The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 10, Issue 4, October- December, 2022
DIP: 18.01.012.20221004, DOI: 10.25215/1004.012
https://www.ijip.in

Research Paper

The Prevalence of Posttraumatic Stress Symptoms Among Selected Battered Wives during the Covid-19 Pandemic

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ABSTRACT

Background: Post-traumatic stress disorder is one of the most typically diagnosed mental health illnesses among battered women. Battering is considered a chronic overriding public issue because the victims are constantly re-traumatized due to flashbacks, and nightmares which frequently result in being over-aroused, easily startled, and quick to anger. Covid -19 pandemic increased the battering worldwide due to the lockdown and stay-at-home policy. **Objectives:** Current study is intended to discover the prevalence of posttraumatic stress symptoms among battered wives amid the COVID- 19 pandemic among selected battered wives. **Method:** A cross-sectional comparative design was used in the present study. Data was collected from battered women who live with their husbands from four districts of Madhya Pradesh, India. A total number of 277 wives participated in the study between the age range of 20 to 49. The study has used the respondents' demographic data and the Post-Traumatic Stress Disorder Symptom Scale-Interview version DSM-5 to find the prevalence of PTSD among battered wives. **Result:** The study has found the prevalence of posttraumatic stress symptoms from moderate to very severe was 265 or 95.66% of the participants. The wives between 20-29 age reveal a prevalence of 94.02%. About 95.28% of battered wives aged between 30 and 39 experienced PTSD symptoms. PTSD was high in wives aged 40-49, with a prevalence of 97.11% during COVID -19. This study also found that psychological, sexual, and physically abused wives are at risk of PTSD, with a prevalence of 84.90%. **Conclusion:** This present study contributes to the prevalence and severity of posttraumatic stress symptoms among battered women amid the pandemic, which will serve as the foundation for a psychological intervention program.

Keywords: *Battered Wives; COVID-19 Pandemic; Posttraumatic Stress Symptoms; Violence*

Battering, in other words, intimate partner violence, is a form of gender-based violence characterized by behavior perpetrated primarily by men against women (Lie et al., 2020). In mental health fields, it is regarded as a type of gender violence (Alhabib & Jones, 2010). Therefore, the term "battering" refers to the state of women who have been victims of intimate partner abuse. Furthermore, this violence against women is a global health problem (Habigzang et al., 2018). Because people who have been battered

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Received: September 02, 2022; Revision Received: October 18, 2022; Accepted: November 05, 2022

frequently have a variety of psychological disorders that differ in form, degree, and depending on the socio-cultural conditions as well as pattern, onset, length, and degree of abuse (Dutton, 2009; Bates, 2016). According to the previous review, battered women frequently experience continuous fear and threats, leading to post-traumatic stress disorder (Ackerman & Field, 2011; Steiner, 2012). According to Tirone and his colleagues (2021), post-traumatic stress disorder (PTSD) is one of the most typically diagnosed mental health illnesses among battered women. Victims are constantly re-traumatized due to flashbacks and nightmares, frequently being over-aroused, easily startled, and quickly angry (APA, 2013). A study conducted by Munoz and colleagues (2021) reported that the prevalence of posttraumatic stress disorder in women who have been battered is 29.2 percent, and serious clinical symptoms are present among women experiencing more severe and frequent victimization. A meta-analysis study reported that psychiatric disorders occur two to five times more frequently in survivors of a battering than in the general population and posttraumatic stress disorder is highly prevalent (Signorelli et al., 2020).

The third National Family Health Survey in India (NFHS-3) shows that at least 37.2% of ever-married women have experienced spousal violence, with 17.2% reported from Delhi. The prevalence of domestic violence against women (DVAW) in India ranges from 6% to 65%, with considerable variation across the states in different settings and communities. In another study by the National Family Health Survey (NFHS-3), the prevalence of violence against married women in various slum areas in India was between 23 and 62 percent (Das et al., 2013). The increasing number of battered women in India is because the Indian social strategy of power and control keeps women in a subordinate position. Some norms such as 'blaming the victim' and 'keeping your personal problems private' make it all the more difficult to talk about spousal abuse in public. The most profound feeling of shame is considered a strong feeling of not being worthy as a human being, leading to low quality of life profile (Alsaker et al., 2018). In this perspective, spousal abuse against women is a severe public health issue that demands effective interventions and strategies (Habigzang et al., 2018).

