

Is There Any Impact of COVID-19 Pandemic on Intimate Partner Violence by Husband? A Case Study of Kalutara District, Sri Lanka

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ABSTRACT--- *Emerging preliminary data alarmed on an intensive increase of IPV during the COVID-19 pandemic across the globe. This article presents findings from a mixed-method approach identifying the changing nature of IPV during the COVID-19 Pandemic in Kalutara District, Sri Lanka. Quantitative secondary data identified a rapid increase of complaints on violence against women (VAW) in Sri Lanka and Kalutara District with the implementation of island-wide lockdown restrictions. As qualitative data revealed IPV tends to be associated with childhood maltreatment, economic difficulties, stress, lack of social skills and empathy, infidelity and intimacy problems, excessive interference of co-residents, and alcohol and psychoactive drugs even before the pandemic. But, loss of income, increased stress, increased intimacy problems, alcohol addiction and using alcohol, and binge-watching of television by husband identified to be significant factors contributing to a higher incidence of IPV during the COVID-19 pandemic period in Kalutara District.*

Keywords--- Intimate Partner Violence, COVID-19, risk and protective factors

1. INTRODUCTION

Intimate partner violence (IPV) is a rampant but preventable social and public health issue. The definition of World Health Organization (WHO, 2010:11) recognized IPV as any act of physical aggression, sexual coercion, psychological abuse, and controlling behaviours within an intimate relationship by current and/or former intimate partners, which causes physical, sexual, or psychological harm. Amongst possible victims in all forms of intimate relationships, women in heterosexual intimate relationships are more exposed to IPV (WHO, 2012). Undoubtedly IPV engenders detrimental effects on the well-being of women and children who are exposed to it (WHO, 2012).

It is known from previous studies that IPV is the most common form of violence against women across non-crisis situations (WHO, 2012) and complex emergencies (Moreira and da Costa, 2020). As the most unprecedented challenge in the known history, despite health implications, the COVID-19 pandemic caused and widespread social and economic disruption. With the implementation of initial restrictions to control the COVID-19 pandemic, an intensive increase in violence against women was identified across the globe.

The higher prevalence rate in South Asia often makes 'IPV in South Asia' a major concern of IPV discussion long before the COVID-19 pandemic (Devries, 2013). In comparison with women in the South Asian region, though Sri Lankan women have been enjoying better off in terms of empowerment, Sri Lanka was too predisposed to a high prevalence rate of IPV in the pre-COVID era (Guruge et al., 2015). Even Sri Lankans experienced long and frustrating curfew and lockdown restrictions, there is hardly any literature to identify possible changes of IPV by the husband during the pandemic. To address the existing literature gap, the present article aims to investigate changes of IPV by husband during pandemic period and the factors that increase or decrease the risk for IPV by husband before and within the COVID-19 pandemic.

2. BACKGROUND

2.1 IPV prevalence in COVID-19: Global context

IPV is a global pandemic long before the COVID-19 outbreak. As Devries et al. (2013) highlighted, one-third of women in relationships have ever experienced intimate partner violence during their lifetime. The rates of violence from intimate

partners tended to quite high including complex emergencies than the violence against women perpetrated by individuals outside the home (Stark & Ager, 2011). Literature on IPV prevalence during COVID-19 Pandemic identified an intensive increase of domestic violence against women by their husbands in many countries (UN Women, 2020). The pandemic also deteriorated the existing burden of IPV in South Asia. As reported National Commission for Women in India, after the nationwide lockdown in early April 2020, there has been a 100% increase in complaints related to violence against women (Vora et al., 2020). But the reported numbers of cases may still be an underestimation of the truth due to the impact of the greater control exerted by the perpetrator, the change and diminished availability of services, and the fear of contagion (Moreira & da Costa, 2020).

2. 2 Prevalence of IPV in Sri Lanka

Available statistics in the pre-COVID era illustrated IPV as common health and social issue in Sri Lanka. By reviewing surveys in the past three decades, Guruge et al. (2015) have identified the percentage of IPV ranging from 20% -72% in different geographical settings in Sri Lanka. Further, as the most recent Demographic and Health Survey 2016 (DHS) in Sri Lanka indicated that 17% of ever-married women within age 15-49 have suffered from domestic violence from their husband during the 12 months preceding the survey (Department of Census and Statistics (DCS), 2017). But, Sri Lankan women rarely report their IPV experiences unless severe physical violence leads to health consequences (Guruge et al., 2015). Therefore, IPV is a minuscule perceptible part of a much larger social issue that remains hidden in Sri Lanka.

