

## **Domestic Violence and Mental Health During COVID-19 in Bangladesh**

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# Domestic Violence and Mental Health During COVID-19 in Bangladesh

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## Abstract

The unprecedented pandemic of COVID-19 has created a scope to increase domestic violence against women all over the world. In Bangladesh where domestic violence is already prevalent, the lockdown period and stay at home orders can give the perpetrators more time to engage in violence. Isolation, social distancing, anxiety and stress about pandemic along with domestic violence can deteriorate the mental health status of the victims.

Telepsychiatry Research and Innovation Network (TRIN) Ltd. conducted an online survey among the Bangladeshi population to understand the ongoing scenario of domestic violence. The questionnaire was disseminated through social media and the website of TRIN.

Among the 136 participants (male=25.7%, female=74.3%), 36.8% (n=50) have faced domestic violence at any time of their lives. 24.2% of the participants have experienced domestic violence during this period of lockdown and the participants identified "Increase in different types of mental stress" as one of the key causes to increase domestic violence in this period. 96.3% and 93.4% of the participants respectively thought that the victims and the participants need mental health care. However, 62% of the victims did not have any clear idea about the available mental health services for them.

This period of global health crisis has already opened a new window for telemedicine and telepsychiatric interventions can be useful in this regard as it can ensure mental health services 24/7 maintaining anonymity. Immediate telepsychiatry support can reduce the mental health burden among the victims and also can help the perpetrators to mitigate their violent behaviors towards the family members.

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## Original Manuscript

## Domestic Violence and Mental Health During COVID-19 in Bangladesh

### Abstract

#### Background:

The Lock down, work from home and other unprecedented events have created multilayer and multidimensional impact on our personal, social and occupational life. The mental health condition is deteriorating, the financial crisis is mounting up and staying at home is creating potential threat for domestic violence. In Bangladesh where domestic violence is already prevalent, the lockdown period and stay at home orders can cause more opportunities and scope for perpetrators.

#### Objectives:

In this study, we aimed to find out the prevalence of domestic violence during this COVID-19 period and its relation with mental health.

#### Methods:

We conducted an online survey among the Bangladeshi population to understand the pattern of domestic violence and its relation on mental health during August to September 2020. The questionnaire was disseminated through three websites and social media. Data was analyzed using the Statistical Package for the Social Sciences (IBM SPSS 22.0).

#### Result:

We found 36.8% respondents faced domestic violence at any time of their lives and 24.2% of the participants experienced domestic violence during this period of lockdown. More than 96% and 93% of the participants respectively considered the victims and the perpetrator need mental health care. However, only 25% of them has the idea of how and where they could avail the mental health service.

#### Conclusions:

Domestic violence is one of the old hidden psychosocial and health problems and the crisis has increased during this COVID-19 crisis. The cry for mental health support is obvious and it is necessary to provide them the service to them in a convenient and cost-effective manner. Telepsychiatry can be good option for ensuring immediate mental health support.

## Background

Violence is the expression of aggression with intention to causing damage or harm to other. Violence could be direct, structural or cultural and could results from varieties of sources or reasons. Domestic violence is probably most common yet rarely reported types of violence. Domestic violence means the violence that take place in the intimate relationships or when there is a relationship between the victim and the perpetrator. That means – partners, ex-partners, close or distant family members, relatives or family friends anyone could cause the violence.

According to the Domestic Violence Prevention and Protection Act (2010), ‘domestic violence’ is defined as, “physical, psychological, sexual or economic abuse against a women or child of a family by any other person of that family with whom the victim is, or has been, in family relationship”. Domestic violence, also sometimes referred as intimate partner violence, is normally assumed to be done against female, but in general, it could be against anyone in intimate relationship. The main determinants of these kinds of behavior may be to acquire or establish power balance and exert control over the partner or relationship. Usually, the unequal dynamics in a relation is thought to be one of the main contributing factors (Rahman, 2019).