India has been a male-dominant society for ages, and it is hard to believe that males can be victims of female perpetrators (Sawant, 2016). The law has not also recognized domestic violence against men in India. However, contrary to common belief, a growing number of men are at the receiving end of harassment and face psychological and physical abuse by women. The study conducted by Malik and Nadda showed that 2.4% of men experienced gender-based violence. The most commonly experienced spousal violence against men by their wives was emotional (51.6%), followed by physical violence (6%) (Malik & Nadda, 2019).

Even though there are cases of intimate partner violence against men by wives in India, this current research study focuses on battered women because about one in four women in India experiences intimate partner violence in their lifetime. According to the National Family Health of India 2018-19 (National Statistical Office, 2019), 31.1% of married Indian women aged between 19 and 49 experienced intimate partner violence. In 2019, out of 90,000 crimes against women registered in India, nearly one-third were related to cruelty by husbands (Krishnakumar & Verma, 2021). Over 1,200 women commit suicide yearly due to intimate partner violence (Metz et al., 2019). Since the COVID-19 pandemic, battering against women has increased outrageously in India (Pandit, 2020). The restrictions and regulations of quarantine and lockdowns have jeopardized the situation, and domestic zones

have become fertile grounds for intimate partner violence (Joseph et al., 2020). Inside their homes, women are fighting a shadow pandemic (UN Women, 2020). India witnessed 47.2% of total cases of domestic violence against women. These cases received by the National Commission of Women were linked with battering during the pandemic in April and May of 2020 (Pandit, 2020).

Madhya Pradesh in India has the highest number of husbands torturing and abusing their wives (Kofman & Garfin, 2020). The prevalence of women suffering from battering in the state of Madhya Pradesh in India is 45.8%, ahead of the national average of 31.1%, ranking Madhya Pradesh the second in the list of conditions having a high prevalence of battering (Srivastava et al., 2019). Furthermore, a cross-sectional study conducted by Bhunavsewari and his colleagues found that among the Indian states, Bihar is the most violent, with husbands abusing married women at 59%, followed by Madhya Pradesh at 45.8%. (Bhuvaneswari & Jayabharathi, 2016). These studies were done before the pandemic, but there is no known study done during COVID-19 as Madhya Pradesh is the second-largest state of India with a high battering prevalence. Therefore post-traumatic stress disorder (PTSD) arising from exposure to battering needs wide attention urgently (Wu et al., 2022). Based on these findings, this study focused on finding the prevalence of post-traumatic stress symptoms among battered wives during COVID-19, thereby giving the Indian society and government awareness to take immediate action and psychotherapy preventive and treatment methods.

METHODOLOGY

Population and sampling

The present study used a cross-sectional comparative design and was conducted after the second wave of the COVID-19 pandemic in Madhya Pradesh, India, between June 1 to 30, 2022. The target participants of this cross-sectional study were selected married Indian women living with their husbands and currently undergoing battering. Participants were recruited using a purposive sampling method reached through a self-help group in the diocese of Ujjain Social Work Center. Data were collected from Madhya Pradesh districts: Agar, Rajgarh, Shajapur, and Ujjain. Participants were interviewed face to face at selected social work centers to ensure the quality of data. A total of 300 selected battered women were recruited to complete the survey. Of the 300 respondents, 23 participants were removed due to incomplete answers. The age of the participants ranged from 20 to 49 years, with a mean score of 35.65 and a standard deviation of 7.7.

Ethics

The University of Santo Tomas (UST) Nursing School Ethics Review Committee authorized the current study's ethical clearance with the protocol code USTCON ERC – 2022-OR31. All participants were well informed of the purpose and nature of the study, and written permission was collected from the participants prior to the data collection. Furthermore, they are assured that their information will be kept strictly confidential and free to withdraw from the study at any time.

Study Tools

Personal Data Sheet. The personal data sheet is a demographic questionnaire created by the researcher that was used to determine the respondents' social-demographic profile. It is used in the current study to provide essential information and to help in the inclusion and exclusion of the participants. Personal and professional information such as name, age,

forms of violence experienced by the husband (physical, emotional, and sexual violence), and other relevant information were included.