2. 3 Current knowledge on possible risk and protective factors

The broadening knowledge on IPV identified it as a multifaceted and intersected phenomenon (Heise, 2011). Therefore, IPV is an outcome of a combination of individual, relationship, community, and societal factors. Reviewing available literature concluded the inconsistency of risk and protective factors across diverse studies, settings, and target populations.

Individual factors: Even women at a young age tend to experience a higher level of violence by a male partner (Jayasuriya-illesinghe et al., 2011; European Union Agency for Fundamental Rights, 2014) as a contradiction to above DHS 2016 revealed a positive relationship between experiences of IPV and the age of women (DCS, 2017). But, across global and nation studies consistently examined exposure to child maltreatment as a risk factor to perpetrate partner violence in adulthood (Heise, 2011; Fulu et al., 2013; Fonzeka, Minnis, & Gomez, 2015). Low Socio-Economic Status predicts a higher risk of IPV victimization and perpetration (Jayasinghe et al., 2006; Nisanthan, Jeepara, & Pirasath, 2019; Subodini et al., 2006). To identify higher education and employment of women as protective factors against IPV victimization, it requires examining the relative socio-economic status of the husband and his acceptance of traditional gender ideologies (Krishnan et al., 2010; Heise, 2011; Atkinson et al., 2005).

And, recently there has been growing concern about how the misuse of alcohol increases the risk of IPV perpetration and victimization (Boden, Fergusson & Hornwood, 2011). Once Beck & Heinz (2013) argued that “only minority of persons who drink alcohol become aggressive” (p.711), researchers have been investigating the impact of cognitive and environmental triggers on alcohol-induced aggression such as personal expectations of the effect of alcohol, social learning, early childhood experience of social exclusion and discrimination, some personality traits and high underlying irritability.

Studies on IPV Sri Lanka rarely acknowledged the role of bio-psychic construction in IPV. But dysfunctional personality traits (Sijtsema, Baan & Bogaerts, 2014), low self-esteem (Papdakaki et al., 2008), lack of empathy (Romero-Martinez, 2016) have been facilitating IPV perpetration and victimization. Further having social skills mainly communication skills, problem-solving skills and coping skills has been recognized as a protective factor against IPV (Napoli, 2016; Raiford et al., 2013; Hellmuth & McNulty, 2008).

Relationship factors: IPV have tended to produce the strong association of multiple partnerships, infidelity and/or sexual jealousy, and disputes with or excessive interference by co-residents with both victimization and perpetration of IPV (WHO 2010; Jayasuriya-illesinghe et al., 2010; Samuels, Jones & Gupta, 2017). IPV appears to occur more frequently when a couple is unable to develop constructive communication (Lavner, Karney, & Bradury, 2016), marital satisfaction, and commitment towards their relationship (Johnson, Manning, Giodano, & Longmore, 2015). Concerning marital satisfaction, Wilkie et al. (1988) and Chung (2014) identified empathy as a significant predictor for relationship satisfaction and minimize conflict among married couples.

Community and societal factors: Several studies have implicated how neighbourhood characteristics, community norms, available community sanction on violence against women precipitate IPV by husbands (WHO, 2002;2010;2012 & Heise, 2011). It is known from the literature that IPV is more common in societies with poverty (Jewkes, 2002), lack of availability and awareness on formal effective mechanisms against violence against women (Vagi et al., 2013; CDC, 2016), gender inequitable norms (de Mel, Peiris, & Gomez, 2013; Fulu et al., 2013), lack of legal protection on women (Goonetilleke, 2015) and lack of political and economic participation of women (ILO, 2016). As highlighted, many factors are associated with IPV, unless concerning rigid causes or effect rules.

2.4 Precipitating factors on IPV during COVID-19 pandemic

A sudden increase of IPV during the COVID-19 period has required to re-examine the existing relationships, by adding conditions created by the pandemic itself. WHO (2020) identified how social isolation by lockdowns, quarantines, and social distance can worsen the risk for IPV by disrupting the social and protective networks and decreasing access to services. Movement restrictions to combat the pandemic intensify the risk for women in abusive relationships, since “batterers can be very ‘effective’ in isolating women” (Lanier & Maume, 2009; p 1316).

