



Article

Domestic violence, employee well-being, and organizational support: a human resource management perspective on working women's experiences during the COVID-19 pandemic in Jammu district**Chehak Mahajan¹, Bashir Ahmad Dar^{1*}, Raina Midha², Amir Ahmad Dar^{3, 4}, Ashish Kumar Rai⁵, Aseel Smerat⁶**¹Department of Political Science, Lovely Professional University, Phagwara, Punjab 144411, India.²School of Law, Lovely Professional University, Phagwara, Punjab 144411, India.³Department of Statistics, Lovely Professional University, Phagwara, Punjab 144411, India.⁴Department of Mathematical Studies, SIMATS Engineering, Saveetha Institute of Medical and Technical Sciences, Chennai –602 105, Tamil Nadu, India⁵Mittal School of Business, Lovely Professional University, Phagwara, Punjab 144411, India.⁶Hourani Center for Applied Scientific Research, Al-Ahliyya Amman University, Amman 19328, Jordan.***Corresponding author:** Bashir Ahmad Dar, Email: bdar84@gmail.com**CITATION**

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Abstract: Public health crises such as COVID-19, have significant consequences on employees and workplaces in the form of domestic violence, which is rarely analyzed through the lens of human resource management (HRM). During the COVID-19 pandemic, the lockdown measures impacted the social dynamics of families, thereby increasing the vulnerability of women, including working women to domestic abuse. The paper examines women's lived experiences of domestic violence during the pandemic in Jammu district using a qualitative-dominant, mixed-methods ethnographic design, with special reference to wellbeing of employees, work-life conflict and organizational support. Quantitative context was drawn from institutional records of 200 police-reported cases and a structured questionnaire administered to all 200 women, while rich ethnographic insight was generated through in-depth, semi-structured interviews with 25 purposively selected women from this dataset, sampled until thematic saturation was reached, from both rural and urban settings. The thematic analysis helped in identifying various types of abuse such as physical, emotional, psychological, economic and sexual as increasing; which had direct consequences on the ability of participants to work, their focus on work and to be engaged in working environment. Pandemic-specific triggers such as prolonged confinement, economic pressure and restricted mobility hindered the ability to seek support from workplace-based and organizational channels. Women also didn't prefer to report the abuse due to family honour, cultural norms and social stigma. The pandemic intensified the pre-existing gender inequalities as well as the institutional loopholes, which is very well depicted in the study by using qualitative and secondary data. The paper highlights the role of gender-responsive and crisis-adaptive interventions, specifically the organizational and HR-led measures like work settings that are flexible, employee aiding programmes and reporting mechanisms which are confidential so as to back up the protection services and to analyze how employee wellbeing and organizational functioning can be taken care of during public health crises such as COVID-19 pandemic.

Keywords: Domestic violence; COVID-19; pandemic; gender-sensitive approaches; employee wellbeing; workplace engagement; organizational support; human resource management; Jammu district.

1. Introduction

During earlier times, severe social control measures were considered essential towards limiting disease spread when a health emergency happened in a population. Non-pharmaceutical measures have often been resorted to during epidemics and they are in the form of isolation, quarantine, and travel bans as a way to break the chain of infection and protect the health of the population. Governments across the world has initiated lockdowns and travel restrictions as the major control measures due to the lack of an effective vaccine in the first months of the COVID-19 epidemic. These measures changed the everyday life significantly and transformed the social, family, and economic environment although they were essential in combating the infections [1].

In March 2020, national shutdown was introduced in India as one of the strictest worldwide health-related measures targeting the reduction of the coronavirus pandemic. The sharp cut in the economic activity, travel limitation, and the extended confinement at home fostered a feeling of economic scarcity, livelihoods, mental anguish, and societal isolation [2]. These stresses were especially disproportionately absorbed by vulnerable groups, especially women. They were faced with a greater exposure to domestic stressors, greater load of unpaid domestic work and reduced access to external support networks. Gender-based violence came out as a major but little-known public health and human rights issue in this new domestic reality [3].

A complicated set of coercive and dominating practices in intimate and family relations is known as domestic violence. It implies all types of abuse, physical, sexual, emotional, psychological and financial, as well as individual or a combination of them. The United Nations recognizes domestic and intimate partner violence as a manifestation of gender inequity and unequal power relations that is exacerbated in times of crisis like the pandemic making women more susceptible to domestic violence [4].

The statistics provided in India in case of the COVID-19 outbreak reveal the conspicuous increase in the number of domestic violence cases. The cases received under the Protection of Women from Domestic Violence Act (PWDVA) have grown since 3,369 cases were received in 2019-2020 to 6,049 cases received in 2020-2022, and, consequently, to 6,460 cases received in 2021-2022, according to the national-level statistics of the National Commission for Women (NCW) [5]. However, there is much under-reporting, especially in socially conservative and conflict-prone regions, which probably causes these numbers to understate the actual impact.

The women are even more prone to the sociopolitical environment of Jammu and Kashmir. The protracted history of political instability, militarization and attendance by the institutions all affect household stress and economic insecurity as well as access to institutional support within the region. Research and administration data in the region indicate that both arrests and convictions have risen significantly over the past years in the aftermath of the epidemic with cases of crimes against women recorded to have increased to 3,937 in 2020-2021 compared to 3,405 in 2019-2020 [6].

