

# Unmasking the Impact: Exploring the Challenges and Changes in Domestic Violence against Women during the COVID-19 and Beyond

**\*Razdha Parveen**

*\*Assistant Professor, Department of Sociology, Aligarh Muslim University, Aligarh: 202002.*

## Abstract

Domestic violence is a phenomenon which refers to all forms of violence perpetrated in the domestic sphere by one family member against another, which is perpetrated in the form of stalking, physical, sexual, and emotional violence. Domestic violence has been known to worsen in situations of social, economic, and financial distress such as that experienced during the COVID19 induced lockdown. Domestic Violence against women, a prevalent form of gender-based violence is well recognized as a public health menace which has cascaded like a viral disease among millions of households when more than half of the world has been under one or the other forms of lockdown during the pandemic. Domestic violence creates many negative impressions on the lives of victims in terms of emotional, social and economic aspects. This review paper focuses on domestic violence and highlights how it multiplies the pain of victims during lockdown period as well as after COVID-19. In addition, it boosts negative health outcomes of women who are already in the caged of global pandemic.

**Key Words:** Domestic violence, COVID-19, Health, Women, Lockdown, Challenges, Impact.

## Introduction

Several researches indicated that the context of extreme events such as, war, conflict, disaster and pandemic emergencies, there is an increase in the prevalence of intimate partner violence or domestic violence. One of the latest extreme events being faced globally is the COVID 19 health emergency which has crossed international boundaries and constitutes a pandemic and has infected millions of people across the world. Lockdown have forced people to spend more time at home during government imposed quarantine measures (Petrakis & Speaker, 2020). Home is a place where everybody feels comfortable and safe but for some people it is not true. They face a regime of terror and violence where they should feel relaxed and loved. This category includes women who face domestic violence from their close relationships, mainly by their husbands and in-laws. Those victimized suffer physically and psychologically. They do not have any rights and decision making choice. There are many women who are facing such kind of inhumanities in this world (Soni & Behmani, 2016).

Within the domestic sphere, violence covers a wide range of acts and behaviour, often combining physical, psychological, sexual, and financial abuse. The violence may involve physical/emotional abuse, sexual assault, threats, psychological torture, and social isolation. The frequency, intensity, and degree of abuse or violence vary with each relationship, family, and culture. There is no set pattern for the type of abuse exercised by the perpetrators upon the victims. History traces the subordinate status of women; this, combined with socio cultural norms that are inclined towards patriarchy and masculinity, determines the nature of domestic violence. These are manifestations of historically defined unequal power relations that may account for domestic violence. Existing customs, and traditional practices and norms further reinforce and perpetuate inherent discrimination and inequalities. Further, there is social sanction under the garb of cultural practices and norms, or through misinterpretation of religious tenets. Thus, social authorization allows acceptance of violence by a woman as part of her being a woman and, therefore, 61% of women in India justify their husbands' beatings and give many reasons for it. However, data reflect that the victims are not only among the illiterate and poor, who are besieged in traditional folklores and customs, but that domestic violence occurs across all social categories (age, socio-economic levels, caste, religion, and class) and social setups (rural or urban). Studies have reported that the different types of abusive and controlling relationships not only have different etiologies, health consequences, and help-seeking characteristics but also have different relationships by gender (Buzawa & Buzawa, 2017). Domestic Violence (DV) against women, a prevalent form of gender-based violence is well recognised as a public health menace which has cascaded like a viral disease among millions of households when more than half the world has been under one or the other forms of lockdown during the pandemic (Singha & Bhattacharyya, 2020).