The COVID-19 pandemic negatively affects four out of five jobs around the world (BBC 2020). Unexpected economic distress can be a source of chronic stress developing the likelihood of aggressive behaviour in marital relationships (Davis & Mantler, 2004; Byun, 2012; Slep et al., 2010). COVID-19 has also left fresh challenges for migrant workers (UN 2020), returnees of migrant work, and members of their families. On the other hand, lockdown restrictions developed a risk of being pushed women out of the workforce where they were already marginalized and total economic dependence on their abusive husbands (Nigam, 2020).

Some studies on psychological well-being of individual during the COVID-19 Pandemic identified how lockdown restrictions increased consumption of alcohol and other substances (Ahme et al., 2020; CDC, 2020; Vora et al., 2020) since the use of alcohol and other substances has been identified as a negative coping mechanism to cope with or alleviate negative emotions (Gelder, 2020; Merrill & Thomas, 2014). Sri Lanka has recorded a significant decline in alcohol and tobacco consumption by respectively 80% and 68% (Ministry of Defense, 2020). But, increasing illegal alcohol production, sale, and consumption during the lockdown period (Institute of National Security Studies Sri Lanka, 2020) has alarmed its association on IPV.

Interestingly, McDaniel and Coyne (2014) identified more frequent technology interference is related to worse overall marital well-being. A study done by Kiraly et al. (2020) revealed a risk of the binge-watching of television and electronic gadgets during the COVID-19 pandemic to fill the social vacuum developed by lockdown restrictions. Marital conflicts related to excessive interference of technology can deteriorate with increasing burden of house chores on women during the lockdown periods where traditional high gender gaps and conservative gender roles exists (Kaukinen, 2020).

3. DATA AND METHODS

The current study used a mixed-methods convergent design. Quantitative secondary data were collected from the 1938 Toll-free Women Helpline operated under the National Committee on Women in Sri Lanka. Even 1938 Women Helpline is received many types of complaints related to violence against women including Cyber-crimes, foreign employment, land dispute, employment promotion, and guardianship, a majority of complaints often related to domestic violence and family disputes.

Quantitative data triangulated with qualitative data gathered through six key informant interviews and ten in-depth interviews with married women in Kalutara District, who experienced violence from their husbands during the last 12 months preceding the study. All key informants (KIs), including Senior Lecturer in Psychology and Researcher on IPV, Medical doctor in Mithuru Piyasa, Inspector of Police in Child and Women Bureau, Counselling Officer in a Divisional Secretariat, Women Development officer in a Divisional secretariat, and a Public Health Midwife were requested to provide their experts views on changes of IPV by husband in COVID-19 Pandemic period and possible risk and protective factors on IPV. According to the preferences of KIs, either note-taking or tape recording was used to record data. Each KIIs lasted 30-40 minutes.

3.1 Sample, Sampling method and procedure for in-depth interviews

A sample of ten married women was recruited for in-depth interviews from five Divisional Secretariat (DS) areas (Panadura, Bandaragama, Horana, Kalutara, Milleniya) out of fourteen DS areas in Kalutara District. For respondents, the inclusion criteria were, (a) experiencing any form of violence from husband during last 12 months; (b) between the ages of 18-49 years; (c) legally married, (d) currently with their spouse at the time of recruitment, (e) having at least two-year exposure to marriage; and (f) currently residing in Kalutara District.

The purposive sample method was used to recruit potential participants. After having initial discussions with the Counselling Officer or Women Development Officer (WDO) in some Divisional Secretariat, few interviewees for in-depth interviews were selected. And the rest of the respondents were selected through contacts on researcher’s social network. The researcher explained that she was seeking a sample for research on psychosocial well-being during the COVID-19 pandemic. Face-to-face and telephone contacts were used for selecting the sample. All study procedures were completed following ‘*the Ethical and safety recommendation for intervention research on violence against women*’ which was published by WHO in 2016 and were reviewed by the Ethical Review Committee of National Institute of Social Development, Sri Lank. Though it was originally planned to conduct interviews at divisional secretariat counselling office premises or community centers, access restrictions to government premises during the COVID-19 second wave made that procedure less feasible. Therefore, selected respondents were interviewed via telephone.

