visibility in public areas and transportation systems.
- Ensure gender pay equity.
- Establish sexual harassment redressal committees in workplaces.

Ultimately, the three-tier examination of gender violence in India reveals the complex and widespread character of this issue. Individually held attitudes, beliefs, and behaviours contribute to gender-based violence, emphasising the critical necessity for thorough education and awareness initiatives to confront entrenched stereotypes and advocate for respect and equality. Power relations, control, and the passing down of violence across generations within families contribute to the continuation of gender-based violence. To address family structures effectively, it is essential to implement legal reforms, provide support services, and introduce community-based interventions that promote healthy relationship dynamics and empower individuals to end the cycle of violence.

At the community level, societal norms, cultural practices, and institutional impediments combine to sustain gender-based violence. This requires a comprehensive response involving many stakeholders such as religious and community leaders, lawmakers, and grassroots organisations. Implementing comprehensive measures is necessary to remove patriarchal structures, promote gender parity, and enable access to justice and assistance for survivors. Effectively addressing gender violence in India necessitates synchronised actions at the individual, family, and community levels, involving education, policy changes, community engagement, and the empowerment of both women and men. Meaningful progress towards a society free from gender-based violence and discrimination can only be achieved through a comprehensive, multi-faceted strategy.

Gendered violence in India in Post Covid-19 period

India is a highly diversified country where women are affected by a variety of overlapping discriminations. Class, caste, and religious differences are the basis of the hierarchical structure of Indian society. Having a high level of proficiency in multiple languages and exposure to various cultures results in significantly diverse viewpoints on gender, discrimination, and power dynamics (Purkayastha, et al., 2003). Approximately 35% of women worldwide experience violence at some point in their lives (World Health Organization, 2013). Research conducted in India surveyed over 10,000 women, revealing that 26% reported experiencing physical violence from their spouses at some point in their lives (Jeyaseelan, et al., 2007). Data from Uttar Pradesh suggests a prevalence rate of up to 45 per cent. Recent data from the National Crime Records Bureau indicates that a crime against women was reported every three minutes. Every hour, two women are sexually raped, and every six hours, a young married woman is either beaten to death, burnt, or driven to suicide. It is shocking to see that 28.4% of pregnant women experience domestic violence. Violence against women leads to social isolation, unemployment, economic loss, inadequate self-care, and

inability to provide childcare, posing a serious issue. The World Health Organisation (WHO) conducted a study across multiple countries which found that 40 to 60 per cent of women surveyed in Bangladesh, Ethiopia, Peru, Samoa, Thailand, and Tanzania reported experiencing physical and/or sexual abuse from their intimate partners (World Health Organization, 2005).

The National Commission for Women reported a 2.5-fold rise in registered cases of Domestic Violence between February 27 and May 31. The Commission received 1477 complaints related to domestic violence during this period. Between January and March 2020, just 20.6% of cases received by NCW were related to domestic violence, however in April and May 2020, this percentage increased to 47.2% (Chandra, 2020). Information collected from 19 women's organisations, 16 of which are affiliated with the Aman network, revealed that 4847 women sought assistance for domestic violence during the lockdown period from March 24 to June 15, 2020. Domestic violence cases increased by 20-68% during the lockdown compared to cases handled by these organisations before the lockdown. Two organisations reported a 3-4 times increase. Individuals who actively shared information about their services across several platforms have seen a rise in their audience numbers. Some individuals have still been receiving cases during the lockdown, but they have observed a decrease because women were unable to contact them. Most incidents involved contacting organisations primarily via phone, with some using email and a small number using physical contact due to limited mobility and transportation during the lockdown (Pandit, 2020).

Women experienced heightened levels of physical assault severity along with elevated instances of emotional, sexual, and economic abuse. The abuses reported include dowry-related murders, physical violence, deprivation of basic needs such as food and shelter, sexual abuse by family members, forced sexual acts causing injuries, unprotected intercourse leading to unwanted pregnancies, restrictions on movement and communication with her family, verbal abuse towards her and her family, denial of medical treatment, dowry demands, prevention of seeking medical care, attempted murder, defamation, accusations of infidelity, revealing extramarital affairs, death threats, threats of eviction, forced removal from the home, making her travel while pregnant in a truck resulting in a miscarriage, attempts to take over their property, failure to provide financial support, and seizing ration cards. Instances of male family members mortgaging jewellery, selling cattle, and agricultural tools and equipment to purchase alcohol were identified as factors of conflict that led to domestic violence (Maji, et al., 2021).

