

PSYCHOLOGICAL IMPACT OF DOMESTIC VIOLENCE ON WOMEN IN INDIA DUE TO COVID-19

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ABSTRACT

Due to the COVID-19 outbreak, lockdowns led to a reduced support system, social quarantine, serious psychological disruptive consequences, and increased domestic violence cases against women. While some such as food shortages, unemployment, and increased domestic-work burdens are perceived to be the immediate effects of the lockdown, women at home have to bear its far-reaching impacts in the long term. Electronic and print media across the globe splurged on data stating the enormous rise of domestic violence due to the COVID-19 pandemic. This paper aims to identify the factors and causes responsible for domestic violence and its psychological impacts on women in different aspects such as fear of losing jobs, stress, anxiety, depression, etc. The article also highlights how the rising incidences of domestic violence affect a woman's mental state, causing various psychological issues. It further focuses on the reasons behind an escalation in domestic violence in India and the nation's response to protecting women from violence. Finally, the paper strives to reflect upon mitigation strategies to curb domestic violence.

Keywords- Psychological Impact, Domestic Violence, Women, COVID-19, Lockdown

INTRODUCTION

COVID-19 erupted at the end of 2019 and covered the whole world in a very short period. It took shape and size of the global pandemic affecting every aspect of human life. The engine of growth, even in the developed countries like the USA, China, Britain, Germany, and France, got derailed from its track of development. It disrupted both the manufacturing and service sectors; unemployment and inflation soared high, and the quality of life deteriorated. Instead of growth, the very survival became the primary concern in such a hard time. Governments had to divert huge funds from development to immediate prevention, containment, and cure for saving human lives. Though the pandemic is recurring in different variants and continues to make the whole world suffer, governments are devising ways to live with it until its complete eradication. The post-COVID-19 life is worse than pre-Covid times, especially for the middle class and weaker sections. The general observation and various researches conducted by organizations and institutions tell the tragic tales of distress, hardships, and unprecedented miseries of teeming millions throughout the world, more so in India of 1350 million. Studies analysed the impact and found that the psychological impact of the pandemic and long spell lockdown is more profound and perilous than its impacts on other aspects. As per (Patel, 2021), almost 29 percent of married adolescents (15-19 years) had faced emotional, 23 percent faced physical, and 26 percent faced sexual violence, respectively. This study also reveals that about 8 percent of married and 5 percent of unmarried adolescent girls suffer from high depressive symptoms. Seventy-one per cent of unmarried adolescent girls (between the ages of about 13 to 17 years) who have seen their fathers hitting or harassing their mothers and 90 percent of the adolescent girls who were bullied or humiliated in front of others have higher chances of suffering from higher depressive symptoms.

COVID-19 emerged in Wuhan, China and advanced swiftly worldwide by showing a harmful impact on people (Campbell, 2020). As of 3rd July 2020, greater than 10 million cases of COVID-19 have been confirmed, and WHO reported 0.5 million deaths across the world (WHO, WHO corona disease (COVID-19) dashboard, 2020). Therefore, for preventing the spread of the pandemic, the Governments implemented strict lockdowns in several countries. The countries that were severely affected due to this pandemic (China, USA, Italy, Spain, France, Germany, Brazil, and India) adopted several preventive measures such as lockdown, travel limitations, mask at all times, distant socializing, close all public places and places of worship respectively to fight this worldwide threat to healthful living (Nigam, 2020).

The COVID-19 rampant widespread and following lockdown for preventing the virus spread led to reduced social support systems, social isolation, and increased domestic violence cases against women. Domestic violence is violence found in a household relationship, such as in marriage or cohabitation, in which one person commits against the other to be in an intimate relationship. Domestic violence also includes child abuse and violence against adolescents, parents, or the elderly. It can be physical, sexual, verbal, emotional, economic, religious, etc. Due to the lockdown, the spread of infection is reduced, but domestic violence cases against women increased in many countries, including India, which emerged as a significant mental health threat for society. On one side, the entire world is worried about the COVID-19 epidemic with the fear of losing their

lives, and on the other, some people are disturbing the physical and mental well-being of women in the form of domestic abuse. Thus, both COVID-19 and domestic violence seem to be "twin public health emergencies." Due to restricted mobility and social distancing, women now have to stay at home, which increases the likelihood of persecution in their intimate relationships and with the next of kin. While women and girls experience violence in open and closed quarters, the latest study of the Global Study on Homicide, published by the United Nations Office on Drugs and Crime (UNODC) in 2019, showed that the scariest place for them is home.

The pandemic and its subsequent lockdown for a long spell have resulted in job loss, retrenchment, salary cuts, and all that makes life difficult. Bread-earners are under health stress as well as severe financial distress. There seems no respite from such a problematic situation in the near future. The hopelessness and mounting frustration cause harsh irritants and unusual anger in their usual behaviour. The accumulating outrage, at times, bursts into abusive words and sometimes violent behaviours with women members, whether wives or mothers. It is more torturous to women in the traditional patriarchal society. Women are not allowed to lead a life of pro-life and pro-freedom from torture which is a breach of fundamental human rights. These kinds of violence impair the physical and mental health of the woman. There are increasing reports of abusing, beating, and different forms of domestic violence during the epidemic.

