



## **Pratidhwani the Echo**

*A Peer-Reviewed International Journal of Humanities & Social Science*

**ISSN: 2278-5264 (Online) 2321-9319 (Print)**

**Impact Factor: 6.28 (Index Copernicus International)**

*Volume-XI, Issue-III, April 2023, Page No.146-174*

*Published by Dept. of Bengali, Karimganj College, Karimganj, Assam, India*

*Website: <http://www.thecho.in>*

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### **Impact of Covid-19 on Domestic Violence in Bangladesh**

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#### **Abstract:**

**Purpose:** *The purpose of the present study is to recognize the important predicting elements that trigger domestic violence in Socio-cultural context of Bangladesh. The moderating impact of nationwide lockdown containing spread of covid-19 pandemic on domestic violence has also been investigated. In addition, we have assessed the status quo of distressed gender of society comparing domestic violence cases during and after the Lockdown.*

**Design/methodology/approach:** *Using convenience sampling technique, primary data were collected from a sample size of 150 respondents from Bangladesh by direct interview and online survey method. With the aid of R programming language, Structural Equation model (SEM) was used to empirically test our research hypothesis. In accordance with relevant literatures, alongside lockdown during covid-19 pandemic as the key moderator, four primary factors causing intimate partner violence are identified, namely depression, anxiety, stress and use of alcohol through conformity factor analysis, and the impact they have are assessed by SEM.*

**Findings:** *Our results validate the positive effect that depression, stress and use of alcohol have in domestic violence. We also find significant effect of lockdown during Covid-19 pandemic as moderator on domestic violence.*

**Keywords:** **Lockdown, domestic violence, depression, stress, anxiety.**

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**Introduction:** SARS-CoV-2, the virus that causes COVID-19 had kills 6.9 million (and counting) people worldwide as per World Health Organization (WHO) report. It does not merely exterminate human lives, it ruined close relations too (Piquero et al., 2021). In the month of March, 2020, when WHO declared Covid-19 outbreak as pandemic, the Govt. officials across the nations implemented restrictive social distancing policies in order to reduce the spread of the virus. By the April, 2020, one third of the world, experienced strict lockdown and people had been left with no other alternative than staying in home. This induced social, psychological and economic consequences (Kourti et al., 2021). One of the significant glitches that the society faced during lockdown is violence against women (Tandon, 2020). The substantial spike of cases of domestic violence became a global

phenomenon (UN Women, 2020). Although, domestic violence is called violence by intimate partner, by and large, the victim is women mostly (Hegarty et al., 2000). During lockdown period, a developing nation like Bangladesh has also confronted to a huge number of reported and unreported cases of domestic violence including physical, verbal, financial, psychological, and sexual abuse which comprise dowry-related violence, child marriage, harassment (Rahman, 2019). A survey conducted by a Bangladeshi local human right organization reported that 4695 women and children found to have been subjected to domestic violence in April, 2020 itself. Of the distressed women and children, 44% victims who faced such violence for the first time in their life blamed lockdown for the pain (MJF, 2020). In the event of domestic violence, it is mostly committed by the members of the family who abuse, attack, humiliate and torture women and children. In addition, during lockdown, limited access to assistance for life-saving resources for survivors of violence and those at risk, such as psycho-social, health, and safety programs makes situation more worrisome (Jahid, 2020). Domestic violence is not uncommon social norms and practices in both rural and urban areas of Bangladesh. Many victims afraid of reporting of abuse due to discrimination and labeling (Gqola, 2015). Besides, many abusive persons are not charged due to lack of evidences (Beland et al., 2020). In such distressful state, unfortunately, the victims, in most cases, are sent to their abusive partners from their own homes to protect her family's reputation (Ali, 2020).

Earlier researchers found significant association between exposure to natural disasters or other extreme events and increase in rates of domestic violence (Gearhart et al., 2018). Various interdependent causes like stress due to physical confinement, economic disruption, adverse effect on business, decrease in employment, limited social support are found to be significant causes of increase in violence against women. A nationwide lockdown during the pandemic induced all the aforementioned roots of domestic violence in Bangladesh. Economic instability, stressful environment, limited access to social services made things more distressful. Home confinement during pandemic increases the risk of domestic violence highly (Kourti, 2021). Lockdown forced potential victims to stay close to their perpetrators (Piquero et al., 2020). Considering circumstances derived from the lockdown, in the present study, we tried to examine the context of domestic violence in Bangladesh during Covid-19 pandemic. We predicted four basic factors that are likely to tempt domestic violence. Psychological state including stress, anxiety and depression and behavioral element like use of alcohol are taken as our primary hypothetical constructs. The impact of these constructs on violence against women and children has been investigated in our study. In addition, we have also use lockdown as the key moderator that may trigger the relationship between our predicted constructs and domestic violence. Therefore, on the basis of our postulation, we assessed the effect of lockdown on domestic abuse with respect to other predicted psychological and behavioral factors.

**Literature Review:** Tripathi, Dwivedi, & Sharma (2022) completed a paper to pinpoint the driving forces behind domestic abuse and its many psychological effects on women. Their report also focused on the causes of an increase in psychological abuse of women. The

statistics for their research were extrapolated from a variety of academic papers, reports from the Indian Government, media stories, and other current, pertinent written sources that addressed domestic abuse and mental stress during the COVID-19 epidemic. In order to discuss how social injustice and power dynamics affected women's mental health, researchers consulted data from the Indian National Commission for Women (NCW) on domestic violence and violence against women complaints received in 2020 as well as 15 journal articles from different countries that addressed domestic violence against women during the COVID-19 period. The psychological abuse towards women during the pandemic was sparked by social and cultural standards in India as well as economic uncertainty during the outbreak. In 2020, there were more complaints reported during the post-lockdown period due to a rise in the number of monthly complaints about dowry deaths, dowry harassment, and the protection of women from domestic abuse. The number of monthly complaints the NCW in India got from January 2020 to December 2020 showed how effective WhatsApp conversation was for reporting domestic abuse.

Ali, Rogers & Geward (2021) conducted a paper that seeks to examine the effects of spousal abuse and violence on mental health in the context of the worldwide epidemic. Their essay examined elements, such as public health initiatives taken to stop the spread of the coronavirus illness, that contribute to increased violence and mental health issues made worse by stresses associated with the worldwide pandemic (COVID-19). Their research provided a best practice framework utilizing an ecological approach to address intimate partner violence in times of pandemic, crisis, or natural catastrophe by synthesizing data from best practice guidelines throughout the worldwide literature. They found that actions like DVA and mental health screening, online interventions, and online safety planning could help reduce the dangers to victims/survivors in succeeding waves. Governments should promote a coordinated approach by providing greater and more suitable funding as well as a policy response that acknowledges and addresses these overlapping challenges. The development of ethical standards and practice guidelines by professional regulating organizations for health and social care practitioners to deliver online counseling and therapy services in circumstances when face-to-face interaction was impractical was also something that required conscious effort.

