

“I Am Not Safe At My Home” Causes And Effects Of Intimate Partner Violence During COVID-19

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Abstract

Cases of intimate partner violence increased manifold across the world during COVID-19. Researchers have been trying to find out indigenous factors leading to such behaviors, especially among men. Using the lens of the exosystem factor model of ecological theory, we designed the current study to identify the socioeconomic factors in deciding on the intensity of intimate partner violence and its subsequent impact on the psychological and physical wellbeing of women. In this regard, financial autonomy and asset ownership status of women, as well as financial issues and drug abuse among men, were studied as major factors. The study also investigated the moderating role of the asset ownership status of women. A multistage cluster sampling technique was used to collect data from 1516 females in three waves through trained enumerators. We analyzed the moderated mediation model using the structural equation modeling (SEM) technique in AMOS version 26. Results indicated that financial autonomy and asset ownership status of women are negatively related to intimate partner violence and positively related to the psychological and physical wellbeing of women. Similarly, financial issues and drug abuse among men were found positively related to intimate partner violence and negatively related to the psychological and physical wellbeing of women. The interaction effect of the asset ownership status of women was also significant. Overall, significant moderated mediation was found. The results have several implications for various stakeholders including society, policymakers, and researchers. The study has extended the validity of the exosystem factor model of ecological theory and significantly contributed to the literature on intimate partner violence. Especially the moderating role of the asset ownership status of women based on their inherited assets was a significant contribution, especially in the context of the recent enforcement of “Women’s Property Rights Act 2021” by Pakistan.

Keywords: Intimate partner violence, Asset ownership status, Psychological wellbeing, physiological wellbeing, financial autonomy of women, COVID-19

Introduction

COVID-19 emerged as a natural calamity not only from a human-health perspective but also as a transformational force that changed the existing life patterns of people across the world. When World Health Organization issued safety guidelines (WHO, 2020), people worldwide were forced to stay at home to control the spread of the virus. However, as indicated by Kofman and Garfinthe (2020) home is not always heaven. Safety concerns along with socioeconomic stress lead to several issues within and outside the household including domestic violence and specifically, intimate partner violence (IPV). As informed by Stickle and Felson (2020) an almost 50% increase in domestic violence cases was reported across the globe during the first six weeks of the lockdown. This created a crisis within a crisis and drew immediate attention from the relevant stakeholders. The trend was even more appalling in developing countries, where women were already vulnerable to several other inequalities.

As highlighted by a report published in *The Guardian* (2020), the number of helpline calls for help against domestic violence (DV) increased 40-50% in Brazil, 20-30% in Spain and Cyprus, and 25% in the UK during the lockdown. According to Boserup et al., (2020), several states in the USA also informed a major upsurge in DV cases during the pandemic. For instance, Portland reported 22%, Alabama 27%, New York 10% increase in such cases during the year from March 2019 to March 2020 as compared to the previous year. Even in South Asian region, Iran reported 25% (Yari et al., 2021); India 71% (Ravindran & Shah, 2020); Pakistan 60% (Khan, 2020), and Bangladesh 52% (Hamdani et al., 2020) increase in domestic violence during COVID-19. These statistics are based on reported cases which are approximately 30% of the actual situation (Gurm et al., 2020).

Intimate partner violence (IPV) can have many shapes including physical, mental, psychological, verbal, financial, and sexual violence (Pico-Alfonso et al., 2006). Whatever its form is, it can have a highly negative impact on the wellbeing and lifestyle of women. Previously researchers have found several causes and effects of IPV on women. For instance, Parkinson (2019) found a strong connection between IPV and natural disasters and epidemics. Similarly, Cimino et al., (2019) reported a strong relationship between IPV and women's physical and mental health. Sharma and Borah (2020) studied the relationship between several socioeconomic factors that emerged during the pandemic due to stay-at-home orders and rising trends in IPV on the basis of available literature in the field. However, they did not provide empirical evidence for these relationships.

Haq et al., (2021) studied the plausible relationship of IPV with various factors like alcohol consumption, confinement of victims, changes in bargaining power within the household, and fear of infection based on literature and critical incident data reported by counselors in Mumbai during the pandemic. However, as shown by researchers (Santirso et al., 2020; Gracia, 2004), only 2-15% of IPV cases are reported, therefore the data collected from authorities can be different from actual happenings on-ground. Moreover, data gathered from critical incidents reported to authorities ignore the mental, psychological and sexual violence and therefore, may not be able to portray the actual picture, which can be even uglier. This is also another fact that the perception of violence largely varies from culture to culture. Especially, in the South Asian culture, household matters are considered privileged and external interference is highly discouraged. Therefore, extremely

critical incidents are reported with visible violence in terms of physical abuse (Murugan et al., 2022). However, women's health is directly or indirectly affected due to the continuous violent behaviors of their spouses and they are not even aware of it. Especially, during COVID-19, with the implementation of lockdown orders, the unemployment rate increased, as many people lost their jobs. Males being head of the household found it difficult to cope with the situations and went through an extreme level of stress and anxiety (Seck et al., 2021; Munir, Munir & Rubaca, 2021). Resultantly, as a natural coping mechanism, the hot-chat among spouses increased, which became a major cause of violent behaviors among males (Nguyen, 2019). Although, researchers (Abd Aziz et al., 2018; Munir et al., 2021; Nasution & Fitriana, 2020) explored these factors to some extent, detailed contextualized analyses are still missing (Piquero et al., 2021).

Schuler and Nazneen (2018) found that the financial autonomy of women (FAW) is an important factor that can help in lessening IPV cases. Since, their findings were based on a qualitative investigation conducted in six villages in Bangladesh, they urged to explore the relationship through empirical investigation in other social contexts. In a similar study, Abramsky et al., (2019) found that with a change in the monthly income of females the incidents of IPV decreased. However, their results were based on an experimental research design, where intervention was introduced to increase their income and pre-post data were tested for differences in Pre-Covid-19 situations. They also recommended future researchers conduct an empirical investigation, including other variables along with empowerment in different natural contexts to increase the generalizability of results (Stake et al., 2020). In another study by Haque et al., (2022) household food insecurity, health problems, loans, visiting family members, visiting NGOs, and several other related factors were studied for a possible relationship with IPV during COVID-19. They obtained the data on food insecurity for one month only and therefore may provide misleading associations among variables. Therefore, they recommended that the study may be replicated in other contexts obtaining more data on food insecurity for a longer period of time. They also recommended including drug abuse as another important factor triggering violent behavior among men. Asset ownership status (AOS) of women was identified by previous research (Murshid, 2017; Vyas & Watts, 2009) as another important factor that can help them deal with uncertain situations and IPV. In the same context, Peterman et al., (2017) found that there is a negative relationship between the AOS and IPV in Pakistan. However, they indicated a limitation of their study as they focused on assets provided by men to their women and not the inherited assets. They indicated that assets coming from other sources can have different results. Moreover, their study was conducted before COVID-19 normal situation. Therefore, there is a need to explore the impact of AOS on IPV in the COVID-19 context as well.

Keeping in view the gaps in the extant literature, the current study is designed to explore context-specific socioeconomic factors related to IPV among women during COVID-19 and their impact on their psychological (PsWB) and physical wellbeing (PhWB). Therefore, the study tends to investigate the following research questions:

1. What are the specific socioeconomic factors causing an increase in IPV cases among women during COVID-19?
2. What are the consequences of increased IPV during COVID-19 for the PsWB and PhWB of women in Pakistan?
3. Does the AOS of women can influence the effects of financial issues on IPV leading to the PsWB and PhWB of women in Pakistan?
4. To what extent AOS can moderate the relationship between FAW and IPV leading to PsWB and PhWB of women in Pakistan?

