

## The Misnomer of “Stay Home, Stay Safe:” Survivor Resilience during COVID-19

**Kirthi Jayakumar**

### **Abstract**

Technology can build bridges where borders fragment land, and society can build resilience through these powerful bridges. The lockdowns to contain the spread of COVID-19 provided an enabling environment for, among all the immediate consequences of a public health crisis, a major uptick in instances of domestic and intimate partner violence. Stay Home, Stay Safe may have been a clarion call to keep the disease in check, but patriarchy did not get the memo. In an attempt to find safety, survivors began to turn to technology, and a social community of active bystanders rose up to support those that needed a way out of violent and dangerous circumstances. From using multiplayer game apps to issue a call for support, to building discrete WhatsApp groups to raise awareness on help-seeking behaviors and avenues, resilience found a new outlet to manifest and operate. This paper intends to chronicle narratives attesting to feminist resilience manifesting as active bystander intervention to support survivors of gender-based violence, enabled and made accessible through technology in India. Drawing from the author’s own lived experience as a liaison for survivors of gender-based violence, as well as documented case studies from survivor support agencies, this paper intends to highlight the shape-shifting ways of feminist resilience, while also emphasizing the significant amounts of emotional labor that goes into actioning such resilience even as the system continues on the path of heteropatriarchy, unabated.

### **Author Profile**

**Kirthi Jayakumar** is a feminist researcher and practitioner who works on Women, Peace, and Security, Feminist Foreign Policy, and Transitional Justice. She founded and runs the Gender Security Project and the CRSV Observatory.

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### Introduction

The COVID-19 pandemic imposed a burden on all of humanity to present a level of resilience it hadn't been asked of, before. Even as every human was vulnerable to the disease in itself, some were even more vulnerable owing to their positionality in society. Structural and systemic violence fomented the level of harm the most vulnerable faced. Measures to contain the pandemic and check the spread of the disease produced additional harms – an extension of the systemic and structural violence inherent in each society. In India, this manifested in the form of an uptick in gender-based violence, migrant crises, vaccine apartheid, and the loss of livelihood, among a host of other realities.

Among the most vulnerable were those who faced gender-based violence or the threat of it in their homes. Even as *Stay Home, Stay Safe* was being peddled as the rhetoric of choice to keep the virus at bay, homes were not unilaterally safe for everyone. Some were forced to stay at home with violent family members. Still others had to live with family members who rejected their self-determined gender identity. Most of them had no option but to stay put amidst such violence. State support for survivors of gender-based violence was delayed, and less effective in the face of the scale of the violence, leaving civil society to mobilize across lines while also living in fear of the disease and police-led control measures to keep the spread of the disease in check. Focusing on the stories of survivors on the one hand and civil society on the other, this paper examines how these communities demonstrated resilience in the wake of challenges posed by the pandemic.

### Gender-based Violence during COVID-19: A Snapshot

Within just a week of the implementation of a nation-wide lockdown in March 2020, the National Commission for Women, India, received 58 complaints of domestic violence – nearly double the number that came in each week before the pandemic (*The Telegraph* 2020). By April 2020, there was a 100% rise in the number of complaints (Vora, Malathesh, Das, and Chatterjee 2020), and as many as 47.2% of the cases were those of domestic violence. Between 2019 and 2020, there was a 79% increase in the number of complaints of domestic violence – from 2960 in 2019 to 5297 in 2020, and the numbers continued to demonstrate the same trend in the year that followed (Pillai et al. 2022).

Even as the care and domestic burden rose, disproportionately affecting women in the process, so too did their vulnerability to violence in the household – as evidenced in data from a previous

study on the gendered impacts of the cholera epidemic in Haiti in 2010 and the Ebola outbreak in West Africa in 2016 (Golechcha 2020). Where domestic violence was already an issue, the pandemic served as an enabling environment for aggravation. Where domestic violence was never a threat previously, the loss of work and economic sustenance, mental health issues, and lack of social contact paved the way for familial violence, often times by a male member of a family targeting female members. Several individuals identifying across the SOGIESC (Sexual Orientation, Gender Identities, Gender Expression, Sex Characteristics) spectrum were forced to remain in lockdown with family members who did not accept their identities, or who were either abusive toward them or put pressure on them to conform to heteronormative standards. The lack of paid occupation for women and non-binary people also made them dependent in a rough economy, on their male family members.

Being forced to stay indoors meant the loss of social ties (Nigam 2020; Ghoshal 2020). Where, previously, parental homes proved to be safe havens, leaving the house meant facing police action and possibly contracting COVID-19 (Taub 2020). According to the National Family Health Survey 4 (2015-2016), gender-based violence is not considered a criminal offence in public perception – the data show that 42% men and 52% women believed that a husband is justified in beating his wife when she disobeys, argues, can't serve hot food, or cannot take care of their children.