In the beginning, information on the researcher and the study was delivered verbally and via an informed-consent form. It consisted of reminders that there are no right or wrong answers, any comment or attitude was welcome, none of the answers was judgmental, confidentiality would be maintained throughout the research procedure and afterward, ability to leave at any time if they showed dislike to continue. After having demographic information, interviewees were encouraged to continue the discussion. During the process, individuals were emotionally supported if they felt uncomfortable and distressed. Some in-depth interviews were conducted as two sessions with the availability and comfortability of respondents. At the end of the interviews, a brief discussion was conducted to provide information regarding protective factors and available formal service-providing institutions/ service providers for IPV. Each interview took approximately 2-2 ½ hours including the introduction and after discussion.

At the end of data collection, qualitative data were analyzed using Thematic Approach. And collected quantitative secondary data were analyzed by IBM Statistical Package for Social Sciences (SPSS) and Microsoft Excel.

4. RESULTS

4.1 Changing nature of IPV in Pandemic period

Analysis of 1938 Women Helpline identified a significant increase of complaints on violence against women in 2020 than 2019. And result clearly identified a significant statistical difference in number of complaints on VAW between 2019 ($M=150.5, SD=44.5$) 2020 ($M=311.5, SD= 101.5$), ($t_{(21)}=9.18, p<.001$) for national level.

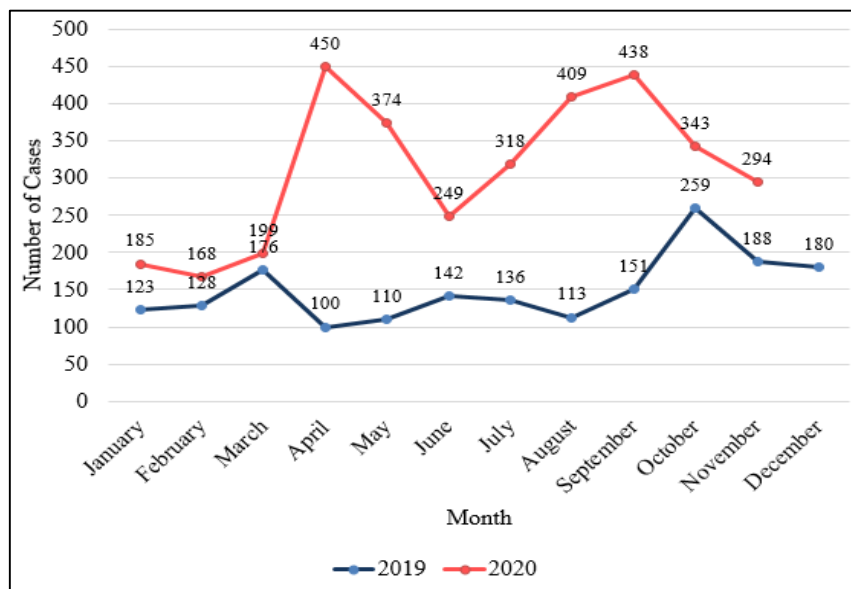


Figure 1: Number of VAW cases reported to 1938 in 2019 and 2020, entire Sri Lanka

Note: 1938 is the Toll Free Women Helpline operated under the National Committee on Women in Sri Lanka.

Source: Data from the National Committee on Women, 2020

As result demonstrated, the most prevalent growth by 251 cases was identified in April 2020. This rapid increase of complaints paralleled with the implementation of nationwide lockdown in late March 2020. In comparison to April 2019, it was a 350% of the increase. Result was consistent with Vora et al.'s (2020) report on rapid growth of complaints on VAW after their national wide lockdown in India. Results are further consistent with literature that reported a sharp increase in violence against women since the lockdowns and movement restrictions (UN Women, 2020; WHO, 2020; Telles et al., 2020). Though the 1938 helpline is received complaints violence against women, as the most common form of violence against women across non-crisis situations and emergencies (WHO, 2012 & 2020), the highest prevalence of IPV by the husband and its relation to Lockdown can be also established with available results.

With showing the same pattern as the national level, a sharp increase of complaints on VAW in Kalutara District can be identified with island wide lockdown implications. The average number of complaints per month were 13 in 2019 while it increased up to 24.6 in 2020. And it was a statistically significant difference ($M=13, SD=5.9$) and 2020 ($M=24.6, SD=8.6$), ($t_{(21)}=2.54, p=0.001$). The result demonstrates a rapid growth of complaints in Kalutara District in April 2020.