Literature Review

Domestic violence is a complex pattern of behaviors that may include, in addition to physical acts of violence, sexual abuse, and emotional abuse, such as social isolation and financial deprivation. According to the United Nations Declaration (1993), the violence against women is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." It can take any form including gender-based violence, intimate partner violence, child abuse, elderly abuse, and even physical, emotional, mental, psychological, sexual, and financial abuse. The same declaration provides the basis for such violence which is embedded in cultural, social, economic, legal, and political factors (Qureshi, 2020). Although it is a global phenomenon, its causes, effects, and even definition vary largely from culture to culture.

The current study focuses on intimate partner violence (IPV) against women during COVID-19 through the lens of Ecological Theory (Little & Kantor, 2002). IPV is defined by Etienne et al., (2002) as "any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behavior". IPV is also termed as battery, spouse abuse, wife or spouse assault, and neglect of spouse (Ron & Robert, 2014). We use this definition of IPV for the current study through the lens of the exosystem factors model (ESF) of ecological theory (ET) (Campbell, Dworkin & Cabral, 2009). According to Belsky (1980) ESF model of the ET refers to the formal and informal social structure that directly affect the close surroundings of a person where s/he lives. Therefore, it not only has a direct impact on what is happening but also provides it a direction and has the ability to reinforce or restrict its effects on the individual and his/her environment. Belsky further explains that such ESFs are offshoots of external stimuli and changes taking in the environment. The ESF model explains the relationship between IPV and the economic situations of a household from multiple economic perspectives. According to the theory, women with better socioeconomic status (SES), including FAW and AOS, face relatively less violence in comparison to those with lower SES. It also indicates that the economic conditions and especially the employment status of the spouse are also strongly related to their behavior. Especially the family income, for which men are socially responsible, can play a significant role in deciding the intensity of violent behavior (Cheng & Lo, 2019; Zheng et al., 2021).

Similarly, drug abuse is considered a personal, societal as well as economic factor simultaneously (Godinic & Obrenovic, 2020). The ESF model suggests that drug abuse among male spouses can lead to serious economic, social, and personal health issues leading to men's violent behavior. Money required to purchase drugs directly affects the social and economic conditions of a household. Indirectly the consequential personal health issues among men also affect the overall socioeconomic conditions and income of the household which ultimately lead to violence and wife assault incidents (Miltz et al., 2019). Major concerns in developing economies like Pakistan revolve around financial issues, including unemployment, job loss, food shortage at home, money shortage for food and drugs, and similar concerns.

Financial autonomy among females, IPV, and wellbeing

Financially autonomous women are more confident and capable of participating in critical decision-making within a household. Such women are capable of running the household in times of trial and financial crunch and therefore are considered more effective members of the household (Gautam & Jeong, 2019). Consequently, they are expected to be less vulnerable to IPV. Previously, Schuler and Nazneen (2018) found that women perceive financial autonomy as a deterrent against IPV in four ways including, the dependence of men on them for their financial needs, using their earning capability as an exit point from abusive relationships, their stand against transgressing gender norms, as well as in protecting and raising voice for other women suffering from the IPV. However, as shown by Sabarwal et al., (2014), this relationship between women's financial autonomy and IPV is highly context-specific and may drastically change across cultures and times (Schuler & Nazneen, 2018). COVID-19 is one special condition where men who lost their jobs are left with no other choice but to depend on female spouses if they are earning. Moreover, financial autonomy among women helps them share their family's financial needs, and therefore, the financial stress caused by COVID-19, is relatively less (Adams et al., 2021).

This is especially important during the financial crisis when men are not in earning positions due to any internal or external situation. Therefore, as endorsed by the ESF model, if women are earning for the family, there are relatively lesser chances of violent relationships among partners. On the other hand, the same theory shows that women with better financial positions can take critical health-related decisions for themselves and therefore exhibit better wellbeing (Nair & Banerjee, 2021). However, empirical investigation is required to identify the relationship between financial autonomy among women and IPV during the pandemic (Zhang, 2020), especially in the context of male dominating culture like Pakistan. Therefore, we propose the following hypothesis for testing in the real-time setting during the Pandemic:

H1: Financial autonomy among women has significantly reduced the happening of IPV during COVID-19.

Research also has mixed support for the relationship between FAW and their physical and psychological wellbeing. According to Wei et al. (2021), financially empowered women are in a better position to spend on their physical well-being and therefore, tend to exhibit better health in

comparison to those having no decision power due to weaker financial position. This is especially applicable in deciding on their reproductive health (Finlay & Lee, 2018). However, some researchers (Zhang, Liao & Colbert, 2020; Cornish et al., 2021) have concluded that women with more financial autonomy tend to have more responsibilities and are exposed to relatively higher levels of stress while playing a dual role at work and family. Therefore, their mental and psychological wellbeing is more at stake which can lead to physical health issues in the long run. Whether this phenomenon is applicable during COVID-19 is still a missing link (Sabri et al., 2020). On the other hand some researchers have established a positive link between women's autonomy and health during stressful situations (Liu et al., 2019). Therefore, we take the same premise to develop the following hypothesis:

- H2: Financially autonomous women were found psychologically fit in terms of their wellbeing during the COVID-19 in Pakistan.
- H3: Women with more financial autonomy exhibited better physical wellbeing during COVID-19 in Pakistan
- H4: IPV mediates the relationship between FAW and the PsWB of women during COVID-19.
- H5: IPV mediates the relationship between FAW and the PhWB of women during COVID-19.

Financial issues, IPV and wellbeing

Contemporary researchers like Prinja & Pandav (2020) have found that the financial issues increased manifold during COVID-19. Mainly it happened due to massive layoffs during the pandemic which resulted in an increase in unemployment and even job search. Especially with stay-at-home orders to control the spread of the virus, the labor class daily wage got affected badly. Under these critical circumstances, men who were solely responsible to run the family, had to go through very tough and stressful situations (Debata, Patnaik & Mishra, 2020). Resultantly the incidents of verbal, mental, psychological, and physical violence increased as men tend to use violence as a stress-coping mechanism in financial helplessness. Therefore, financial issues lead to higher level of IPV (Kim, 2019). Similarly, women had to go through several physical and psychological issues due to a tense family environment and financial problems. Which were also an impediment in their way of approaching the health care facilities and medication for their wellbeing issues (Yan et al., 2021). Keeping in view these circumstances, the current study proposes that:

- H6: Women faced a higher level of IPV due to financial issues within household during COVID-19 in Pakistan;
- H7: Increased financial issues within household negatively affected the PsWB of women during COVID-19 in Pakistan;
- H8: Increased financial issues negatively affected the PhWB of women during COVID-19 in Pakistan;

H9: Intimate partner violence mediates the relationship between financial issues and the PsWB of women during COVID-19.

H10: Intimate partner violence mediates the relationship between financial issues and PhWB of women during COVID-19.

Drug-abuse, IPV and wellbeing

There are several studies that provide evidence of link between drug abuse among men and their violent behavior (Tarzia et al., 2020; Oesterle et al., 2018; Gilchrist et al., 2019). This relationship amplifies in times of financial crunch like COVID-19. In line with the ESF model, when men are unemployed and have financial issues, especially to manage their drugs, they tend to be more violent (Apatinga & Tenkorang, 2021). Another important factor is their psychological and physical health which is also affected by the use of drugs. Consequently, they tend to be more stressed and depressed. Under critical circumstances, these symptoms may lead to insane and violent behaviors. Subsequently, women not only suffer a higher level of IPV, but also go through serious health problems (Schafer & Koyiet, 2018). Based on the same foundation, we put forward the following propositions for the current study:

H11: Drug abuse among men lead to a higher level of IPV during COVID-19 in Pakistan;

H12: Drug abuse among men has a significantly negative effect on the PsWB of their spouses;

H13: Drug abuse among men has a significantly negative effect on the PhWB of their spouses;

H14: Intimate partner violence mediates the relationship between drug abuse and the PsWB of women.