Posttraumatic Symptom Scale Interview Version for DSM-5 (PSS-I-5). The PTSD Symptom Scale-Interview for DSM-5 (PSS-I-5) is a 24 items semi-structured interview that assess posttraumatic stress disorder (PTSD) symptoms severity (Foa & Capaldi, 2016). The most reliable and valid results of standard administration and scoring can be achieved by the help of PSS-I-5. The severity of PTSD symptoms is rated on a five-point scale: 0=not at all; 1= once per week or less/a little; 2= indication of 3 times per week/ somewhat; 3= indication of 4 to 5 times per week/ a lot; 4= indication of 6 or more times a week/severe. PTSD diagnosis depends upon the number of symptoms endorsed per symptoms cluster. One Intrusion symptom, one avoidance symptom, two Cognition and Mood symptoms, and two Arousal and Reactivity symptoms are needed to meet the diagnostic criteria. PTSD severity is determined by totaling the 20 PSS-I-5 symptoms ratings. Scores range from 0 to 80. The following are clinical guidelines for PTSD symptom severity: 0-8 minimal symptoms; 9-18 mild; 19-30 moderate; 31-45 severe; and 46-80 very severe. The remaining four questions measure the duration and difficulties in everyday life. Good internal consistency of .89, test-retest reliability of .87, and excellent interrater reliability for PTSD diagnosis are shown by PSS-I-5 (Foa et al., 2016). The current study obtained a Cronbach's alpha coefficient of .93.

Statistical analysis

Statistical software SPSS version 22 was used for the analysis of the data. Descriptive statistics were performed to characterize the study participants. Categorical variables are described using percentages, while quantitative variables are described using mean and standard deviation.

RESULT

Table 1 Mean, SD, frequency (f), and percentage (%) of posttraumatic stress symptoms among battered women according to the PSS-I-5 scale.

PSS-I-5	Mild		Moderate		Severe		Very Severe	
Mean/SD	f	%	f	%	f	%	f	%
44.63/12.30	12	4.33	41	14.80	101	36.46	123	44.40

Table 1 shows the descriptive statistics and overall frequency of posttraumatic stress symptoms among battered women in terms of the PSS-I-5. The posttraumatic stress symptoms' mean score and standard deviation were 44.63 and 12.30, respectively. The overall prevalence of moderate to very severe posttraumatic stress symptoms was 265 or 95.66% of the participants. This finding indicates a significant increase in posttraumatic stress symptoms severity among battered women during COVID -19 pandemic compared to previous studies (Klostermann, 2015) conducted in India before the pandemic.

Table 2 Women's age, frequency (f), and percentage (%) of posttraumatic stress symptoms according to the PSS-I-5 scale.

PSS-I-5	Mild		Moderate		Severe		Very Severe	
Woman's age(years)	f	%	f	%	f	%	f	%
20-29	4	5.97	20	29.85	18	26.86	25	37.31
30-39	5	4.71	17	16.03	39	36.79	45	42.45
40-45	3	2.88	4	3.84	44	42.30	53	50.56

Table 2 illustrates the prevalence of posttraumatic stress symptoms due to battering among different age groups of women. The results show that among battered wives aged 20-29, 5.97% have mild symptoms, 29.85% has moderate symptoms, 26.86% has severe symptoms, and 37.31% has very severe symptoms. The results show that from moderate to very severe a prevalence of 94.02% among battered wives aged 20-29 has posttraumatic stress symptoms. Among battered wives aged 30-39, 4.71% have mild symptoms, 16.03% has moderate symptoms, 36.79% has severe symptoms, and 42.45% has very severe symptoms. This indicates that from moderate to very severe a prevalence of 95.28% of battered wives experience posttraumatic stress symptoms. Finally, battered wives aged 40-49, 2.88% has mild symptoms, 3.84% has moderate symptoms, 42.30% has severe symptoms, and 50.56% has very severe symptoms, and results show that battered wives aged 40-49 has the prevalence of 97.11% PTSD symptoms.

Table 3 Prevalence of posttraumatic stress symptoms among battered women who experienced different types of violence.

Violence	Total Number	Mild		Moderate		Severe		Very Severe	
		f	%	f	%	f	%	f	%
Phy & Emo	87	2	2.29	5	5.74	27	31.03	53	60.91
Phy/Emo/Sex	53	1	1.88	2	3.77	5	9.43	45	84.90
Emotional	60	4	6.66	15	25	37	61.66	4	6.66
Physical	38	16	42.10	11	28.94	23	60.52	3	7.89
Sexual 14	14	0	0	0	0	6	42.85	8	57.14
Phy/Sex	10	2	20	6	60	0	0	2	20
Emo/sex	15	1	6.66	2	13.33	2	13.33	10	66.66

