



# Comparative analysis of the pattern of intimate partner violence against women admitted to a tertiary hospital in Sri Lanka during and after the periods of COVID-19 lockdown

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## Abstract

Lockdown measures during the COVID-19 pandemic resulted in restrictions on people's ability to move, allowing more time for intimate partners—this increased opportunities for intimate partner violence (IPV), especially against women. The study aimed to evaluate the characteristics of IPV against women during and after the lockdown period. A prospective, descriptive study on female victims of IPV presented from March 2020 to February 2022 to a leading teaching hospital in Sri Lanka. Out of the 876 patients admitted during the period, details could be obtained from 300 victims. Ninety-four (31%) were during the lockdown, while 206 (69%) were post-lockdown admissions. The mean age of the victim in both groups was 33.5 years. Even though physical abuse was high throughout, the prevalence of sexual abuse was significantly higher ( $p < 0.0001$ ) during the lockdown period (31.9%) than during the post-lockdown period (3.4%). Financial problems (46.6%), followed by substance abuse (35%), were the most common risk factors during the post-lockdown period, while morbid jealousy (34%) was the most common risk factor, followed by extramarital relationships (33%) during the lockdown. Psychological consequences due to IPV were observed in 76.5% of victims during the lockdown period and only 11.2% during the post-lockdown period. The prolonged lockdown has significantly influenced mental and sexual health, changing the pattern of IPV against women. The need to have services to ensure the mental and sexual well-being of the community was highlighted.

**Keywords** Intimate partner violence · Women · COVID-19 lockdown · Sexual violence

## Introduction

Intimate partner violence (IPV) is a severe public health concern and one of the most common forms of violence against women. There are many forms of IPV, including physical, sexual, economic and emotional abuse and controlling behaviours [1]. IPV exists in the context of marriage, cohabitation or any other form of union, and women are more frequently affected than men [1]. Almost one-third

(27%) of women between 15 and 49 years of age are subjected to physical and sexual violence by their intimate partner [2]. The Women's Well-being Survey (WWS) 2019 of Sri Lanka reports that one in five (20.4%) women have experienced physical and sexual violence by an intimate partner [3]. Many countries report a remarkable increase in cases of IPV during the lockdown [4, 5].

In an attempt to control the spread of COVID-19, many countries worldwide have enforced lockdown measures. Sri Lankan authorities announced the implementation of an island-wide lockdown from 20 March 2020. After that, the lockdown period was extended several times, limiting people's ability to move. Even though lockdowns effectively reduce the spread of infection [6], they affect the everyday life of people and result in many adverse health consequences [7]. Social isolation and restriction of movement during long periods of lockdown have led to many stressors, including economic stress, disaster-related instability and reduced options for support [8]. In addition to these stressors, women are forced to spend longer at home with

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their abusive partner. It is challenging to communicate with their family and friends who might offer support [9, 10]. On the other hand, abusive partners are well aware of the lower possibility of reaching for help or complaining due to the lockdown and restrictions of movements due to fear of catching the infection [11]. As a result, the ongoing abuse was less surfaced and continued. Violence against women during this period has been recognised as a “shadow pandemic” by the United Nations [12, 13]. The World Health Organisation has also recognised the possible exacerbation of violence against women due to the restrictive measures enacted to control the pandemic [14]. Emerging data and reports from Sri Lanka reveal that since the outbreak of COVID-19, there has been an increase in the number of calls made to the 24-h National women’s hotline and other helplines [15]. However, the reported cases are the tip of the iceberg since many women are unaware of hotline services, cannot make a call or do not make a call for various reasons.

When a victim is admitted to a hospital with a history of intimate partner violence in Sri Lanka, they are advised and referred to the available assistance and welfare services. Furthermore, if the victim wishes for legal action, a referral will be made to the Police, who will issue the patient a Medico-Legal Examination Form (MLEF). With this, a Judicial Medical Officer (JMO) examines the patient and reports the findings to the Police and subsequently to the Court of Law. The medico-legal examination is usually comprehensive and includes a detailed history and examination with particular attention to recent injuries, healing injuries and scars from repeated violence. Sometimes, this may also include photographic documentation of wounds and scars with the special consent of the victim.

Based on cultural and socioeconomic influences, the characteristics of IPV may vary from country to country and region to region, even during a receptive period. To evaluate and compare the characteristics of IPV during and after the lockdown period for COVID-19, we designed this study on victims presented for medico-legal examination at a teaching hospital in the western province of Sri Lanka.