Women also experienced violence when their abusers disregarded lockdown regulations, failed to wear a mask, went out, returned home without washing hands or bathing, and then demanded sexual intercourse. The mothers were fearful of the repercussions on their health and those of their children. Elderly mothers disclosed instances of mistreatment by their sons, such as physical and psychological assault, as well as withholding food and shelter. There was a rise in domestic abuse against young unmarried women and women who have experienced violence and moved back to their family homes (George & Kuruvilla, 2021). There has been a rise in children observing domestic abuse and experiencing violence themselves.

Furthermore, women reported increased tensions and violence due to extensive housework and care work, as abusers, children, and other household members were constantly at home (Patel, 2022).

Women of many ages and diverse backgrounds experiencing abuse in their families, whether it be married or familial, sought assistance. Women from the upper class who often do not readily seek aid, found it more comfortable to communicate over the phone and therefore reached out for assistance. Due to spending more time at home with their abusers and lacking external help accessible in pre-COVID periods, some women and children revealed their abuse for the first time.

Conclusion

Indian society is characterised by significant diversity in social, cultural, economic, and political dimensions. The system is very hierarchical, with several factors such as class, caste, religion, and patriarchy contributing to a complex web of discrimination and abuse experienced by women who fall at the intersections of these characteristics. This study contended that gender-based violence should not be analysed in isolation but rather in conjunction with other factors like class and caste to have a comprehensive knowledge of the violence and mistreatment experienced by women. The paper argues that factors such as class, caste, religion, and geography are significant in influencing how individuals perceive instances of gender violence. This article does not suggest that these were the only factors that led to the success of the movement. Social class, caste, geography, and religion play a crucial role in shaping public response and discussion on gender-based violence in countries like India.

Violence against women generates feelings of uncertainty and dread within the community. Addressing the intricate problem can be achieved by proactively offering thorough care. A multidimensional and multi-agency team, together with access to psychosocial support, will be provided to offer comprehensive care in a district hospital setting. Implementing primary prevention programmes including life skills training, gender sensitization, and sex education in all schools and institutions will be highly beneficial. Gender-based violence in India has enduring effects on its victims and is widespread due to insufficient responses. It is essential to preserve a sense of urgency in cases of gender-based violence, even in times of crisis. A comprehensive response model is necessary to address gender-based violence during current and potential future pandemics. Health professionals, media, and community initiatives need to collaborate to address gender-based violence successfully. Continuous and thorough efforts are necessary to eliminate the stigma linked to gender-based violence in India.

Gender-based violence in India involves removing the institutional barriers that women face, which results in secondary victimisation. Women who seek help are sometimes met with hostility, negligence, or discrimination by personnel responsible for assisting them. Although there has been significant advancement in granting women statutory rights in the region, these rights have not been effectively implemented in daily life, whether in the justice system or beyond. Hence, society must encourage governments to intensify their reforms and focus on the various facets of gender-based violence in India.