Jahid (2022) attempted to draw attention to domestic abuse in Bangladesh and the present state of the new coronavirus 2019 (COVID-19) epidemic. Additionally, it outlined how to deal with the unusual situation's obstacles and an increase in domestic violence instances. This essay offered a perspective on domestic abuse in Bangladesh and the COVID-19 epidemic and a thorough literature analysis that compiles news stories and associated articles on domestic violence. Bangladesh has one of the densest populations among the nations that are most susceptible to COVID-19. The COVID-19 virus was quickly spreading over the whole country of Bangladesh and it escalated domestic abuse against women and girls. The scholar found that the domestic violence rates exhibited a growing trend that should not be ignored to safeguard the safety and security of women and girls in Bangladesh due to the lockdown, financial strain, and lack of livelihoods.

Magill (2022) drew on interviews with Southall Black Sisters staff, and this paper seeks to highlight the experiences of practitioners in the women's sector in order to investigate the unique experiences and challenges that migrant and racially minority women faced when seeking help for domestic abuse during the Covid-19 pandemic. It emphasized how pandemic-related lockdowns caused hurdles to obtain support services and housing, resulting in an epidemic inside the pandemic, as well as how minoritised women and the organizations that helped them had to overcome institutional barriers and racism. In-depth semi-structured interviews were performed with personnel from a major women's organization that assists migrant and racial minority women. Four participants were asked questions on four different themes: domestic violence before and during the pandemic, getting help from and reporting domestic abuse, resource accessibility, and post-pandemic problems. The transcribed interviews were analyzed using a phenomenological method. Participants regularly emphasized the distinct hazards and challenges that migrant and racial minority women faced while seeking assistance. Racism, linguistic problems, cultural limits, the triple danger of destitution, arrest, and deportation, and political opposition to protecting migrant women from destitution/homelessness were all obstacles.

Gordon & Sauti (2022) conducted a study and the goal was to conduct a comparative investigation of the psychological and socio-cultural effects of COVID-19 on victims of intimate partner abuse (IPV) in South Africa (SA) and the United States (US). The authors gathered media and scientific materials from the early stages of the epidemic that dealt with IPV sufferers. This study concentrated only on South Africa and the United States due to their distinct settings and the fact that the writers are residents of both countries. The authors studied how both presidents handled IPV during the COVID-19 epidemic, particularly while stay-at-home orders were in effect. Aspects of the psychological and socio-cultural effects of the epidemic were explored. The authors discovered that many black women from poor socioeconomic backgrounds encounter IPV in both nations. Victims are unable to report abuse since they are in secluded areas with their offenders. As the globe seeks to halt the spread of COVID-19 infections, effective methods for both victims and perpetrators have been proposed. The authors discovered that the actions of the two governments (until the Biden Administration takes office in 2021) were radically different regarding successful policies and the disregard and downplaying of the scope of one or both pandemics. (i.e. COVID-19 and IPV). To combat IPV, pro-safety, equality, gender, and race-conscious initiatives are urgently required.

Proudman & Lloyd (2022) conducted a study and its purpose to investigate the impact of COVID-19 on women and children in the United Kingdom who have experienced domestic abuse. The writers reflected on the impact of lockdown limitations on women and children, focusing on the influence of government restrictions that created a climate in which abusers could control the mobility of victims. The epidemic had a huge impact since victims were trapped in the abuse, unable to flee for fear of violating lockdown restrictions. The lockdown impacted victims of several types of violence against women and girls in the

United Kingdom, including forced marriage and female genital mutilation, highlighting the consequences of intersectional inequality on abuse victims.

Ince (2020) conducted research and its goal was to look at measures for protecting women during pandemics while taking gender and feminist issues into account. The key causes of violence against women during lockdown have been studied. A qualitative evaluation and analysis of the literature were carried out. Because there have been mandatory lockdowns in other regions of the world, including Turkey, the lockdown is excellent for stopping the spread of Covid-19. There were consequences to the Covid-19 epidemic, one of which is the shame and anguish that women endure all throughout the world, including in their own households. Domestic abuse is a major issue. It is thus critical for the government to intervene on this issue by defining domestic abuse to be an "essential service" and to put in place mechanisms to provide immediate aid to women in such distress. It is also possible that the phrase "lockdowns" will be interpreted in a variety of ways. One such prevalent argument is that humans are slaves to their general imaginations, which may be exploited as a tool to abandon patriarchal ideals and pursue a violence-free existence.

Cardiade et al (2021) defined the sort of help offered to victims of violence against women and domestic violence (VAWDV) during the initial lockdown by evaluating professional training to use remote support. (RS). This cross-sectional study includes 196 support professionals, the majority of whom were women (91.8%) who were members of the Portuguese National Support Network for victims of domestic abuse (NSNVDV) (Mean age = 36.49; SD = 10.52). The telephone emerges as the primary RS communication medium utilized under lockdown (43.9%) and emergency conditions (57.1%). Participants reported never using any social apps (41.8% vs 41.8%) or videoconference (46.4% vs 58.2%) throughout both assessment periods, i.e. lockdown and emergency situation, and 82.7% thought they had no training with RS to aid VAWDV sufferers. However, support providers identified various benefits of utilizing RS, including dealing with isolation, lowering inhibition, anxiety, and shame, and enhancing victim empowerment.

Pritchard et al (2022) described the results of a mixed-methods study on the influence of COVID-19 on adult safeguarding. The study aimed to investigate the difficulties and possibilities given by COVID-19 to frontline and non-frontline practitioners involved in adult safeguarding. A literature review, survey, semi-structured interviews, and a small number of freedoms of information requests were conducted as part of a mixed-methods study. This report was mostly discussing the results of the survey and interviews. COVID-19 has, predictably, generated a number of issues for professionals involved in adult safety. The most often mentioned topics were day-to-day changes and problems, cross-sector connections, information, and managing the ethical concerns in safeguarding.

Piquero et al (2021) quantified the impact of COVID-19-related limitations (such as stay-at-home orders and lockdown orders) on reported incidences of domestic violence. A comprehensive review of publications from several databases was done, as well as a meta-

analysis. The search was conducted using traditional scientific standards established in the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P), and papers were required to fulfill specific criteria. The analyses were carried out using a random effects constrained maximum likelihood model. The broad inclusion criteria were satisfied by eighteen empirical research (and 37 estimations). The majority of research estimations indicated an increase in domestic violence following lockdowns, according to the findings. The average effect size was 0.66. (CI: 0.08–1.24). When just research from the United States was evaluated, the impacts were greater.

Porter et al (2021) measured the rise in physical domestic abuse (family or intimate partner violence) suffered by young people aged 18 to 26 in Peru during the 2020 COVID-19 lockdowns. To do this, they employ an indirect mechanism known as the double list randomization experiment. The list experiment was incorporated in a telephone survey sent to Young Lives project participants, a long-running cohort survey. During the lockdown period, 8.3% of the sample reported an increase in physical violence inside their houses. Those who had previously reported domestic abuse during the previous round of (in-person) data collection in 2016 were more likely to have suffered additional physical violence during the COVID-19 lockout, with 23.6% reporting an increase during this period. The reported rise in violence was not significantly different by gender. List experiments, when done properly, maybe a reasonably inexpensive and viable technique to obtain information regarding sensitive matters during a phone survey.