Violence against women is the most prominent issue that is generally found in the form of domestic violence. As per National Family Health Survey (NFHS), 30 percent of Indian women of age 15–49 faced domestic violence once, in their lifetime. In India, the committers are familiar with the survivors; as in 90 percent of the cases (News18, 2020), it is assumed that Indian women would endure more during the COVID-19 widespread period by their family members and partners. In several research publications relating to domestic violence, it is found that home isn't a safe place for women in India (EPW Engage 2020). As per the National Crime Records Bureau (NCRB) data - 2018, domestic violence was on top among the list of offences in opposition to women, with many instances reported under 'inhumanity by husbands or his next of kin' (31.9%). Different countries have officially communicated a rapid spike in domestic violence cases amid the lockdown period (Anjali K., 2020). It was difficult for most women to report cases of violence against their abusers because they were trapped in their homes with abusers during this period. Therefore, the numbers are over and above what is being reported, and the actual picture would only be revealed post lockdown.

The trend of gender discrimination is increased during COVID-19 worldwide for both paid and unpaid women. It increases the burden of care work of family and other household chores for women and spikes the cases of domestic violence (UN Women, 2020). On average, women work one hour more than their male counterparts, whether at home or the workplace. They have to leave the bed earlier and retire to bed later than males in the family. The pandemic has increased their additional tasks of providing warm water, *kādhā* (herbal medicine), timely medicines, and varieties of food appropriate to everyone's tastes and health needs. They have to manage all these with whatever resources are available in a tough time like this. They have to take extra care of health, hygiene, and sanitation in the family without the help of any domestic aids. They cannot ignore their traditionally assigned duties and their *Sanskar* (sacrament) of motherhood. Only work, no leisure, has made their lives dull and torturous. Despite their hard and sincere work, they fail to satisfy the needs and wishes of everyone all the time. They have to bear the anger and verbal brunt from young and old in the family for any laxity.

The condition of working women is no better and comfortable even if they are working from home. Distressed and distracted by multiple domestic works, they cannot concentrate on office work. Their work often remains incomplete or unsatisfactory in the eyes of male colleagues and bosses. For this, they have to face blunt words, scolding, and reprimanding by employers, seniors and bosses. This is no less torturous than physical violence perpetrated on them in the traditional patriarchal Indian society. They have to live a hard, dull, and boring life. All work, but no leisure and rough and affronting behaviour, meted out to them eat into women's tender emotions and feelings who already enjoy the secondary status in the patriarchal society. They are grilled in the bounty of stresses and strains. The domestic sphere has continued to produce and reproduce patriarchal attitudes and experiences for both the working and homemaker women. It is displayed in the forms of embodiment of power, superiority, cruelty, no payment for work, and the replication of the society in which the eldest male is the head of the family. The descent is reckoned through the male line as propagated through domestic methods to bring up a child and marriage, etc. (Dixit Madhuri, 2021).

Post lockdown, the occurrence of domestic violence escalated globally. Still, little research or survey has been done to evaluate the effect of lockdown on domestic violence and its psychological impact on women. Along with other countries, India has also remained unexplored for this aspect of the pandemic. Considering this gap, this paper attempted to scrutinize the psychological impact of domestic violence due to COVID-19 and lockdown on women. Previous studies also mention that the danger of severe emotional impact goes up with the period of isolation or quarantine going up (Samantha Brooks, 2020). During the last few months, a growth in domestic violence cases has been evident in the print and electronic media due to COVID-19 ensuing lockdown in multiple nations.

LITERATURE REVIEW

Globally, the victims of domestic violence are prone to encounter cruel forms of violence compared to men. The victim of domestic violence who faces any kind of violence has a direct or indirect impact on their mental or psychological health. As per World Health Organization, mental or psychological health refers to the state of well-being in which a person understands his own ability to get by with their everyday aggravation and can operate productively to provide to their people and environment (WHO, 2005). If a person cannot cope with the problems of his or her life, then that person might be suffering from some psychological distress. Several studies witnessed that domestic violence cases have gone up during this lockdown

period in various countries. China observed a 3x escalation in domestic violence cases after implementing lockdown (Ebrahimian, 2020). Many states of the USA also recorded a rise in domestic violence cases, about 21–35 percent (Wagers, 2020). Moreover, United Kingdom has faced worry in the name of increasing family violence and domestic homicides. Domestic violence cases are increased, especially in China, the UK, the USA, Brazil, France, and Australia amid lockdown (Godin, 2020). As per the World Health Organization (WHO), in 2013, about 35 percent of cases are there where women are put through to violent crimes committed by their spouses or by the one with an intimate relationship. In 2017, over 80,000 women were murdered, and many were harassed by their close partners or by their next of kin (Wenham Clare, 2020). Even a further spike in cases is reported due to the pandemic as safety, well-being, financial problems, and other strains are highlighted by constricted and limited living conditions, leading to an adverse psychological impact on women. UN Women (2020a) reported that 30 percent of domestic violence cases were increased in France since March 17th lockdown. Since the 20 March 2020 lockdown, Cyprus and Singapore noted a spike in helpline rings by 30 percent to 33 percent, and in Argentina, emergency calls for such instances have escalated by 25 percent. The epidemic has led to worry globally, advancing to emotional and money anxieties, uncertainties in life, loss of jobs, etc. It has its own behavioural and psychological impacts, leading to stress, arguments, fight, anger, and different kind of violence. Besides, due to lockdown, women are burdened to take care of household chores and feed and take care of next of kin irrespective of their employment. If they are employed and working from home, then they have to manage both. The school closing has further increased this load and places more of them in distress (Mukhtar, 2020). If they failed or not performed these duties properly, they may face different kinds of psychological violence like humiliation in front of family members, disrespect, blaming for not doing work properly, scolding, putting down, not performing their roles properly of mothers, wives, daughters-in-law, etc. by their in-laws and other family members. The effect of domestic violence on emotional health is threatening compared to the psychological impacts. Physical bruises can be seen and treated, but mental or psychological wounds cannot be seen easily. If it is not diagnosed in the early phase, it can lead to several long-term psychological impacts on people. It may bring depressions, hallucinations, eating disorders and other social disorders. Consequently, these women develop suicidal tendencies due to domestic violence. In India, 30 percent of women have been subjected to misdemeanor since 15 years of age, and approximately 4 percent of expecting women have been subjected to bodily violation during the period of pregnancy. According to the National Family Health Survey report– 2015–16, 33 percent of women under study have had an episode of spousal violence in the physical, sexual, or psychological form (IIPS, 2017). The COVID-19 outbreak has already shown a negative effect worldwide in different aspects, and many studies confirmed that instances of domestic violence have also escalated in most countries during this period. As per the National Family Health Survey-4 report of 2015-2016, one in every three women were exposed to violence whilst non-pandemic duration. In the purview of many media and official communication, it was evident that a significant increase has been seen in the Domestic Violence cases in India post lockdown. According to a report by National Legal Service Authority (NLSA), there has been a significant rise in the Domestic Violence cases in India post lockdown (TimesofIndia, 2020). Pre-lockdowns, National Commission for Women (NCW) recorded 257 reports of different violations in opposition to women among which 69 reports were of domestic violence (ThePrint, 2020). In line with Chairperson, NCW, Punjab leads in the number of cases recorded under Domestic Violence against Women, recorded through email. In Delhi, 2500 registered complaints have been received on the emergencyhelpline number, among which 600 calls were registered under the category women's abuse, 23 as rapes. As many as 1612 cases come under the purview of Domestic Violence (Dhamini, 2021).