### **Factors behind increase of domestic violence**

Domestic violence does not constitute an occasional rare incident but is a regular systemic and structural manifestation of social control. There is no single factor that explains the reasons of domestic violence; rather, there are several complex and inter-related factors such as institutionalized social and cultural factors, family institutions (including fear of and control over female sexuality), belief in the inherent superiority of males, and independent legal and social status. To prevent such social problems, it is necessary to understand their causes (Buzawa & Buzawa, 2017). Managing the fear and uncertainty associated with COVID-19, disruption of family routine, spending increased time with a violent partner and isolation from others are identified factors that precipitate and worsen the occurrence of violence, as the lockdown meant families sheltered together, and stayed in the close confines of the home for prolonged periods at a time. As people become trapped in their homes, the home increasingly becomes the site of physical, emotional and sexual violence, sometimes due to exposure of the perpetrator to elevated levels of stress birthed by the untoward consequences of the pandemic (Ilesanmi, Ariyo & Afolabi, 2020 ).

## **Home: no longer remain comfort zone**

Home, in simple terms, conveys a place which is associated with simple pleasures, privacy, freedom, security, togetherness and a sense of belonging. In complex notion, home is a space where the household tasks of caring as well as the politics of domestic social relations are embedded in the relation of power and patriarchy. It is therefore also associated with slavery, feudalism, capitalism and a site for production and reproduction of patriarchal ethos. During the mandatory lockdown being imposed during pandemic, homes no longer remain as mere comfort zones but are being evolved as institutions which are reproducing and reiterating patriarchy. The very nature and character of home as an institution is changing in the lockdown. More specifically, women's lack of autonomy in the patriarchal homes is further getting reduces when today, 'homes' which are no longer merely seen as comfort zones, but during the lockdown, homes are evolving as spaces where people are working from home and earning their livelihoods, children are attending classes and other activities are being coordinated. Violence in such homes against women and children is rising during the lockdown.

Therefore, the concept of home in itself is altering as homes are turning as providers of all such services which in pre-COVID stage are being taken care of through schools, colleges, offices, nursing homes, hospitals, restaurants or through technical services such as plumbers or electricians. As a unit of production, home during the COVID breakdown is emerging as a single institution that is taking care of multiple needs. Also, during pre-COVID stage, many middle-class houses have employed range of people to provide help such as domestic workers or maids, drivers and other support services which is no longer available during the lockdown so the entire burden of carrying out all such activities are either shared by other household members, or it eventually falls on women within the households in the patriarchal homes where men hardly help in doing any household chores. Middle-class homes thus, reinforcing patriarchal power relations. Within the poor household, women are already facing atrocities in all forms such as deprivation and denial of basic necessities which include starvation or lack of access to basic medical or other necessary facilities, besides violence.

For women, such situation is triply disadvantageous in terms of deprivation of meager resources they had earlier, patriarchal power notions as well added violence. Thus, though the 'home' acquired a special place in the strategy to deal with corona virus, yet, it holds a different meaning and impact people accordingly. During mandatory isolation, home lent a sense of security and comfort to some, yet at the same time, home is also becoming a place where many women are facing brutal violence, discrimination and burdens of various kinds. And for many, home has become an unsafe insecure zone, coming out from such place seems impossible, at least for the time being. Home, in lockdown is therefore becoming a place to reiterate power manifestation, feminization of unpaid labor, violence and reproduction of patriarchy. In this time when home has occupied a central place in the lives of billions of people, it has become a chamber of torture for many women (Nigam, 2020).

## **Domestic violence increased during lockdown**

Home is a dangerous place for women survivors of domestic violence and the enforced measures of distancing force women survivors to spend more time at home with their abusers.

Thus as expected the COVID-19 pandemic context brought increased reported cases of domestic violence. In many countries, there have been reports on the increase of domestic violence. In Greece, the UK, France and South Africa for example increases in domestic violence have been reported by government authorities. The United Nations Population Fund projected that for every three months that the lockdown continued, an additional 15 million cases of intimate partner violence were expected across all 193 United Nations member states (Pentaraki & Speake, 2020). The COVID-19 pandemic and subsequent lockdowns have led to an increase in domestic violence against women in India. With the closure of workplaces and schools, women have been forced to spend more time at home, often with their abusers. According to the National Commission for Women (NCW), there was a 116% increase in domestic violence complaints during the lockdown period from March to May 2020, compared to the previous year. This increase in domestic violence is not unique to India, as reports of increased domestic violence against women have been observed globally during the pandemic. According to a report by the National Commission for Women (NCW), there were 23,722 complaints of crimes against women, including domestic violence, in the first eight months of 2021. This is an increase from the same period in 2020, indicating that domestic violence against women remains a problem even as the country has gradually reopened following the pandemic (Naik, 2023).