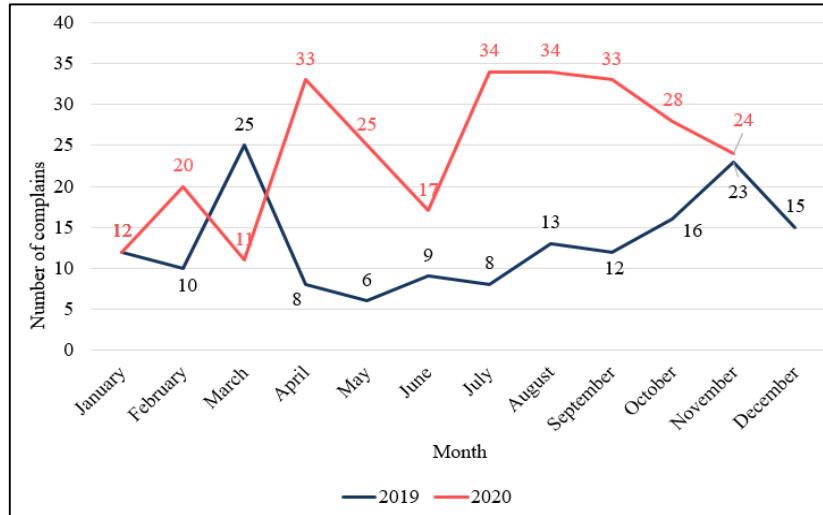


Figure 2: Number of IPV cases reported to 1938 from Kalutara District in 2019 and 2020

Note: Data from the National Committee on Women, 2020

4.2 Qualitative analysis

The data collected from KIIs and in-depth interviews were transcribed into English. After carefully reading the transcribed narratives, appropriate codes were developed. The list of the different initial codes was sorted and organized. Then, coded data sorted into three potential themes. (a) Personal and economic well-being, (b) interactions and, (c) behavioural addictions. To generate a coherent picture of the entire qualitative data set, the researcher developed a thematic map for the present research (Figure 3).

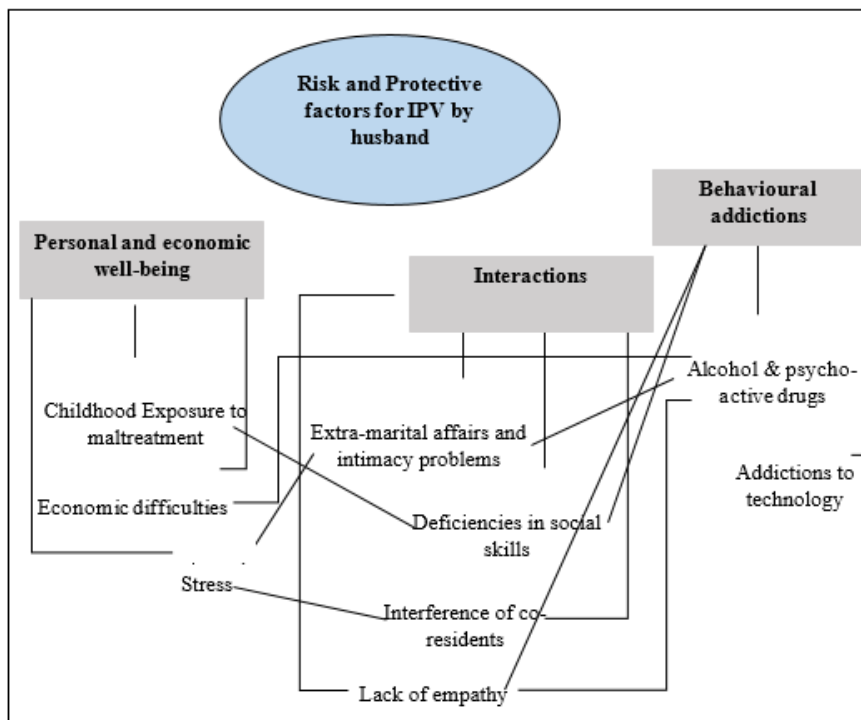


Figure 3: Thematic map developed for qualitative data analysis of for the research

Source: derived by authors

To present narratives under each theme, each participant was given a number according to the order they were interviewed (P-1, P-2...). It was concerned as an attempt to prevent possible breach in confidentiality of participants. Under each code, possible risk and protective factors are discussed with empirical qualitative evidence.

4.3 Risk and protective factors for IPV before and during COVID 19

Theme 1: Personal and economic well-being

'The personal and economic well-being' theme is discussed with three codes; childhood exposure to maltreatment, economic difficulties, and stress.