Table 3 shows the prevalence of posttraumatic stress symptoms among women due to the violence they experienced from their husbands during COVID-19. Results reveal that wives who were physically and emotionally abused have manifested 60.91%, 31.03% and 5.74% with severe, severe, and moderate posttraumatic stress symptoms like re-experiencing the event, avoidant signs, negative alteration in cognition and mood, and increased arousal symptoms respectively. Wives who experienced physical, sexual, and emotional violence from their husbands have exhibited 84.90%, 9.43% 3.77% with very severe, severe, and moderate symptoms, respectively. Those wives experienced emotionally have showed 6.66% very severe, 61.66% severe, and 25% moderate symptoms. Wives who experienced physical abuse alone have 7.89% very severe, 60.52% severe, and 28.94% moderate symptoms. Those wives who experienced sexual abuse have manifested 57.14% very severe and 75% severe symptoms. Those who experienced physical and sexual have exhibited 20% very severe and 60% moderate symptoms. Finally, wives who experienced emotional and sexual abuse have manifested 66.66% very severe and 13.33% severe, and 13.33% moderate symptoms. This research shows that exposure of women to any type of battering during the lockdown has remarkably increased posttraumatic stress symptoms from moderate to very severe, with a prevalence of 95.66% compared to before the lockdown. The percentage of exposure to psychological, physical, and sexual violence has significantly increased posttraumatic stress symptoms among battered wives during COVID-19.

DISCUSSION

The results of the present study indicate that the overall affected rate of moderate to very severe degree of posttraumatic stress symptoms was 95.66% among selected battered wives

in Madhya Pradesh, India, during pandemic. 277 participants' responses were included in the final data analysis; among them, 4.33% has mild, 14.80% has moderate, 36.46% has severe, and 44.40% has very severe symptoms of PTSD. This present study also shows battered wives aged 40-49 have a higher risk of posttraumatic stress symptoms. Therefore, the present study's overall prevalence rate of post-traumatic symptoms among battered wives was significantly high prior to the pandemic. Compared with victims of violence against women with no history of violence, previous victims were three times more likely to develop symptoms of post-traumatic stress, leading to more powerlessness (Irrizarry et al., 2018). A meta-analysis study reported that psychiatric disorders occur two to five times more frequently in survivors of a battering than in the general population and posttraumatic stress disorder is highly prevalent (Signorelli et al., 2020). The present research reveals that posttraumatic stress symptoms severity increased during the COVID-19 pandemic compared to other studies (Georgieva et al., 2021). India has adopted tight indoor quarantine to prevent the spread of the coronavirus. The mental and physical health problems of persons who are confined to their homes are exacerbated by these policies. In addition to the COVID-19 pandemic, the house became a dangerous location for battering since they were forced to spend lengthy periods of time with their husband and were isolated from others who could help them. Moreover, COVID-19 caused husband and wife to stay together at home, which increased the possibility of temperament, continuous arguments about family decisions, and financial issues. Our results were consistent with the previous studies, which stated that post-traumatic stress symptoms are more common among the wives those who are facing intimate partner violence or battering (Das et al., 2020; Signorelli et al., 2020; Georgieva et al., 2021).

Limitations

Several limitations are worth considering. The sample size is small, and participants from the study are selected from the four districts, namely Ujjain, Agar, Rajgarh, and Shajapur in Madhya Pradesh, India. In Indian culture, men are considered to be figures of authority, therefore, battering against women at home is often neither reported to the concerned authority nor addressed at proper forums. So, the research is limited solely to the information collected through a self-reported survey which may question the authenticity of the response. Another limitation is the scarcity of local related literature, as few studies have been done in Madhya Pradesh, India. Furthermore, considering the research done in the past, this will be the first study on posttraumatic stress symptoms in battered wives in Madhya Pradesh.

CONCLUSION

This study identifies the prevalence of posttraumatic stress symptoms among battered wives during the second waves of the pandemic in India. Research shows that during the COVID-19 pandemic, emotional, physical, and sexual abused wives have higher risk of posttraumatic symptoms. In the context of the COVID-19 pandemic, the present study opens the eyes of educating Indian society and the government on the importance of taking prompt action and therapeutic prevention and treatment approaches.

Recommendations

A qualitative approach is recommended to investigate the nature of posttraumatic stress symptoms among battered women in-depth for further clarification. Recommendations to promote gender equality education for the next generation. Furthermore, a psychological intervention is strongly recommended to reduce the symptoms of PTSD among the battered

women. The most evidence-based treatment is cognitive behavior therapy, especially internet CBT is recommended, and it can prevent the spread of the infection during the pandemic. The healthcare system should respond with innovative interventions performed by a multidisciplinary team, including a preliminary evaluation and a planning of all the interventions, including clinical, psychological, social, and legal aid.