The harsh and stringent lockdowns led to the loss of livelihood, housing insecurity, and limited access to healthcare for the trans community (Chatterjee 2021). Many who were transitioning could no longer access hormone therapy (Chatterjee 2021). As a result, some began menstruating again, which produced adverse impacts for their mental and physical health. The loss of access to public places meant that earning a living was now much tougher (Chatterjee 2021). Government benefits, though frugal, were also heavily out of access for those who did not have government-issued documents. Pushed to poverty, several trans people died by suicide (Sofi 2021).

### **Broken Systems: Factors Necessitating Resilience**

Gender-based violence is a daily risk and challenge, and not just an issue that exists during times of crises alone (Masson et al. 2017). Emergency and crises times highlight the gap between the humanitarian response provided and the failures of relevant institutions to address gender-based violence (Masson et al. 2017). In most states, mechanisms to address gender-based violence on a regular basis are not systematically integrated into crisis response and resilience projects, and as a result, their responses are ad-hoc, patriarchal, and piecemeal at best (Menon 2020). Survivors were locked in with their perpetrators, could not leave their households given the strict travel restrictions and the heavy handed treatment of those who ventured outside their homes at the hands of the police, and the sheer lack of sufficient shelter houses in their immediate vicinity (Menon 2020). Resilience is the capacity of individuals and communities to anticipate, avoid, confront, recover from, and adapt to crises and harm, so that the impacts are mitigated to the best extent possible (DFID 2014). During the COVID-19 pandemic, entire swathes of the world's population were undoubtedly called upon to exhibit a new level of resilience, for nowhere had the contemporary world known of a global, all-nations-encompassing pandemic ever before. Where complex lived experiences – of which this paper is concerned with domestic violence, transphobia, and rejection

of self-determined identities across the SOGIESC spectrum – existed, the level of resilience demanded of the situation was higher than one could imagine.

State apathy was also self-evident in a callous statement by the Minister of Women and Child Development (*The Indian Express* 2020), accusing NGOs of scaremongering while vehemently denying the rise in domestic violence and suggesting that “every man is not beating up the woman in his house in India.” Although WhatsApp helplines and awareness campaigns were implemented, there was a gap in accessibility for multiple reasons ranging from the lack of awareness among those that did not have access to digital and technological tools, to the burden of stigma and shame around help-seeking (Pillai et al. 2022). With the state’s response being inadequate at best and non-existent at worst, survivors were left with little choice but to rely on civil society offerings, if not suffering in silence.

### **The Rise of Civil Society**

Self-organizing civil society came to fore as significant actors in supporting survivors of domestic violence. These included existing NGOs, new tech-based solutions, helplines, mutual aid projects, and informal networks of friends and family (Roy 2020). Existing NGOs such as Invisible Scars (Mumbai), Bembala Foundation (Bangalore), the International Foundation for Crime Prevention and Victim Care (PCVC), Aks Foundation (Maharashtra), Breakthrough (New Delhi) and Akshara (Mumbai), to name a few, reported receiving multiple distress calls from survivors, were actively involved in providing support, and even documented several instances of violence (Bavadam 2021; Roy 2020). New initiatives such as MPower 1 on 1, a helpline in Mumbai spearheaded by a psychiatrist (Roy 2020), and TrustBot, a chatbot providing details on different forms of violence and ways to address it (TrustIn 2022). Jan Sahas (2020) worked with 6 partners, 200 civil society organizations, and supported 18,000 survivors of GBV across 9 states in India, through mental health support via phone, on-the-ground support by facilitating access to the police, and offering legal advisory to those in need. Chennai also witnessed the Trans Community Kitchen, where trans women gathered to provide mutual aid to those vulnerable to the many challenges that both the pandemic and the associated lockdowns brought to fore (Rana 2021). Civil society played a pivotal role in stepping up to serve as active bystanders, as examples presented in the following sections show.

### **Communities of Resilience**

Relying on networks of friends, communities of support, and civil society organizations in times of trouble is a privilege, and a function of one’s social capital that manifests through access to such networks. The examples elaborated here, though demonstrative of how survivors sought help, does not present a complete picture of the reality on ground. It is important to acknowledge that these examples represent only a part of the picture, given that those with social capital have more of an opportunity to access help in comparison with those who don’t, owing to their caste, class, religious, and indigenous positionalities. Some of these examples have been sourced through secondary research, and others are drawn from the author’s experience after obtaining consent

from the individuals concerned. All identities have been protected through anonymization or pseudonymization.