Childhood exposure to maltreatment: Respondents shared their and their partners' experiences on witnessing the abuse of mother by father, childhood neglect, severe physical punishment, death, or separation from parents related to them and/or their partners. In comparison to women, exposure to child maltreatment was predominant among their husbands. They had hardly received healthy father involvement due to fathers' absence (death or separation from father), parental conflicts, or abusive behaviours of father.

"...His [husband's] father died when he was 4-years-old. His mother handed over him to his father's stepmother and his mother had gone separately by taking other two younger brothers. However, by handing over those two children to her mother, she also went abroad (P-1)"

"My husband once emotionally said 'this man [father] may not know how many times he had beaten me. When he came home, I used to hide under the table or the bed' (take a deep breath)" (P-5).

Economic difficulties: Economic difficulties promoted hostility in marriage interactions before and during the pandemic period (Davis & Mantler, 2004; Byun, 2012; Slep et al., 2010). Respondents' narratives clearly indicated how loss of job and increased burden of loans enabled to promote hostile behaviour, develop frustration and withdrawal of partners from respondents, challenge financial responsibilities as breadwinner decreased self-esteem, and induce certain addictive behaviours.

"After around three years of marriage, my husband was interdicted for 10 years. We went to our mother's place since in his home we were treated differently by his stepmother... After losing his job, he was easily angered by anything. He used to drink quite often and started to quarrel with me..." (P-3)

P-2 shared her relationship experiences with her husband who was a returnee migrant and being unemployed at the time of collecting data. As she explained unexpected economic difficulties developed a high level of frustration and low self-esteem within him.

"It was like we were beaten with a stick... We had arranged everything to go back... Our misfortune... My husband completely deformed... doesn't talk to me at all... For more than three months, we have no sexual relationship, too... Day by day I am being neglected... I don't know before this [COVID-19 Pandemic] finishes we will be also finished".

Women Development Officer (WDO) in [Divisional Secretariat] stated that how much the COVID-19 pandemic has contributed to worsen the living conditions of self-employed and daily-paid working women and increased total economic dependence on their husbands.

"...Many self-employed women have suffered. Now many of them have to depend on their husband who is already addicted to alcohol... If they ask money from their husband or have an argument on wasting money for alcohol, they are often beaten..."

But, Public Health Midwife (PHM) in [Grama Niladhari Division] provided evidence on even though some couples experienced economic difficulties during the COVID-19 pandemic they were able to maintain healthy marital relationships, especially when there are a non-alcoholic co-operative husband and a skilled wife.

Stress: Participants provided evidence on several sources for stress including job, adapting to marriage life, increased household chores, and child responsibilities in addition to economic difficulties. During stressful periods, they found increased verbal conflicts, husbands' withdrawal from them and lack of emotional support. Some participants reported that they experienced verbal violence from husbands by finding some difficulties to adapt and reconstruct daily routine and structure during the pandemic.

Theme 2- Interactions

Theme 'Interactions' consists of four codes; (a) Extramarital relationships and intimacy problems, (b) Deficiency in social skills, (c) Lack of empathy, and (d) Interference of co-residents.

Extramarital relationship and intimacy problems: With consistent to the study done by Jayasuriya-illesinghe et al. (2011), all key informants emphasized having extra-marital relationships and suspects and questioning on extra-marital affairs as

a possible risk factor for severe physical and sexual abuse in the pre-COVID era as well as the lockdown periods. As key informants highlighted, physical and sexual violence would often become severe if it is associated with morbid jealousy.

“In one case, her husband continuously suspects that she has an extra-marital affair with a neighbour... In this case, we understood that he has morbid jealousy too. She was consistently verbally and psychologically abused. At the end of each conversation, he forced to have sex, by saying ‘if you can do that with that man, what can’t you do that with me? ...’ WDO at [DS]

During the pandemic period, the abuser has more opportunity to exert the power and coercive control over women, since her movement is restricted to their domestic places with stay-at-home orders (Telles et al., 2020). With agreeing above finding, a respondent reported that her exposure to violence due to her husband’s irrational suspects on her infidelity has worsened during the lockdown periods.

“... this man always suspects me...he used to beat me in many days by complaining that I had an affair with some men at the factory. Sometimes, he came to the factory to see what I was doing... If I go somewhere, after around thirty minutes he also comes... However, in those days [Pre-COVID era] I have some relief at day time...But, lockdown periods, from morning to night and sometimes throughout nights, I had to stay with him... Mostly I found no way to escape from him” (P-4)

PHM identified an increased sexual relationship among married couples by pointing out a significant increase of pregnancy during Lockdown periods especially, May, June, and November in 2020 relation to her area. But, as a respondent mentioned that she had to experience severe level of verbal and physical violence during the COVID-19 Lockdown periods, since her husband rarely had an opportunity to have sex in their non-partitioned home.