H15: Intimate partner violence mediates the relationship between drug abuse and the PhWB of women.

Assets ownership status, IPV, and wellbeing

It has been observed that the asset ownership status (AOS) of women in terms of property, business, bank balance, transport, jewelry, or any other inherited property improves their financial confidence. Therefore, they tend to be in a better position to participate effectively in economic activity as well as the decision-making process in the household (Theophilus & Paul, 2019). As indicated in the ESF model, women have confidence that they can raise the household during the tough times can manage the financial crisis more effectively and are therefore less exposed to violent behavior from their spouses (Tandrayen-Ragoobur, 2020). According to Aziz et al. (2020) the inherited assets give women more self-confidence and support against the detrimental behavior of their spouses. They further indicated that financial stability of women lessens the stress and therefore improves the psychological and physical wellbeing of women. Especially, such women can safeguard their health-related rights more effectively and can decide about their reproductive health.

Similar results were found by Anderson, (2021) in their study, where it was endorsed that women having any sort of ownership tend to be healthier in terms of their psychological health, which leads to better physical wellbeing. On the other hand, this is an established fact (Abbas et al., 2020) that women exposed to a higher level of IPV exhibit several psychological and physical health-related issues. Especially, psychologically unwell women are also not physically fit to perform their daily activities effectively (Anderson, 2021). However, to what extent these findings are applicable to COVID-19 is still a missing link in the Pakistani context. Therefore, we propose the following propositions:

- H16: There is a negative relationship between better AOS of women and IPV during COVID-19 in Pakistan;
- H17: Better AOS of women leads to better PsWB during COVID-19;
- H18: Better AOS of women leads to better PhWB during COVID-19;
- H19: Intimate partner violence mediates the relationship between AOS and the PsWB of women in Pakistan.
- H20: Intimate partner violence mediates the relationship between AOS and the PhWB of women in Pakistan;
- H21: Women facing IPV tend to exhibit poor PsWB during COVID-19;
- H22: Women facing IPV tend to exhibit poor PhWB during COVID-19;
- H23: Women exhibiting better PsWB tend to have better PhWB.
- H24: Psychological wellbeing mediates the relationship between IPV and PhWB among women in Pakistan.

Moderating effect of asset ownership status

Asset ownership status (AOS) has the tendency to further strengthen the financial position of women especially when they are already autonomous. Resultantly, such women are more confident to tackle the crisis situation effectively and therefore less vulnerable to IPV (Yilmaz, 2019). Stylianou (2018) found that economically strong women can handle the effects of financial issues on their health as they can spend money to seek medical help and therefore are fit in terms of their psychological and physical health. Raj et al., (2018) have also studied the role of women's AOS on the relationship between financial issues of their men and IPV as well as women's health and wellbeing. However, these relationships are required to be empirically tested during COVID-19, hence, we propose the following hypotheses for testing:

- H25: Asset ownership status (AOS) of women moderates the relationship between their financial autonomy and IPV in a way that better AOS strengthens the negative relationship between the two variables;
- H26: Asset ownership status (AOS) of women moderates the relationship between their financial issues and IPV in a way such that better AOS weakens the positive relationship between the two variables;

- H27: Asset ownership status (AOS) of women moderates the relationship between their financial autonomy and psychological wellbeing in a way that better AOS strengthens the positive relationship between the two variables;
- H28: Asset ownership status (AOS) of women moderates the relationship between their financial issues and psychological wellbeing in a way that better AOS weakens the negative relationship between the two variables;
- H29: Asset ownership status (AOS) of women moderates the relationship between their financial autonomy and physical wellbeing in a way that better AOS strengthens the positive relationship between the two variables;
- H30: Asset ownership status (AOS) of women moderates the relationship between their financial issues and physical wellbeing in a way that better AOS weakens the negative relationship between the two variables.

Mediated moderation of asset ownership status (AOS)

Research (Gracia et al., 2021; Adams & Beeble, 2019) has also found that the PsWB of women is negatively affected by IPV and positively affected by the financial autonomy of women. However, if women are economically stronger, they can handle the situation more effectively. These results set the stage for testing the mediated moderation effect of AOS during COVID-19. Similarly, financial issues of men are negatively related to women's health and wellbeing and positively related to IPV. The moderated-mediation effect is still required to be investigated to find out the strength of indirect effect in presence of AOS as a moderator. Keeping in view the same foundation, we propose the following relationships for testing:

- H31: Asset ownership status of women moderates the relationship between the financial status of women and their psychological wellbeing through IPV in a way that better AOS leads to a better indirect effect of financial autonomy on psychological wellbeing.
- H32: Asset ownership status moderates the relationship between the financial status of women and their Physical wellbeing through IPV in a way that better AOS leads to a better indirect effect of financial autonomy on psychological wellbeing.
- H33: Asset ownership status moderates the relationship between the financial issues of women and their psychological wellbeing through IPV in a way that better AOS leads to a lesser indirect effect of financial issues on psychological wellbeing.
- H34: Asset ownership status moderates the relationship between the financial issues of women and their Physical wellbeing through IPV in a way that better AOS leads to a lesser indirect effect of financial issues on psychological wellbeing.

Methodology

The current study involved mediated moderation analysis where financial autonomy of women (FAW), financial issues of men (FIM), drug abuse among males (DAM), and asset ownership status (AOS) of women were the four predictor variables. Intimate partner violence (IPV) was the mediator and psychological (PsWB) and physical wellbeing (PhWB) were the outcome variables.

Asset ownership status (AOS) was taken in a dual role and its interaction effects on the relationship between three dependent variables (IPV, PsWB & PhWB) and FAW as well as FIM were also part of the study model, for which we used structural equation modeling.

Sampling and Population

Data was collected from Dhok Hassu, which is a low-income settlement in Rawalpindi, Pakistan. According to a report by Akhter Hameed Khan Resource Center (2021) total population of the area is approximately 278,000 individuals, living in approximately 45000 households spread across 16 communities (Muhallahs) (AHKRC, 2021). Gender composition indicates 52% of women, out of these 60% were adults and married. The inclusion criteria for the current study was married women. Therefore, our actual targeted population was 87,736 women. To identify total number of targeted household, we used Yamane's formula (1967) for a known population, we calculated the sample size as under:

$$\text{Sample size} = \frac{\text{Population size}}{1 + \text{Population Size (precision error)}^2}$$

$$n = \frac{45,000}{1 + 45,000(.05)^2} = 396$$

Therefore, a minimum of 396 households were required to be targeted for the study, however, we approached 500 households. Multistage cluster sampling technique was adopted to identify number of household from each community, which comes around to be 32 households. In order to identify and approach the targeted household from each community, we used Google Earth® software with better accuracy and efficiency. On the basis of systematic random sampling technique, we had to approach every 90-115th household for data collection, varying on the basis of a total number of households within that particular community. We approached all married women living in these targeted households and the average number of such women came to be 3 (range 1-6). Therefore, our initial target was 1500 women, however we exceeded the targeted number and actually received a response from 1627 women. In certain cases, where women refused to cooperate in the research process, we contacted the very next house to provide the desired information. For this purpose, we hired and trained 10 female enumerators to collect the information at three different times with a difference of 2 weeks between each visit (Podsakoff, 2003). Our enumerators physically visited the targeted house and filled the questionnaire by themselves after obtaining responses from respondents against each question. We adopted this approach as the majority of the respondents were not able to read the questionnaire contents. In the first wave of data collection, only demographic information including socioeconomic factors (independent variables) was obtained. In the second wave, they were asked about their physical and psychological health. The questions about IPV were asked in the third wave as there were chances that people hide the sensitive information about their internal family matters and may not cooperate. Therefore, personal bonding of trust was developed in the first two phases, which helped the enumerators in data collection on IPV in the last phase. On the whole, our enumerators

visited 1800 respondents and got 1670 responses from August to September 2021, with a response rate of 93%. However, several questionnaires were incomplete as a few women did not provide responses in the second or third wave. We discarded all responses with more than 15% incomplete information and therefore, 1516 completed questionnaires were used for final analyses.