Women in Jammu district and Jammu and Kashmir region, along with the COVID-19 pandemic, are interconnected realities that are experienced by women due to their socio-economic circumstances, isolation, and lack of mobility, and access to support services. The lockdown strategies minimized the chances of women to seek help of the natal families, community networks, shelters and legal institutions. Regional data on helplines reveal that distress calls rose during the pandemic, which is indicative of an increase in psychosocial distress and the lack of the opportunity to seek help and safe environments [7]. These limitations reinforced the seclusion of women in supportive settings of violence and established the tendencies of further abuse.

The other relevant aspect of domestic violence in times of crisis is associated with mental health. Long-term exposure to abuse has been linked to suicidal ideation and behavior, anxiety, depression, and post-traumatic stress disorder. The accumulating stresses of the pandemic and domestic violence put women at risk of the long-term effects of their lives in conflict-prone regions like Jammu and Kashmir, where the prevalence of psychological distress is already high [8].

Institutional protection of women was challenged during the epidemic, such as courts, police departments, protection officers, and one stop centers. Limits to physical access, redistributing the personnel, to deal with COVID-19 meant and resources constraints reduced the efficacy of protective and legal action, despite of the fact that statutory provisions, e.g. the PWDVA, offers expansive legal guardianship, criteria, efficient reinstatement of the survivors is hindered by difficulties in implementation, little recognition and a sluggish method, especially in the rural as well as remote areas [9].

After analyzing all these points, the current research paper will highlight the issue of domestic violence among women in the Jammu district during COVID-19 pandemic, with special reference to its repercussions on employees, workplaces and organizational responses. After exploring the women's lived experience of domestic violence from various perspectives such as socio-economic, cultural, institutional and workplace contexts, the study will result in context-specific knowledge regarding the nature, causes and consequences of domestic violence during public health emergencies, including its effects on wellbeing of employee, engagement in work and productivity at workplace. It will create new insights such as importance of integrating gender-sensitive norms at the social and workplace front, improve institutional and organizational support services during crisis situations.

2. Background

A concurrent public health issue that is occurring within households and is marked by elevated levels of family violence has been highlighted by the COVID-19 pandemic. Violence against women, child abuse, and mistreatment of older family members, often by intimate partners or other household members are all part of this hidden issue. Although infection rates and the capacity of the healthcare system have received much of the public's attention, risks within residential surroundings have increased due to the social repercussions of extended confinement, unstable finances, and psychological stress. Due to their limited access to outside support networks and greater time spent in close proximity to possible abusers, women and children in particular have experienced increased vulnerability.

Economic disruptions, home confinement, and movement restrictions changed the power dynamics in the family and made families more stressed. These circumstances made it possible for abuse patterns to worsen and for new types of violence to appear. As a result, the pandemic served as both a medical emergency and a social stressor that revealed and exacerbated gender-based vulnerabilities and underlying injustices within families and communities.

2.1. Problem description

Lockdowns and quarantines were required to stop the spread of COVID-19, but they had serious negative social and psychological effects. Relationships within the home were under extreme strain due to prolonged confinement, uncertainty, income loss, and health risk anxiety. These factors raised the likelihood of domestic violence, leading to what could be called a contradiction in the public health response: taking precautions against illness at the same time made people more vulnerable to abuse at home. There is still a significant lack of comprehensive academic and empirical research on domestic violence in the

particular setting of extended lockdowns and public health emergencies, despite increased awareness. Furthermore, the efficacy of responses in times of crisis has been hampered by flaws in the institutional and legal safeguards for women. In order to close this gap, the current study looks at domestic violence as a significant societal impact of the COVID-19 pandemic, paying special emphasis to the social, legal, and administrative obstacles that women encounter while trying to obtain justice and protection.

2.2. The study's objectives

This study's aim is to explore the types of domestic violence as well as the trends that were setup by domestic abuse which were experienced by women during the COVID-19 pandemic and to analyze how these experiences altered the lives of women especially the working women. The goal of the study is to evaluate the extent to which prolonged confinement, financial/economic strain and social isolation affected women's vulnerability, their work-life conflict, their wellbeing at work as well as their employee engagement. The study is to investigate the extent to which prolonged confinement, financial/economic strain and social isolation affected women's vulnerability, their work-life conflict, their wellbeing at work as well as employee engagement.

The study also investigates the effectiveness of institutional and organizational responses at the time of crisis, which includes the employer's role and HR-aided services and to bring attention to requirement for countermeasures in community and workplace environments. The study's purpose is to create knowledge which can help in guiding policy and organizational response and improve support mechanisms for future emergencies by focusing on women's experiences including working women.

2.3. The study's scope

The study's extent involves social, legal, economic, psychological and workplace elements of domestic violence that came into light during the COVID-19 pandemic. The study also includes interconnected aspects like the safety of women, violence against children, institutional and organizational responses and barriers to seeking support and reporting the violence while also drawing attention to the dynamics that changed for women involved in paid work during pandemic.

The aim of the study is not only to highlight the occurrence of violence but also to analyze how societal and workplace dynamics led to women's suffering, the effectiveness of laws and organizational support mechanisms. The study also aims to understand the need to protect women, ensure women's safety at work and strengthen protective mechanisms in both communitarian as well as organizational perspectives.