“In COVID period both my sons were at home... I had a male child from my previous marriage who has already done his A/L this time ... He [husband] hardly found any job during COVID-19... Actually, he does too much trying to do that [sex] with me... When children are not at home, it is okay... in our home there is not any partition... But corona period, even though he asked, I found no option... I was heavily blamed and sometimes beaten” (P-7).

Deficiencies in social skills: This code includes three essential social skills for couples; communication skills, problem-solving, skills, and emotional management skills. Consistently KIs emphasized the great importance of the above three skills to strengthen marital satisfaction and least conflict.

“Some factors, like lack of social skills, are visible even among well-educated and employed groups. In this case, the wife is a teacher and the husband has a good job. They have had no sexual relationship for 10 years and no communication between them. The root cause of the problem was a verbal argument of giving 2 lakhs to husband’s sister by husband 10 years back. I was shocked how could be taken past 10 years of their family life which was destroyed by two lakhs” (Counsellor at [DS])

And, statements of respondents illustrated certain patterns of mutual blame, mutual verbal aggression, the frustration of being unable to resolve a problem effectively with a partner, and having alcohol as a problem resolution strategy.

Lack of empathy: Even though many respondents expected empathetic feelings from their partners, they often complained that they hardly received empathy and emotional support.

“My staff bus will arrive at home by 5.45 in the morning... Mostly when I leave he is asleep... Sometimes, when I come home I feel so tired. Those days I have no interest in sex... In many times he badly blamed me that he felt boring to have sex with me...” (p-9)

A key informant emphasized how lack of empathy becomes a central issue in marital conflicts.

“Unlike feeling pity or compassion on others, if a partner has empathy, he or she cares as much about their partner. As we have been heard, in many arguments, they directly say that ‘my partner doesn’t understand me’ or ‘my partner doesn’t feel me’. Though a couple gets married, they are separate individuals” (Senior Lecturer in Psychology).

Interference of co-residents: Though sometimes co-residents show cooperative behaviour for looking after children or preparing meals, some participants identified excessive interference of co-residents into their marital relationship. As a respondent shared, she experienced hardly any violence from her husband after separating from her in law-family. The following narrative elaborated how the husband’s grandmother interfered with their marital well-being and how her behaviour facilitated marital conflicts between them.

“My husband was adopted by his grandmother (stepmother of father) after his father’s death... Though she lived in a separate place alone, at night used to sleep on the couch in the corner of our room... We hardly did anything

[sex]... husband didn't say anything to her... I blamed him, scolded him by telling him he is a coward... She cooked delicious food for him... I was the person who was blamed and beaten at the end of countless arguments... I saw that he was given some money to buy cigarettes or to buy liquor as well (P-1)".

Theme 3- Behavioural Addictions

Under the theme of 'Behavioural addictions', the code of 'Alcohol and psycho-active drugs' and 'addictions to technology' has been discussed.

Alcohol and psycho-active drugs: Inspector of Police at Child and Women Bureau [Police Station] pointed out alcohol and drug addiction as a primary cause for physical violence. In her words, it was as follows.

"When it says exactly the majority of physical violence among couples reported due to two things, one is alcohol or drug addictions, and the other one is extra-marital affairs..."

Rather than emphasizing the direct link between IPV victimization and alcohol-induced aggression, the results enabled to show how increased arguments on alcohol usage (e.g. waste money on alcohol instead of using that money for their households) resulted in marital conflicts. And, respondents revealed, a perpetrators' tendency to use 'alcohol as a coping mechanism', eg. Loss of job, relationship conflict, adapting situations, and job-related stress.

"My husband leaves from home around 7.30 am and he comes often at 7-8 p.m. He found it too difficult to adapt to the lockdown period... Even though bars were closed he had plenty of opportunities to get liquor as well... At one night (pause) we had a huge argument on this and I was beaten and strangled..." (p-5)

In contrast to this viewpoint, a doctor at Mithuru Piyasa in [hospital] pointed out there is a significant decline of IPV during the COVID-19 lockdown period. As she reported some critical cases settled as a result of closing bars and gambling centers.

