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Prevalence and Risk Factors on Becoming Victims of Domestic Violence During Covid-19 Pandemic in Naga City

Mariel Roncesvalles Sargento, RCrim, LPT, MSCJ
PhD Program, College of Criminal Justice Education, Naga College Foundation, Naga City, Philippines

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Email of Corresponding Author: marielbanesroncesvalles06@gmail.com

Abstract

This study examined the prevalence and risk factors of domestic violence among women during the COVID-19 pandemic in selected barangays of Naga City and developed an intervention program to strengthen prevention and support services. The study was anchored on the Psycho-Pathological Theory, Resource Theory, Feminist Theory, and Cycle Theory of Violence. A quantitative descriptive-correlational research design was employed involving 30 women with officially reported domestic violence cases selected through purposive sampling from three barangays with the highest reported cases. Data were gathered using a researcher-made, validated questionnaire and analyzed using frequency, percentage, mean, and multiple linear regression. The findings revealed that most respondents were young adults, had five to six children, had been in a relationship for one to thirteen years, were secondary school graduates, employed, and belonged to low-income households. Emotional or psychological violence emerged as the most prevalent form of domestic violence, followed by physical, economic, and sexual violence, although all forms were rated with very low prevalence. Among the identified risk factors, societal factors ranked highest, followed by individual, community, and relationship factors. Multiple regression analysis showed that the number of children was significantly associated with emotional violence, while monthly income was significantly associated with sexual violence. Based on these findings, the study proposed Project H.O.P.E. (Honing, Offering, Preventing, and Empowering), a community-based intervention focusing on awareness, prevention, empowerment, psychosocial support, and collaboration among local stakeholders. The study concludes that strengthening coordinated community programs, support services, and preventive interventions can enhance the protection and well-being of women affected by domestic violence. This study supports Sustainable Development Goal (SDG) 3 by promoting women's health and well-being and SDG 5 by advancing efforts to prevent violence against women and strengthen gender equality. The proposed intervention contributes to public health, institutional, and community sustainability by providing evidence to guide policies and programs that promote safer communities and improve support services for women.

Keywords: Prevalence, Risk Factors, Domestic Violence, COVID-19 Pandemic, Community-based Intervention

1. Introduction

Domestic violence remains a major public health, human rights, and social concern that disproportionately affects women worldwide. Despite existing legal protections and institutional mechanisms, violence against women continues to occur across different socioeconomic and cultural settings, with reports indicating increased vulnerability during the COVID-19 pandemic. In the Philippines, domestic violence remains prevalent despite the implementation of laws such as Republic Act No. 9262 and other gender-responsive policies. This study examines the prevalence and risk factors associated with domestic violence among women in Naga City during the COVID-19 pandemic. Specifically, it investigates the forms of violence experienced, the individual, relationship, community, and societal risk factors influencing victimization, and proposes an intervention program to strengthen prevention, protection, and support services for women.

1.1 Background of the Study on the Prevalence and Risk Factors of Domestic Violence among Women during the COVID-19 Pandemic

Domestic violence is one of the most common forms of violence against women worldwide. Approximately one-third of women in intimate relationships have experienced physical and/or sexual violence from their partners, with serious consequences to their physical, mental, sexual, and reproductive health (WHO, 2013; Barnawi, 2017). Because domestic violence occurs across all cultures and socioeconomic groups, healthcare professionals and concerned agencies play a vital role in recognizing and responding to victims (Huecker, 2021). In the Philippines, domestic violence remains a significant concern despite laws protecting women and children. Although the Constitution guarantees gender equality and Republic Act No. 8353 and Republic Act No. 9262 provide legal protection and support mechanisms, one in four Filipino women aged 15–49 has experienced physical, emotional, or sexual violence from an intimate partner (Jarilla, 2020; DOST, 2020). During the COVID-19 pandemic, violence against women continued to increase, with thousands of reported cases

nationwide, including documented cases in Naga City (Ramos, 2020). These reports underscore the need to examine the prevalence and risk factors of domestic violence among women in Naga City and develop an appropriate intervention program to strengthen prevention and victim protection.