## Objectives

To compare the underlying causes, nature and effects of intimate partner violence (IPV) of women victims who were admitted to a leading tertiary care hospital in Sri Lanka during and after the lockdown period for the COVID-19 pandemic.

## Methods

A prospective descriptive study on 94 victims of IPV presented to a leading tertiary care hospital in Sri Lanka from March 2020 to February 2022 was conducted. Since the

country’s lockdown period extended to almost one year (March 2020 to February 2021), the study was continued over another year (March 2021 to February 2022) as a comparative sample (206 victims were included). The data were analysed comparatively using SPSS statistical package version 23 through the chi-square test to obtain *p*-values. A *p*-value of 0.05 or lower was considered statistically significant.

## Results

A total of 876 victims of IPV were admitted during the period; out of them, 281 admissions were during the lockdown period, and 595 were during the post-lockdown period. Out of the 281 admissions during the lockdown, 94 victims consented to the study, and the details were obtained. Out of the 595 admissions of the post-lockdown period, 206 were recruited as participants.

### Comparison of the age distribution of victims

The age distribution of the victims during both periods was similar, with approximately 35 to 40% involvement of younger victims. The age distribution of the victims is shown in Table 1.

### Comparison of the living situation of the victim

Fifty-five percent of the victims of IPV who were admitted during the lockdown period were living separately in rented houses, while the victims of IPV after the lockdown who were living in rented houses were only 14%, while the majority (42%) was residing in their own homes (Table 1).

### Comparison of the occupation of the victim

Out of the 206 victims who presented after the lockdown period, 48% were engaged in a salaried occupation. In comparison, only 27% of the 94 victims of IPV presented during the lockdown period had salaried employment. Thirty-eight percent of the victims presented during the lockdown were unemployed (Table 1).

### Comparison of the income/salary of the victim

Among the victims who had divulged their salary, the majority had a monthly income between Rs. 40,000.00 and 100,000.00 in both groups, which can be considered a reasonable average wage for a Sri Lankan where the minimum salary is recorded as Rs. 28,243.00. There were 27.7% of victims who earned a salary of less than Rs. 40,000.00 subjected to IPV during the lockdown, while it was only 0.5% after the lockdown (Table 1). The

**Table 1** Sociodemographic characteristics of the victims

Age of the victim				
Age in years	During lockdown		After lockdown	
	Number of cases	Percentage %	Number of cases	Percentage %
18–30	39	41.5	75	36.4
31–45	38	40.4	101	49
46–60	14	14.9	29	14
Above 60	03	3.2	01	0.5
Total	94		206	
Living Situation				
Living situation	During lockdown		After lockdown	
	Number of cases	Percentage %	Number of cases	Percentage %
Own home	13	13.8	87	42.2
Rented	52	55.3	29	14.1
With relations/in-laws	28	29.8	58	28.2
Other*	1	1.1	32	15.5
Total	94		206	
Occupation of the victim				
Occupation	During lockdown		After lockdown	
	Number of cases	Percentage %	Number of cases	Percentage %
Salaried	25	26.6	98	47.6
unemployed	36	38.3	72	35
Self-employed	24	25.5	34	16.5
Not mentioned	9	9.6	2	1
Total	94		206	
Salary of the victim				
Salary in SL rupees	During lockdown		After lockdown	
	Number of cases	Percentage %	Number of cases	Percentage %
20,000–40,000	26	27.7	1	0.5
40,000–100,000	65	69.1	64	31
> 100,000	2	2.1	16	7.8
Not mentioned	1	1	125	60.7
Total	94		206	

\*Other includes victims who live with friends/grown-up children/who refused to mention their living status

association of individuals with low-income being subjected to IPV during the lockdown period compared to the post-lockdown period is significant ( $p = 0.000$ ).

There was a significant association between living in rented houses and being under lockdown ( $p < 0.01$ ).

### Type of abuse

Many victims have been subjected to multiple types of abuse. Physical abuse was the most common form of abuse during both periods. The prevalence of sexual abuse was significantly higher ( $p < 0.0001$ ) during the lockdown period (32%) than during the post-lockdown period (3%). Financial abuse or deprivation of the woman's financial needs or forcefully obtaining/stealing her money was

19.1% during the lockdown, while 28.2% after the lockdown (Table 2).

### Types of physical injury

Many victims with injuries had combinations of different types of injuries. Contusions or bruises were observed among 72.6% of the victims presented during the lockdown, while they were only 38.4% after the lockdown period. There was a slightly higher prevalence of fractures (20%) after the lockdown period compared to 15.4% during the lockdown. Minor injuries such as abrasions or scratches were found in almost equal percentages during both periods, while there was a slightly higher percentage of lacerations/tears due to blunt trauma during post-lockdown period (Table 2).