Crimes against women have escalated by 21 percent in the year 2020. The number has escalated from 4,709 to 5,695 since March 2020, and the domestic violence cases have risen from 3,287 to 3,993 whilst lockdown (TribuneNewsService, 2020). The actual instances of registered cases could be higher as most rural women possess no access to seek help or call any emergency helpline during violence due to lockdown. In India, many families are agitated due to the sudden increase of impoverishment, and discouraged men humiliate and torture women, said Anuradha Kapoor, the director of Swayam, a Kolkata-based non-profit NGO that focusses on sexual intimidation and violent or aggressive behaviour at home (Kumar 2020). According to the National Family Health Survey-4 (NFHS), 30 percent Indian women faced domestic violence at least once in their lifetime between the age of 15–49. The criminals are known to the survivors 90 percent of the time (News18 2020); therefore, it is within the confines of reasonable judgement that women are subject to many atrocities during the lockdown period.

Several published research state that domestic violence increases the occurrence of psychological disorders. In addition to physical abuse, emotional torture has led to similar or sometimes more harmful effects such as depressive disorder and PTSD (Post Traumatic Stress Disorder) (Karen M. Devries, 2013). According to Bradbury-Jones and Isham (2020), the lockdown implemented to address the fast-spreading COVID-19 has allowed the said abusers to roam free. It is easier to control victims by limiting their social networking to phones, the internet, and other people (Caroline Bradbury Jones, 2020). Due to this pandemic, economic vulnerabilities also increase because of the risk of losing employment.

Several studies link financial instability to an increase in psychological violence. Economic insecurity has been found as a cause of adopting poor coping strategies sometimes, which leads to depression. Several studies indicate that women who are subjected to one type of vehemence are most likely subjected to or experience other types as well. As per Campbell (2002), violence in an intimate relationship is usually linked with depression, chronic pain, Sexually Transmitted Diseases (STD), etc. Jackson et al. (2002) studied a connection between traumatic brain injury and violation of women. They find that more number of times of getting the head hit leads to harsh perception anomaly (Jackson, 2002). Walker explains that sufferers of domestic violence witnesses a combination of mental and emotional symptoms, including anxiety, depression, avoidance, reawaken of

traumatic events, and hyper-arousal. The lockdown and domestic violence together have brought a massive impact on people's mental health, especially women. During this period, people can experience anxiety, phobia of dying, fear of getting infected themselves or fear of getting their next of kin infected, anger, depression, and other mental or emotional health troubles (Waleed Rana, 2020).

In response to a study, domestic or home exploitation/abuse survivors in the UK belonging to Great Britain and Northern Ireland report that women have had to face challenges in access to basic Domestic Abuse helpline facilities and psychological health support during the lockdown, which plummeted them to facing worst forms of Domestic Violence (Davidge, 2020). As stated by UN Women, home quarantine, financial instability, reduced income, and unemployment are major hindrances that lead to no reports being filed for acts of domestic violence, no motivation to ask for external support and to stay away/leave home for safety from a partner with abusive practices. Household chores and the responsibility on Indian women have escalated due to schools being closed and mandatory lockdown regulations that expose women to extra stress and increased levels of domestic violence from their abusive

family members or partners (Foster Kofi Ayittey, 2020). Most women (especially those having young children) increased their domestic work, child care, and children's home-schooling in all countries. In some cases, it was found that hours in the labour force were reduced or even withdrawn (Irma Mooi Reci, 2021).