1.2 Themes and Insights from Related Literature on the Prevalence, Risk Factors, and Interventions for Domestic Violence

The literature consistently describes domestic violence as a multidimensional problem involving physical, emotional or psychological, economic, and sexual abuse that adversely affects women's health and well-being (Huecker, 2021; WHO, 2021; Doorways for Women and Families, 2021; Sen and Bolsoy, 2017). During the COVID-19 pandemic, domestic violence increased due to lockdowns, economic stress, and household tensions, while jealousy, infidelity, financial abuse, and controlling behaviors remained common contributors to intimate partner violence (Ortuoste, 2021; Boxall et al., 2020; Zhaohui et al., 2021; Abad, 2020; Nambusi, 2022; Antonio et al., 2022; Pichon, 2020; Australian Institute of Health and Welfare, 2019). Emotional violence was the most frequently reported form, followed by physical, sexual, and economic violence (PSA, 2018; Philippine Statistics Authority - PSA & ICF, 2018; Mercado et al., 2015; Odosis, 2018; Claus, 2017; Zarei, 2017; WHO, 2013). The reviewed studies identify domestic violence as the result of interacting individual, relationship, community, and societal factors, including low education, poverty, unemployment, alcohol and drug use, financial dependence, childhood exposure to violence, marital conflict, gender inequality, and patriarchal norms (Iellamo, 2023; Zhao, 2022; Jewkes, 2021; WHO, 2021; CDC, 2021; Andersson,2020; Abramsky, 2019; Dimaano et al., 2018; Nurul et al., 2018; Yakubovich et al., 2018; Bernarte et al., 2018; Ahmed, 2017; Halah et al., 2017; Superable, 2017; Guedes et al., 2016; Fulu et al., 2017; Fleming et al., 2015; Islam et al., 2015; Bibi, 2014; Tenkorang et al., 2013; Estrellado & Lo, 2014; Reich et al., 2014; Fulu, 2013). Existing literature also emphasizes that multidisciplinary interventions including legal protection, counseling, shelters, advocacy, empowerment programs, and community-based support are essential in preventing violence and assisting survivors (Calipay, 2022; Quizon and San Agustin, 2021; CAWC, 2021; Zhaohui et al., 2021; NSW Government, 2020; DOH, 2018; Yakubovich et al., 2018; Arroyo et al., 2015; Rivas et al., 2015; Prosman et al., 2015; Jahanfar et al., 2014).

1.3 Local, National, and Global Context of Domestic Violence during the COVID-19 Pandemic

Domestic violence remains a global concern affecting women across all societies. Worldwide, approximately one in three women has experienced intimate partner violence, and reports indicate that cases increased during the COVID-19 pandemic due to movement restrictions and household stress (WHO, 2013; WHO, 2021; Boxall et al., 2020; Zhaohui et al., 2021). In the Philippines, one in four ever-married women has experienced physical, emotional, or sexual violence from an intimate partner despite existing laws and protection mechanisms (DOST, 2020; PSA, 2018; Philippine Statistics Authority - PSA & ICF, 2018). During the COVID-19 pandemic, thousands of violence against women cases were reported nationwide, reflecting the continuing magnitude of the problem (Ramos, 2020; Ortuoste, 2021). At the local level, records from the Naga City Police Office and the City Social Welfare and Development Office documented reported domestic violence cases during 2020–2022. These reports highlight the need to assess the prevalence and risk factors of domestic violence among women in Naga City and provide evidence for appropriate intervention programs.

1.4 Theoretical Basis of the Study on Domestic Violence

This study is anchored on the Psycho-Pathological Theory, Resource Theory, Feminist Theory, and Cycle Theory of Violence, which explain the occurrence of domestic violence from psychological, socioeconomic, gender, and behavioral perspectives. The Psycho-Pathological Theory attributes violence to psychological conditions such as depression, impulsiveness, jealousy, and poor emotional control (Sunitha, 2016). The Resource Theory explains that violence may arise when individuals perceive an imbalance in resources such as education, income, or occupational status, leading to the use of violence to maintain power and control (Basile et al., 2013). The Feminist Theory emphasizes that gender inequality and patriarchal norms reinforce male dominance and increase women's vulnerability to intimate partner violence (Tiwari, 2019). Meanwhile, the Cycle Theory of Violence describes domestic violence as a recurring pattern involving tension-building, acute battering, and reconciliation phases (Florendo, 2014). Collectively, these theories provide the foundation for examining how individual, relationship, community, and societal factors influence women's experiences of domestic violence during the COVID-19 pandemic and support the development of appropriate intervention strategies.