2.4. The research's objective

This study aims to provide an in-depth analytical and explanatory knowledge of domestic violence during crisis situations like COVID-19 pandemic, with particular reference to its repercussions for wellbeing of employees and functioning of workplaces. The main objectives of the study include in identifying the nature and causes of problem and to discover loopholes in protection, response and organizational support services, and to provide knowledge about how crises can alter home and workplace environments with respect to the safety and wellbeing of employees at the work front.

2.5. Research questions

What consequences did COVID-19 and lockdown measures had on women in Jammu district and how did it affect working women's life during the pandemic?

What are the reasons why domestic violence occurred during the COVID-19

pandemic?

What are the workplace factors that increased working women's vulnerability to domestic abuse?

What are the factors that restrained women from reporting the abuse, seeking help from legal, medical, psychosocial and workplace-based support services?

What is the impact of domestic violence on women's safety, wellbeing, mental health and work-related productivity, such as focus on work, absenteeism from work for long time and engagement in work, in Jammu district?

2.6. Research methodology and work plan

The research utilized both empirical and non-empirical studies. The non-empirical aspect involved a thorough study of international treaties, national and regional legislation, policies, reports and judicial decisions that concern women rights and domestic abuse; this provided a legal and policy context on which to interpret the institutional response to domestic abuse.

The analytical and exploratory part was empirical. The study has used exploratory research to explore a topic with limited systematic evidence especially the issue of domestic violence during the pandemic. The data and findings already available were critically analyzed to identify the trends, gaps, and implications to practice and policy. The examination was done in detail with the support of both primary and secondary sources of data.

2.7. Data collection method

The research design used to gather data was cross-sectional and only one interview was performed with each participant at a given time within the period of study. Data was collected using the primary method consisting of a structured and standardized questionnaire, which was created to address information on the issue of experiences, views, and challenges of domestic abuse during the pandemic. The survey has both closed and open ended questions which were used to capture both qualitative and quantitative trends. Open-ended questions provided the participants with the possibility to discuss their experiences and perspectives in more detail, and closed-ended ones provided the respondents with the number of closed-ended choices to answer. Such an integrated format helped to obtain a better comprehension of the phenomenon.

2.8. Data collection

The universe of the study was the territorial area that was chosen to collect data. The research was carried out in Jammu which is a constituent unit of the Union Territory of Jammu and Kashmir. It has been selected because of the opportunity to conduct a more detailed study of domestic abuse in a particular administrative, social, and regional context. The choice of the universe made the local data collection easier and allowed the results to be put into perspective in terms of domestic violence during the emergency situation with the health issues.

2.9. Review of literature

The literature review centered on the topics of domestic violence and child abuse has included the academic research on gender-based violence during pandemics and public health crises. Policy documents, legal descriptions, court decisions, and press articles were also examined to gain knowledge of trends in domestic violence, institutional responses, and discussion of the topic during the COVID-19 pandemic. This review provided a conceptual and contextual basis of the study, by pointing at salient themes, gaps in the literature, and gaps that need a further empirical research. In addition, the literature also served in guiding the research questions and the methodological design in that the study is pegged on the current knowledge and tackles problems that are specific to the local context.

2.10. Theoretical framework: situating the study in feminist, ecological and

HRM perspectives

This study draws on three complementary theoretical lenses to interpret women's accounts of domestic violence during the pandemic. Feminist theory, developed through the work of De Beauvoir (1949) and later extended to domestic violence by Millett in the 1970s, situates abuse not as an isolated interpersonal conflict but as a structural expression of patriarchy embedded within the family [10]. Bronfenbrenner's (1979) Ecological Systems Theory situates abuse within interacting layers of individual, relational, community and societal influence, which is well suited to a pandemic context in which stressors operated simultaneously at each of these levels [11]. Merton's (1938) Strain Theory explains how blocked economic opportunity and socio-economic disruption can generate frustration that manifests as aggression within the household. Together, these frameworks anchor the paper's core domestic-violence findings [12].

To ground the paper's secondary contribution on employee wellbeing and organizational support, three established HRM and organizational-behaviour theories are additionally engaged. Work-family conflict theory [13] explains how pressures originating in the home domain, such as exposure to violence, can spill over into role strain and reduced functioning at work. Conservation of resources theory [14] explains how the loss of psychological, financial and social resources associated with abuse and pandemic-related job loss can deplete an employee's capacity to cope, with implications for engagement and productivity. Organizational support theory [15] explains why employees' perception that their employer values their wellbeing and offers meaningful support, such as flexible arrangements or confidential reporting channels, is associated with better coping and retention. These theories are used here to interpret and contextualise participants' accounts and to justify the paper's recommendations; consistent with the study's limitations, they are not tested against directly measured organizational data.

3. Gender norms, power relations, and the normalization of violence

During a long-time frame, the cultural systems of gender hierarchy have been used to organize social relationships according to which women were placed in subordinate and dependent positions, giving the men the majority of authority and decision-making power. These gendered power structures thus determine the expectations that women should follow concerning their behavior, roles, and independence within their families and society. Such norms are eventually internalized by both men and women resulting in situations in society where women domination of lives and women being treated unfairly is taken to be the normal aspects of life in the family and not as a violation of rights [16, 17].

The prevalence of views that justify male dominance and the use of force in the intimate relationships has been supported by large scale demographic studies that have been carried out in India. A significant proportion of the respondents say that there are situations where a husband has a right to use violence against his wife, such as when she is suspected of not carrying out her domestic duties, refusing to have sexual intercourse, or challenging the male dominance. These attitudes further affirm unequal power dynamics within the home by expressing extremely ingrained opinions that associate femininity to obedience and masculinity to domination.