Women, in India, continue to remain in a disadvantaged position, and in spite of the efforts of various sectors, the situation has been improving very slowly. They lag far behind in education and social, health, and economic parameters. There have been grave violations of their rights and dignity, and they are subjected to mental, physical, and sexual abuse, seriously impacting their ability to access opportunities. The social, economic, and financial distress experienced during the COVID-19 lockdown period between March and July, 2020 has increased the prevalence of domestic violence. The financial difficulty associated with the lockdown has been known to precipitate stress and frustration, and subsequent negative coping mechanisms such as substance abuse and depression; all of which are baseline triggers for domestic violence. Domestic violence could result in impaired mental health states and internet addiction among vulnerable population groups especially women and adolescents (Khandelwal, 2020). The lockdown has had dire implications for the vulnerable populations' i.e., women-headed households, people with disability, pregnant women and homeless people, the lonely and elderly, socially stigmatized transgender community, sex workers, prisoners and inmates in overcrowded shelter homes and makeshift tents (Patel, 2021).

Thus the implementation of lockdown due to outbreak of COVID-19 not only restricted the spreading of infection but also a new public health crisis has appeared as a negative consequences of lockdown i.e. Domestic Violence (Das, Das & Mandal, 2020). While measures like lockdown, quarantine and self-isolation are essential for prevention of spread of the virus,

these initiatives have proved to have harmful effects on those who are already in an abusive relationship as they have been forced to 'lockdown' at home with their abusers. Victims are not able to stay away from their abuser at any time or to reach out to friends and family. The abuser can also misuse the fear of pandemic to further isolate their victim from family, friends and social networks that could support them. Unfortunately, while the need for protection and survivor support is increasing, justice is proving even harder to access for the victim.

Critical gender-based violence response and prevention services such as hotlines, crisis centres, shelters, as well as much needed legal aid and social services have been scaled back due to COVID-19 related infection control measures. Already limited resources for such purposes are diverted to manage infection control and treatment. Many courts have closed their doors. Victims find themselves in a near-impossible situation: unable to seek support, unable to access services and unable to leave their abusers. The situation is even worse for women at risk or who are victims of gender-based and sexual violence and women experiencing multiple and intersectional forms of discrimination such as adolescent girls, women living in poverty, rural women, migrant women, women with disabilities and LGBTQ (Lesbian, Gay, Bisexual, Transgender and Queer) women (Fatima & Azra, 2021).

Women and girls are at increased risk of abuse when they are trapped with the perpetrators and there is less scrutiny and no support available for the victims. It is not that women are not being abused in homes earlier, but during the lockdown, the virus is mirroring and magnifying the discrimination, class inequalities, oppressions, privileges, casteism and the patriarchal violence all of which already existing in the male-dominated society. In fact, structural gender-based violence is being reiterated during the lockdown where women who are already considered at a lowest rung within the family hierarchy and are now being economically and social disempowered. Corona virus has also revealed the ugly face of crime committed within the so-called sacred domain of home. Violent men could not be stopped though the governments over the world are developing vaccines to stop spread of coronavirus. In the isolation during lockdown, when the perpetrators know that women have no other support available and cannot escape easily, they ferociously abuse women. Caged in violent homes, with no contact from the outside world, the victims are being placed in the situation where it is difficult to seek help or support from outside world. Abusers are taking advantage of isolation measures and abusing their powers knowing the fact that women are at the disadvantaged situation where they may not have an internet connection or access to mobile phone to reach out or contact someone for help. Hence, the very technique that is being used to protect people from virus is making an adverse impact on women and children in violent homes as the abuser is getting more opportunities to unleash violence. The cultural and social biases act against the interest of women during the lockdown as women are expected to take up traditional gender roles and engage in domestic work with little or no contribution from men. Lockdown is probably not a new experience for a woman. Women have been contesting the boundary of 'public' and 'private' or ghar and bahar since ages. But, today, patriarchy clubbed with gender in-sensitive policies, is shrinking the women's autonomy and have reduced women to second-class citizens (Nigam, 2020).