Addicted to technology: Respondents demonstrated excessive use of some telecommunication devices of their husbands and all of them reported the addictive behaviours were intensified during the lockdown periods. The results were consistent with literature that revealed a risk of the binge-watching of television and electronic gadgets during lockdown period.

For younger couples, complaints were often related to internet addiction not television use. Even though the couples are physically in the same room, if the partner is more involved with a technological device, it negatively impacts their quality time together.

"When we are together if I ask something, he just looks at me and says something, and again refers to his phone... Many times we were together, largely interrupted by his calls and nonsense phone calls. There were countless hurtful moments and words related to his phone usage ... (p-9).

All key informants explained how excessive use of technological devices facilitates marital dissatisfaction by developing no punctual bedtime or sleeping together, possible withdrawal from partner, lack of empathy and cooperation, less quality communication and increased stress. Amongst all, pornography addiction severely damages marital satisfaction, since it breaks the trust, creates unrealistic expectations and severe physical, and sexual violence against wife. In relation to above fact, the counsellor at [DS] shared her career experience.

"... her husband watches pornography videos through the night. All family members share the same room since there is no partition. That husband forced her to have sex at in several times at night and as soon as he awakes around 6-7 a.m. Therefore, each day a four-year-old son was given the phone to look at cartoon videos while their daughter in grade 8 was sent to the wife's mother's place early in the morning. She is forced to have sex three-four times per day sometimes..."

5. DISCUSSION AND CONCLUSION

This article identifies the prevalence and precipitating factors of IPV by husband have been changing with the COVID-19 pandemic. Since IPV has already identified as the most common form of IPV across in non-crisis situation and emergencies (WHO, 2020; Buttell & Carney, 2009; Lauve-Moon & Ferreira, 2017), available data on the intensive increase of complaints on VAW predict the increase of IPV by the husband during the COVID-19 pandemic in Kalutara District. It further suggests that any implemented policy developed to control the spread of COVID-19 needs to be cooperated with the access to required services to provide an adequate response to possible victims. Since IPV generates physical, emotional, sexual, and economic consequences, any policy or programme that targets IPV must be included a combination of medical, social, psychological, legal, and economic responses to address it.

Results of the present study emphasized IPV by husband as a multifaceted as well as an intersected phenomenon as suggested by Heise (2011). Though the present study was unable to examine community and society level factors that put

women in or protect from IPV in Kalutara District adequately, results enable to reveal significant risk and protective factors in individual and relationship levels. Evidence from qualitative data uncovers that men who were exposed to childhood maltreatment, economic difficulties and stress tend to show more aggressive behaviour in their marital relationship. Exposure to childhood maltreatment was a shared characteristic among many perpetrators and they hardly received healthy fathers' involvement. As a prerequisite to prevent IPV, strategies must be implemented in the areas of identification, management, and prevention of childhood maltreatment. Here, it also needs to be concerned that available family strengthening or childhood protection and development programs have no adequate focus on the role of the father.

At the relationship level, having/suspects of extra-marital relationship, intimacy problems, lack of empathy, and social skills increased the risk of IPV perpetration and victimization. But, married women who experienced unexpected economic deprivation, increased burden of household chores, suspects of infidelity, and behavioural addictions of husbands reported an increase of IPV victimization during lockdown periods. Further, the results enabled to bring the value of concerning excessive interference of technology into daily life and its association with marital dissatisfaction and conflicts (McDaniel and Coyne, 2014). It further emphasized the risk of binge watching electronic gadgets including television during the pandemic and its impact on decreased cooperative house chores and possible verbal and psychological abuse.

Having social skills and empathy towards partners were identified as protective factors in both the pre-COVID era and during the lockdown period consistently. But more than half of respondents identified their or their partners' lack of social skills, empathy, and burden of household chores increased marital conflicts. Findings provided the need of including certain forms of social work application into existing casework interventions such as 'capacity building programmes', 'pre-marital counselling' and 'emotion-focused interventions'.

The study clearly emphasized the essentiality to develop an existing legal, institutional and administrative framework for the prevention of IPV. The dissemination of reporting IPV cases requires the establishment of a reliable national body with the coordination of the Ministry of Women and Child Affairs and associated stakeholders. It further needs to be filtered down to government officials with grassroots communities (e.g. Social Care Centers at DS level). At last, the present research clearly emphasized the need of expanding the data collection mechanism & databases on VAW including IPV in Sri Lanka.

6. ACKNOWLEDGMENT

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