Despite the increase in domestic violence incidents in different parts of the country, a Delhi-based NGO, Jagori, has observed a decline in the number of callers to the helpline phone by 50 percent in order to avoid exposure to their perpetrators at home (Chandra, 2020). United Nations Office on Drugs and Crime (UNODC), 2020, also shows a decrease in no. of cases in March 2020 compared to March 2019 in the Brazilian states of Rio Grande do Sul, Para, Mato Grosso, and Ceara. Only in Rio Grande do Norte, the incidents increased from 287 to 385 in 2019 compared to 2020. Again UNODC, 2020 shows a drastic decline in the number of recorded 'home/domestic abuse' cases and 'violence involving relatives' cases in Honduras after the three weeks of the introduction of lockdown. This indicates that the decline in cases after introducing the lockdown may be due to the isolation of women or less connectivity to report such cases. But in the 16th and 17th weeks after lockdown, the cases again increased from 1607 (15th week) to 2188 (16th week) and 2372 (17th week).

METHODOLOGY

This paper is based on extrapolating data from reports, newspapers, research journals, and other printed materials published in research reports and similar documents. This paper takes data from up-to-date and relevant literature on domestic violence, COVID-19, and mental stress during COVID-19. Here, we also use different theories and models of family violence and domestic abuse developed by academics to bring into light the prevalent social inequalities and the impact of replicating unequal (gender & other) power relations in society. These theories are psychoanalytic theory, social learning theory, family conflict theory, feminist theory and bio-evolutionary. Bio-evolutionary theories describe male violence against their intimate partners as pre-planned behaviour with some survival value. The ecological model of domestic abuse explains the elements that escalate the danger of becoming the victim or a perpetrator. These factors include age, income, education, substance use, history of abuse, schools, workplaces, neighborhoods, and health.

RESULT AND DISCUSSION

Table no. 1 shows the number of monthly complaints of dowry death, dowry harassment, and protection of women against domestic violence recorded by the National Commission for Women (NCW) from January 2020 to December 2020. The table shows that the number of cases of dowry death was more at the beginning of the year 2020, but it goes down during the beginning of lockdown. It again increased from May 2020 and was on peak in the month of July (49 dowry deaths). Furthermore, in the case of harassment of married women or dowry harassment, the cases decline at the beginning of lockdown, but it increases in other months after June. Then the cases of protection of women against domestic violence increase in every month of 2020 except March as it goes down from 302 (February) to 298. Therefore, it is assumed that the above cases increased during the lockdown and decreased during March and April 2020. Due to the lockdown, they were not reported to the concerned authorities. Secondly, we can say that less awareness regarding emergency helplines like 181 and 1091 might also be a reason for underreporting cases.

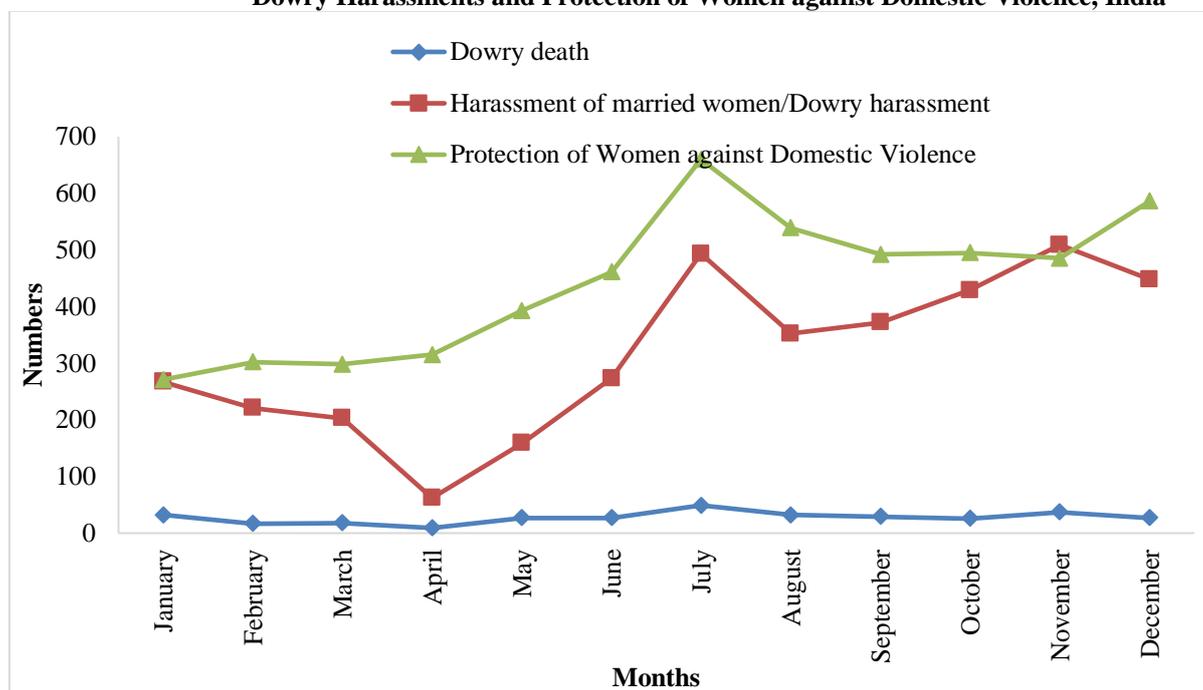
Table no. 1- Number of monthly complaints of Dowry death, Dowry harassment and Protection of Women against Domestic Violence received by the National Commission for Women throughout January 2020 to December 2020, India

Sr. No	Month (2020)	Dowry Deaths	Harassment for Dowry of Married Women	Protection Against Domestic Violence
1	January	32	267	271
2	February	17	221	302
3	March	18	203	298
4	April	9	62	315
5	May	27	159	393
6	June	27	273	461
7	July	49	493	660
8	August	32	352	539
9	September	29	372	492
10	October	26	429	495