These ideologies reduce the chances that abuse is going to be identified as a severe social or legal concern and promotes the normalization of domestic violence in the society. When women violate gender norms, violent actions can be the acts of correcting or disciplining them instead of criminal behavior. This is not limited to any specific socioeconomic group, and can be seen in the rural and urban environment, households of different income and educational levels, and

in some cases, both of these types of households. As a consequence, patriarchal norms affect the reaction of people towards violence and limit the opportunity of women to address violent actions [18].

The effects of such gendered power regimes are usually highlighted when a crisis comes around. Disruption of social services, economic insecurity and increased household stress may worsen the reliance of women on romantic relationships, including unhealthy ones, as shown by studies of humanitarian emergencies and population health crises. The bargaining power of women in the house can also be reduced in such situations and their ways of getting outside help are also curtailed. It has been stated severally by international organizations that instead of creating new gender inequalities, crises often highlight and intensify existing ones [19].

This trend is further supported by historical studies of disaster and post-crisis backgrounds that show the increase of sexual and domestic violence after major natural catastrophes and humanitarian emergencies. Crowding, displacement, financial burden, lack of community oversight, and decreasing institutional capacity to respond to violence are usually mentioned as contributing to such increases. Such circumstances result in favorable conditions of strengthening coercive control in the family that illustrates how crises can serve as a catalyst of gender-based violence based on the structural or hierarchical societies.

Besides direct physical damage, domestic violence within patriarchal regimes has very far-reaching implications. Other than the physical complications that occur over a long period of time, survivors have a high tendency of being subjected to severe trauma, such as burns, fractures, and head injuries. The psychological and emotional consequences such as always being anxious, depressed, post-traumatic stress disorder, and low self-esteem are also consequences. They are made to feel unsafe and powerless by the daily exposure to fear and domination thus adding to the trauma as women are forced to live with perpetrator. Such patterns drive home the point that domestic violence is a perennial state of domination that undermines the human dignity, enhancing, and physical wholeness of women, and not a solitary event [20].

4. Legal and conceptual framework for protection of women from domestic violence

The right to live in the environment without compulsion and fear is a rather basic element of human dignity and personal freedom. Domestic violence violates this ideal in a flagrante manner by subjecting people (especially women) to years of physical, mental, and psychological torture in what are supposed to be safe and secure environments. Conceptually, as per human rights, the right to equality, dignity, liberty, and life is closely associated with the right to be free of violence. The domestic violence is therefore, a domestic family issue and a gross breach of human rights as stipulated in the constitutional and international law [21].

The legal system the country has particularly created to tackle the issue against women in a domestic relationship is entrenched in the Protection of Women against Domestic Violence Act, 2005 (PWDVA). This legislation is a significant change in approach to previous legal approaches as it acknowledges domestic violence as an independent type of violation of rights and also offers civil means of remedy in addition to criminal protection [22]. The Act has a wide-ranging definition of domestic violence to make sure that the plethora of abuse that women endure is well recognized and covered by the law.

The act of domestic violence under the PWDVA is considered as any act or omission or action or behavior of a person in a domestic relationship which causes harm, injury or threat to the health, safety, life or well-being of an aggrieved person. The statutory definition specifically gives recognition to the fact that

abuse is a wide range of coercive and controlling behaviour along with physical assault; it includes:

- a) abuse that endangers the physical or mental health, safety, or well-being of the victim;
- b) harassment or coercion of the victim or her family members that is related to unlawful demands of dowry, property, or financial security;
- c) conduct that endangers the life, limbs, or safety of the victim; and
- d) conduct that causes physical injury or emotional and psychological harm, such as humiliation, intimidation, and controlling behaviors [23].

This theoretical approach to domestic violence as an arrangement of force and control and not a collection of one-off physical harm is shown in the broad statutory definition. Recognising economic, psychological, and emotional abuse, therefore, the Act acknowledges the systemic and persistence nature of domestic violence and its long-term consequences on the autonomy of women, their health and social involvement. In this respect, the legal system has conformed to the current international human-rights standards that highlight that violence against women may take both a direct and an indirect form [24].

Robust legal recourse to domestic abuse against women before establishment of the PWDVA used to be based on the provisions of the Indian Penal Code; especially those that were related to cruelty and assault. These laws, however, were very narrow and in many cases they forced women to enter criminal cases and very often at the cost of staying in their marital homes. Absence of a clear statutory process meant that women could not seek protection and stay in the same family with the perpetrator or even access immediate civil relief in terms of protection orders, residency orders or financial support. With the adoption of remedial and protective strategies that focus on the safety and maintenance of residence of women, the PWDVA managed to eliminate these gaps [25].

In the domestic abuse scenario, judicial interpretation has supported the constitutional foundation of women rights. Article 21 of the Constitution, which mandates the right to live with dignity, without assault, humiliation and arbitrary deprivation of shelter, was reiterated by Indian courts on several occasions. As court decisions suggest, the provision of basic rights is conditional upon the availability of safe housing, individual security, as well as protection against abuse. These interpretations support the theoretical framework in which the law of domestic-abuse originates in by placing the protection of women in a larger context of constitutional morality, equality and human dignity [26].