World Health Organization (WHO) estimated that about 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (World Health Organization, 2017). Although domestic violence is a universal problem, socio-cultural influence and its portrayal in the media characterize the local pattern and define the acceptance, expression and explanation of the problem. According to Bangladesh Bureau of Statistics, more than 70% of married women in Bangladesh reported at least one physical or sexual violence incident in their conjugal life (Bangladesh Bureau of Statistics, 2016). There are many unreported incidents of physical, emotional, verbal, sexual or financial abuse.

However, the recent COVID-19 pandemic made gender-based violence more prominent as the problem deepens and invades new families. This global health crisis imposed multi-dimensional and multi phased negative impact on health, social areas and economic sectors. Unfortunately, gender-based violence increases during and after unprecedented humanitarian crises, including conflict and natural disasters (Parkinson & Zara, 2013).

There are three determinants that could cause the increase in gender-based violence or domestic violence during any emergencies or crisis situation. First of all, the pre-existing psycho-social conditions that exist prior to emergencies or crisis may cause the increase. In current case, prior to covid-19 crisis and subsequent lockdown, Bangladesh already have increase rates of domestic violence caused by various psycho-social factors. Secondly, emergency related factors, for example the Covid-19 condition causing difficulties in multiple areas of well-being, such as - health crisis, financial crisis, lack of social connection, health anxiety, risk and threats to self and emotional crisis. These things exposed everyone to certain levels of vulnerabilities and those who are already vulnerable may face the adversity worse.

Finally, sometimes the humanitarian-related factors could induce further vulnerabilities to some people. In this case, although lockdown is serving a significant and important role, it is causing the marginalized people to get further vulnerable due to the lack of opportunities to seek help and the loss of connection to existing social or support network. As a result, more opportunities for perpetrators are being presented and hence the increase in rates of violence.

The scenario is apparent in statistics as well. United Nations Fund for Population Activities (UNFPA) reported at least a 20% increase in violence during the COVID-19 pandemic in 193 member states of UN (UNFPA, 2020). A tele-survey conducted by Manusher Jonno Foundation (MJF) in 53 districts of Bangladesh revealed that 9,844 women and 2,896 children were subjected to domestic violence till June 2020 and among the reported cases, 4,160 participants experienced such violence for the first time in their life (Manusher Jonno Foundation, 2020).

The COVID-19 crisis brings an unforeseen crisis of poverty, physical distancing and violence to the surface and a large number of people are losing jobs or having a salary cut. In Bangladesh, where domestic work was the only source of income for thousands of women, families let them go or forced them to leave in order to stop community transmission during this COVID-19 crisis. As a result, most of them started searching for food from one point to another and became high risk and vulnerable group for sexual abuse and violence which was evidenced by couple of rape incidents were also documented (Saltmarsh et al., 2020).

People who are subject to violence not only get exposed to physical injury. The threat to mental

health and well-being is far more pervasive, severe and long-term. Studies showed women exposed to GBV are at more than two fold higher risk of developing a common mental disorder, including depression, anxiety disorder, post-traumatic stress disorder (PTSD), substance abuse or attempted suicide (Rees et al., 2011). A study conducted in Bangladesh found the reported negative health consequences ranging from simple injuries to grievous hurt, or psychological consequences, including depression, anxiety, obsession, posttraumatic stress disorder, and even suicidal tendency (Chowdhury & Morium, 2015). There is an exponential rise in mental illness including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation for women who have experienced violence and as the violence against women increases the need for mental health care is also increasing (Oram et al., 2017).

However, there is a bidirectional relation between mental health and gender-based violence. Women living with severe mental illness are significantly more likely to fall victims to violence (Varshney et al., 2016). So, mental health care is an important and integral part in reducing the burden of gender-based violence. Globally, women have limited access to mental health care and the situation is more disappointing for Low-and-Middle-Income Countries (LMICs) like Bangladesh. In this country one psychiatrist serves roughly one million people and there are less than 50 clinical psychologists for the whole population (Soron, 2016). The situation becomes more complicated as most of the mental health professionals and mental health care facilities are located in the capital city Dhaka.