1.5 Research Gaps and Rationale on the Prevalence and Risk Factors of Domestic Violence among Women

Although previous studies have examined the prevalence, risk factors, and intervention programs for domestic violence, limited evidence specifically describes the prevalence and risk factors among women in Naga City during the COVID-19 pandemic. This study addresses this gap by determining the prevalence of physical, emotional or psychological, economic, and sexual violence, identifying the associated individual, relationship, community, and societal risk factors, and developing an intervention program based on the findings.

1.6 Alignment with Relevant Sustainable Development Goals (SDGs)

This study supports SDG 3 (Good Health and Well-Being) by promoting the prevention of domestic violence and improving women's physical and mental well-being. It also aligns with SDG 5 (Gender Equality) by addressing violence against women and strengthening evidence-based interventions that protect women's rights and safety. These SDGs are consistent with the study's focus on reducing domestic violence and improving support services for women.

1.7 Importance of the Study to Multidisciplinary Sustainability

This study contributes to public health, social, institutional, and policy sustainability by providing evidence that can guide government agencies, healthcare providers, law enforcement, social welfare offices, and community organizations in strengthening programs that prevent domestic violence and protect women. The proposed intervention program may also support sustainable community efforts toward promoting safety, gender equality, and improved quality of life for women and their families.

2. Material and methods

2.1 Research Design

This study employed a quantitative descriptive-correlational research design. The descriptive method was used to determine the respondents' bio-demographic profile, including age, number of children, length of relationship with the partner, educational attainment, employment status, and monthly income, as well as the prevalence and risk factors of domestic violence. The correlational method was utilized to determine the relationship between the respondents' bio-demographic profile and domestic violence cases.

2.2 Locale of the Study

The study was conducted in three selected barangays in Naga City, namely Concepcion Pequeña, San Felipe, and Cararayan. These barangays were selected based on the highest number of reported domestic violence cases from April 2020 to December 2022.

2.3 Respondents of the Study

The respondents were women who experienced domestic violence and whose cases were officially reported during the study period. A total of 30 respondents participated in the study, with 10 respondents selected from each of the three barangays. Based on the reported cases, Concepcion Pequeña had 98 cases, San Felipe had 87 cases, and Cararayan had 128 cases, from which approximately 10.20%, 11.49%, and 7.81% of the reported cases, respectively, were included in the study.

2.4 Sample and Sampling Procedure

Purposive sampling was employed to select respondents who met the study criteria. Participants were women who had experienced domestic violence and voluntarily agreed to participate through the assistance of the Barangay VAWC In-Charge. This sampling technique was considered appropriate due to the limited number of qualified respondents and the sensitive nature of the study.

2.5 Research Instrument

The primary data collection instrument was a researcher-made survey questionnaire developed from the provisions of Republic Act No. 9262 and related literature on domestic violence. The instrument consisted of three parts: the respondents' bio-demographic profile; the prevalence of domestic violence in terms of physical, psychological, economic, and sexual violence; and the risk factors categorized into individual, relationship, community, and societal factors. The questionnaire underwent face and content validation by the research adviser before administration. Respondents were assured that all information gathered would remain confidential and be used solely for academic purposes.

2.6 Data Gathering Procedure

Following the approval of the research proposal, the researcher obtained records of domestic violence cases from the Naga City Police Office, City Social Welfare and Development Office, and Bantay Familia to identify the barangays with the highest reported cases. The researcher developed and revised the questionnaire based on the adviser's recommendations and conducted pilot testing among ten women from barangays not included in the study. Upon securing permission from the City Mayor and the selected barangays, the questionnaires were distributed to the respondents. After data collection, the responses were organized, analyzed, and interpreted.

2.7 Data Analysis Techniques

Frequency and percentage were used to describe the respondents' bio-demographic profile. Mean was utilized to determine the prevalence of domestic violence and the level of risk factors across the individual, relationship, community, and societal

dimensions. Multiple Linear Regression was employed to determine the significant relationship between the respondents' bio-demographic profile and domestic violence cases.