Bright, Burton & Kosty (2020) addressed domestic violence in this article as a significant social and public health impact of COVID-19. As a pandemic with a high degree of contagion, essential social distancing measures have been implemented globally to reduce transmission and safeguard medical services. They begin by presenting research that demonstrates how social withdrawal has a number of negative repercussions, including economic stress, social and functional isolation, and an increase in domestic violence. We conclude the commentary with implications for current policy related to (1) increased media attention, (2) increased attention in healthcare systems, (3) promoting the social and economic security, and (4) long-term efforts to fund prevention and response, as well as research implications to take into account. This assessment was done by examining the intersection of the early news media messaging on the effect of COVID-19 on DV and the literature on social isolation and crisis situations. Although the research was described as being continuous, recommendations for policies and procedures are made with a sense of urgency.

Leslie & Wilson (2020) tracked the pandemic's effects on domestic violence police requests for assistance. From March to May 2020, the pandemic increased domestic violence calls by 7.5%, with the impacts being focused on the first five weeks after social estrangement started. Before official stay-at-home orders were required, there was an increase in the number of recorded domestic violence events. Although it is not driven by any one demographic group, homes without a history of domestic violence do seem to be the main drivers.

Gulati & Kelly (2020) conducted a research where domestic violence risk has been linked to infection-reduction initiatives implemented by governments during the COVID-19 pandemic. By (a) addressing some risk factors for domestic violence perpetration, such as the assertive identification and management of substance abuse, (b) providing support, advocacy, and treatment services for victims of domestic violence, and (c) multi-agency working to strengthen medical and social responses to domestic violence, psychiatric services can play a critical role in addressing this issue. In order to deal with the serious challenges at hand, it was crucial that multidisciplinary mental health services are reinforced right now rather than reduced.

Indu et al (2021) conducted research about the nationwide lockdown that was announced in India when coronavirus disease-2019 was declared a pandemic. Increased psychological issues followed, particularly among women. In a panchayat in Southern India, during a pandemic and lockdown, it was important to gauge the incidence of psychological issues and domestic violence (DV) among married women. Depressive symptoms were found to be 10.0% common, anxiety symptoms to be 7.2% common, and perceived stress to be 66.0% common. 6.2% of women reported experiencing severe DV, however, 25.8% of the women reported experiencing some sort of DV. DV was found to significantly positively correlate with both sadness and anxiety. DV was also shown to be a significant predictor of anxiety (aOR=4.34, P=0.02) and depression (aOR = 4.26, P = 0.006). Significantly raising the risk for depression were being a homemaker (aOR=4.51, P = 0.03) and having a history of mental illness (aOR=5.39, P = 0.03).

Arenas, Fernandez & Nollenberger (2021) separated the impact of forced cohabitation and financial strain on violent personal relationships. They discovered a 23% rise in intimate partner violence during the lockdown using data from an online poll. According to our findings, the impact of economic repercussions is twice as great as the impact of a lockdown. As the relative position of the male deteriorates, particularly in situations where that position was already under danger, we also find substantial but statistically ambiguous estimates of a considerable rise in domestic violence. Their findings are in line with the masculine backlash and emotional cue effects, in our opinion.

Viero et al (2021) evaluate the research on the connection between the current COVID-19 epidemic and violence against women (VAW). 42 items in total were taken into consideration following the screening procedure. According to their study, the "stay at home" regulations implemented in response to the epidemic have made VAW problems worse, leading to what the UN has dubbed a "shadow pandemic within the pandemic." The majority of the publications are commentary, letters, or editorials, and the majority of the published data comes from anecdotal evidence, the internet, social media, and hotline reports. Rigid research quantifying the association between VAW and COVID-19 pandemic is, however, rare. Healthcare systems should encourage more research on the connection between VAW and COVID-19 in order to come up with innovative ways to provide clinical treatment and forensic services for VAW victims.

**Research Gap:** From past research, it was evident that the impact of Covid -19 increased the severity and the frequency of domestic violence around the globe. The increased time spent in the household, economic stress, and the growing unease of the pandemic was the main triggers of domestic abuse. These studies were mainly done in the surrounding countries in Bangladesh, with only a few based on the region of Bangladesh. Therefore, there is a substantial gap in the information on the socio-economic structure in the context of domestic violence due to the pandemic. Not only that, it has been over a year since the lockdowns were fully lifted in Bangladesh, and things are probably not the same there might be a significant decrease in the level of domestic violence now that the people are not staying together through the entire day, so new research on the topic might give completely different results when compared to the previous studies. As such, another approach can be started where the research is about comparing the level of domestic abuse during and after the pandemic in Bangladesh.

**Objectives:** The objectives of the study are follows:

1. To study the factors causing of domestic violence in Socio-cultural prospects of Bangladesh.
2. To see the effect of lockdown due to COVID-19 on domestic violence in Bangladesh families.
3. To compare the domestic violence cases during and after the Lockdown situation in Bangladesh.

**Hypotheses:** Based on above objectives following hypotheses have been formulated:

H1a: Depression characteristics of human behaviour affect the domestic violence behaviour of person in home (Gordon &Sauti 2022).

H1b: Anxiety characteristics of human behaviour affect the domestic violence behaviour of person in home (Indu, et al. 2021).

H1c: Perceived stress of person significantly affects the domestic violence behaviour of person in home (Tripathi, et. al., 2022; Arenas-Arroyo, et. al., 2021).

H1d: Alcoholic habit of person causes the increase of domestic violence in home (Indu, et al. 2021).

H2a: Lockdown due to COVID-19 moderated the relationship between Depression characteristics and domestic violence behaviour of person (Gulati & Kelly 2020; Bright, Burton &Kosty 2020).

H2b: Lockdown due to COVID-19 moderated the relationship between Anxiety characteristics and domestic violence behaviour of person (Gulati & Kelly 2020; Bright, Burton &Kosty 2020).

H2c: Lockdown due to COVID-19 moderated the relationship between Perceived stress and domestic violence behaviour of person (Gulati & Kelly 2020; Bright, Burton &Kosty 2020).