The main purpose of the present study is to get a view of the rates of domestic violence during pandemic. So, that the steps to empower women either through providing information to victims, ensuring mental health support, initiating social support network and such other such policies could be taken and implemented.

## Methods:

The recent Covid-19 situation brought about a lot of crisis in not only the health sectors but also our overall quality of life and well-being. The increase in violence is one such area where our well-being is being compromised. The present study focused on the pattern and rates of domestic violence especially gender-based violence during the pandemic. A cross-sectional study design was adopted toward that end. The details of study design and procedure are described as follows.



**Design:**

An online cross sectional study design was adopted to understand the current scenario of domestic violence in Bangladesh. Cross sectional study design is a descriptive research hence the focus of this research was mainly to observe the current scenario not provide any casual explanation or correlation. Since cross sectional study observe data within a specific point in time, we focused on August and September, 2020, the time period also signifies by fully spread Covid-19 situation.

**Sampling technique:**

The sample of this study was the adult populations in Bangladesh. The convenience sampling and snowball sampling technique, a non-probability sampling technique, was used to achieve the target. One of the main reasons for using these sampling methods is, as it is apparent from the title of the study, the domestic violence is often not spoken aloud phenomena. The violence is often hidden behind the social layer. So, a sampling technique where participant themselves provide further referrals could provide enriched and variant data source. Another reason is this technique could reach a huge portion of population using social media or other relevant sites.

**Data collection:**

A female social group on Facebook was initially chosen to reach target population. The questionnaire was then further disseminated through three websites and social media and the website of Telepsychiatry Research and Innovation Network (TRIN) Ltd. TRIN conducted an online survey from 24<sup>th</sup> August 2020 to 24<sup>th</sup> September 2020 to understand different aspects of Gender Based Violence in Bangladesh during the pandemic period. A total 136 participants voluntarily participated by filling up an online questionnaire which was disseminated in social media platforms and was also posted in the website of TRIN. Informed consent was obtained by the participants prior to the data collection.

**Instruments:**

An anonymous online questionnaire was used to collect socio-demographic information (age, marital status, number of children, geographical area), mental health status (history of mental illness and eventual treatments taken), information on lockdown conditions (changes in working activities), and COVID-19 risk status (no personal risk, under quarantine, COVID+).

**Ethical consideration:**

The study was approved by the National Institute of Mental Health (NIMH), Dhaka and conformed to provisions of the Declaration of Helsinki. All ethical procedure was maintained and followed in the research. The participants gave informed consent before providing information. The confidentiality and privacy agreements were communicated and agreed upon.

**Data analysis process:**

The data were reviewed and sorted before starting the analysis. Data was analyzed using the Statistical Package for the Social Sciences (IBM SPSS 22.0). The analysis techniques were mainly descriptive statistics.

**Results:**

We have 136 respondents and the mean age of the participants was 24.26 (SD 5.15) years.

*Table 1. Sociodemographic of the respondents*

Characteristics	Number (n)	Percentage (%)
<b>Gender</b>		
Male	35	25.7
Female	101	74.3
<b>Marital Status</b>		
Unmarried	103	75.7
Married	30	22.1
Separated	2	1.5

Widowed	1	0.7
<b>Occupation</b>		
Student	92	67.6
Service holder	26	19.1
Businessman	5	3.7
Unemployed	8	5.9
Others	5	3.7
<b>Family status</b>		
Nuclear family	110	80.9
Joint family	20	14.7
Currently staying out of family	6	4.4

We asked the respondents about if they have ever been a victim of domestic violence by any of their family members and 36.8% (n=50, male 28%, female 72%) responded positively. Among the victims, 11.8% experienced domestic violence “very often”, 7.4% experienced “sometimes” and the rest of the victims (17.6%) experienced it rarely. The most common type of violence the victims faced was “Mental abuse” (65.4%, n=34). However, we should also consider 3.7% of the respondents were unwilling to answer whether they were victim of domestic violence.