2.8 Ethical Considerations

Permission to conduct the study was obtained with the assistance of the Barangay VAWC In-Charge. Participation was voluntary, and respondents were informed of the study's purpose, their rights, and any potential discomfort before completing the questionnaire. No participant was forced to participate, and anonymity was maintained through the use of unique identification codes. The researcher ensured the confidentiality and security of all collected information in compliance with Republic Act No. 10173, or the Data Privacy Act of 2012, and the data were used exclusively for research purposes.

3. Results and Discussion

3.1 Bio-Demographic Profile of the Respondents

3.1.1 Age

The findings showed that most respondents were young adults aged 19–35 years (40.0%), followed by those aged 36–51 years and 52–69 years, with 30.0% each. The results indicate that domestic violence was more commonly reported among young adult women. This finding is consistent with Odosis (2018), who reported that most victims were young adults with low monthly income and were either self-employed, vendors, or government and private employees. Likewise, the National Demographic and Health Survey reported that one in four ever-married women aged 15–49 had experienced physical, sexual, or emotional violence from their husband or partner (PSA, 2018). Previous studies also noted that older women are generally more aware of their rights and are more likely to report abuse, whereas younger women remain at greater risk because of limited awareness. In contrast, Claus (2017) found that most victims were younger, single, unemployed, high school graduates, and commonly abused by intimate partners.

3.1.2 Number of Children in the Family

Most respondents had five to six children (40.0%), while 33.3% had zero to two children and 26.7% had three to four children. The findings suggest that many victims belonged to relatively large families. This pattern is comparable with Odosis (2018), who likewise reported that victims commonly had children. The National Demographic and Health Survey also documented the continuing occurrence of intimate partner violence among married women (PSA, 2018).

3.1.3 Length of Relationship with the Partner

The majority of respondents had been with their partners for one to thirteen years (36.7%), followed by those in relationships lasting 27–42 years (33.3%) and 14–26 years (30.0%). The findings indicate that domestic violence was reported more frequently among women in relatively shorter relationships. This supports the observation that many victims were still in the earlier stages of their partnerships. Odosis (2018) and Claus (2017) likewise described relationship characteristics as important factors among victims of domestic violence.

3.1.4 Educational Attainment

Half of the respondents were secondary school graduates (50.0%), followed by college graduates (26.7%), elementary graduates (16.7%), and postgraduates (6.7%). The results indicate that most respondents had attained secondary education. Similar findings were reported by Claus (2017), who found that many victims were high school graduates, while Odosis (2018) also described victims with relatively low educational attainment.

3.1.5 Employment Status

Most respondents were employed (73.3%), while 26.7% were unemployed. The findings suggest that employment did not necessarily protect women from becoming victims of domestic violence. This agrees with Odosis (2018), who reported that victims included self-employed individuals as well as government and private employees. However, Claus (2017) found that many victims were unemployed.

3.1.6 Family Income

Most respondents reported a monthly family income of ₱5,000–₱10,000 (86.7%), while only a few earned higher monthly incomes. The results indicate that most victims belonged to low-income households and could be considered minimum wage earners. This finding is consistent with Odosis (2018), who reported that domestic violence victims commonly had low monthly incomes. The National Demographic and Health Survey likewise identified women from economically vulnerable households as among those affected by intimate partner violence (PSA, 2018).

3.2 Prevalence of Domestic Violence

3.2.1 Physical Violence

The findings revealed that physical violence had an overall mean of 1.45, interpreted as very low. Among the indicators, slapping was the most frequently experienced form of physical violence (OM=2.13, Low), followed by throwing objects (OM=1.73) and punching (OM=1.60), both interpreted as very low. The least experienced forms were withholding food or medication (OM=1.23), burns caused by cigarettes, flat irons, or similar objects (OM=1.10), and stabbing (OM=1.00). Across the three barangays, Concepcion Pequeña recorded the highest overall mean, although all barangays remained within the very low level of prevalence. These findings indicate that slapping was the most common manifestation of physical abuse experienced by the respondents, whereas severe forms of physical violence were rarely reported. Mercado et.al. (2015) similarly found that women commonly experienced being pushed, shaken, slapped, or having objects thrown at them, while strangulation and burns were among the least reported forms of abuse.