Despite the fact that domestic violence can be an issue that can occur to people of different genders and ages, the existing empirical evidence shows a strong gender trend, where women are increasingly becoming the subjects of abuse at home. As a result, the theoretical and legal framework of women protection should consider not only the need in specialised legal tools to address structural inequalities but also the issue of gender-based vulnerability. Although the PWDVA is a major move towards the operationalisation of these rights, its efficacy requires effective implementation, being responsive to institutions, and being committed to gender equity.

5. Research methodology

5.1. Research design

In order to capture both the documented scale and the lived experience of domestic abuse among women during the COVID-19 pandemic, the study adopted a qualitative-dominant, ethnographic mixed-methods design. Institutional records of 200 police-reported domestic violence cases in Jammu district provided the quantitative and socio-demographic context, drawn from a structured

questionnaire administered to all 200 women; 25 of these women were purposively selected for in-depth, semi-structured interviews that generated the ethnographic material analysed in this paper. This design allowed the subjective experiences, meanings and social milieus surrounding abuse to be examined in depth, while situating the qualitative narratives within a documented pattern of cases rather than treating the interview material as a self-contained qualitative sample.

5.2. Area of study

The research was contextualized in Jammu district of the Union Territory of Jammu and Kashmir that comprises rural and urban areas. Such geographic coverage allowed considering the findings in the context, as well as to compare the findings between different social and residential environments.

5.3. Sample and recruitment of participants

Purposive sampling was used to identify women with direct experience of domestic abuse during the pandemic. The sampling frame comprised the 200 women whose cases were recorded at police stations in Jammu district between the study period; all 200 were approached for the structured questionnaire, and 25 were subsequently selected through purposive sampling, supported by community connections and referral networks, for in-depth interviews. Sample adequacy for the interview component was determined through thematic saturation rather than a predetermined numerical target: no new themes emerged after 20–22 interviews, and three further interviews were conducted to confirm this stability, yielding a final qualitative sample of 25 women, consistent with Hennink et al.'s (2017) [27], distinction between code saturation (typically reached within the first 9–12 interviews) and meaning saturation (typically requiring 16–24 interviews). Of these 25 interview participants, 5 (20%) were employed at the time of the study and 20 (80%) were not employed, a distribution broadly consistent with the employment profile of the wider 200-woman sample. The socio-demographic profile of the 200-woman sample spanned four age bands (below 25 to above 45 years), multiple religious (Hindu, Muslim, Sikh, and other), and caste (General, OBC, SC, ST) backgrounds, and both rural (64%) and urban (36%) residence; 83 women (41.5%) were employed at the time of the study, spanning private-sector work, daily-wage labour and self-employment, and 117 (58.5%) were not employed, including homemakers.

5.4. Methods of data collection

Primary data were gathered through two linked instruments: a structured questionnaire, containing both closed- and open-ended items, administered to all 200 women in the sampling frame; and in-depth, semi-structured interviews and case narratives with the 25 purposively selected women, supplemented by field observation. This combination allowed broad patterns and socio-demographic associations to be identified from the larger sample, while enabling the 25 interviewed women to describe their experiences, in their own words, in greater depth.

5.5. Study limitations

The qualitative design and purposive sampling technique affect the generalizability of the results. Also, the deeply rooted socio-cultural norms in Jammu district which made women hesitate to report the abuse, thereby resulting in underreporting. Also, one of the major limitations of the study is that, although employment status and occupation were recorded as socio-demographic variables for the full 200-woman sample (41.5% employed, 58.5% not employed), women were not recruited on the basis of their employment status or workplace role, and only 7 of the 25 interviewed women were employed, limiting the depth of evidence available on workplace-specific experiences. No HR professionals,

line managers, or organizational informants were interviewed. The workplace and human-resource-management dimensions discussed in this paper should therefore be read as an interpretive extension of the domestic-violence findings and as recommendations for practice, rather than as systematically measured organizational outcomes. Future research should purposively sample employed women and organizational or HR informants to generate directly measured empirical evidence on workplace-level responses to domestic violence.

6. Data analysis

6.1. Thematic coding and analytical framework

All field notes, case narratives and interview transcripts were analyzed using Braun and Clarke's 6-phase framework for thematic analysis [28]. The first author carried out the coding, having already worked with the interview data during the process of transcription and fieldwork. The first stage of coding was inductive and exploratory, generating first-order codes from participants' language and experiences of abuse during the COVID-19 lockdown, rather than a pre-specified framework. Codes were developed iteratively across the transcripts. In the light of the developing codebook, earlier transcripts were revisited as new codes were identified later in the dataset to ensure consistent application of the framework.

Related open codes were then grouped into higher level categories using axial coding, which were continually refined by ongoing comparisons across cases until a consistent set of themes emerged, a process that also informed the assessment of thematic saturation discussed. Several strategies were employed to enhance the analytical credibility: an audit trail was kept to document coding choices and memos were used to record the development and modification of themes throughout the analysis, frequent debriefings with co-authors were held to share insights about emergent codes and themes and to critically review interpretations, and attention was paid to negative or deviant cases that deviated from the dominant themes, which were kept for discussion rather than discarded. Rather than independent double-coding, this combination of a documented audit trail, reflective memo writing and collaborative debriefing with co-authors was used to reduce individual coder bias and improve the trustworthiness of the qualitative results.