11	November	37	509	485
12	December	27	448	586

Source- Nature Wise Report of the Complaints Received by NCW, 2020

Chart no. 1- Number of monthly complaints Received by NCW from January 2020 to December 2020 of Dowry Deaths, Dowry Harassments and Protection of Women against Domestic Violence, India



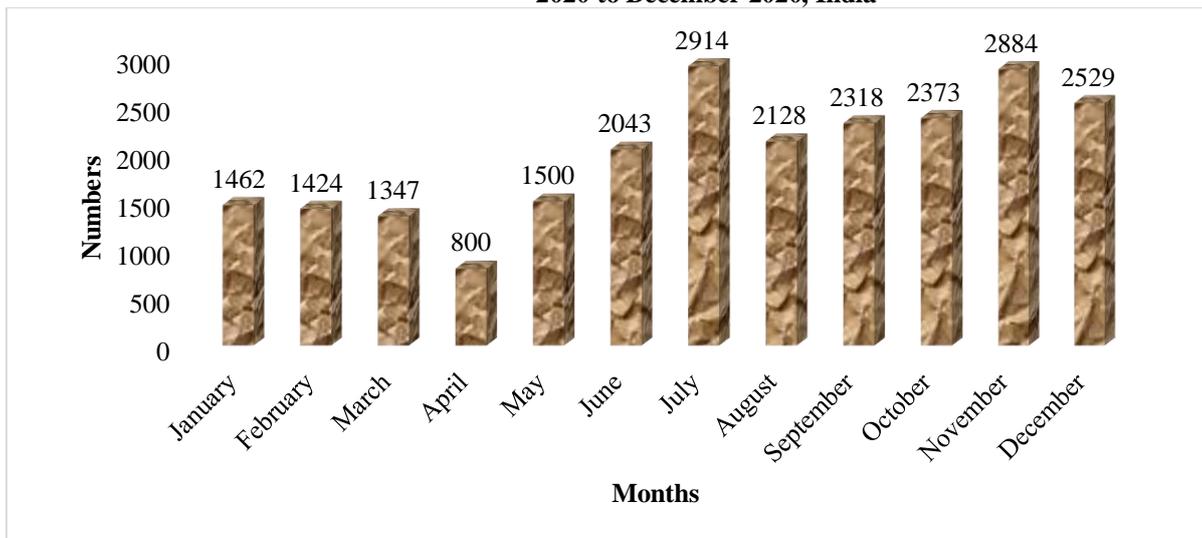
Source- Computed from Table no. 1. (Nature Wise Complaints Received by NCW, 2020)

These complaints included acid attacks, bigamy/ polygamy, cyber-crimes, rejection from maternity benefits, dowry deaths, gender discrimination (including the equal right of work and education), not providing free legal aid for women, protection of women against domestic violence, harassment for dowry, an obscene portrayal of women, insulting the humility of women, harassment, law officers indifference in opposition to women, rape and attempt to physical abuse/rape, refusal from right to choose in marriage, right to life with respect, female foeticide and sex-selective foeticide, sexual harassment and emotional torture of women at the office or work area, voyeurism or stalking, prostitution and trafficking. Due to the rapid increase in violence cases against women and domestic violence during the epidemic, WhatsApp chat (7217735372) was introduced as an additional measure shortly after the lockdown for enabling women to report complaints. This WhatsApp chat is easily accessible by women for reporting their incidents of violence; therefore, it may have escalated the frequency of reporting violence cases. Approaching the end of lockdown (May and June), the number of complaints received by NCW were increased. Therefore, it can be concluded that the cases of violence were decreasing in the first weeks after adopting lockdown measures and increasing during the later period of the lockdown.

Table no. 2- Number of Monthly Complaints Received by The National Commission for Women from January 2020 to December 2020, India

Sr. No	Month (2020)	Complaints received by the NCW
1	January	1462
2	February	1424
3	March	1347
4	April	800
5	May	1500
6	June	2043
7	July	2914
8	August	2128
9	September	2318
10	October	2373
11	November	2884
12	December	2529

Source- Nature Wise Report of the Complaints Received by NCW, 2020

Chart no. 2- Number of Monthly Complaints Received by The National Commission for Women Throughout January 2020 to December 2020, India

Source- Computed from Table no. 2. (Nature Wise Report of the Complaints Received by NCW, 2020)

Table no. 3- Papers that measure impacts of COVID-19 on Violence against Women

Sr. No.	Authors and Year	Location	Data Sources	Indicators	Findings
1.	Abuhammad, 2020	Jordan	Online survey data	Violence Against Women	Increased
2.	Aolymat, 2021	Jordan	Online survey data	Domestic Violence	Increased
3.	Berniell and Facchini, 2020	Brazil, Germany, Mexico, United Kingdom, France, United States, Argentina, Colombia	Google search data and google mobility data	Domestic Violence	Increased
4.	Dai et al., 2021	Hubei, China	Police service calls	Domestic Violence	Increased
5.	Fereidooni et al., 2021	Isfahan, Iran	Face-to-face survey data collected during pre- epidemic and phone calls data during the epidemic	Intimate Partner Violence (IPV)	Increased
6.	Guglielmi et al., 2020	Bangladesh	Survey data through phone and qualitative interviews	GenderBased Violence and Police Violence	Increased
7.	Halim et al., 2020	Indonesia	Phone survey data	Intimate Partner Violence, violence against children and harassment reported in the community	Increased
8.	Mahmood et al., 2021	Kurdistan region, Iraq	Online survey data	Spousal Violence	Increased
9.	Pattojoshi et al., 2020	India	Online survey data	Spousal Violence (including emotional, verbal, physical and sexual)	Increased