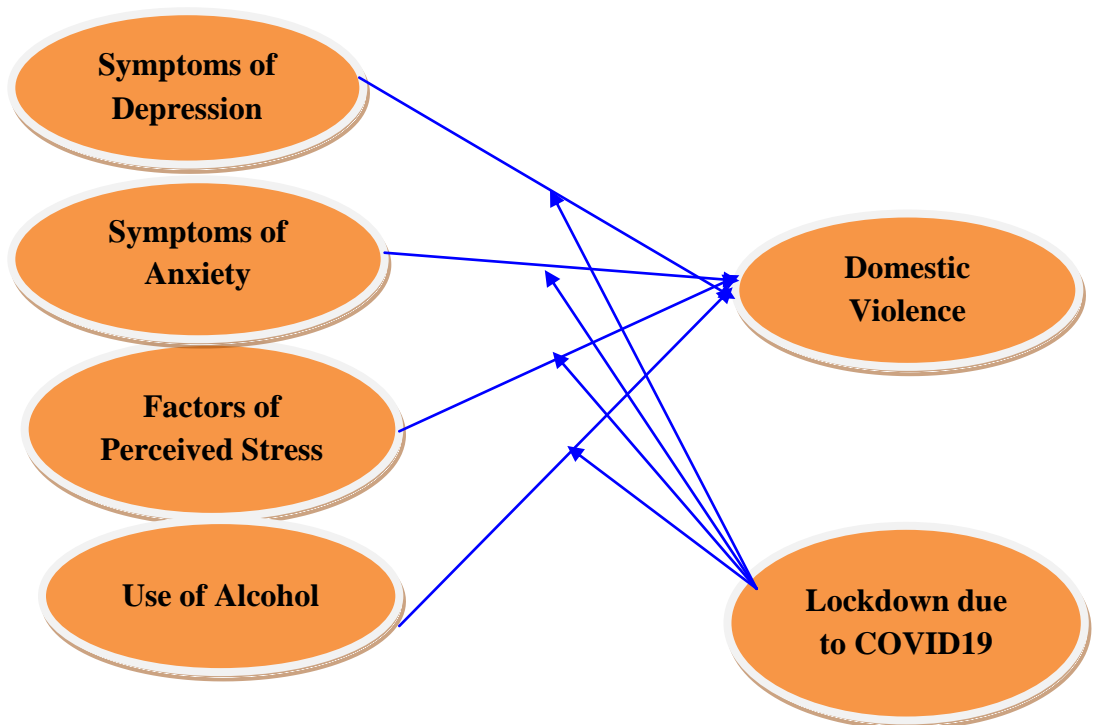


H2d: Lockdown due to COVID-19 moderated the relationship between Alcoholic habit of person and domestic violence behaviour of person (Gulati & Kelly 2020; Bright, Burton &Kosty 2020).

H3: Compare the results of Factors causing domestic violence with and without COVID-19 situation (Viero, et al 2021).

**Conceptual Framework:** The proposed conceptual framework is based on above hypothesis and literature review, is shown in Figure 1.

**Figure-1: Conceptual Framework**



**Symptoms of Depression (SD):** Depression is a mental state of low mood and aversion to activity. It affects more than 280 million people of all ages (about 3.5% of the global population). Depression affects a person's thoughts, behavior, feelings, and sense of well-being (Wikipedia).

**Symptoms of Anxiety (SA):** Anxiety disorders are the most common form of emotional disorder and can affect anyone. But, according to the American Psychiatric Association, women are more likely than men to receive a diagnosis of an anxiety disorder (healthline).

**Factors of Perceived Stress (FPS):** Perceived stress, which reflects the tendency to appraise one's life situations as stressful and overwhelming, has emerged as a stable predictor for depressive symptoms (wang et. al., 2019).

**Domestic Violence (DV):** Domestic violence is violence or other abuse that occurs in a domestic setting, such as in a marriage or cohabitation. Domestic violence is often used as a synonym for intimate partner violence, which is committed by one of the people in an intimate relationship against the other person, and can take place in relationships or between former spouses or partners. In its broadest sense, domestic violence also involves violence against children, parents, or the elderly (Wikipedia).

**Database and Methodology:** In the current study, six key constructs were employed to design the model: symptoms of depression (SD), symptoms of anxiety (SA), factors of perceived stress (FPS), use of alcohol (UA), lockdown due to covid19 (LDC) (moderating variable) and domestic violence (DV). The measurable structure for the elements in the suggested model is shown in Table 1. All items within the five dimensions of a structured questionnaire have been assessed using a five-point Likert scale, where 5 represents strongly agreement and 1 represents strongly disagreement. Both the direct interview method and the online survey method have been used to gather primary data. Convenience sampling has been used to choose the respondents for the study. In total, 150 authentic questionnaires were gathered from Bangladesh. The significance of the hypothesized paths for the suggested model has been examined by using structural equation modeling (SEM), which has been implemented with the aid of the R programming language.

Table: 1		
Construct	Variables	Adapted from
Symptoms of Depression (Gordon & Sauti 2022)	SD1: I felt down and unhappy SD2: It was hard for me to get started on things I had to do SD3: I experienced restless sleep SD4: I felt like I was too tired to do things SD5: I had trouble focusing on what I was doing SD6: I was bothered by things that usually don't bother me SD7: I felt like crying	Chae, et. al., 2021

<p><b>Symptoms of Anxiety</b> (Indu, et al., 2021)</p>	<p>SA1: Fear of the worst happening SA2: Unable to relax SA3: I do not feel cheerful SA4: Faint/lightheaded SA5: I feel nervous</p>	<p>Chae, et. al., 2021</p>
<p><b>Factors of Perceived Stress</b> (Tripathi, et. al., 2022; Arenas-Arroyo, et. al., 2021)</p>	<p>FPS1: Have you been upset because of something that happened unexpectedly? FPS2: Have you felt that you were unable to control the important things in your life? FPS3: Have you felt confident about your ability to handle your personal problems? FPS4: Have you felt that things were going your way? FPS5: Have you been able to control irritations in your life? FPS6: Have you felt difficulties were piling up so high that you could not overcome them?</p>	<p>Chakraborti, et al., 2013</p>
<p><b>Use of Alcohol</b> (Indu, et al., 2021)</p>	<p>UA1: Daily UA2: Only on weekend UA3: Monthly UA4: On some occasion only</p>	<p>Researcher own design</p>
<p><b>Domestic Violence</b> (Yagiz et. al., 2020)</p>	<p>DV1: Has he/she insulted you or made you feel bad about yourself? DV2: Has he/she threatened to hurt you or someone you care about? DV3: Has he/she pushed or shoved you? DV4: Has he/she hit you with his fist or with something else that could hurt you?</p>	<p>Hegarty et. al., 1998</p>

	DV5: Has he/she physically forced you to have sexual intercourse when you didn't want to? DV6: Has he/she forced you to do something sexual that you found degrading or humiliating?	
<b>Lockdown due to COVID19</b> (Gulati & Kelly 2020; Bright, Burton & Kosty 2020)	LDC1: Reduction of the spouse income during the COVID-19 lockdown LDC2: Aggressive behavior of the spouse during COVID-19 lockdown LDC3: More no of arguments from the spouse during COVID-19 lockdown	Naghizadeh, et. al., 2021

**Results and Discussion:**

Construct	Item	Factor Loading	Communality	Redundancy (P-value)	Average variance Extracted (AVE)
<b>SD</b>					0.506
	SD1	0.762192903	0.660609932	0.000	
	SD2	0.793365829	0.494293123	0.000	
	SD3	0.795562278	0.329193002	0.000	
	SD4	0.786492274	0.485701437	0.000	
	SD5	0.718377320	0.623900032	0.000	
	SD6	0.887119928	0.447098342	0.000	
	SD7	0.784584144	0.255723023	0.000	
<b>SA</b>					0.560
	SA1	0.758182676	0.682948432	0.006	
	SA2	0.746333832	0.477474432	0.000	
	SA3	0.745761397	0.687032430	0.003	
	SA4	0.712803137	0.225770353	0.000	
	SA5	0.862210373	0.385226732	0.000	
<b>FPS</b>					0.510
	FPS 1	0.724831652	0.466110432	0.049	