3.2.2 Emotional or Psychological Violence

The respondents reported an overall mean of 1.69, interpreted as very low, for emotional or psychological violence. The most common experiences were jealousy or possessiveness (OM=2.37), intimidation, screaming, or yelling (OM=2.23), and insulting or humiliating behavior (OM=2.10), all interpreted as low. The least reported indicators were stalking, threatening with a weapon, and being prohibited from using a telephone, all interpreted as very low. Concepcion Pequeña recorded the highest overall mean among the three barangays. The results suggest that jealousy and possessiveness were the most common psychological behaviors associated with domestic violence. These behaviors may be intensified by mistrust and increased social interaction through online platforms. Pichon (2020) identified infidelity and romantic jealousy as common relationship problems, while Nambusi (2022) reported that jealousy weakens trust and is a significant risk factor for intimate partner violence and controlling behaviors.

3.2.3 Economic Violence

Economic violence obtained an overall mean of 1.43, interpreted as very low. The most frequently reported indicator was receiving insufficient living allowance (OM=1.93), followed by being prevented from engaging in a legitimate profession or business (OM=1.63) and control over financial spending (OM=1.53). The least experienced indicators included misuse of the victim's name for financial purposes, bank accounts solely under the husband's name, and being forced to sign important documents, all with very low ratings. Concepcion Pequeña again recorded the highest overall mean. The findings indicate that inadequate financial support was the most common form of economic abuse experienced by respondents, while other forms of financial control were less common. Antonio et.al. (2022) described economic violence as controlling a victim's access to financial resources, whereas Sanders (2015) emphasized that economic abuse ranges from denying basic necessities to limiting financial independence and decision-making.

3.2.4 Sexual Violence

Sexual violence recorded the lowest prevalence among the four forms of domestic violence, with an overall mean of 1.24, interpreted as very low. The highest-rated indicators were sexual assault (OM=1.40), denial of protection against sexually transmitted diseases (OM=1.30), and unwanted touching (OM=1.30), all interpreted as very low. The least reported experiences included forced participation in pornography, forced prostitution, and forced participation in unwanted sexual activities. Although Concepcion Pequeña had the highest overall mean, all barangays remained within the very low category. These findings suggest that respondents generally did not perceive sexual violence as a common experience within their relationships. This supports the findings of Odosis (2018), who likewise reported that sexual violence among victims of domestic violence ranged from very low to nonexistent.

3.2.5 Overall Prevalence of Domestic Violence

Overall, emotional or psychological violence emerged as the most prevalent form of domestic violence (OM=1.69), followed by physical violence (OM=1.45), economic violence (OM=1.43), and sexual violence (OM=1.24). Despite emotional violence ranking highest, all four forms were interpreted as having very low prevalence. Among the three barangays, Concepcion Pequeña consistently recorded the highest prevalence of domestic violence. The findings indicate that emotional abuse was the dominant form of violence experienced during the COVID-19 pandemic. This is consistent with PSA (2018), which identified emotional violence as the most frequently reported form of abuse, followed by physical, sexual, and economic violence. Similar patterns were reported by Barnawi (2016) and Boxall et.al. (2020), who found that emotionally abusive and controlling behaviors increased during the pandemic. The higher prevalence observed in Concepcion Pequeña also corresponds with official records from the Naga City Police Office and Bantay Familia, which documented the greatest number of reported domestic violence cases in the barangay.

3.3 Risk Factors of Becoming Victims of Domestic Violence

3.3.1 Individual Risk Factors

The findings showed that the respondents generally moderately disagreed that individual factors contributed to becoming victims of domestic violence (OM=2.02). Among the indicators, low self-esteem ranked highest (OM=2.47), followed by

being unemployed (OM=2.37), low educational attainment (OM=1.87), and having few friends or being socially isolated (OM=1.80). Emotional dependency and insecurity received the lowest rating (OM=1.60), interpreted as strongly disagree. Barangay C recorded the highest overall perception, although it remained within the moderately disagree category. The findings suggest that although respondents generally did not consider individual characteristics as major contributors to domestic violence, low self-esteem was perceived as the most relevant personal factor. Estrellado et al. (2014) explained that physically abused women often develop feelings of worthlessness and poor self-esteem. Likewise, Peng-Wei et al. (2013) found that depression and limited family support were associated with low self-esteem, while Ahmed (2017) identified low educational attainment among women and their husbands as an important factor associated with abuse.