References

- Behl, N. (2016). Gendered discipline, gendered space: an ethnographic approach to gendered violence in India. *Space and Polity*. <http://dx.doi.org/10.1080/13562576.2017.1243774>
- Bilge, S. (2010). Recent feminist outlooks on intersectionality. *Diogenes*, 57(1), 58-72.
- Chandra. J. (2020, June 15). NCW records sharp spike in domestic violence amid lockdown. *The Hindu*. Retrieved January 18, 2024, from <https://www.thehindu.com/news/national/ncw-records-sharp-spike-in-domestic-violence-amid-lockdown/article31835105.ece>.
- Cohen, L. E., & Felson, M. (1979). Social change and crime rate trends: A routine activity approach. *American Sociological Review*, 44, 588–608.
- Cornish, D. B. & Clarke, R. V. (Eds.). (2014). *The Reasoning Criminal: Rational Choice Perspectives on Offending*. Taylor & Francis.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. In Karen Maschke (ed.). *Gender and American Law: Feminist Legal Theories*, pp. 138-167. University of Chicago Legal Forum
- García-Moreno, C., World Health Organization, Pallitto, C., Devries, K., Stöckl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.
- George, I. & Kuruvilla, M. (2021). *Gendered Experiences of COVID-19 in India*. Springer International Publishing.
- Hanmer, J., & Maynard, M. (1987). *Women, violence and social control* (Vol. 23). London: Macmillan.
- Heise, L. (1998). Violence against women, an integrated, ecological framework. *Violence Against Women*, 4(4), 262-290.
- Jaiswal, A., Singh, T., & Arya, Y. K. (2020). *Psychological antibodies to safeguard frontline healthcare warriors' mental health against COVID-19 pandemic-related psychopathology*. *Frontiers in Psychiatry*, Section Mood and Anxiety Disorders. <https://doi.org/10.3389/fpsyt.2020.590160>.
- Jeyaseelan, L., Kumar, S., Neelakantan, N., Peedicayil, A., Pillai, R., Duvvury, N. (2007). Physical spousal violence against women in India: some risk factors. *J Biosoc Sci*, 39:657–70. doi: 10.1017/S0021932007001836.
- Johnson, H., Ollus, N., & Nevala, S. (2008). *Violence Against Women: An International Perspective*. Springer.
- Johnson, M. P., & Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence: Findings from the National Violence against Women Survey. *Journal of Family Issues*, 26(3), 322–349.

- Maji, S., Bansod, S., & Singh, T. (2021). Domestic violence during COVID-19 pandemic: The case for Indian women. *Journal of Community & Applied Social Psychology*, 32(3), 374-381. <https://doi.org/10.1002/casp.2501>.
- Mittal, S., & Singh, T. (2020). Gender based violence during Covid-19 pandemic: A mini review. *Frontiers in Global Women's Health, Section Women's Mental Health*. <https://doi.org/10.3389/fgwh.2020.00004>.
- Natarajan, M. (2002). Domestic violence among immigrants from India: What we need to know — and what we should do. *International Journal of Comparative and Applied Criminal Justice*. <https://doi.org/10.1080/01924036.2002.9678693>.
- Pandit, A. (2020, June 2). Domestic violence accounts for over 47% complaints to NCW in "lockdown". *Times of India*. Retrieved January 12, 2024, from <https://timesofindia.indiatimes.com/india/domestic-violence-accounts-for-over-47-complaints-to-ncw-in-lockdown/articleshow/76161829.cms>.
- Patel, V. (2022). *An Intersectional Gendered Discourse on Empowerment During Pre and Post COVID-19 Pandemic*. IMPRI Impact and Policy Research Institute.
- Purkayastha, B., Subramaniam, M., Desai, M., & Bose, S. (2003). The Study of Gender in India A Partial Review. *Gender & Society*, 17(4), 503–524.
- Roy A. S., Sen, N., & Bagchi, S. S. (2021). Gender-based Violence in India in Covid-19 Lockdown. *Journal of Comparative Literature and Aesthetics*, 44 (1), 41-55.
- Said, E. (2016). *Orientalism: Western Conceptions of the Orient*. Penguin Books Limited.
- Sikandar, R. (2023). Women and Domestic Violence During Covid-19 Pandemic in India. In Amrita Singh (ed.). *International Handbook of Disaster Research* (pp. 2127-2138). Springer Nature.
- UNGA. (1993). Declaration on the Elimination of Violence against Women - UN Documents: Gathering a body of global agreements A/RES/48/104. Available from: <http://www.un-documents.net/a48r104.htm>. (accessed on Jan 22, 2024).
- WHO multi-country study on women's health and domestic violence against women: Summary report. (2005, February 9). *World Health Organization (WHO)*. <https://www.who.int/publications/i/item/9241593512>.
- World Health Organization Fact Sheet No 239. *Violence against Women, updated*. (2013). Oct, Available from: <https://communitymedicine4all.com/2017/11/26/who-updates-fact-sheet-on-violence-against-women-25-november-2017/>.(accessed on Jan 22, 2024).