COMPLIANCE WITH ETHICAL STANDARDS

Conflict of Interest: The corresponding author declares that there are no conflicts of interest on behalf of all authors.

Ethics approval: Ethical approval was authorized before the study, and all procedures performed in the present study were according to the University of Santo Tomas (UST)Nursing school Ethics Review Committee (May 24, 2022) with the protocol code of USTCON ERC - 2022-OR31.

Research Involving Human Participants: Prior to data collection, all participants were told about the study's goal and nature, and formal permission was obtained from them. They are also told that their information would be kept totally confidential and that they can leave the research at any moment.

Informed Consent: Before voluntarily participating in the current investigation, each subject gave their informed consent. In addition, participants were informed about the study's purpose, were assured that all data collected would be kept private, and that participation was entirely voluntary.

Funding: No funding was received for this present research.

Data Availability Statement: The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

REFERENCES

Ackerman, J. & Field, L. (2011). The gender asymmetric effect of intimate partner violence on relationship satisfaction. *Violence & Victims, 26*(6), 703-724.

Alhabib, S., Nur, U., & Jones, R. (2010). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence*, 25(4), 369–382. doi:10.1007/s10896-009-9298-4

Alsaker, K., Moen, B. E., Morken, T., & Baste, V. (2018). Intimate partner violence associated with low quality of life—A cross-sectional study. *BMC Women's Health, 18*(1), 1–7. https://doi.org/10.1186/s12905-018-0638-5

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders Fifth Edition (DSM-5). Washington, D.C., American Psychiatric Association.

Bates, E. A. (2016) Current controversies in intimate partner violence: Overlooking bidirectional violence. *Journal of Family Violence.31* 8) 937-940. doi:10.1007/s10896-016-9862-7

Bhuvaneswari, A., & Jayabharathi, B. (n.d.). PREVALENCE OF INTIMATE PARTNER VIOLENCE AMONG WOMEN. International Journal of Pharmacy and Biological Sciences, 5.

Das S, Bapat U, Shah More N, Alcock G, Joshi W, Pantvaidya S, *et al*. Intimate partner violence against women during and after pregnancy: a cross-sectional study in Mumbai slums. *BMC Public Health* 2013; *13*: 817

Dutton, M. A. (2009). Update of the "Battered Woman Syndrome" Critique. *The American Academy of Experts in Traumatic Stress*. http://www.aaets.org/article138.htm

Foa**,** E. B., & Capaldi, S. (2016). Manual for the Administration and Scoring of the PTSD Symptom Scale – Interview for DSM-5 (PSS-I-5) Past Month Version. 18.

Frieze, I. H., Newhill, C. E., & Fusco, R. (2020). Violence and Abuse in Intimate Partner Relationships: Battered Women and Their Batterers: In Dynamics of Family and Intimate Partner Violence (pp. 109-140). *Springer*, Cham.

Georgie**v**a, I., Lepping, P., Bozev, V., Lickiewicz, J., Pekara, J., Wikman, S., Loseviča, M., Raveesh, B. N., Mihai, A., & Lantta, T. (2021). Prevalence, New Incidence, Course, and Risk Factors of PTSD, Depression, Anxiety, and panic disorder during the Covid-19 Pandemic in 11 Countries. *Healthcare*, *9*(6), 664. https://doi.org/10.3390/ healthcare9060664

Habigzang, L. F., Schneider, J. A., Frizzo, R. P., & Freitas, C. P. P. de. (2018). Evaluation of the Impact of a Cognitive-Behavioral Intervention for Women in Domestic Violence Situations in Brazil. Universitas Psychologica, 17(3), 1–11. https://doi.org/10.11144/ Javeriana.upsy17-3.eicb

Irrizarry, W.; Rivero, M. Trastorno por estrés postraumático en mujeres víctima de violencia doméstica: Revisión de Literature integrada. NURE Inv. 2018, 15, 1–17.