10.	Pinchoff et al., 2021	Nairobi, Kenya	Online survey data	Household violence and violence outside the home	Increased
11.	The United Nations Population Fund (UNFPA), et al., 2021	Nepal, Thailand, Philippines, Bangladesh, Malaysia, Singapore, India, Indonesia,	Social media data and internet search data	Violence against women	Increased
12.	Sharma and Khokhar, 2021	India	Online survey data	Domestic Violence	Mixed
13.	Egger et al., 2021	Kenya	Survey data (phone)	IPV and violence against children	No change

Source- Research papers published on domestic violence and COVID-19 in 2020-21.

1. Abuhammad (2020) finds that the proportion of experiencing violence increased from 10 percent to 40 percent during the pandemic period in Jordan. Less than half of the violence experienced by women had been reported to the police, and only 3.5 percent of perpetrators were arrested in these cases. The main causes of experiencing violence during this period were women's unemployment and their marital status, which highlights the link between economic insecurity and violence. For this study, the author used an online survey of 687 women (Abuhammad, 2020).
2. A study conducted by Aolymat (2021) on "The impact of COVID-19 on domestic violence and reproductive health in Jordan" finds that the incidents of domestic abuse increased (20.5%) during the lockdown period. For this study, he surveys 200 women using online survey data and assumed that violence is increased due to spending more time with partners and families at home, reduced family income and limited access to healthcare services during the pandemic (Aolymat, 2021).
3. On utilizing the data provided through Google Search on domestic violence, Berniell and Facchini found that the cases of domestic violence were at a peak following the first seven weeks of the lockdown and remained statistically significant until ten weeks during the lockdown. However, an increase in the number of cases was observed in almost every sampled country- Colombia, Argentina, Chile, Brazil, France, Germany, the United States, Spain, Italy, Mexico and the United Kingdom. The effect of violence in Latin American countries was only half compared to high-income countries like Germany, France and the USA (Berniell Ines, 2021).
4. Dai, Han, and Xia (2021) used police emergency helpline data from the Hubei domain of China during the lockdown of the COVID-19. It found that the average number of calls related to domestic violence were increased, but overall calls to police were decreased during the lockdown period. Shortly after the end of lockdown, other types of police calls returned to normal levels, but domestic violence calls remained high and took a long time to return to the usual level (Dai Mengliang, 2021).
5. Fereidooni et al. showed that in Iran, the prevalence of Intimate Partner Violence has risen during the pandemic period compared to the pre-pandemic period from 54 percent to 65 percent, and over a quarter of women reported that they experience IPV first-time during COVID-19. For this, the authors surveyed 2,116 adult partnered-women in Iran and found that employed women are less likely to be exposed to IPV than unemployed women (Fereidooni Reza, 2021).
6. Research conducted by Guglielmi et al. (2020) on "The impact of COVID-19 on Rohingya and Bangladeshi adolescents" find that 8 percent of surveyed adolescents (boys and girls) reported an increase in gender-based violence during the pandemic. The authors used 1,761 phone surveys and 30 qualitative interviews of adolescents' boys and girls in Bangladesh for this study. They found that married girls reported an increase in gender-based violence twice more in the community than unmarried girls (Guglielmi Silvia, 2020).
7. Halim et al. (2020) also showed an escalation in cases of IPV (83%) and violence against children (68%) and harassment of women (65%) due to the COVID-19 pandemic. For this study, the authors used telephonic research of 866 women and secondary measures in Indonesia and asked respondents to report violence in the community. Here the result showed that food insecurity and lack of jobs for women are significantly correlated with the increase of violence in these cases (Daniel Halim, 2020).
8. Mahmood et al. (2021) find an increase in the number of incidents of spousal violence after lockdown compared to pre lockdown period in Iraq. For this study, the authors used online survey data of 346 married women and found that the occurrence rate of instances rose from 32 percent to 39 percent. Significant increases were found in the cases of emotional violence (humiliation), physical violence (hitting, hair and arms pulling), and forced sexual intercourse (Mahmood Kazhan, 2021).
9. Patojoshi et al. (2020) reported on the occurrences of spousal violence (18.1%), in which emotional and verbal violence was the most frequent among spouses, followed by physical violence and sexual violence by using an online survey of 560 women in India. In this study, about 5 percent of women reported that they experienced violence for the first time since lockdown and 78 percent of women who experienced violence before lockdown reported an increase in the number

of violence cases since lockdown. The most frequently perceived reasons for violence were financial limitations, poor socialization, and sharing responsibilities for childcare (Pattojoshi Amrit, 2020).