Measures

We used a comprehensive questionnaire comprised 139 items against the study variables. The instrument was adapted from Chitashvili et al., (2010). The demographic section was comprehensive and covered maximum information about the respondent, her spouse and her household. The detail is given in table 1. The respondent's financial autonomy was measured with six items including the information on her employment status. Sample items included "Are you able to spend the money you earn how you want yourself" and "do you have to give all or part of the money to your husband/partner?" A five-point Likert scale with 1 as "yes myself" 5 as "not at all" and 3 as "Not applicable" was used. Similarly, the six-item tool was used to measure the extent of financial issues during the pandemic. Sample items included "He lost his job during the pandemic", "He is violent when he is unemployed" and "He had money problems to secure food for the family". These items were measured on a four-point Likert scale where 4 stands for yes, 3 to some extent, 2 not at all and 1 as "not applicable". Drug abuse was measured with a four-item scale taken from the same questionnaire. Items included "he is often drunk" and "he finds it difficult to finance his drugs" measured on a four-point Likert scale with 4 as yes and 1 as not applicable.

The mediating variable of IPV was measured with a 48 items scale adapted from the same questionnaire (Chitashvili et al., 2010). Items included "during the last two years your spouse insulted you or made you feel bad about yourself" and "during the last two years you had fractures, broken bones due to violence". These items were measured against a five-point scale with 5 as yes a lot of times and 1 as never happened. Similarly, the physical well-being of respondents was measured with 13 items, including "you had to stay for a night in the hospital for medical help during last two years" and "during the last two years you had headaches". Respondents were asked to reply on a five-point scale with 5 as quite frequently to 1 as never. The psychological well-being of respondents was measured with 24 items on a five-point scale ranging from 5 as quite frequently to 1 as never. Sample items included "during the last two years were you unable to play a useful part in life?" and "during the last two years are you easily tired". The Asset ownership status of respondents was assessed with eleven items, measured on a four-point scale with 4 as yes owned by me, and 1 as don't own. Sample items included "do you own a house inherited from your parents?" and "Do you own land inherited from your parents". Since multiple scaling patterns were used in the questionnaire, therefore it was standardized and z'scores of each item were used for further analysis.

Results and interpretation

Table 1 indicates the basic demographic statistics of respondents. Data were collected from 1516 respondents. Reporting their educational background, 96% of respondents informed that they can read and write, however, 60% of these did not go beyond secondary education. A similar trend was found in the education level of their spouses indicating an overall percentage of literate people as 97% out of which only 38% attended college. The average age of respondents, as well as their spouses, was 37 years with the oldest at 90 and the youngest at 16 years. The majority of respondents (96%) were married and currently living with their spouses. 48% of respondents indicated that they were working to earn while 62% indicated that their spouses were working. Out of 38% of unemployed people, 55% lost their jobs during the COVID-19 pandemic. The socio-economic position of respondents indicates that the majority of them did not have access to water within their household and approximately 19% of respondents were not able to use solid concrete material in the roof of their household house. The average number of rooms used for sleeping was reported as 2 and the average number of household members was 6 within a household. To further evaluate their socio-economic condition, respondents were asked if they or their household own some property in terms of land, house, jewelry, transport (car, etc.), or bank savings. The majority of them (90%) do not own any land, 45 % do not have their own or family house, 51 % do not have any jewelry, and 88% never had any car or any other source to commute. Similarly, 89% of respondents did not have any bank balance or savings.

Table 1
Descriptive Statistics

1. The respondent can read and write		96% can read & write
2. The respondent's spouse can read and write		97% can read & write
3. Average age (Respondent)	Age	37
	Range	16-90
4. Average age (Respondent's Spouse)	Age	37
	Range	17-86
5. Current marital status (Respondent)	Married	96%
	Divorced	1%
	Widow	3%
6. Employment Status (Respondent)		48% yes
7. Employment Status (Respondent's Spouse)		62% working
8. Unemployment happened during COVID-19		55% yes
	Yes	42%

9. Access to drinking water within a home	No	58%
10. Material used in the roof	Natural	17%
	Plastic/carton	2%
	Concrete roof	78%
	Corrugated Iron	3%
11. Land ownership	Yes (by respondents)	6.5%
	Yes (by family)	3.5%
	No	90%
12. House ownership by the family	Yes (by respondents)	35%
	Yes (by family)	20%
	No	45%
13. Jewelry by the respondent	Yes	49%
	No	51%
14. Transport ownership (Car or any other vehicle owned by the family)	Yes	12%
	No	88%
15. Bank savings	Yes	11%
	No	89%
16. Average no. of rooms in the household		2
Average family members in the household		6

Validity and Reliability of the Instrument

The instruments used in this study were valid and highly reliable and were repeatedly tested in different contexts. However, for the current study, these were again used in different contexts and combinations. Moreover, during the adaptation, wordings were rephrased to adjust the contextual differences of the study. Therefore, reliability and validity analyses were conducted in SPSS and AMOS version 26. As shown in Table 2, the Cronbach's alpha value for each variable was checked and found within the desirable range (i.e. > 0.70 and < 0.95) with the highest for FAW as 0.91 and the lowest at 0.821 for FIM (Hair et al., 2010).

To validate the instrument, exploratory factor analysis (EFA) was conducted in SPSS version 26. After deleting 15 items with low factor loading, the value of Kaiser-Meyer-Okin improved to fall

in the marvelous range (>0.90) which confirmed the adequacy of the sample size for the current study. The rotated component matrix confirmed proper factor formation with the majority of factor loading as greater than 0.5. The same rotated component matrix was transferred to AMOS version 26 for confirmatory factor analysis (CFA). The initial model fit statistics were below the threshold value. However, after deleting several low factor items, the value improved and the final results, as shown in Table 3, were satisfactory (CMIN/Df <3 ; IFI, CFI, TLI > 0.9 ; RMSEA < 0.08 ; SRMR <0.05). To establish the convergent validity of the instrument, Average Variance Extracted (AVE) and Composite Reliability were calculated using the validity master tool in AMOS V.26. Results complied with the desired criteria (CR >0.8 ; AVE >0.5). Similarly Maximum shared variance (MSV) and Maximal reliability of the highest order were calculated to check the convergent validity and once again results were satisfactory (MSV $<$ corresponding AVE; MaxR(H) >0.85). These results confirmed the reliability and validity of the instrument for the current study. In compliance with the recommendations of Podsakoff (2003), we used a multiwave data collection technique and therefore, the presence of common variance was not a case in the current study. It was further verified through Harman single factor method in SPSS. The results indicated that only 18% of the overall variance was explained by a single factor which lies in an acceptable range (Harman, 1976). Table 2 also indicates the values of correlation among variables. All the values are within the range (< 0.8) to confirm the absence of multicollinearity. The bold values shown in the diagonal indicate the highest factor loadings for each variable and are the highest among the corresponding correlation values to establish the discriminant validity of the tools used in the current study.

Hypothesis testing

In order to test the study hypotheses, we used structural equation modeling (SEM) in AMOS V.26. The study involved moderated mediation analysis therefore, we developed three main models for each relationship. In the total effect model, we found a significantly positive impact of FIM (H6) and DAM (H11) on IPV. Whereas it was significantly negative for AOS (H16) and FAW (H1). The interaction effect of AOS on the relationship between FAW (H25) was significant and positive and negative for the relationship between FIM (H26) and IPV. This indicated that a better AOS can significantly reduce the relationship between FIM and IPV and significantly increase the strength of the negative relationship between FAW and IPV. Figures 2 and 3 below confirm the interaction effect of socioeconomic status. Therefore, we accept H1, H6, H11, H16, H25 and H26 as true.