In a gated community in New Delhi, a group of women realized that some among them were at the receiving end of their spouse’s tempers – where some were threatened with violence, some faced escalating physical violence. Recognizing the fragility that comes with seeking help in the face of both stigmatization and silencing by the threat of reprisals, the women decided to set up a WhatsApp group, titling it “Recipes for Lockdown.” The group bore a display picture of an open pan on a stove, filled with vegetables. Created as a decoy, the group was intended to serve as an SOS. After creating the group, the admins developed a code: “Dosa” meant “being beaten,” “Idly” meant “facing verbal abuse.” The group adopted a strategy on par with the *Bell Bajao* campaign, where ringing the doorbell was identified as a form of bystander intervention to disrupt an act or threat of violence in progress. After the code and instructions were shared, read, and internalized, each member in the group cleared chats, and used the group with the code word to get the support they needed. Reflecting on their strategy between April 2020 and April 2022, the group realized that they had supported each other over 127 times, with three women alone receiving support approximately 20 times. In the aftermath of COVID, some of these marriages ended in divorce, while some opted for marriage counselling.

In a case study documented by UNSDG (2020), in Northeast India, a woman named Manjita (name changed) was in a vulnerable place, isolated at home with an abusive partner and cut off from all services and support mechanisms. One night, she was beaten by her husband and had nowhere to go. She turned to a member of a Jugnu Club, a self-empowerment group created by tea pluckers and factory workers on tea estates in Assam with support from UN Women (UNSDG 2020). The Jugnu Club members supported Manjita by giving her shelter in one of their houses, and the following day, they helped her file a complaint with the police, and spoke with the husband and his family members in the presence of the police. The case study does not indicate what Manjita’s next steps were.

Amudha (name changed) lived with her husband and two sons in an LIG Flat (low-income group flat) in Chennai. Her sister and she were married into the same family – she had married the older of two brothers, and her sister had married the younger one. Amudha had a history of facing domestic violence at the hands of her husband, and since the start of the pandemic, also bore the brunt of her sons’ violent behavior. Police patrolling during the pandemic made it impossible for anyone in the residential complex to step out – and they were especially heavy-handed with residents of the area given their social positionality. Given the stigma attributed to survivors of violence, Amudha kept a low profile and never articulated what she was going through, oftentimes leaving her sister to draw inferences from what her bruises betrayed. Amudha and her sister had a channel to communicate between themselves through their kitchen windows, and devised a plan to hang a lone white cloth to dry on a clothesline to alert the other when violence got out of hand, so help could be sought. One night, Amudha had been beaten by her husband and older son. With severe bruising and aches and pains, Amudha cobbled up to the clothesline and hung her husband’s *veshti* (dhoti in Tamil) up to dry, isolating it on one clothesline from the other clothes. Amudha’s sister understood her sister’s signal, and alerted the patrol police to what was happening. As luck would have it, the police officer on rounds was sympathetic, and intervened. Amudha was immediately shifted to a hospital to have her injuries looked after, and was then, upon her request,

sent to live with her parents. Emboldened by her newfound liberation from her husband – knowing that the pandemic made it impossible for him to visit her to pressure her into coming back, and recognizing what her sister’s support meant, Amudha found work when the lockdowns began to lift, and now lives independently, away from her violent husband and sons.

A common thread running through these examples is the role of community. Whether civil society organizations, friends, or family, the presence of active, involved support goes a long way for survivors of gender-based violence. Community offers the advantage of reducing the burden of stigmatization, and even creates an enabling environment for investment in help-seeking behaviors.

### **Resilience in Survival**

Survivors of gender-based violence are often confronted by myriad factors that complicate choice-making around leaving or staying, making the decision in itself non-linear. From economic factors such as the lack of a sustainable means for survival to the presence of dependents – particularly children and elderly parents, and from the shame and stigma around making the decision to leave a marriage behind to the fear of reprisals from the already violent perpetrator, there are several factors that prevent survivors from accessing help and support. The pandemic brought about several rounds of lockdowns and curfews, accentuating these factors that prevent survivors from getting out of abusive situations. The case studies in this section focus on survivors who stayed. However, they are in no way intended to glorify a survivor’s “courage” in putting up with abuse – but to lay bare how a complex blend of factors heightens vulnerability, and suggest that the *act of survival* is one of *resilience*.