6.2. Patterns and forms of abuse

The review established that people underwent a combination of types of abuse that were interrelated. The data were divided into five major categories, namely the economic, psychological, emotional, sexual and physical assault. The most common forms were emotional and psychological abuse, which regularly occurred with physical assault. In many cases, economic abuse was defined as a dependency and control strategy, which included financial domination and the limitation of access to resources. Sexual assault remained a major force in the lives of women albeit being reported less often.

According to the theme coding of narratives from the 25 in-depth interviews (the qualitative component of the sample, **Figure 1**), Prevalence of different forms of abuse (Qualitative Coding), demonstrates the relative frequency with which each type of abuse was coded across these accounts. Because a single participant's narrative could be coded into more than one category, the percentages reflect the share of the 25 coded transcripts in which each theme appeared and do not sum to represent mutually exclusive groups of women. The statistic highlights the prominence of psychological and emotional abuse, which is described as the oppressive and constant quality of violence in the confinement.

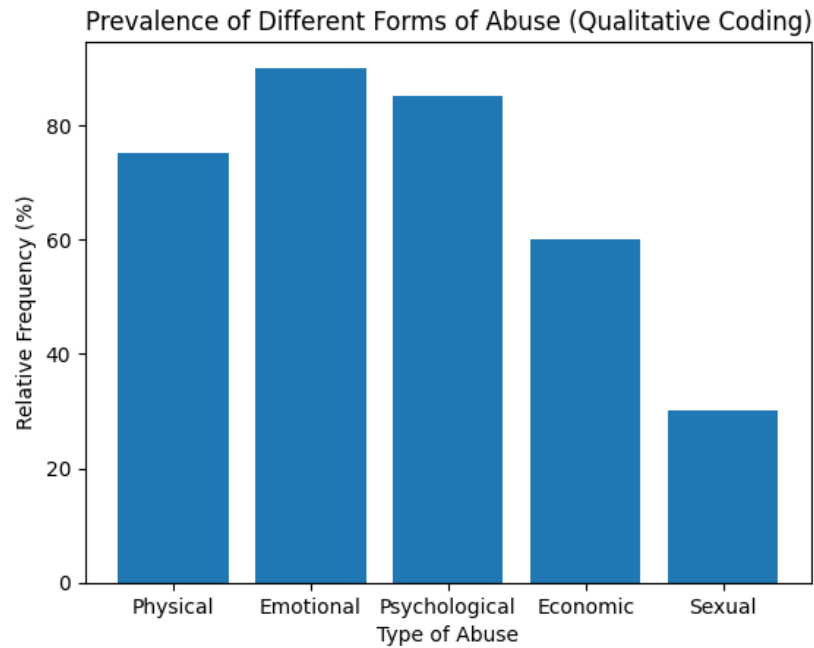


Figure 1. Distribution of different forms of abuse based on qualitative coding

6.3. Temporal changes during lockdown

The respondents were unanimous that frequency and intensity of violence had increased during the lockdown. Long durations of confinement, financial stress, joblessness, and diminished social interaction had been put forward as the key contributing variables. Comparative narrative study of pre-lockdown and lockdown revealed an increased frequency and intensity of abusive behaviors in times of limited mobility.

These qualitative conclusions were also supported by secondary evidence. The trend in NCW PWDVA Complaints (India) shown in **Figure 2** indicates that complaints have increased significantly with the pandemic, which is an indicator of a significant increase in reporting on domestic violence and/or its occurrence in the country.

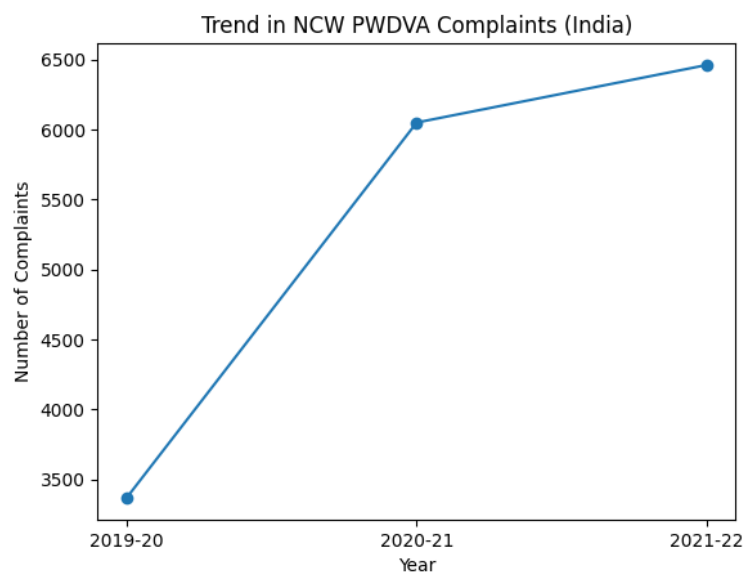


Figure 2. Trend in NCW PWDVA complaints in India (2019–2022)

In the same way, in **Figure 3**, Crimes against women in Jammu and Kashmir, it can be seen that, despite the fact that numbers are still higher than before

the pandemic, the number decreased slightly after the peak year. These trends promote the accounts of increased susceptibility among women in lockdown.