Figure 1 - Structural equation model

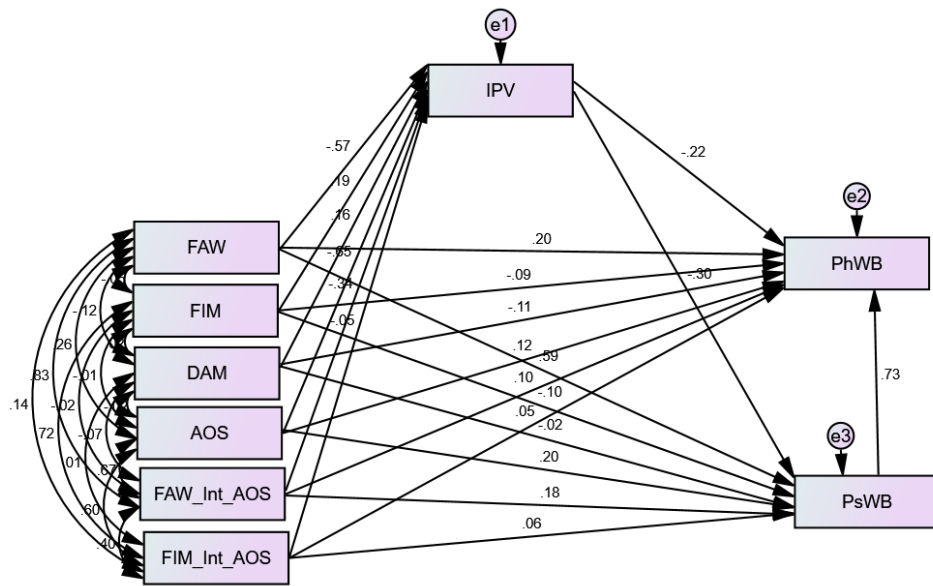


Figure 2 - Interaction effect of asset ownership status (AOS) of women on the relationship between financial issues of men (FIM) and intimate partner violence (IPV)

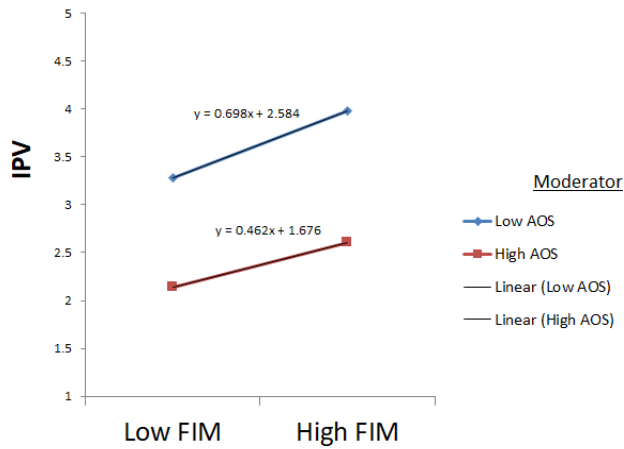
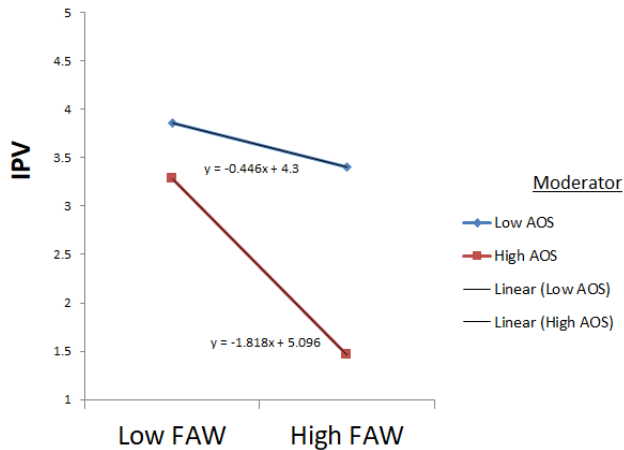


Figure 3 - Interaction effect of asset ownership status (AOS) of women on the relationship between financial autonomy of women (FAW) and intimate partner violence (IPV)



In the second model, FAW (H2), FIM (H7), DAM (H12), AOS (H17), and IPV (H21) were regressed against the dependent variable PsWB. Results, as shown in Table 4, indicate that the relationship between FAW, AOS, PsWB are significantly positive, whereas these are significantly negative for FIM, DAM, and IPV. Further, the interaction effect of AOS was also significantly positive for relationships between FIM (H27) as well a FAW (H28) and PsWB. Interaction plots shown in Fig. 4 and 5 further clarify the direction of interaction effects and confirm that the negative relationship between FIM and PsWB is dampened and the positive relationship between FAW and PsWB is strengthened in presence of better AOS of women. Therefore, H2, H7, H12, H17, H21, H27 and H28 stand accepted on the basis of these findings.

Figure 4 - Interaction effect of asset ownership status (AOS) of women on the relationship between financial autonomy of women (FAW) and psychological wellbeing (PsWB)

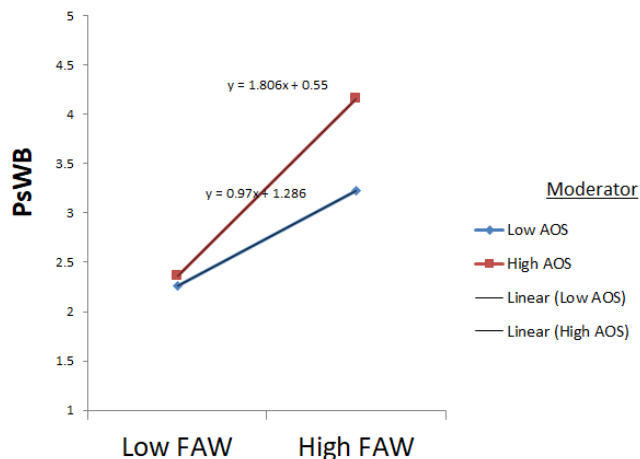
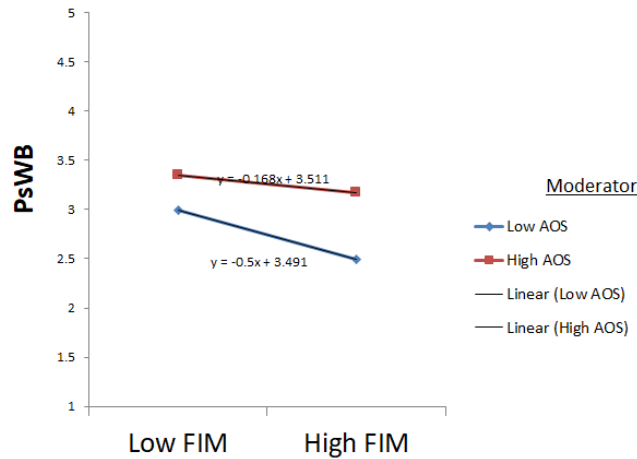


Figure 5 - Interaction effect of asset ownership status (AOS) of women on the relationship between financial issues of men (FIM) and psychological wellbeing (PsWB)



In model 3, financial autonomy (H3), FAW (H8), DAM (H13), AOS (H18), IPV (H22), and PsWB (H23) were regressed against PhWB. Similar to previous results, FAW, AOS, and PsWB indicated significantly positive and FIM, DAM, and IPV show a significantly negative impact on PhWB of women. Additionally, the interaction effect of AOS on relationship between FAW and PhWB (H29) as well as FIM and PhWB (H30) was positive. Interaction plots (Figure 6 and 7) of these relationships further elaborate that AOS increase the strength of relationship between FAW and PhWB and weakens the negative relationship between FIM and PhWB. Therefore, H3, H8, H13, H18, H22, H23, H29 and H30 are accepted.