Sumathi (pseudonymized), a daily wage worker, was the sole breadwinner of her family, which comprised her husband and herself. Her husband took to alcoholism and could not hold down a job. Before the pandemic, he kept to himself, spending the limited amount of money she gave him each day on alcohol before passing out drunk. He would beat her on occasion – but it was never a regular affair. With the pandemic and the associated lockdowns, Sumathi lost her job and could not earn a daily wage anymore. Both the lack of money and access to alcohol led her husband to beat her. She tried reaching out to the patrol police and reporting her husband’s conduct to the healthcare workers who came to check on residents in her street. Her pleas for support went unheeded. Finally, recognizing that it was down to herself to do something, she began to scream at the top of her voice each time her husband beat her. The first few times, it worked – the neighbors would either come knocking or the police – and even if they did nothing, it put her husband in his place and he stopped beating her, though the verbal abuse continued. For Sumathi, even if the beatings appeared to have stopped, her sense of security was eroded. She collected all the sharp and heavy objects and placed them among her clothes, and kept them hidden. She wouldn’t sleep except for an hour at the most in fits and bursts, watching her husband like a hawk lest he harm her while she sleeps. This has taken a toll on Sumathi – she continues to struggle with insomnia and is coping with anxiety.

Nigam (2020) reported a case of a woman in Assam, who had to cross two paddy fields with her five-month-old child to move into her parents’ home, just to escape her abusive husband during

the first lockdown. Knowing fully where she would have gone to escape his violent ways, her husband turned up at her parents’ house, grabbed her child, and left. The woman had to push heaven and earth to get help but with the efforts of the village headman, North East Network (a not for profit organization that foregrounds Women’s Rights), and Asha workers, the child was returned to the mother. It is not clear whether she faced more violence – but the step she took toward self-preservation and relying on the systems around her reflect a strong sense of resilience. It cannot, however, be ignored that such resilience would have come at an emotional cost.

### **The Hidden Cost of Demonstrating Resilience: Emotional Labor**

The resilience of a variety of civil society actors and survivors themselves in responding to gender-based violence demonstrates, in the words of Martin de Almagro and Bargues (2022), a reimagining of resilience as difference, as “a resilience that thrives outside governance structures.” In this sense, they evoke from the actor investing such resilience, a significant measure of emotional labor. As Hochschild (1983, 7) noted, emotional labor is a form of labor that requires the worker to “induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others.” In effect, such labor requires the display, that too in a “sincere fashion,” as Mäkinen (2021) noted, emotions that are very different from what they are actually feeling. Such labor is never given economic value or even considered in computing the value of labor. Resilience was demanded of all of humankind during the COVID-19 pandemic – to somehow keep life going at a similar, if not the same momentum, in the wake of a viral disease. However, greater resilience was demanded of those who were not in positions of privilege – and one among those categories of people were those who faced various forms of gender-based and sexual violence, and often left with little to no access to support and emergency care.

Understanding resilience as emotional labor reflects two key points. First, that this labor is not supported by any mechanism - institutional or otherwise, and relatedly, as a result, the cost incurred in addressing the adverse impacts of demonstrating resilience falls on the shoulders of the one who takes on the responsibility to perform such labor. Second, the lack of economic value attributed to emotional labor ensures that it is entirely erased from any discourse that acknowledges, compensates, and advocates for the support of such labor. As unpaid labor, emotional labor is marginalized - but also extracted from women in the name of keeping society and systems alive. As Maung (2019, 4) notes, “In devaluing emotional labor, humanity is devalued as well. For it is in our ability to empathize, to nurture and care, our embracing of each other in kinship, and in our altruism, that we find our morality and humanity.”

The “most extreme and violated form of emotional labor,” as Maung (2019) explains, “would be the gender-based violence against women, such as rape and spousal violence.” The COVID-19 pandemic offered this extreme violation of emotional labor full play, as survivors were burdened by the obligation of not only facing violence on a regular basis, but to also face it alone, while remaining locked in with their perpetrators, bearing, in the process, their perpetrators’ “unmet emotional needs” (Maung 2019).

## Conclusion

This article examined the demonstration of feminist resilience by survivors of gender-based violence and bystanders in supporting survivors during the COVID-19 pandemic. The proclivity to demonstrate resilience may be inherent in the human condition, but the levels of resilience expected and extracted from certain identity groups are a function of the systemic and structural violence that normalize particular forms of discrimination and violence. No attempt at addressing public health crises can be complete and fully impactful if the last mile in every sense remains excluded. By putting the onus on individual actors – particularly women – to demonstrate high levels of resilience without acknowledging the emotional labor such resilience requires, the system continues to perpetuate heteronormative patriarchal norms. Disaster preparedness of any kind should start from a foundation of the ethics of care, and must factor in emotional labor within its fold.



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