## **Increase of domestic violence after lockdown**

As per a report published by National Family Health Survey-4 (NFHS-4) in, 2015-, 2016, one in every three women were subjected to violence during non pandemic periods. But in many reports, news papers, organizations, it was well demarcated that the rates of domestic violence have increased after lockdown in India. According to recent data of National Legal Service Authority (NLSA), the rates of domestic violence have increased all over the nation after lockdown. At the beginning of lockdown, 257 reports of different offence against women have been received by National Commission for Women (NCW) out of which 69 cases have been reported as domestic violence. As per as NALSA's report, maximum number of domestic violence cases have been received from Uttarakhand (144) followed by Haryana (79), Delhi (63) respectively. The crimes against women have increased by 21 % and out of these 700 cases have been reported as domestic violence. The crimes against women have increased from 4,709 to 5,695 since the March and the domestic violence cases have increased from 3,287 to 3,993 during lockdown. The implementation of lockdown to combat with this pandemic has documented profound impact on the entire human environment (Das, Das & Mandal, 2020). National Commission for Women (NCW) received several calls of domestic violence across the country after lockdown. The situation escalated to such an extent that the NCW had to launch a WhatsApp number besides online complaints as the lockdown had exposed women to potential perpetrators and abusive intimate partners. The reported numbers are only an indication of the depth of this problem (Fatima & Azra, 2021).

The chairperson of NCW claimed a rise of 94 percent in complaint cases including that of domestic violence after lockdown. Between 23 March 2020 to 16 April 2020, 587 complaints have been received, a significant surge from 396 complaints received in previous 25 days between February 27 and March 22, 2020. This calculation includes the complaints received through WhatsApp and other modes of communication. Total complaints from women increased to 116 in first week of March 2020 to 257 in the final week of the same month. The calls received by the DCP in Delhi jumped to 1000-1200 per day as compared to 900-1000 calls received earlier. On the whole, around 2500 cases reported from Delhi alone during the lockdown. Similarly, Punjab reported 21 percent increase in number of cases pertaining to crime against women with 700 cases being reported since lockdown has been imposed. Between 20 March 2020 to 20 April 2020, 34 percent increased calls are being received pertaining to domestic violence on the helpline numbers per day. The cases of violence are increasing reported not only from rural areas but also from cities. Patriarchy exists across the boundaries of caste, class, religion and other variables. The data of rise in cases of domestic violence after lockdown is also reported from other agencies. The figure represents double the average rate of death and highlights the extreme danger women face when trapped in the same house as violent men (Nigam, 2020).

## **Impact of Domestic Violence**

Domestic violence creates many negative impressions on the lives of victims in terms of emotional, social and economical aspects (Soni & Behmani, 2016). Women's stories from around the world speak of discrimination against them from birth (and some even before that) to death. It is often a cycle of abuse that manifests itself in many forms throughout their lives, placing women in a position of low health status, which makes them susceptible to various infections, poor nutritive condition, and a vulnerable state of mind, which further deteriorates their health. This further compromises their fertility, increasing their dependence on their families and creating a vicious circle of dependency, subordination, and exploitation. In addition, it includes loss of respect, loss of sense of control, and a strong sense of disempowerment in a woman. Women's lack of control over and identification with their bodies becomes visible through the statistics reflecting women's poor health status, abortion of female foetuses (foeticide), infanticide, abandonment, malnutrition, neglect, incest, rape, lack of education, high levels of morbidity such as anaemia and gynaecological problems, work in and outside the home, prostitution, abuse, injuries, and preventable agonies including widowhood, and death. In India, crimes against women start in the womb in the form of female foeticide and continue throughout a woman's life, including DV, dowry harassment or death, sexual trafficking, etc. Other social consequences include increased economic costs due to increased utilization of health services, and lower productivity due to increased absenteeism, disability, and premature death (Buzawa & Buzawa, 2017).