3.3.2 Relationship Factors

The respondents moderately disagreed that relationship factors were major contributors to domestic violence (OM=1.85). The highest-rated indicator was relationship conflicts involving jealousy, possessiveness, tension, divorce, or separation (OM=2.40), followed by association with antisocial or aggressive peers (OM=1.87). The remaining indicators dominance and control in the relationship, poor parenting experiences, and unhealthy family relationships received lower ratings. Barangay C showed the highest overall perception among the three barangays. The results indicate that respondents generally did not attribute domestic violence to relationship factors, although jealousy and relationship conflict were recognized as contributing influences by some participants. Informal interviews revealed that jealousy was a common reason for physical abuse. These findings are supported by the Center for Disease Control and Prevention (2021), which identified controlling relationships, low income, childhood exposure to violence, and emotional dependence as risk factors. Similar observations were reported by Alzahrani (2016), Bibi (2014), Ursula (2011), and Sunitha (2016), who associated intimate partner violence with jealousy, patriarchal beliefs, childhood exposure to violence, and psychological problems among perpetrators.

3.3.3 Community Factors

Community factors obtained an overall mean of 1.91, interpreted as moderately disagree. The respondents identified easy access to drugs and alcohol (OM=2.23) as the most prominent community-related factor, followed by high unemployment rates (OM=1.93), high crime and violence rates (OM=1.87), and poverty with limited educational and economic opportunities (OM=1.80). Low community involvement among neighbors received the lowest rating (OM=1.73). Barangay C recorded the highest overall perception. The findings indicate that respondents generally did not believe community conditions were primary causes of domestic violence, although access to drugs and alcohol was viewed as the most influential among the listed factors. This contrasts with the findings of Subodh et al. (2014), Ahmed (2017), and Iellamo (2023), who reported that alcohol and drug use are common contributors to intimate partner violence. Iellamo (2023) further emphasized that alcohol use, combined with low education, childhood maltreatment, and unequal gender norms, increases the likelihood of violent behavior.

3.3.4 Societal Factors

Societal factors ranked highest among all identified risk factors but were still interpreted as moderately disagree (OM=2.12). The leading indicator was weak health, educational, economic, and social policies or laws (OM=2.37), followed by societal income inequality (OM=2.20), traditional gender norms (OM=2.13), gender inequality in work opportunities (OM=2.10), and cultural norms supporting aggression (OM=1.80). Barangay C reported the highest overall perception, while Barangay B generally disagreed with these indicators. These findings suggest that although respondents generally did not consider societal conditions as direct causes of domestic violence, some participants believed weak policies and unequal social conditions contributed to women's vulnerability. Similar findings were reported by Alzahrani (2016), who associated unemployment, low income, and financial dependence with intimate partner violence. Bibi (2014) likewise emphasized that limited autonomy, unequal decision-making power, and expectations that women remain submissive contribute to domestic violence.

3.3.5 Overall Risk Factors

Overall, respondents moderately disagreed that the identified factors explained their experiences of domestic violence (OM=1.98). Among the four dimensions, societal factors ranked highest (OM=2.12), followed by individual factors (OM=2.02), community factors (OM=1.91), and relationship factors (OM=1.85). Barangay C consistently recorded the highest perception across all risk factor categories. The findings indicate that respondents believed factors beyond those examined in the study may have contributed to their victimization. Nevertheless, societal influences were perceived as the strongest among the identified dimensions. This finding is consistent with Zhao (2022), who associated patriarchal beliefs and traditional gender roles with intimate partner violence. Ahmed (2017) similarly identified drug and alcohol addiction, low educational attainment, unemployment, polygamous family structures, illiteracy, and low income as factors associated with domestic violence.