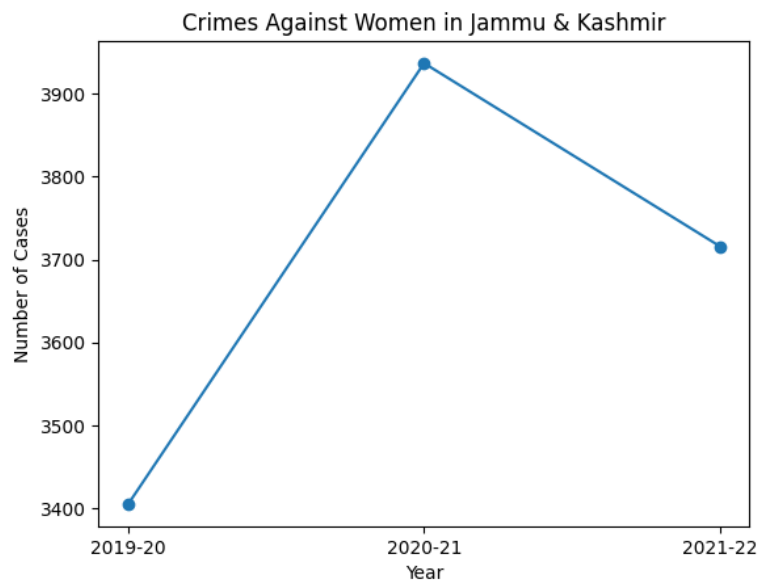


Figure 3. Crimes against women in Jammu and Kashmir (2019–2022)

6.4. Rural–urban and socio-economic variations

The study of the rural versus urban areas showed that there were differences in the context of reporting and experience of domestic violence. Women in the rural areas were more inclined to note that they were dependent on extended family systems, lacked access to support and were being pressured by the society to stay silent. Although fear of shame and punitive consequences remained one of the key obstacles, city participants showed a relatively higher level of awareness of helplines and support services.

As shown in **Figure 4**, rural urban variation in reported experiences, is drawn from the geographic-location responses of the full 200-woman questionnaire sample (128 rural, 64%; 72 urbans, 36%) and illustrates that an urban setting is associated with higher reported access to, and disclosure of, abuse compared to a rural setting.

The significant risk factor that has become a salient in the socioeconomic analyses is economic stress. Women living in families that were affected by work loss, income loss, and financial difficulties had more conflict and were more exposed to violence. However, it was also reported that the domestic violence was not that limited to the economically disadvantaged groups of people, which hints at the fact that the processes of coercion and patriarchal control are not bound to the classes and the education levels. The crisis also highlighted the employment dimension of the crisis when women indicated income loss and work loss due to the pandemic, which further led to the erosion of paid work, thereby creating financial strain for employees, which increased their vulnerability to abuse and also limited the capacity of organizations to safeguard such stress. **Figure 4** presents the percentage of women within each subgroup who disclosed/reported the abuse to anyone (family, police, workplace, etc.) i.e., 65% of the 128 rural women vs. 80% of the 72 urban women reported.

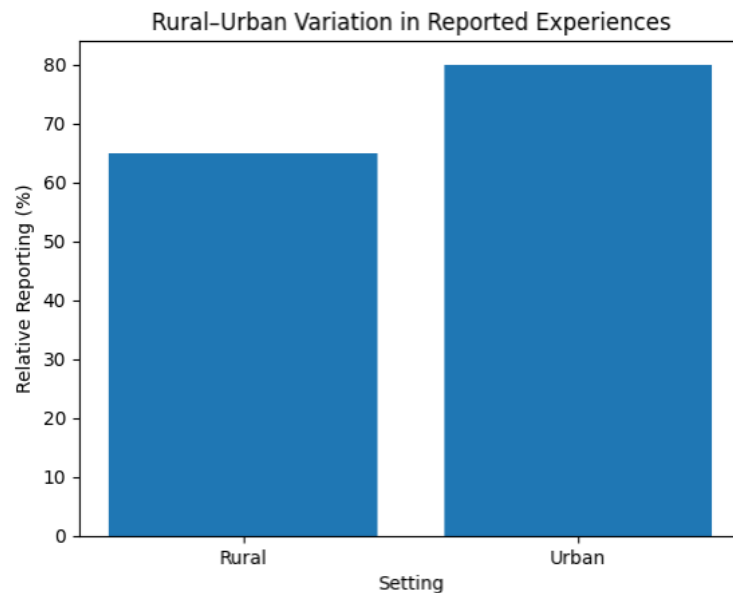


Figure 4. Rural–urban variation in reported experiences of domestic violence

7. Discussion

7.1. Locating the findings in the COVID-19 domestic violence literature

The ethnographic data obtained on Jammu district is supported by the world data on the rise in the risk and severity of domestic violence coinciding with the COVID-19 restrictions. The international literature indicates that lockdown policies provided an environment that favors abuse through increasing the time that people spent at home and reducing the day to days' activities into domestic prisons. As an illustration, the study of around 50 million emergency calls in 14 major US cities showed that domestic violence calls had risen by around 12percent in general, and about 20% during regular working days, when the household is usually separated by school and work schedule [29].

7.2. Lockdown as a patriarchal systems restoration structural condition

Women testified in Jammu several times that their mobility was curtailed and their physical proximity was extended, which allowed them to be subjected to greater coercive control (restriction of movement, constant monitoring and forced compliance) [30]. This is consistent with the interpretation of the present study that lockdown acted as a structural amplifier, i.e. increasing patriarchal power and reducing the realistic choice of women regarding safety planning, disclosure, and exit.