## **Domestic violence and health**

Domestic violence has emerged as one of the most significant health-care threats for a woman and her unborn child. Studies have shown that domestic violence contributes to a number of chronic health problems and often limits the ability of a woman to manage herself. Studies reveal that domestic violence has an association with miscarriage, stillbirth, preterm labour, birth foetal injury, and death, as well as low-birth-weight babies and increased risk of infant and under-5 mortality. Women are more neglected and health care is deprioritized during pregnancy, delivery, and even after delivery. Negligence of health and nutrition increases if a girl child is born to a woman. Many women are coerced, pressurized, or battered to submit to unwanted abortions by men who were opposed to having a girl child. These abused women are less likely to seek prenatal care and more likely to give birth to low weight babies. In India, data indicate that stillbirth and miscarriage together account for a significant percentage wherever women face sexual violence. For one or other reasons given by the family, antenatal care, and adequate food and rest to the pregnant woman are often neglected by the family members, especially in a situation where a woman is confronting violence. These factors not only affect the mother's health but can have a future effect on the newborn too (Buzawa & Buzawa, 2017). Domestic violence against women leads to far-reaching physical and psychological consequences, some with fatal outcomes (Khan, 2000). During the pandemic and lockdown, they have become more vulnerable to exploitation and abuse with no access to the justice system. Physical and psychological trauma from these experiences leads to different kinds of injuries and mental health problems, often stimulate substance abuse, and in many cases end up in death (both homicide and suicide).

Roughly one in three women around the world experience some form of violence throughout their lives (Ilesanmi, Ariyo & Afolabi, 2020).

### **Women health and COVID 19**

This pandemic and the ensuing lockdown has exacerbated pre-existing inequalities, undermined rights and liberties and heightened vulnerabilities. In the Indian context, although men are showing higher vulnerability to COVID-19 infection, surprisingly a higher death rate is being noted in the infected women compared to men. The UN Population Fund (UNFPA) has also recently reported that COVID-19 will adversely affect women more than men. Gender can be a critical factor in Indian settings where social factors for women are generally worse than their male counterparts which could explain the difference that defy the global trend. Escalation of Domestic Violence against women apart from causing immediate injury leaves a wide spectrum of disturbing consequences such as long-term physical and psychological trauma affecting the survivor, her family members and sometimes even the next generation. Pregnant women are faced with a whole different set of challenges, especially the stress of not knowing the consequences of infection during pregnancy. Additionally, for girls, particularly the adolescents, temporary school closures might mean a permanent end to education and get married. With COVID-19 likely to increase barriers for accessing contraception, this can result in an increase of adolescent pregnancy. In India, the lockdown has had an impact on access to menstrual hygiene products and the ability for women to maintain personal hygiene placing them at higher risks (Fatima & Azra, 2021).