Figure 6 - Interaction effect of asset ownership status (AOS) of women on the relationship between financial autonomy of women (FAW) and physical wellbeing (PhWB)

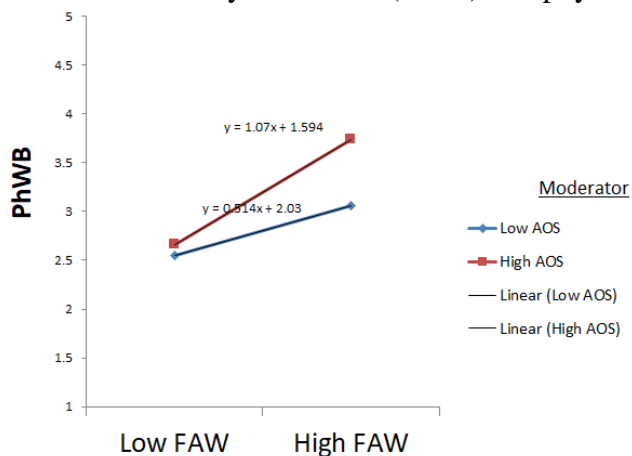
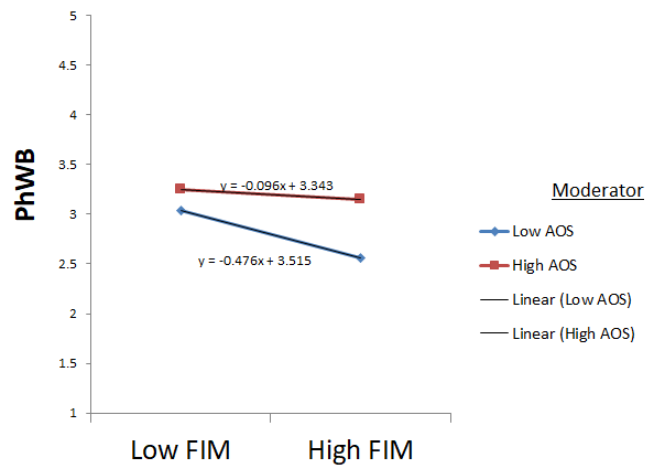


Figure 7- Interaction effect of asset ownership status (AOS) of women on the relationship between financial issues of men (FIM) and physical wellbeing (PhWB)



The direct effect model indicates the impact of independent variables on dependent variables after including the mediator in the relationship. Results indicate that the beta values decreased indicating the presence of partial mediation in all cases (H44, H5, H9, H10, H14, H19, & H24). However, to test the significance of the mediation effect, indirect values were obtained (c-c'). Results indicate that the differences between total and direct effect models were significant in all cases. The interaction effects were plotted to ascertain the direction of moderated mediation effects. As shown in figures 8, 9, 10, and 11, similar trends were observed during total effect models. Results indicate that the AOS strengthens the negative relationship between FAW and IPV which leads to improved PsWB and PhWB. Similarly, the AOS weakens the positive relationship between FIW and IPV which consequently lead to better PsWB and PhWB. Therefore H31, H32, H33 and H34 stand accepted.

Figure 8 - Interaction effect of asset ownership status (AOS) of women on the relationship between financial autonomy of women (FAW) and psychological wellbeing (PsWB) (Moderated-mediation model)

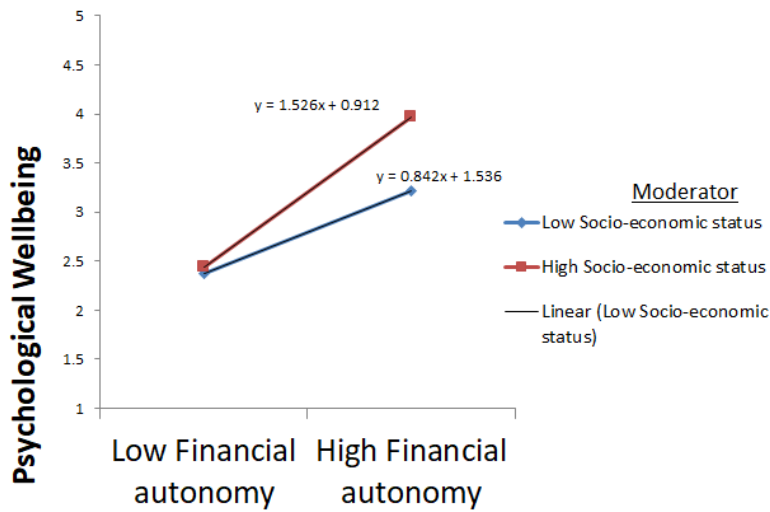


Figure 9 - Interaction effect of asset ownership status (AOS) of women on the relationship between financial issues of men (FIM) and psychological wellbeing (PsWB) (Moderated-mediation model)

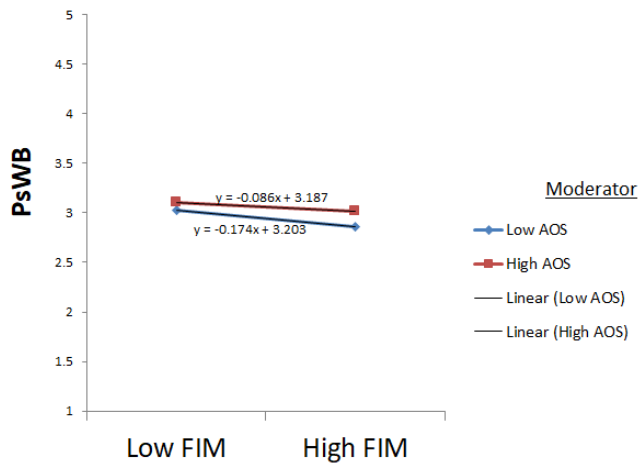


Figure 10 - Interaction effect of asset ownership status (AOS) of women on the relationship between financial autonomy of women (FAW) and physical wellbeing (Mediated-moderation model)

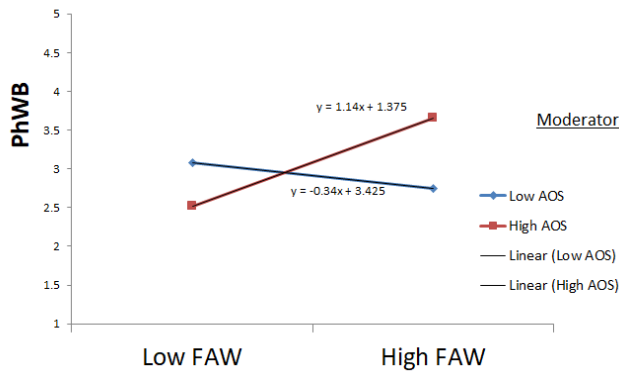


Figure 11- Interaction effect of asset ownership status (AOS) of women on the relationship between financial issues of men (FIM) and physical wellbeing (Mediated-moderation model)