7.3. Economic shocks, family stress and violence explosion

In the explanations made by the participants, there was the element of economic insecurity as a leading cause of the escalating conflict and violence. An interrupted time-series study in rural Bangladesh observed a drastic pandemic shock in the form of a decline in median monthly family income, which dropped from median monthly family income fell from US\$212 to US\$59 during lockdown, with the proportion of families earning below US\$1.90/day rising from 0.2% to 47.3% [31]. The same study recorded that among women who reported experiencing emotional or moderate physical violence, more than half reported to have increased since lockdown.

7.4. Psychological consequences and help-barriers

The described psychological toll (described by the respondents as fear, hypervigilance, distress, and emotional exhaustion) is a wider pattern of the pandemic where violence and isolation, when combined, exacerbated mental

health. Tunisian experience demonstrates that violence towards the female population grew significantly during the lockdown, as the percentage of its occurrence grew to 14.8 [32], psychological abuse being the most common type (96%). Importantly, about 90 per cent of women who were victims of violence during lockdown did not find help.

This data is similar to the stories of Jammu where stigmatization, familial coercion and fear of punishment inhibit reporting even in a scenario where the extent of harm grows increasingly serious.

7.5. The gap in service access and the unmet need to be supported

One of the key messages that this literature of Jammu interviews has demonstrated is that women frequently desired to seek assistance but could not do so safely because it was observed, movement was limited and service continuity was weak. Similar results were found in Australian national survey data that demonstrated that unmet need was high during the pandemic: 36.9% of women who experienced coercive control or physical/sexual violence wished they had received advice or support in the last three months but had not received one, increasing to 58.1 percent [33] of women that experienced both forms.

7.6. Jammu district in national and global perspective and the value of ethnographic evidence

Combined, the rural urban differences and narrative lines of the study are in line with all the global trends: lockdown exposure time-at-home, economic shock augmented stress and dependency, and social norms and institutional gaps limited help-seeking. The value that the ethnographic approach would add is the aspect of bringing to the surface the already concealed violence- particularly emotional, psychological, and economic violence- that is normally under-counted in the records. By eliciting lived realities of coercive control, fear and limited agency, the given study supplements the trend indicators used in the secondary, and it shows how the conditions of a crisis interplay with the localized practices of patriarchy to generate under-reported violence.

7.7. Organizational and human resource responses: workplace support structures

Along with the community and institutional response, the accounts of the 7 employed women among the 25 interview participants point toward a plausible, though not systematically measured, workplace and HR dimension of the crisis. Several employed participants described work loss and difficulty concentrating at work; read alongside the broader literature on domestic violence and work-family conflict [13] and the conservation of resources framework [14], these accounts are consistent with employee outcomes such as disengagement, reduced productivity and absenteeism. These outcomes were not independently measured through organizational records, supervisor reports, or a sampling strategy designed around employment status, and should therefore be read as an interpretive extension of the domestic-violence findings rather than as directly evidenced organizational data.

The roles that could be performed by HR professionals, line managers, employee assistance programmes, flexible working arrangements, paid or unpaid leave provisions and confidential workplace reporting mechanisms are discussed here as theoretically and practically relevant organizational responses, informed by the wider HRM and organizational-support literature (e.g., [15], on perceived organizational support). No organizational records, HR informants, or workplace mechanisms were directly investigated in this study; this discussion is therefore a recommendation grounded in the community- and institutional-level findings, not an empirical finding about employer responses in Jammu district.

It, however, advises a crisis-adaptive HR policy such as confidential leave

provisions, manager training to recognize signs of distress and referral pathways to protection services which can support the legal and institutional responses analyzed in this paper and suggests a course for future data collection.

8. Conclusion

The upheavals caused by the COVID-19 pandemic have transformed family life and have had a major impact on women's safety at home and on their participation in work. The study findings reveal that the incidence of domestic violence increased during the lockdown in Jammu district. Women were more vulnerable to various forms of abuse like physical, emotional, psychological, economic and sexual abuse due to prolonged confinement, financial hardship and reduced access to institutional and social support services. The women's stories showed that domestic violence during lockdown manifested itself as control, intimidation and reliance. Women lived in hostile domestic settings and were not able to seek help because of limited mobility which hindered their ability to maintain relationships with friends, family, relatives and community connections. These conditions aggravated the existing gender inequalities and increased patriarchal power in the household. The report also highlights major shortcomings in institutional responses and access to protective measures during the pandemic. The study's implication is that women's accounts suggest that HR-related and organizational support systems such as flexible work arrangements, employee assistance programs and confidential reporting options may not have provided adequate help to women experiencing domestic violence during this period, although this was not explicitly assessed through organizational documentation or HR sources rather than a conclusively evidenced finding. Research results highlight the need for gender-responsive and crisis-adaptive strategies, including organizational and HR-driven initiatives that ensure the continuity of protective services, thus improving economic support for women and reducing social, cultural and workplace barriers to reporting. The importance of this comes from the understanding of the socio-cultural and psychological aspects of domestic violence. The study findings highlighted that employee vulnerability, workplace equity and organizational accountability are important areas of inquiry in HRM and organizational research on domestic violence in the setting of public health emergencies. In this situation, when addressing domestic violence during the pandemic, it is essential to focus not only on women's rights but also on social justice, long-lasting health, and safety in the workplace and at home.

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