	FPS 2	0.815472042	0.433379432	0.023	
	FPS 3	0.769102645	0.659570231	0.035	
	FPS 4	0.737799838	0.428828872	0.022	
	FPS 5	0.787131532	0.244452342	0.036	
	FPS 6	0.720949533	0.355783012	0.049	
UA					0.585
	UA1	0.826768132	0.435455231	0.000	
	UA2	0.956613061	0.251085123	0.000	
	UA3	0.680469812	0.613211012	0.000	
	UA4	0.801142975	0.418301001	0.000	
LDC					0.711
	LDC 1	0.780213210	0.434159234	0.009	
	LDC 2	0.799170326	0.634754123	0.032	
	LDC 3	0.811885896	0.251845123	0.049	
DV					0.603
	DV1	0.733383281	0.211744123	0.000	
	DV2	0.723264976	0.231122001	0.000	
	DV3	0.909585751	0.473462142	0.000	
	DV4	0.793254058	0.692520123	0.000	
	DV5	0.912939203	0.334580234	0.000	
	DV6	0.734350703	0.424008123	0.000	

Source: Authors' own calculation

SD (Symptoms of Depression), SA (Symptoms of Anxiety), FPS (Factors of Perceived Stress), UA (Use of Alcohol), and DV (Domestic Violence) are the construct names and the elements that represent each construct are listed below. The table-2 displays the factor loadings for each item as well as the average variance extracted (AVE), redundancy and communality (i.e., the proportion of the component's variation explained by other constructs).

The factor loadings show how strongly each item is related to each individual construct. For example, item SD1 has a factor loading of 0.76, indicating a strong positive correlation between SD1 and the SD construct. Similar to item UA3 also has a factor loading of 0.68, which shows a moderately favourable link between LS1 and the LS construct.

The communality shows how much of each item's variance is explained by its related construct. For instance, the communality for item SD1 is 0.66, meaning that the DV construct describes 66% of the variance in SD1.

The redundancy is the percentage of an item's variance that can be explained by other constructs. For example, item SA1's redundancy score of 0.006 means that no other constructions can explain any of the SA item's variance.

The average amount of variation in each item that is explained by its relevant construct is represented by the AVE. For instance, the AVE for the SD construct is 0.506, showing that the SD construct explained 50.6% of the variance in the SD items validity (Fornell & Larcker, 1981).

From the all point of view it may be said that, the factor loadings are generally high, the communality is moderate to high, the redundancy is low, and the AVE is over the suggested cutoff of 0.5 and the constructs having good convergent validity.

Item	Cronbach's $\alpha$	Composite rho(A)	Reliability rho(C)	Composite Reliability rho(C)	VIF
SD	0.880	0.886		0.875	2.573
SA	0.807	0.869		0.778	1.891
LDC	0.743	0.728		0.703	1.246
FPS	0.737	0.724		0.821	1.809
UA	0.939	0.948		0.941	2.432
DV	0.897	0.913		0.899	

Source: Author's own calculation

The degree to which the items inside each construct are measuring the same underlying concept is shown by Cronbach's alpha, a measure of internal consistency. The table 3 demonstrates that the constructs' Cronbach's alpha values range from 0.737 to 0.939. Although the acceptable range can vary depending on the particular context and research question, generally, a value greater than 0.7 is considered acceptable, anything less than 0.7 is weak, and a value under 0.5 is unacceptable.(Cronbach, 1951; Hair Jr, Black, Babin, & Anderson, 2010)

The internal consistency evaluates by composite reliability rho (A) and composite reliability rho (C) takes into consideration the factor loadings of the items on the constructs. According to the table 3, the composite reliability values for rho (A) and rho(C) respectively range from 0.724 to 0.948 and 0.703 to 0.941. In SEM analysis, for internal consistency measurement, both rho (A) and rho(C) are also frequently utilized. Reliability values between 0.60 and 0.70 are considered "acceptable in exploratory research," whereas values between 0.70 and 0.90 range from "satisfactory to good."(Jöreskog, 1971)

A measure of multicollinearity between the independent variables in a regression model is the variance inflation factor (VIF). It evaluates the extent to which, the variance of the intended regression coefficients is raised because of multicollinearity. The table 3 expressed that the range of VIF values from 1.2 to 2.6, demonstrating that the independent variables in the model do not exhibit significant multicollinearity.

Overall, the reliability and internal consistency scores shown in Table 3 imply that the constructs are measuring the same underlying concepts and have appropriate internal consistency.

	<b>SD</b>	<b>SA</b>	<b>LDC</b>	<b>FPS</b>	<b>UA</b>	<b>DV</b>
SD	-	-	-	-	-	-
SA	0.898	-	-	-	-	-
LDC	0.299	0.174	-	-	-	-
FPS	0.511	0.687	0.273	-	-	-
UA	0.245	0.351	0.077	0.311	-	-
DV	0.428	0.463	0.109	0.306	0.671	-

Source: Authors own calculation

The results of the heterotrait-monotrait (HTMT) ratio-based discriminant validity analysis are presented in Table 4. In SEM analysis, the discriminant validity of constructs is frequently evaluated by using the HTMT ratio. A threshold of 0.90 is frequently utilized as a satisfactory amount of discriminant validity, and this ratio should be less than 1 to support discriminant validity (Henseler, Ringle, & Sarstedt, 2015).

Table 4 disclosed that the HTMT ratios are all below the cut-off value of 0.9, demonstrating sufficient discriminant validity between the components. The values range from 0.077 to 0.898 specifically, with the highest value being found between SA and SD. Even the greatest value, though is below the cut-off value 0.9, demonstrating that there is no substantial problem with discriminant validity. These findings collectively imply that the constructs are separate and that they are measuring various underlying concepts.

	<b>SD</b>	<b>SA</b>	<b>LDC</b>	<b>FPS</b>	<b>UA</b>	<b>DV</b>
SD	<b>0.711</b>	-	-	-	-	
SA	0.758	<b>0.748</b>	-	-	-	
LDC	0.064	0.047	<b>0.843</b>	-	-	
FPS	0.403	0.490	-0.016	<b>0.714</b>	-	
UA	0.231	0.365	0.019	0.332	<b>0.765</b>	
DV	0.385	0.437	0.031	0.320	0.630	<b>0.776</b>

Source: Authors own calculation

The findings of the discriminant validity through utilizing the Fornell-Larcker Criterion are presented in Table 5. According to the Fornell-Larcker criterion, the square root of each latent variable's AVE score must be greater than the correlation coefficient between that latent variable and any other latent variable in the model (Fornell & Larcker, 1981).

The bolded diagonal values in this table correspond to the AVE's square root for each construct. The correlations between the constructs are shown by the values outside the diagonal. As we can see, the correlations between each construct and other constructs are lower than the square root of the AVE for each construct. For instance, the correlation between the FPS construct and the SD (0.403), SA (0.490) and LDC (-0.016) is lower than the square root of the AVE for the FPS construct, which is 0.714.