Among the respondents, 24.2% (n=33, male=21.2%, female=78.8%) experienced domestic violence first time during the period of lockdown by their family members and 5.1% (n=7) faced it very often during this period. Moreover, the study revealed 37.5% respondent witnessed or came to know that his/her other relatives or friends being the victim of domestic violence during this lockdown.

The participants had different opinions regarding the reason behind domestic violence during COVID-19 and it is represented in table no -2

Possible reason behind the accelerating domestic violence	Number (n)	Percentage (%)
Not knowing how to manage stress	35	25.7
Deterioration of economic status	26	19.1
Increased duration of stay of the	26	19.1
Fear of getting infected	17	12.5

Moral decay and Family learning	12	8.8
Patriarchy	10	7.4
Deteriorating mental stress	7	5.1
Others	3	2.2

The study also revealed about 45% of the respondents encountered online sexual harassment in their lifetime, it was also found that social media engagement was linked to their domestic violence. Majority of the respondents agreed that both the victims and perpetrators need mental health support (96.3% and 93.4% respectively). However, 62% of the victims have no idea about the services available to help the victims of domestic violence in Bangladesh.

## Discussion

Many countries around the globe such as, China, France, Italy, Brazil, Spain etc. reported about increased incidence of domestic violence during this global health crisis (Campbell, 2020). However, the developed countries have better reporting system and response service to domestic violence which is not similar to the low-and-middle-income countries. This may be a cause of less reporting of domestic violence incidents during this period.

In the present research, the goal was to understand that scenario of domestic violence. The result indicates that among 136 respondents, 36.8% (n=50, male 28%, female 72%) reported being subject to domestic violence in their lifetime and 24.2% reported the exposure to violence during the Covid-19 situation. Male reported less exposure to violence in intimate relationship than female. This is consistent with previous research and theoretical understanding of domestic violence. The male dominated or patriarchal society, like Bangladesh, provides more scopes for female to be the victims of domestic violence (Rahman, 2019). Other factors that participants reported as the causes of violence are financial instabilities, mental stress and increased opportunities provided by lockdown.

Pandemics or any other crisis situations cause the disruption of normality in social infrastructures and hence exacerbating the vulnerabilities (UNFPA, 2020).

Moreover, the pandemic of COVID-19 is increasing the chance of victimization by family members as the victims are staying with their abusive family members (Mazza et al., 2020). Although, Islam et al. observed that mother in laws or sister in laws act as instigators in the context of Bangladesh which is consistent with other qualitative studies in India (Islam et al., 2018). So, the lockdown is providing more chance to intimate partners and other abusive family members more scopes to engage in violent activities. As the victims of domestic violence are at risk of developing various mental and physical problems (El-Serag & Thurston, 2020), a responsive reporting system along with effective mental health care is of utmost importance for the victims.

Majority of the respondents (96.3% and 93.4% respectively) agreed to the necessity of mental health support for both the victims and perpetrators. Sadly, a significant portions of respondents 62% (n=31) did not have the necessary information about the available services to help the victims of domestic violence in our country. This barrier could be minimized by telepsychiatry or eMental health services. Telepsychiatry or eMental Health (providing psychiatry service from distance) emerge with the promising effect to overcome the potential barriers and improve the access to mental health service for all (Malhotra et al., 2013).

The role of telepsychiatry becomes more important during this COVID-19 crisis in Bangladesh to provide psychological support to the victims of gender-based violence. Telepsychiatry support can array more anonymity, provide the option of communicating with professionals 24/7 through audio, video or chat options, ensure maximum opportunity for the limited professionals to serve the highest number of people.

Mind matters for all and standard mental health care is a right for everyone. The telepsychiatry service in Bangladesh started to improve access to treatment for mental illness. MonerDaktar, MindTale and other technology based mental health care services are making remarkable contributions and the government and policy makers should consider how they can use the technology based or digital psychiatry services to serve thousands of women who are facing different forms of violence every day and need mental health support.

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