10. Pinchoff et al. (2021) found that incidents of violence against women were increased inside (45%) and outside the home (24%) in Kenya. Eight percent of women reported an increased risk of household violence compared to men, mainly with the people having higher food insecurity. For this study, the authors collected data from 2,009 households in informal settlements in Nairobi, Kenya (Pinchoff Jessie, 2021).
11. United Nations Population Fund et al. (2021) conducted a study on violence against women in Bangladesh, India, Singapore, Indonesia, Malaysia, Nepal, Thailand and the Philippines by using social media and internet search data and founded that the most searched terms are related to gender-based violence across several Asian countries. Singapore, Malaysia, and the Philippines showed an increase in gender-based violence related searches between February to June 2020. Online support and services also increased between 10 and 70 percent for survivors, along with the rise in complaints during the lockdown in all examined countries (UNFPA, 2020).
12. By utilizing poll data procured online with the participation of 97 men and women in India, Sharma and Khokhar (2021) find that while 8.5 percent of respondents had experienced domestic violence in the past year, only 7.4 percent had experienced violence during the lockdown. Of those who experienced violence, 86 percent reported that the frequency of violence was increased during the lockdown period. The authors find that the educational level of both victims and perpetrators is negatively associated with experiences of violence during the lockdown. But the violence is positively associated with pregnancy, spouses past divorce, loss of employment, and extra-marital affairs of spouses. Here, the majority of participants preferred to consult family or friends during violence compared to seeking legal support services (Sharma Priyanka, 2021).
13. Eggers et al. (2021) observe an escalation of cases of violence in opposition to women (4%) and children (13%) during the days of COVID-19 compared to early March 2020 in Kenya (Egger Dennis, 2021).

Haddad et al. (2020) find that psychological violence experiences are negatively associated with women's pregnancy but positively associated with unwanted pregnancies during the lockdown period, though neither result was statistically significant. For this research, the authors used a study of 369 Lebanese women on the drivers of pregnancy outcomes during the COVID-19 period (Haddad C., 2021).

By using 36 qualitative interviews of women suffering from domestic violence, Mahapatro et al. (2021) find that limited help in the name of support was available for survivors of home/domestic exploitation during the COVID-19 epidemic in India, and only a telephonic emergency helpline was available. The lockdowns also hindered the women from accessing their community and social media, which they typically depend upon for help and aid to deal with violence (Mahapatro M., 2021).

Naghizadeh et al. (2021) observe a soaring occurrence of domestic violence among expecting women (35.2 %) during the COVID-19 epidemic by using an in-person poll at an obstetrics health centre in Tabriz city of Iran. Further, this study finds that 32.8 percent of surveyed women experienced emotional violence, followed by 12.4 percent had encountered bodily/sexual violence, and 4.8 percent had experienced physical violence. The mental health evaluation score was predominantly less for the women who had undergone physical and psychological abuse during COVID-19 than those who hadn't. Moreover, a decrease in spouses' income was directly correlated with the increase in domestic violence cases during the pandemic (Naghizadeh Somayyeh, 2021).

Teshome et al. (2020) observed that 7.1 percent of pregnant women had faced Intimate Partner Violence (IPV) during the epidemic by using a one on one poll of expecting women at a gynaecology clinic Addis Ababa region of Ethiopia. Here suffered women reported 72 percent of emotional violence, followed by 49 percent of sexual abuse and 30 percent of physical abuse. Alcohol consumption of spouses was associated with the incidences of IPV (Teshome Abel, 2021).

Psychological Impact of Domestic Violence on Women due to Economic Instability

Women get more vulnerable to perpetrators due to the COVID-19 outbreak and subsequent lockdown, which increases the risk of health threats and domestic violence. Due to lockdown, schools are closed, which increases the burden of care work for women. Due to restricted socialisation, women are compulsive to leave home, which escalates the danger of becoming a victim of abuse. The reduced home earnings create an economic burden on the family that might further escalate the risk of violence against women in both the present time and future. The stress caused by not having a job can increase the incidents of violence in opposition to women by initiating unpredictability and creating power imbalances within the home. It also leads to different types of problems like social, economic, and psychological stress. The financial outcome of the COVID-19 outbreak may be lasting, and the dearth of jobs ultimately will turn many people destitute. Moreover, a long-term consequence of the pandemic-induced economic lapse could also be reduced interpersonal bargaining power for women. Many women become economically dependent on their partners or next of kin due to losing their jobs during the outbreak. The terror of feeling or encountering abuse outside the home make women adopt avoidance methods. In addition, with limited job opportunities, the hope of women becoming financially and after that mentally independent has become obscure.

Consuming alcohol is often mentioned as a reason for aggressive behaviour and particularly to Intimate Partner Violence. There are several reasons why the COVID-19 outbreak may escalate alcohol consumption among people. During stressful situations, alcohol consumption is considered a coping mechanism. People think that alcohol can reduce their mental stress in particular situations. The terror of catching the virus, unpredictability about the future of health and economic stability are more stressful, which may likely escalate the count of people turning to managing/coping mechanisms such as alcohol. As the outbreak increases daily stress, it also increases the possibility of women experiencing violence at home. The rise in epidemic increased the threat of IPV by spouses' greater alcohol consumption and kept the perpetrator always at home. Having no place

on the outside (restaurants or bars) to fulfil the alcohol cravings, a potential abuser consumes alcohol in the vicinity of his home or community.

Psychological Impact of Domestic Violence on Women due to Social and Cultural Norms

The COVID-19 and lockdown affected the economic, psychological, social and cultural dimensions of human society. During this period, people have to stay at home to prevent social infections. Therefore, cultural programs, religious practices, and major festivals of different states have all been postponed or celebrated within their homes only. Assembling in any public place like temples, churches, theatres, parks, etc., has been restricted. Social distancing, closures of schools, and overburdened household works have increased the demand for women and girls to provide the family's basic survival needs and care for the sick and elderly. Here mostly female is overburdened with work compared to male, which is due to the discriminatory social norms of people that females are responsible for doing all domestic work (UNWomen, 2020). These cases are mostly found among people living in poverty or rural, isolated locations. These communal factors had been causing physical and emotional distress and vehemence among people by creating a difference of opinion disputes among the people in such a society. If a woman stays within the four walls of her home, it would mostly lead women to depression, lethargy, and exacerbation of previous illnesses like stress, hypertension and anxiety.