**Table 6: Cross Loadings of Measurement Model**

	<b>SD</b>	<b>SA</b>	<b>LDC</b>	<b>FPS</b>	<b>UA</b>	<b>DV</b>
SD1	0.766	0.585	0.089	0.337	0.120	0.230
SD2	0.765	0.598	0.088	0.445	0.222	0.325
SD3	0.815	0.581	0.128	0.315	0.214	0.326
SD4	0.794	0.635	0.062	0.273	0.222	0.322
SD5	0.759	0.526	-0.054	0.264	0.098	0.253
SD6	0.732	0.533	-0.058	0.273	0.110	0.240
SD7	0.702	0.569	0.049	0.235	0.198	0.321
SA1	0.469	0.645	-0.047	0.325	0.100	0.168
SA2	0.625	0.802	-0.011	0.418	0.286	0.303
SA3	0.606	0.686	0.014	0.252	0.085	0.209
SA4	0.566	0.796	0.100	0.428	0.455	0.475
SA5	0.574	0.767	0.043	0.344	0.217	0.310
LDC1	-0.079	-0.045	0.413	0.021	-0.004	0.015
LDC2	-0.070	-0.048	0.681	0.063	0.005	-0.018
LDC3	0.093	0.062	0.631	0.016	0.036	0.021
FPS1	0.285	0.162	0.452	0.765	0.454	0.651
FPS2	0.412	0.449	0.029	0.629	-0.022	0.057
FPS3	-0.009	0.083	0.012	0.412	-0.183	-0.083
FPS4	0.126	0.266	-0.041	0.641	0.017	0.019
FPS5	0.049	0.151	0.010	0.510	0.056	0.141
FPS6	0.416	0.487	-0.024	0.724	0.339	0.305
UA1	0.276	0.408	0.041	0.338	0.901	0.535
UA2	0.197	0.329	0.010	0.304	0.965	0.246
UA3	0.207	0.337	0.000	0.288	0.944	0.283
UA4	0.175	0.269	0.024	0.297	0.868	0.526
DV1	0.262	0.329	0.021	0.199	0.369	0.754



DV2	0.340	0.310	-0.019	0.271	0.442	0.849
DV3	0.402	0.416	0.025	0.315	0.572	0.903
DV4	0.340	0.390	0.047	0.282	0.531	0.870
DV5	0.236	0.331	0.044	0.246	0.687	0.842
DV6	0.309	0.364	0.027	0.245	0.415	0.653

Source: Author’s own calculation

The cross-loadings of the measurement model are displayed in Table 6. A statistic called cross-loading can be used to determine whether one observable variable is having an impact on several latent variables. It may be challenging to pinpoint which construct an observed variable is actually measuring if it has large loadings or effects on several latent variables (Hair Jr, Black, Babin, & Anderson, 2010)

Overall, the table reveals that the items have good discriminant validity, with stronger loadings on their own constructions than on other constructs. Some items do, however, exhibit high to low cross-loadings on other constructs. For instance, the cross-loading for FPS1 is 0.765 on the FPS construct and 0.651 on the DV construct, which is moderate. Similar to SA1, SA2 exhibits strong cross-loading on the SA construct (0.645) and (0.802) and moderate cross-loading on the FPS construct (0.325) and (0.418) respectively.

<b>Table 7: Hypothesis Testing and Structural Model Evaluation</b>						
<b>\$DV</b>						
	<b>Estimate (Beta)</b>	<b>Mean</b>	<b>Std. Dev</b>	<b>t value</b>	<b>Pr(&gt; t )</b>	
Intercept						
SD -> DV	0.15772760	0.03237642	5.391601	0.029254315	0.009	
SA -> DV	0.01750617	0.26026563	8.839036	0.001980552	0.431	
LDC -> DV	0.08661598	0.08726807	2.605137	0.033248144	0.027	
FPS -> DV	0.11714266	0.13267210	3.816097	0.030696980	0.018	
UA -> DV	0.54330156	0.53242144	2.438361	0.222814250	0.024	
SD*LDC -> DV	0.08971366	0.08949571	2.733268	0.032822850	0.003	
SA*LDC -> DV	0.01067575	0.03524822	2.227760	0.004792145	0.502	
FPS*LDC -> DV	0.12001054	0.18329003	1.789028	0.067081422	0.014	
UA*LDC -> DV	0.04392484	0.09129593	1.292021	0.033997011	0.047	

Source: Author’s own calculation

It has been seen from the table 7 that there are three out of the four statistical significant associations between the latent constructs and DV, according to the findings of the hypothesis testing. Positive and statistically significant path coefficients for SD, FPS and UA show a positive significant direct link between SD, FPS and UA with DV. As a result, it

appears that people with higher levels of SD, FPS and UA are also more prone to exhibit high levels of DV.

On the other hand the path coefficient of SA has a positive but not statistically significant relation with DV. This implies that SA has no meaningful direct link with DV.

Moderating variables SD\*LDC, FPS\*LDC and UA\*LDC have a positive significant relation with DV indicating meaningful link with DV.

**Findings:**

1. Symptoms of depression that may aggravate the cases of intimate violence in a relationship. This finding confirms hypothesis H1a and indicates that psychological depression is amplified and subsequently cases of violence against women and children during pandemic.
2. Perceived stress that may aggravate the cases of intimate violence in a relationship. This finding confirms hypothesis H1c and indicates that mental stress is amplified and subsequently cases of violence against women and children during pandemic.
3. Use of alcohol that may aggravate the cases of intimate violence in a relationship. This finding confirms hypothesis H1d and indicates that use of alcohol is amplified and subsequently cases of violence against women and children during pandemic.
4. The moderating impact of lockdown due to Covid-19 pandemic on such social crime suggest that the most significant incitement derives from perceived depression, followed by perceived stress and use of alcohol. We find a significant positive correlation between domestic violence, perceived depression, stress and use of alcohol. As well as lockdown plays a crucial role moderating the impact of projected factors on domestic violence. This finding confirms hypotheses H2a-d.