**Table 2** Characteristics of abuse

Type of abuse	During lockdown		After lockdown	
	Number of cases	Percentage	Number of cases	Percentage
Physical abuse	78	83%	201	97.6%
Sexual abuse	30	31.9%	7	3.4%
Emotional abuse	30	31.9	58	28.1
Financial abuse	18	19.1%	58	28.2%
<b>Types of physical injury (among victims with physical injuries)</b>				
	During lockdown		After lockdown	
	Number of cases	Percentage %	Number of cases	Percentage %
Abrasions	34	40	82	42
Contusions	61	71.8	75	38.4
Lacerations	16	18.8	50	25.6
Fractures	13	15.2	39	20
<b>Location of the injury (among victims with physical injuries)</b>				
	During lockdown		After lockdown	
	Number of cases	Percentage	Number of cases	Percentage
Face	34	40	132	67.6
Head	8	9.4	65	33.3
Neck	10	11.7	80	41
Upper limb	44	51.7	89	45.6
Lower limb	14	16.5	28	14.3
Torso	33	38.8	42	21.5
<b>Category of hurt (COH) (among victims with physical injuries)</b>				
	During lockdown		After lockdown	
	Number of cases	Percentage %	Number of cases	Percentage %
Non-grievous	63	74.1	135	69.2
Grievous (other)	3	3.5	60	30.7
Grievous (EL) and above	18	21.2	0	0
<b>Consequences of abuse</b>				
	During lockdown		After lockdown	
	Number of cases	Percentage	Number of cases	Percentage
Physical injuries	84	89.3	195	94.6
Psychological	72	76.5	23	11.2
Stigma	37	39.4	77	37.4

### Location of the injuries

Most of the victims had injuries located on multiple sites. Among the victims subjected to IPV after the lockdown, the majority (67.6%) had their injuries on the face alone or in combination with other locations. It was 40.4% during the lockdown. Similarly, injuries to the head as well as to the neck were also higher after the lockdown (Table 2).

### Category of hurt (COH)/severity of injuries according to the Penal Code of Sri Lanka

The majority had non-grievous/superficial injuries during both periods. Of the 84 victims who presented with

injuries during the lockdown, 63 (75%) had non-grievous injuries, while out of the 195 injured victims admitted after the lockdown, 135 (69.2%) had non-grievous injuries. Furthermore, 21% (18 out of 84 injured victims) suffered more life-threatening severe injuries or endangered life or above categories during the lockdown. At the same time, there were no such injuries after the lockdown (Table 2).

### Consequences of abuse

Many victims had multiple consequences following abuse. Physical injuries were the most common consequence of abuse among the victims of both groups. A higher percentage of psychological effects, including depression,

**Table 3** Risk factors for IPV

Reason for violence	During lockdown		After lockdown	
	Number of cases	Percentage	Number of cases	Percentage
Extramarital relationship	31	33	25	12.1
Financial Problems	28	29.8	96	46.6
Substance abuse	20	21.3	72	35
Influence of in-laws	8	8.5	60	29.1
Morbid jealousy	32	34	51	24.8
Refusal of sex	1	1	12	5.8
Incompatible family	21	22.3	21	10.2
Dowry	3	3.2	7	3.4

post-traumatic stress disorder and severe suicidal ideations (77%) during the lockdown compared to 11% after the lockdown period (Table 2). The feeling of disgrace due to IPV or stigma was of almost equal percentages during both periods. The association of psychological consequences with the lockdown period is significant ( $p < 0.01$ ) (Table 2).

### Reason for abuse as per the victim

According to the victim, the reasons for abuse were multiple and found in many combinations. Among the various reasons brought by the victims, morbid jealousy (34%), followed by extramarital affairs of the assailant (33%), was leading during the lockdown period, while financial problems were responsible for IPV among 47% of the victims, followed by substance abuse (35%) after the lockdown period (Table 3).

### Discussion

The study revealed that the admissions due to IPV during lockdown were almost one-third of the post-lockdown period. The reduced total hospital admissions can explain this during the lockdown period. Weerasinghe et al. reported a significant reduction in hospital admissions in Sri Lanka during the lockdown period for various reasons, and most access was requested admissions [16].