National Response to COVID-19 for Protection of Women

The government should provide easily accessible shelters, online counselling and increased resources for supporting hotlines for addressing the incidents of violence against women. The government should provide psychosocial support to women who are affected by the COVID - 19 outbreak, such as domestic violence victims, frontline health workers, and other social support staff, on a priority basis. A Strong message from Law Enforcement that "Impunity Will Not Be Tolerated" should be conveyed. Police and other social justice authorities must ensure that incidents of gender-based violence should be addressed with the topmost priority, and utmost care must be taken for handling the occurrence of violence appearing in the context of COVID-19.

Communities should adopt behaviour modification policies to imbibe the outbreaks' negative results by restructuring the situation to improve the psychological health of victims through mindfulness, self-actualization, cultivating resilience, mental health managing methods, health issues resolution, educating good emotions, and curbing destructive emotions via behavior change.

A decrease in access to medical services provided by the State Govt. can lead to decreased identification of signs of violence against women. Reduction in access to contraceptives and health services leads to unwanted pregnancies, leading to mental stress among women. Therefore, the Govt. should develop health infrastructures, paramedical staff, nurses, etc., to reduce the rural-urban gap in health manpower and related infrastructures. It is noticed that health infrastructures and the workforce are readily available in urban areas but not in rural areas. Rural India is facing inadequate staffing and infrastructures in the health sector.

State governments should address the violence against women on a war-footing basis by raising funds to assess the situation through surveys/research and provide appropriate services as per need. It is vital to ensure women's physical and mental fitness. Hence, it is advised that state governments shall ensure that survivors of any form of abuse must have access to healthcare services during the outbreak.

The solution to dealing with domestic violence is by constantly asking women if they feel protected at home or not. However, it is important for those questioning women to have adequate time and resources and be trained to handle emotions. They should also know sign language. The victims can often communicate in sign language and indirect ways, which might get easily misplaced. They can also provide awareness regarding the online services and emergency helplines for those looking for healing interventions, counselling, or any other form of support (Bradbury-Jones Caroline, 2020).

Neighbours of families suffering from abuse/violence can also help them decrease the impact of domestic violence by conversing with them. Researchers also suggested the necessity to train healthcare workers to identify the signs of violence to counter gender-based violence (Gerster, 2020).

The media should highlight the complication of gender violence and raise awareness during the outbreak. These may include encouraging safety guidelines via advertisements. They also call for an increase in emergency helpline support and raising funds for social security and shelters during isolation (Gelder Van N., 2020).

The trained multidisciplinary staff, including psychiatrists, psychologists and legal services, should be increased for preventing incidents of domestic violence and safeguard the interests of women through to-the-point evaluation of various forms of violence (Mazza M., 2020).

NGOs should advertise the telephone numbers of the Law officers to make them more accessible to the victims and survivors of violence. Helpline numbers such as 181 and 1091 should be publicized and make functional in all areas. Special protocols should be developed for supporting disabled women, transgender, migrant and marginalized women and have limited access to support. A panel of lawyers should be formed for offering legal information to women, especially during a crisis period like a pandemic. Nirbhaya funds can be utilized for increasing the availability of means to NGOs for providing legal aid, counselling services, and shelter to women suffering from violence.

CONCLUSION

The spread of the COVID-19 and the implementation of lockdown has created numerous problems for the people. The governments are forced to impose a lockdown in several countries to reduce the spread of COVID-19 infection due to the non-availability or insufficient availability of vaccines and effective treatment. One of the significant consequences of the lockdown is rising gender violence, especially domestic violence during the crisis. The occurrences of domestic abuse and violence against women spike up during the pandemic, especially in China, France, United Kingdom, Australia, United States, Brazil, and India. These cases are mostly reported through print and electronic media and calls received from emergency helpline numbers, especially in Cyprus, Singapore, and India. Due to increased domestic violence cases, the demand for emergency shelters is also increased in Germany, Canada, the United States, Spain, the United Kingdom. Financial anxieties, insecurity of life, loss of a job, cramped and confined living conditions, the burden of household chores (cook, feed, and take care of family members), closure of schools, alcohol consumption, fear of death, fear of getting infected from the diseases, anger, unwanted pregnancies, reduced spousal income, restricted mobility are the major causes for increasing the number of cases during COVID-19 pandemic. These causes have an adverse psychological impact on women, leading to stress, arguments, fight, anger, interpersonal issues, negative emotions, unhealthy relations, emotional and behavioural disorders, and the tendency to get affected by traumatic events. The affected person may also suffer from sorrow, helplessness, hopelessness, posttraumatic symptoms, shame, substance abuse, panic attacks, loneliness, difficulties in taking decisions, depressions, hallucinations, eating problems, poor coping strategies, poor self-acceptance, confusion as well as other social disorders. Even many times, victims of violence experience suicidal thoughts and even attempted suicides. Many psychologically distressed women feel that they are considered soulless slaves or objects for the happiness of others.

The effect of domestic violence on women is long-lasting, which may affect their personal and professional life. Thus, the cases of domestic violence should have speedy trials and be considered as a sense of urgency, especially during crises. Based on the above literature, it can be asserted that there is a need for a holistic response to deal with the cases of violence during current and future pandemics. A team of health professionals, media, and community leaders should be formed to deal with the issue of violence within the community. Moreover, continuous efforts are required to end the stigma associated with gender-based violence for bringing equality among both males and females.

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