Joseph, S. J., Mishra, A., Bhandari, S. S., & Dutta, S. (2020). Intimate partner violence during the COVID-19 pandemic in India: From psychiatric and forensic vantage points. *Asian Journal of Psychiatry*, 54, 102279. https://doi.org/10.1016/j.ajp.2020.1 02279

Klostermann, K. (2015a). PTSD and Intimate Partner Violence: Clinical Considerations and Treatment Options. *Journal of Addiction Medicine and Therapeutic Science*, 001–006. https://doi.org/10.17352/2455- 3484.000018

Kofman, Y. B., & Garfin, D. R. (2020). Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. Psychological Trauma: Theory, Research, Practice, and Policy, 12(S1), S199–S201. https://doi.org/10.1037/tra0000866

Krishnakumar, A., & Verma, S. (2021). Understanding Domestic Violence in India During COVID-19: A Routine Activity Approach. *Asian Journal of Criminology*, 16(1), 19–35. https://doi.org/10.1007/s11417-020-09340-1

Lie**,** L. Y., Bush, W. S., Koyutürk, M., & Karakurt, G. (2020). Interplay between traumatic brain injury and intimate partner violence: Data driven analysis utilizing electronic health records. *BMC Women's Health*, 20(1), 269. https://doi.org/10.1186/s12905-020-01104-4

Malik, J. S., & Nadda, A. (2019). A Cross-sectional Study of Gender-Based Violence against Men in the Rural Area of Haryana, India. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, *44*(1), 35–38. https://doi.org/10.4103/ijcm.IJCM_222_18

Metz, C., Calmet, J., & Thevenot, A. (2019). Women subjected to domestic violence: The impossibility of separation. Psychoanalytic Psychology, 36(1), 36–43. https://doi.org /10.1037/pap0000186

Muñoz-Rivas, M., Bellot, A., Montorio, I., Ronzón-Tirado, R., & Redondo, N. (2021). Profiles of Emotion Regulation and Post-Traumatic Stress Severity among Female Victims of Intimate Partner Violence.

National Family Health Survey III, India. Factsheets. Available at: http://www.nfhsindia. org/factsheet.html. Accessed 15 February 2019.

Pandit, Ambika, 2020. Lockdown Saw Significant Rise in Domestic Violence Complaints to NCW. India News - Times of India. [WWW Document]. URL https://timesofindia. indiatimes.com/india/lockdown-saw-significant-rise-in-domestic-violencecomplaints -to-ncw/articleshow/76240502.cms (Accessed 6.20.20).

Sawant, S.T. (2016), Place of the woman in Indian society: A brief review. J Hum Soc Sci; 21:21-5.

Signorelli, M. S., Fusar-Poli, L., Arcidiacono, E., Caponnetto, P., & Aguglia, E. (2020). Depression, PTSD and alexithymia in victims of intimate partner violence: A case-control study. *Archives of Clinical Psychiatry* (São Paulo), 47(2), 45–50. https://doi.org/10.1590/0101-60830000000230

Srivastava, D., Gour, N., Bansal, M., Mishra, A., Patne, S., & Tiwari, R. (2014). A cross-sectional study to find out the prevalence of different types of domestic violence in Gwalior city and to identify the various risk and protective factors for domestic violence. *Indian Journal of Community Medicine, 39*(1), 21. https://doi.org/ 10.4103/0970-0218.126348

Steiner, L. M. (2012). *Why domestic violence victims don't leave*. Retrieved from http://www.ted.com/talks/leslie_morgan_steiner_why_domestic_violence_victims_d ont_l eave.

Tirone, V., Orlowska, D., Lofgreen, A. M., Blais, R. K., Stevens, N. R., Klassen, B., Held, P., & Zalta, A. K. (2021).The association between social support and posttraumatic stress symptoms among survivors of betrayal trauma: A meta-analysis. https://doi.or g/10.1080/20008198.2021.1883925

UN Women (2020). Violence against women and girls: The shadow pandemic. Retrieved November 8, 2020, from UN Women: https://www.unwomen.org/en/news/stories/2 020/4/statement-ed-phumzile- violence against-women-during-pandemic

Wu**,** X., Geng, X., Shang, Z., Wang, Z., Lu, H., Ma, H., Liu, W., & Xu, H. (2022). Post-traumatic stress disorder in patients with rheumatic disease during the COVID-19 outbreak: A cross-sectional case–control study in China. *BMJ Open*, *12*(3), e049749. https://doi.org/10.1136/bmjopen-2021-049749

Acknowledgement

We appreciate everyone who took the time to participate in the present study. We declare that no competing interests exist.

Conflict of Interest

The author declared no conflict of interests.

How to cite this article: Joji, J. & Rodel, P. C. (2022). The Prevalence of Posttraumatic Stress Symptoms Among Selected Battered Wives during the Covid-19 Pandemic. *International Journal of Indian Psychology*, *10(4),* 111-119. DIP:18.01.012.20221004, DOI:10.25215/1004.012