**Figure 2: The relationship between SD and DV with moderating variable LDC**

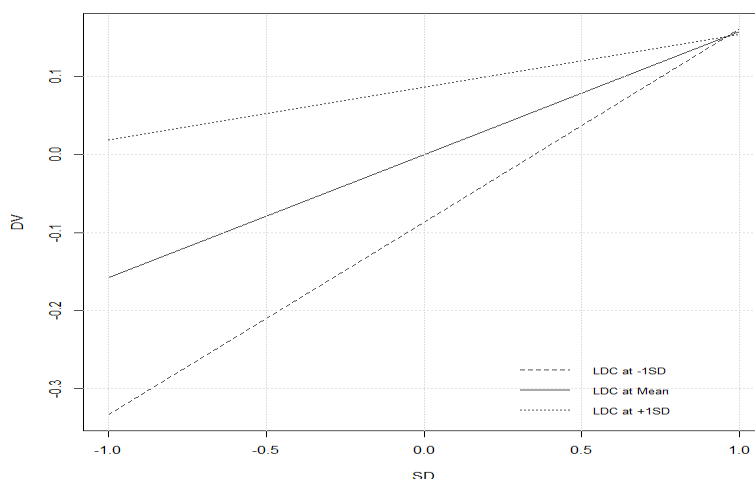
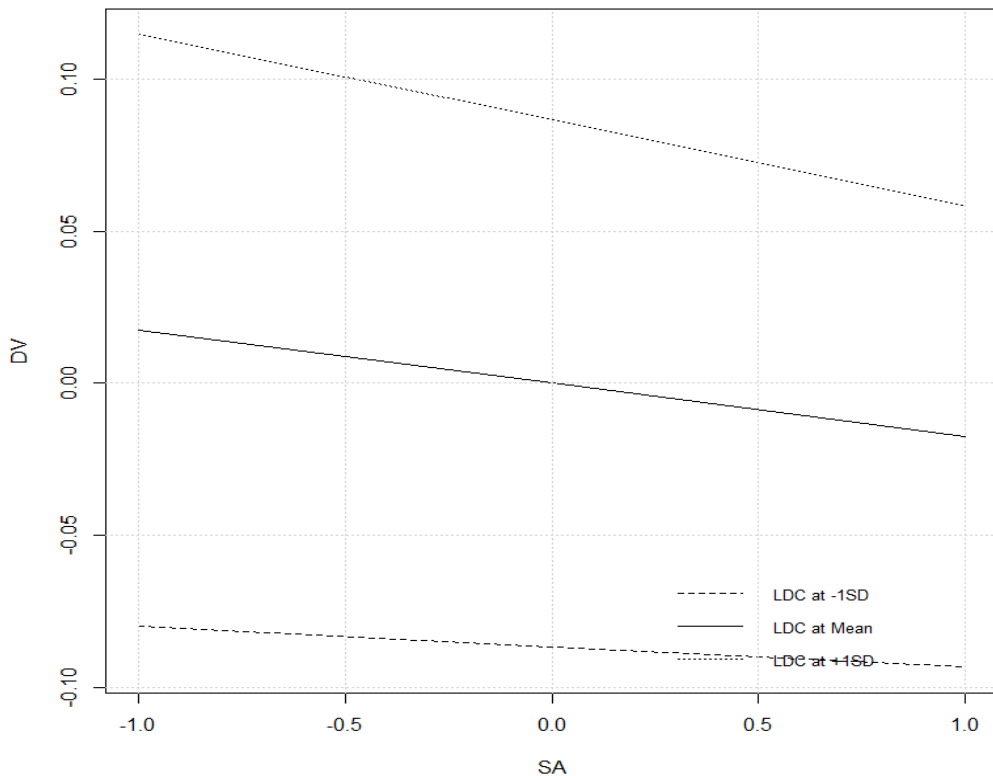


Fig. 2 shows the link between SD and DV for low and high amounts of the moderator construct LDC. A low level of LDC is typically one standard deviation unit lower than the average (big dotted line in Fig. 2), whereas a high level of LDC is one standard deviation unit higher than the average (small dotted line in Fig. 2), [Hair Jr. J.F.et. al., 2021]. The slope of the high moderator line is steeper due to the positive moderating impact, as shown in the 0.15 link between the interaction term SD and the endogenous construct DV. That is, as LDC levels rise, the link between SD and DV grows stronger. The slope is substantially fatter for low(er) levels of LDC, as shown in Fig. 2. When the moderator construct LDC is used, the link between SD and DV, are weakens.

**Figure 3: The relationship between SA and DV with moderating variable LDC**



The relationship between SA and DV for low and high levels of the moderator construct LDC is depicted in Fig. 3. A low level of LDC is typically one standard deviation unit lower than the average (big dotted line in Fig. 3), whereas a high level of LDC is one standard deviation unit higher than the average (small dotted line in Fig. 3), [Hair Jr. J.F.et. al., 2021]. There is no slope has observed along with the moderator because of the absence of relation between the interaction term SA and the endogenous construct DV.

**Figure 4: The relationship between FPS and DV with moderating variable LDC**

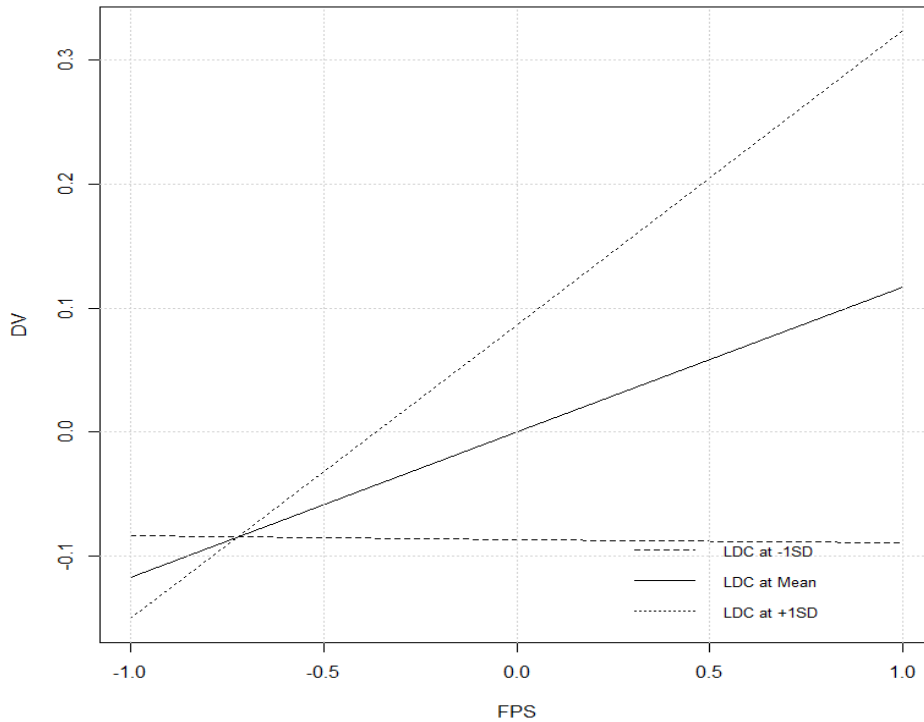
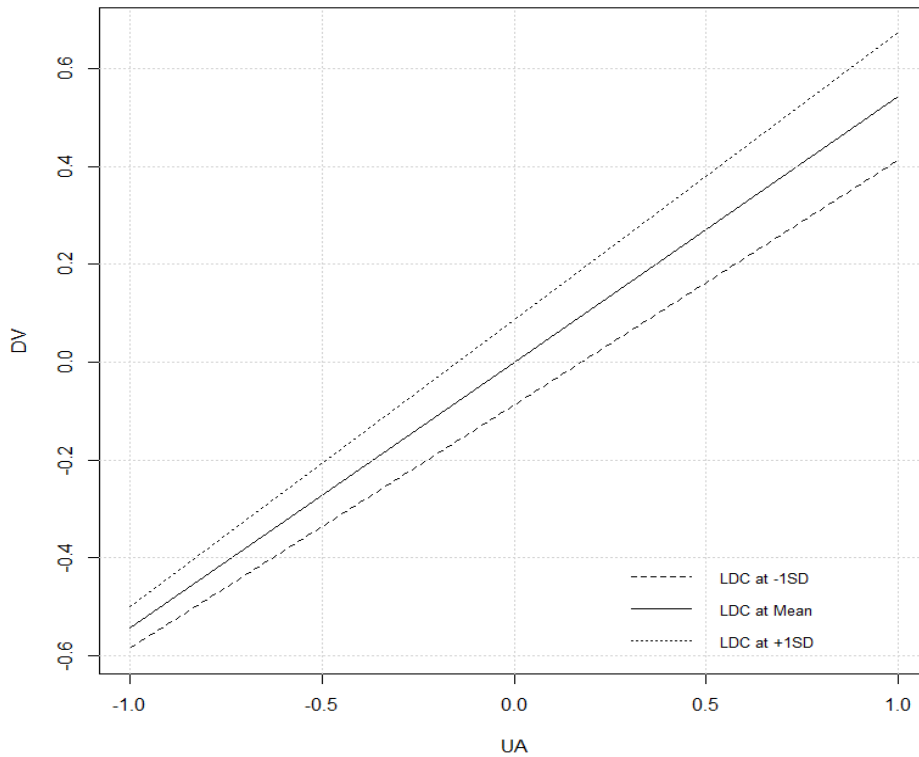


Fig. 4 shows the link between FPS and DV for low and high amounts of the moderator construct LDC. A low level of LDC is typically one standard deviation unit lower than the average (big dotted line in Fig. 8.3), whereas a high level of LDC is one standard deviation unit higher than the average (small dotted line in Fig. 8.3), [Hair Jr. J.F.et. al., 2021]. The slope of the high moderator line is steeper due to the negative moderating impact, as shown in the -0.08 link between the interaction term FPS and the endogenous construct DV. That is, as LDC levels rise, the link between FPS and DV grows stronger. The slope is substantially fatter for low(er) levels of LDC, as shown in Fig. 4. When the moderator construct LDC is used, the link between FPS and DV are weakens.