### **Imprisonment for women: Rhetoric**

The enforced confinement led some to compare the COVID19 lockdown to imprisonment. Imprisonment deprives prisoners of their individual freedom. It restricts their movement and physical contact with family and friends outside. (Dhami, Weiss & Ayton,2020). Women constitute a small proportion of prison population worldwide, usually between two percent and nine percent of the prison population. Women in prison often come from deprived backgrounds, and many of them have experienced, physical or sexual abuse and inadequate health care before imprisonment. Women's paths to incarceration are complex and often rooted in histories of multiple abuses. Violence and abuse are also associated with poor outcomes in terms of mental and physical health problems (Enggist, Moller, Galea & Udesen, 2014). The COVID-19 lockdown and imprisonment can be compared on several dimensions that may affect an individual's subjective experiences. First, in terms of purpose, the COVID-19 lockdown is an extreme public health policy and imprisonment is a harsh criminal justice policy. Prisoners may have a fear of attack by other inmates. Similarly, it is becoming clear that domestic abuse has risen during lockdown and that some victims may be unable to seek help (Dhami, Weiss & Ayton, 2020). Since, prisons have isolating and oppressive environment incarceration remains a traumatizing experience. The damage the prison setting does to women's emotional well being is profound and women's emotional well-being is deeply connected to their physical health (Silvestri & Dowey). Thus, while it may seem apt to compare the COVID-19 lockdown to imprisonment in some respects, it does not in many others.



Nevertheless, the subjective experiences of both forms of confinement may not differ so much. There is emerging evidence of individuals' psychological, emotional, social and behavioral adjustment to lockdown, and this can be considered in light of research on prisoners' adjustment to imprisonment (Dhami, Weiss & Ayton, 2020).

## **Way forward**

In order to ensure that homes remain as 'safe zones' for all, it is essential that steps be taken to stop violence and protect women and children. During lockdown in India as well as in other countries reports show that domestic violence incidents are increasing during lockdown and many countries have taken measures to contain violence against women. UN chief Antonio Guterres is calling for global 'ceasefire' because of horrific global surge violence directed towards women and girls linked to lockdown imposed globally in response to the pandemic. In several parts of Europe, domestic violence is declared as an 'essential service'. Helplines have been opened up in many countries to support the victims of violence but in many situations, women are finding difficult to contact, because abuser constantly being around may strictly control the movements of the victims. Therefore, at some places, new strategies are being evolved by those handling hotlines, such as, digitally contacting the victims wherever possible, using online chats, WhatsApp and other such portals where victims could easily establish contact with the helplines. In Argentina, pharmacies are helping women to report abuse. In France, pharmacies and grocery stores are housing pop-up counseling services and 20,000 hotel rooms are made available to women who cannot seek shelter at any other place or could go home. In Spain, women are exempted from lockdown in case they need to leave the abusive home and are allowed to use codeword "mask 19" to alert the pharmacy shops. Women are advised to use 'Silent solution' emergency call which allows people the police using touch phone without the need to speak. Chat bots are deployed to assist women. Canada and Australia have announced special funds for violence against women as a part of their national plans to counter the damaging fall out of COVID-19. Italy allocated emergency cash scheme for workers in underground economy. Vulnerable women in Yukon are being provided with free cellphones equipped with free internet services to stay safe amid lockdown. In US, several organizations distributed bras, tampons and pads to people experiencing homelessness. Congolese women while drawing lessons from Ebola outbreak are focusing on prevention of domestic violence and are organizing social media campaigns asking community leaders to speak online against abuse. Video clips featuring men doing household chores and participating in child care are being shared in order to promote gender equality. Egypt has strengthened its program to advance women's rights through providing stimulus package and also granting protection to women workers.

COVID 19 has created binaries and has exposed the underlying prejudices and discrimination that exists in 'India' which ironically clapped and banged tahlis and the 'Bharat' which walked miles, during the lockdown without food and water to reach home besides exposing the divide along the religious and gender lines. The need is to explore beyond these binaries and take actions to restructure the power dynamics that operate to create the social hierarchies (Nigam, 2020).

Given this situation, immediate actions must be taken to protect women from violence during the ongoing lockdown and after it. Even though some corrective steps have been implemented to help the victims of DV during the lockdown through the installation of helpline and dedicated WhatsApp numbers, there is still an enormous scope to improve upon these measures. Thus, prompt and persistent attention from authorities is a must, particularly in a country like India, where women's safety is a massive issue even under normal conditions. Indian society being a male dominant society blames women herself for her miser conditions, which add up to her sufferings. Such victim blaming created a non-supportive environment for her. It has been found that a good social support acts as a protective factor against domestic violence (Nigam, 2020).