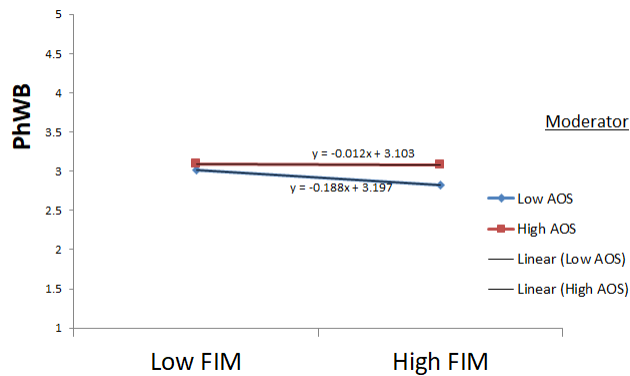


Table 2
Convergent and Discriminant Validity

	Cronb							AOS	FAW	FIM	DAM	IPV	PhW B	PsW B
	Mea n	St.Er r	ach's Alpha	CR	AVE	MSV	Max R(H)							
AOS	2.53	0.65	.891	0.902	0.609	0.406	0.956	0.780						
FAW	1.85	0.71	.910	0.821	0.747	0.406	0.939	0.637	0.864					
FIM	2.35	0.81	.821	0.870	0.629	0.233	0.895	-0.483	-0.407	0.793				
DAB	3.47	0.04	.878	0.883	0.655	0.157	0.890	-0.336	-0.262	0.396	0.809			
IPV	2.33	0.01	.864	0.960	0.651	0.245	0.965	-0.640	-0.595	0.306	0.241	0.807		
PhWB	1.96	0.59	.892	0.932	0.580	0.343	0.950	0.375	0.399	-0.191	-0.192	-0.333	0.762	
PsWB	1.96	0.33	.901	0.922	0.500	0.343	0.926	0.274	0.659	-0.177	-0.209	-0.297	0.776	0.693

Table 3
Model Fit Indices

Model	CMIN/DF	TLI	CFI	IFI	RMSEA	St.RMR
CFA	3.12	.913	.912	.912	.069	.035
SEM	4.61	.951	.955	.951	.045	.035

Table 4
Regression Estimate

Total Effect Model (Path c)										
Model	Dependent Variables									
	IPV			PsWB			PhWB			
	Un. Std. Est.	Std. Est.	Std. Er.	Un. Std. Est.	Std. Est.	Std. Er.	Un. Std. Est.	Std. Est.	Std. Er.	
Financial Autonomy (FAW)	-.566	-.567***	.058	.694	.694***	.038	.396	.401***	.141	
Financial Issues (FIM)	.290	.189**	.110	-.167	-.167**	.010	-.143	-.143**	.057	
Drug Abuse (DAM)	.156	.156**	.014	-.138	-.136**	.084	-.209	-.209**	.031	
Asset Ownership Status (AOS)	-.631	-.633***	.104	.259	.259***	.024	.199	.207**	.145	
FAW_Int_AOS	-.343	-.341***	.085	.209	.209**	.025	.139	.139**	.015	
FIM_Int_AOS	-.059	-.051*	-.117	.083	.085*	.057	.095	.095*	.019	
IPV				-.301	-.303***	.067	-.324	-.323***	.052	
PsWB							.731	.730***	.021	
Direct Effect Model (Path c')										
Financial Autonomy (FAW)				.592	.591***	.091	.196	.203**	.026	
Financial Issues (FIM)				-.102	-.101**	.107	-.093	-.093*	.021	
Drug Abuse (DAM)				-.021	-.021*	.009	-.106	-.109*	.010	
Asset Ownership Status (AOS)				.201	.201**	.016	.114	.119**	.066	
FAW_Int_AOS				.181	.181**	.055	.102	.104*	.015	
FIM_Int_AOS				.061	.063*	.037	.051	.053*	.019	
IPV							-.219	-.218**	.052	
Indirect Effect Model (Path c-c')										

Financial Autonomy (FAW)	.102	.103**	.005	.20	.198**	.021
Financial Issues (FIM)	-.065	-.066*	.010	-.05	-.05*	.010
Drug Abuse (DAM)	-.117	-.115**	.078	-.103	-.10*	.077
Asset Ownership Status (AOS)	.058	.059*	.081	.085	.088*	.076
FAW_Int_AOS	.280	.28***	.036	.37	.035*	.061
FIM_Int_AOS	.022	.022*	.057	.044	.042*	.078
IPV				-.105	-.105*	.059

Discussion

We designed the current study to investigate the importance of socioeconomic factors predicting an increase in IPV during the COVID-19 and their subsequent effect on the psychological and physical wellbeing of women in Pakistan. For this purpose, four main socioeconomic factors including women's financial autonomy (FAW), men's financial issues (FIM), drug abuse among men (DAM), and asset ownership status (AOS) of women, were studied. We measured the FAW of women in terms of their earning capability during COVID-19 and FIM in terms of job loss, unemployment, and food insecurity. Similarly, DAM was defined in terms of extent to which men were using different kinds of drugs and whether they were able to finance their drug needs during the lockdown period. The AOS of women was studied in terms of their ownership and inheritance rights, which was a missing link in previous studies (Peterman et al., 2017; Murshid, 2017). Especially the moderating role of AOS during the financial issues was an important contribution. The study has concluded that the FIM and DAM have triggered the happening of IPV during COVID-19. In line with the exosystem factor model, unemployment among men and food insecurity at home during uncertain situations increase the stress level of men. Similarly, the drug abuser could not find money to purchase drugs and therefore were not able to fulfill their drug needs. Resultantly they became violent against their wives in a state of helplessness. Previously Ali et al., (2011) found similar results that the unskilled worker status and low socioeconomic status of men lead to their violent behavior with their spouses. However, as endorsed by Peerzada & De Sousa, (2016), the socioeconomic status of women helped them in managing the financial needs of their families. Therefore, such women faced a lesser level of IPV even at the time of financial crunch.

The results replied to all the research questions devised for the current study. COVID-19 emerged as an external force that caused physical, psychological, economic, and social stress simultaneously. Especially with stay-at-home orders, daily wagers, and labor class common people suffered from job loss and financial problems. Moreover, in typical Pakistani household structures, males are considered solely responsible to feed the household, and with job loss, during COVID they had to go through immense psychological pressure and financial stress. As a natural coping mechanism they adopted a stress spillover strategy which resulted in increased IPV within a household (Mendie et al., 2022). These results are in line with the exosystem factor model where it has been theorized that unemployment and related financial issues increase IPV. Another related factor is the use of drugs, which also triggers violent behaviors. Especially during a financial crisis, when men do not find enough financial resources to purchase their drugs they tend to be stressed, and violent. In certain cases, these psychological symptoms (stress, anxiety, depression, and violence) are temporary and related to financial crunch and sometimes these even become a regular psychological health problem and persist for a longer time. However, in any case, these symptoms increase IPV (Sripa, Glubwila & Thummaphan, 2021). During the current study, we also included two variables, FAW and AOS of women as positive factors which were hypothesized to reduce the IPV, even during the financial crunch. We found that financially autonomous women faced less IPV during COVID. This could be because of the strong social bindings among spouses in

this part of the World. As culturally, women tend to help their spouses in time of financial issues, if they have any source of income (Rai et al., 2022). Therefore, resultantly, there was less financial stress within the household and subsequently lesser chances of IPV. Results also proved the moderating effect of AOS, having the potential to significantly reduce the IPV during COVID-19. We also found that IPV is negatively related to the physical and psychological wellbeing of women. IPV (mental, psychological, physical, sexual) causes mental stress and depression among women and they remain in a state of uncertainty and extreme pressure for a longer period of time. This leads to serious psychological health-related issues including insomnia, loss of appetite, state of distress and depression, paranoia, and related issues. This reduces their healthy and balanced productive life. Additionally, we also found that psychological wellbeing leads to physical wellbeing. As shown by Iverson et al., (2019), several physical health-related issues (like insomnia, headaches, body pains, loss of appetite, hypertension, heart diseases, stroke, nervous breakdown, mental problems, brain hemorrhage, etc.) are results of continuous psychological issues including anxiety, distress and depression. However, in presence of better AOS and FAW, women can take care of their wellbeing and are in a better position to take necessary decisions about taking medical help. Therefore, such women exhibit better psychological and physical wellbeing. This is also in line with the results of Assari and Jeremiah (2018) who indicated that IPV has severe effects on the psychological, the mental health of women which is then transmitted to their children.