**Figure 5: The relationship between UA and DV with moderating variable LDC**



The relationship between UA and DV for low and high levels of the moderator construct LDC is depicted in Fig. 5. A low level of LDC is typically one standard deviation unit lower than the average (big dotted line in Fig. 5), whereas a high level of LDC is one standard deviation unit higher than the average (small dotted line in Fig. 5), [Hair Jr. J.F.et. al., 2021]. There is no slope has observed along with moderator because of the absence of relation between the interaction term UA and the endogenous construct DV.

**Table 8: Goodness-of-fit indicators for the structural model**

Fit indices	Structural model value	Recommended value	References
gfi	0.943	> .90	Hair et al. (2010)
agfi	0.853	> .80	Hu and Bentler (1999)
nfi	0.942	> .90	Bentler and Bonett (1980)
cfi	0.914	> .90	Bentler and Bonett (1980)
rmsea	0.055	< .08	Hu and Bentler

			(1999)
srmr	0.061	< .07	Hu and Bentler' (1999)

Source: Authors own calculation

The goodness-of-fit measures for the structural model are displayed in Table 8. The model's Goodness-of-Fit Index (GFI) is 0.943, which is higher than the suggested value of 0.90 and shows that the model and observed data fit each other well. A value of 0.853 for the Adjusted Goodness-of-Fit Index (AGFI) is also higher than the suggested value of 0.80. The Normed Fit Index (NFI) is 0.942, which is higher than the suggested value of 0.90, which measures how well the model fits the data,

The Comparative Fit Index (CFI) is greater than the recommended value of 0.90 at 0.914, indicating that the model and the data fit together reasonably well. A satisfactory match is shown by the Root Mean Square Error of Approximation (RMSEA) of 0.055, which is under the advised value of 0.08. The suggested value of 0.07 which is met by the Standardized Root Mean Square Residual (SRMR), which value is 0.061. According to the goodness-of-fit indices, which overall show that the structural model is a good fit for the data.

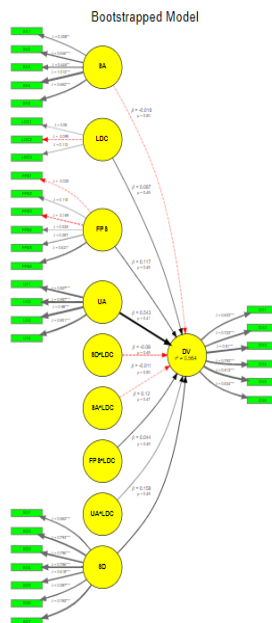


Figure 6: Bootstrapped model

As shown in Figure 6, each of the two variables (exogenous and endogenous) are used to evaluate the latent variable under consideration. Statistically significant associations between the predictor factors and the latent constructs. Particularly, the positive and

statistically significant path coefficients are SD, FPS and UA show that there is a significant direct relationship between SD, FPS and UA with DV. Moderating variables SD\*LDC, FPS\*LDC and UA\*LDC have a positive significant relation with DV indicating meaningful link with DV.

Additionally, the R-squared value for DV is 0.5635822, indicating that the predictor variables collectively explain approximately 56.36% of the variance in DV.

**The comparative analysis of domestic violence before and after lockdown:** Domestic violence is widespread in Bangladesh. It has been a pressing question around the world during the year, particularly during the COVID-19 epidemic phase. The woman is typically seen to be fragile, manipulated by her dad, husband, or son in situations where the man is dominated and subjugated, while women being viewed as to men. Females are generally regarded to be subordinate, inferior, and subservient to males, which are common features in patriarchal societies such as Bangladesh.

COVID-19's grave position is making the globe aware of its deadly character in broad sectors. Suicide, domestic abuse, mental illnesses such as anxiety, and depression are all on the rise during this pandemic (Tandon, 2020). The coronavirus, according to the UK-based publication the Guardian, will increase domestic assault (Mahdawi, 2020). The United Nations Population Fund (UNFPA) expected a 20% increase in domestic violence during the pandemic in all 193 UN member countries, including Bangladesh, during the lockdowns (United Nations Population Fund (UNFPA), 2020).

Domestic abuse has permeated both rural and urban Bangladeshi social norms and practises. Victims are frequently returned to their violent husbands from their family as it harms the public image of her family. This is an all-too-common scenario that has resulted in disastrous outcomes for some of these individuals (Ali, 2020).

To create awareness, the government, non-governmental organisations (NGOs), community-based organisations (CBOs), voluntary organisations, and religious leaders should use a variety of media and venues. Domestic abuse should be addressed through the use of social media. In addition, law enforcement organisations require greater operational capabilities to respond and take necessary action at all levels, including district and sub-district levels, as well as village areas.

**Conclusion:** Our study contributes to the literatures by investigating the perceived factors triggering domestic violence in Bangladesh. In line with previous literatures, we predict four important elements namely depression, anxiety, stress and use of alcohol that may aggravate the cases of intimate violence in a relationship. In addition, we also take an attempt to assess the moderating impact of lockdown due to Covid-19 pandemic on such social crime. Our results suggest that the most significant incitement derives from perceived depression, followed by perceived stress and use of alcohol. We find a significant positive correlation between domestic violence, perceived depression, stress and use of alcohol. Further, our empirical findings argue that lockdown plays a substantial role moderating the

impact of projected factors on domestic violence with high economic and social costs. Fall in income, insecurity of job, lack of personal space, aloneness during lockdown make things eviler. Consequently, psychological depression, mental stress, anxiety is amplified and subsequently cases of violence against women and children during pandemic aggravated too.

**Management strategy:** While lockdown during a pandemic is an effective tool to contained infection, it can lead to significant economic, social and psychological consequences too. Since, lockdown due to Covid-19 and violence against women and children are closely connected, community health care service providers, local administration, and state at large should identify creative solutions to address this noteworthy issue. Close monitoring mechanism should be devoted to couples having issues of depression, stress or addiction to alcohol. Police and juridical system should create an environment where victims can report boldly and get their justice promptly in order to fight against another pandemic behind the door – domestic abuse. Non-government and community based organizations, state agencies, media, and religious leaders should raise voices against such social sin and spread awareness of domestic violence.

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