Studies reveal that the lockdown has globally changed the pattern of IPV [17]. The victims during the lockdown period lived in rented houses, while the victims of the post-lockdown period lived in their own homes. This indicates the possible influence of financial stressors on IPV. Renters who live in small, shared and less secure forms of housing are vulnerable to the effects of lockdown. A study conducted in Australia found that most renters had a reduction in their mental well-being due to the pandemic and lockdown. The

financial stressors and the confined environment in these tiny, insecure houses escalate the situation. The influence of financial stressors was further highlighted in our study, as most victims admitted during lockdown were unemployed. In contrast, the majority after lockdown had regular employment with a salary. This is a globally identified and highlighted issue [18].

Physical abuse was the most common form of abuse during both periods. Often, physical abuse was found in combination with other forms of abuse. This is a well-known fact globally [19–21], and victims are commonly subjected to hitting, slapping, punching, kicking, burning and strangulation, often associated with fatal violence [20]. Our study found that most were left with physical injuries during both periods. The WHO reports they may be left with functional disorders due to physical violence, such as irritable bowel syndrome and fibromyalgia [21].

There was a significant increase in reported incidents of sexual abuse during the lockdown period compared to the post-lockdown period in our study. The increase in sexual and psychological violence, while not affecting physical violence, was reported in a study conducted in Spain [3]. The increased contact hours during the lockdown period make the women in abusive relationships more vulnerable to forms of abuse that are less likely to be reported to the Police. This may be the reason for having more sexual abuse during the lockdown. Furthermore, the slightly lower prevalence of fractures and avoidance of the face when causing physical injuries during the lockdown in our study confirms the abusers' attempts to conceal the detection. The Women's Well-being Survey – 2019 of Sri Lanka reports that nearly half (49.3%) of the women who faced sexual violence in an intimate relationship considered the violence to be regular or not severe enough to seek help. They did not seek legal or medical assistance for many reasons, such as shame, embarrassment and fear of being blamed or not being believed [22].

In contrast to our findings, a comparative study performed in Singapore revealed that the prevalence of sexual abuse was slightly lower during the lockdown period than during the pre-lockdown period [23].

The majority had non-grievous injuries during both periods. Among the injured victims presented during the lockdown, there was a slightly higher percentage of non-grievous injuries compared to the post-lockdown period. However, even though there were no life-threatening injuries during the post-lockdown period, 21% had such injuries during the lockdown. This indicates that extreme violence due to loss of self-regulation is associated with the lockdown period due to increased stressors. Studies have shown a significant increase in anxiety and other mental stressors during the lockdown, leading to a loss of self-regulation [24]. There is a significantly higher psychological consequence among



the victims presented during the lockdown compared to the post-lockdown period. These victims are subjected to violence while socially isolated and restricted in movements and communications. In addition to the existing psychological effects of the lockdown, such as anxiety, depression and uncertainty, violence-related psychological trauma would increase the persisting psychological consequences [25]. This may act as a vicious cycle, with the violence worsening between the partners. The underlying reasons for violence reported, as per the victim, were multiple and were found in combinations. Among the many reasons, relationship problems (morbid jealousy, extramarital relationships) were more significant during the lockdown than during the post-lockdown period, in which financial problems were commonly reported. This suggests that the increased contact hours and restricted movements of the lockdown leading to the acquaintance of those relationship problems had a worse influence on violence than the economic effects of the lockdown.

## Conclusions and recommendations

The lockdown and its stressors have shown definite adverse consequences on the pattern of IPV. Most victims were subjected to violence that was less likely to be reported, making the victims suffer silently. This has led to increased psychological consequences among these victims, and the sexual health of the victims was affected. Combinations of multiple risk factors were associated with incidents of IPV, and relationship problems were widespread during the lockdown due to increased contact hours. Furthermore, the number of cases seeking medical care was significantly lower during the lockdown, highlighting the need for a well-established supportive service with psychosocial support, communication and reporting facilities and other protection services.

## Key points

1. Lockdown measures during COVID-19 have reportedly increased the opportunities for intimate partner violence.
2. A comparative evaluation of the characteristics of the victims of IPV presented to a leading teaching hospital in Sri Lanka during and after the lockdown was done.
3. The prevalence of sexual abuse was significantly higher during the lockdown period than during the post-lockdown period.
4. Relationship issues such as morbid jealousy and extramarital affairs were identified as common risk factors during the lockdown.
5. Psychological consequences were significantly high during the lockdown.

**Data availability** Row data collected for this study will be available for review upon request.

## Declarations

**Competing interests** The authors declare no competing interests.

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