## Conclusion

Women's stories from around the world speak of discrimination against them from birth (and some even before that) to death. It is often a cycle of abuse that manifests itself in many forms throughout their lives, placing women in a position of low health status, which makes them susceptible to various infections, poor nutritive condition, and a vulnerable state of mind, which further deteriorates their health. Though its outcomes are primarily related to physical health, but its causes and secondary outcomes are psychological as well as sociological. Need for power and control, low self esteem, personality traits, gender role stereotypes, patriarchal beliefs, gap in spousal education and employment, marital maladjustment, alcohol consumption by husband, unemployment, attitudes towards women are some of the socio-psychological factors leading to domestic violence. Further, the lockdown is adding to this marginalization. As a care worker at homes, women are at high risk of contracting the virus which enhances their vulnerability to the risk of acquiring diseases.

## References:

1. Buzawa, E.S., & Buzawa, C.G. (2017). *Global Responses to Domestic Violence*. USA: Springer International Publishing.
2. Das, M. Das, A. Mandal, A. (2020). *Examining the impact of lockdown (due to COVID-19) on Domestic Violence (DV): An evidences from India*. Asian J Psychiatr: Elsevier.
3. Dhami, M.K., Cohen, W.L., & Ayton, P. (2020). *Are People Experiencing the 'Pains of Imprisonment' During the COVID-19 Lockdown?* USA: Frontiers in Psychology.
4. Enggist, S. Moller, L., Galea, G., & Udesen, C. (2014). *Prisons and Health*. World Health Organization (WHO).
5. Fatima, I. & Azra, M. (2021). *Review Paper: Disaster caused by COVID-19 Pandemic and Lockdown: An Overview of Indian Women's Condition*. DISASTER ADVANCES.
6. Ilesanmi, O. S., Ariyo ,M. & Afolabi, A.A. (2020). *Domestic Violence amid the COVID-19 lockdown: a threat to individual safety*. Published by University of New South Wales ([jglobalbiosecurity.com](http://jglobalbiosecurity.com))
7. Khan, M. (2000) *Domestic Violence against Women And Girl*. Innocenti Digest No.6. Italy: UNICEF.

8. Khandelwal, S.K. (2020). *Debating the Process, Impact, and Handling of Social and Health Determinants of the COVID-19 Pandemic*. Published by Wolters Kluwer – Medknow, New Delhi, India: Indian Journal of Social Psychiatry.
9. Naik, D. (2023). *Domestic Violence Against Women in India: Understanding the Issue and Curbing the Problem*. International Journal of Creative Research Thoughts (IJCRT) 2023 IJCRT | Volume 11, Issue 2 February 2023 | ISSN: 2320-2882
10. Nigam, S. (2020). *Covid-19, Lockdown and Violence against Women in Homes*. Available at <https://ssrn.com/abstract=3587399>.
11. Patel, V. (2021) *Gender Concerns in Lockdown due to COVID-19 Pandemic in Maharashtra*. Mumbai: Tata Institute of Social Sciences.
12. Pentaraki, M. & Speake, J. (2020). *Domestic Violence in a COVID 19 Context: Exploring Emerging Issues through a systematic Analysis of the Literature*. Scientific Research Publishing Inc.
13. Silvestri, M. & Dowey, C.C. (2008). *Gender and Crime*, London: Sage.
14. Singha, S. & Bhattacharyya, R. (2020). *A Review of Domestic Violence against Women in India during Lockdown*. International Journal of Innovation, Creativity and Change. [www.ijicc.net](http://www.ijicc.net) Special Edition: COVID-19 Life Beyond.
15. Soni, E. & Behmani, R. K. (2016). *Domestic Violence*. The International Journal of Indian Psychology ISSN 2348-5396, Volume 4, Issue 1, No. 74, <http://www.ijip.in>.