Another important finding of the study was the mediating role of psychological wellbeing in the relationship between IPV and the physical wellbeing of women. As indicated by Ventevog and Faiz, (2018) in Pakistani culture, several psychological and mental distress are not considered as violence in its true spirit and definition. Whereas, the current study has provided a base for the policymakers as well as the society that psychological and mental torture and abuse can have serious consequences for women's health. Therefore, the current study has several implications for various stakeholders, which are discussed in the next section.

Implications

Theoretical implications

The current study has revalidated various elements of ecological theory. It was specifically relevant to the exosystem factor model of the ecological theory and provided empirical evidence of validation in uncertain financial crises during COVID-19. Our study has investigated various socio-economic factors triggering IPV during COVID-19 and their impact on women's health and wellbeing. In line with the exosystem factor model, the study has extended the postulations by proving the importance of financial problems and socioeconomic factors like financial autonomy and asset ownership status that can reduce the intensity of IPV leading to better wellbeing of women. Another important aspect was drug abuse. According to ecological theory, excessive use of alcohol can become a cause of IPV, however, during the current study, we used a little more generic approach and asked the respondents about other drugs instead of focusing merely on

alcohol. This was done keeping in view the cultural norms and specifically the spread of different other drugs among men, especially which is one major cause of poverty as well. It was observed that during COVID-19 and the financial crisis, men were not able to finance their drugs and therefore became violent. In certain cases, the supply and availability of drugs were also got affected during the lockdown. Resultantly, they tend to behave violently with their spouses. However, such behavior is situational and linked with the non-availability of drugs only. In line with exosystem factor theory, such people start behaving normally if provided with their desired drug. Answering a related question during the current research, almost 70% of women indicated that their spouses behave normally if their drugs are available to them. Keeping in view these findings, the current study has significantly contributed to the revalidation of the exosystem factor model of ecological theory during the COVID-19.

Social implication

We found significant negative effects of financial autonomy and asset ownership status of women on IPV, which present important implications for society. In a social structure, where males are considered sole earners to run the household, there are more chances they may face a financial crunch due to several internal and external environmental factors. Under these circumstances, if women are able to help them in managing the household financial pressure, they will be less stressed and violent. Consequently, such women will be more confident to run the household and therefore more fit in terms of their psychological and physical wellbeing. This is also an important finding of the study that the IPV is negatively related with psychological wellbeing which ultimately leads to physical wellbeing problems among women.

In Pakistani culture, violence is considered only when a man physically hurts his wife. Psychological, mental, verbal and sexual violence are taken as a routine matter. During the current study, we investigated all types of IPV and found that these are a major cause of several psychological wellbeing issues which ultimately lead to serious physical wellbeing problems among women. Another important implication for society is the impact of asset ownership as an independent variable as well as a moderator. Results indicated that AOS not only has a strongly negative impact of IPV but is also helpful in neutralizing the strong relationship between FIM and IPV. We specifically studied the importance of inheritance given to women in terms of their property or other ownerships in studying AOS. These results are particularly important for society that if they empower their women and give them their ownership rights, they will be less vulnerable to IPV. Moreover, they will be more helpful to men during the financial crunch and therefore will be able to play an effective role in a household and society. Similarly, it was also found that such women are more confident and can take better decisions about their psychological and physical wellbeing. Therefore, they tend to be healthy and lay the foundation of a healthy society.

Policy implications

The results of this study are significant for policymakers in multiple ways. During the study, we found that 55% of men got unemployed during the COVID-19. Especially private-sector

employees, daily wagers, and laborers lost their earning opportunities during this period. Consequently being head of the household, they faced extreme financial issues and mental pressure leading to a higher level of IPV. The policymaker needs to look into this matter more closely. There is a need to introduce national rules and policies for private sector employers, which do not have a set policy for employee retention and job security. Policies are required to ensure an effective social safety net along with more job creation. More employment opportunities will help deal with food insecurity and unemployment. Which will lead to less financial stress and therefore less IPV. In addition to that special policies as well as opportunities needs to be created for women. This will help in making them an effective part of the society capable of looking after their own rights and concerns. Another important part of the study was the impact of drug abuse which require special attention from the policymakers. Drugs should not only be discouraged but also their availability should be stopped to the maximum. In addition to that, awareness at all levels of society should be created against the use of drugs. Although we do have fairly strong legislation and antinarcotics forces across the country, however actual implementation of such laws is still a challenge for authorities. Drugs have a very negative impact on the physical and mental wellbeing of people and may lead to violent behaviors within society. Drug abuse itself is a major cause of financial problems within a household and may lead to IPV. Therefore, the policymakers need to look into this matter also.

The current study is unique as it has investigated the importance of the asset ownership status of women, in terms of inheritance given to them by their family of origin. After the recent legislation about the inheritance rights of women, there is sufficient legal support available to them on their rights. However, there is a need to disseminate the importance of the legislation and create awareness in society. The study has proved that AOS of women can help them in dealing with IPV even during financial problems and uncertain situations. Moreover, such rights are important for them to look after their health and wellbeing, even if they are facing IPV in any form. Therefore, the policymakers and the society are responsible to educate people, especially women on the importance of their inheritance rights for their family life. Moreover, policies are required to create awareness among people about the importance of psychological wellbeing. Therefore, there is a need to propagate tolerance, broadmindedness, and acceptance of each other in society. This can be done at school, college, and university levels to bring a gradual change in society. Both males and females need to be trained from the school level to become useful members of a household and society. For this purpose, special courses can be introduced as a mandatory part of the curriculum. This intervention is important as it will help in changing the mindset of people and dealing with IPV when these students start their family life.

Research implication

We focused on several socioeconomic factors affecting the IPV and psychological and physical wellbeing of women during COVID-19. Results provided interesting findings, especially the moderating role of AOS of women that can help reduce the happening of IPV and also help improve the psychological and physical wellbeing of women. This was a contribution of the study,

especially in the context of COVID-19. For this purpose, we developed and tested a comprehensive research model for Pakistan, which can be replicated in other contexts. We adopted a quantitative approach for which a detailed questionnaire was used for data collection from a large sample, systematically selected using a multistage and multi-wave cluster sampling technique, which is a strength of the study. However, the focus remained on IPV for which only married female respondents were approached, perceiving that females suffer from IPV in a male-dominated culture. However, there is a possibility that certain males are also going through this problem, especially in terms of psychological or mental IPV. Therefore, their response is equally important in this regard and can be made a part of future research. Additionally, as found during the study that financial stressors among men lead to an increase in IPV during COVID-19. Here, it becomes equally important to investigate the effect of that stress on men's psychological and physical wellbeing, as the current study did not consider it. IPV is considered an internal matter of a household in Pakistan, therefore, most of the IPV-related cases are not reported to authorities, unless it has reached separation or divorce. Therefore, it becomes very important for household members and society to look into this matter and devise certain strategies to effectively resolve the issue at the household level. Future research can investigate these indigenous IPV coping mechanisms, help-giving and help-seeking behaviors, cultural norms, and taboos that affect the IPV. In addition to IPV, other women who are not married, widows, or divorced are also vulnerable to domestic violence which needs to be investigated. Women also face violence from household members other than their spouses, especially the role of mother or father in law, sister in law, brother in law and other household members need to be investigated. To study indigenous strategies and coping mechanisms, there is a requirement for in-depth qualitative investigations, which can be conducted in the future.

Conclusion

We investigated multiple socioeconomic factors that may lead to IPV and affect wellbeing of women during COVID-19. It was found that FIM and DAM are major causes of IPV during COVID-19 which further lead to psychological and physical wellbeing issues among women. On the other hand, the FAW and AOS of women are negatively related to IPV and positively related to the psychological and physical wellbeing of women. At the same time, the AOS of women plays the role of a significant moderator in the relationship between FIM and IPV as it reduces the intensity of IPV which ultimately help women in improving their psychological and physical wellbeing. On the whole, it was found that socioeconomic issues not only increase the level of IPV but also affect the wellbeing of women.

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