3.4 Relationship Between Bio-Demographic Profile and Domestic Violence

3.4.1 Relationship Between Bio-Demographic Profile and the Prevalence of Domestic Violence

The multiple regression analysis showed that only two bio-demographic variables had statistically significant relationships with domestic violence. The number of children was significantly associated with emotional violence (B=-0.220; sig=0.035), while monthly income was significantly associated with sexual violence (B=-0.090; sig=0.038). Both relationships were inverse. The combined effects of the different forms of violence were strongest for monthly income (R=.643) and number of children (R=.444), whereas age, length of relationship with partner, educational attainment, and employment status showed relatively small effects. The coefficients of determination further indicated that the different forms of violence explained the greatest variation in monthly income (41.4%) and number of children (19.7%), while smaller proportions of variance were observed for educational attainment, employment status, length of relationship, and age. The findings indicate that monthly income and the number of children were the bio-demographic variables most closely associated with domestic violence in this study. Although the inverse relationship between emotional violence and number of children differed from the findings of PSA (2018), the results partially support previous studies linking demographic characteristics with intimate partner violence. Quizon and San Agustin (2021) reported significant relationships between respondents' profiles and different forms of victimization. Abramsky (2019) emphasized that women with lower income often experience limited communication, reduced confidence, and greater financial dependence on their partners, while Basile et al. (2013) explained through the resource theory that limited financial resources may increase the likelihood of violence. Similarly, Zhao (2022) found that longer marriages and a greater number of children were associated with increased victimization, whereas Jewkes (2021) reported no significant associations between violence and age, employment, financial disparity, or educational attainment.

3.5 Proposed Intervention Program

3.5.1 Project H.O.P.E. (Honing, Offering, Preventing, and Empowering)

The study proposed Project H.O.P.E. (Honing, Offering, Preventing, and Empowering) as a community-based intervention to reduce domestic violence in Naga City. The program targets victims of domestic violence, barangay officials, residents, the Naga City Police Office, and the City Social Welfare and Development Office, with implementation led by the Local Government Unit from 2023 to 2026. It includes four major components: seminars on Republic Act No. 9262 and community responsibilities, recreational and self-esteem enhancement activities, livelihood skills training, and stress debriefing sessions for victims. The program aims to reduce domestic violence, strengthen the capacity of barangay officials, increase community awareness, and provide psychosocial and economic support for survivors. The proposed intervention was developed in response to the study findings, which identified emotional or psychological violence as the most prevalent form of abuse and highlighted societal influences and low self-esteem as concerns requiring intervention. The program aligns with existing government initiatives and supports Sustainable Development Goal 16, which promotes peace, justice, strong institutions, and the reduction of violence. Through collaboration among local government agencies, law enforcement, social welfare offices, and community stakeholders, Project H.O.P.E. seeks to strengthen awareness, empower women, improve access to support services, and promote long-term prevention of domestic violence.

4. Conclusion & Recommendations

The study found that most victims of domestic violence during the COVID-19 pandemic in Naga City were young adults with five to six children, had been in a relationship for one to thirteen years, were secondary school graduates, employed, and belonged to low-income households. Emotional or psychological violence was the most prevalent form of abuse, followed by physical, economic, and sexual violence. Among the identified risk factors, societal factors ranked highest, while monthly income and the number of children showed the strongest relationship with domestic violence. Based on these findings, Project H.O.P.E. was proposed as an intervention to help reduce domestic violence through prevention, empowerment, awareness, and community support.

The Local Government Unit, barangay officials, VAW desks, City Social Welfare and Development Office, Philippine National Police, and other concerned agencies should strengthen programs that promote awareness of domestic violence, provide counseling and medical assistance, empower women through livelihood and educational programs, support family planning initiatives, improve community participation, and implement interventions that address the identified risk factors and protect victims of domestic violence. The proposed Project H.O.P.E. may also be adopted to support prevention, recovery, and empowerment efforts in Naga City.

The study was limited to determining the prevalence and risk factors of domestic violence during the COVID-19 pandemic among purposively selected respondents from barangays with the highest reported cases in Naga City. It relied on documentary analysis to identify the study sites and survey questionnaires as the primary source of data, with findings analyzed using descriptive-correlational methods and multiple linear regression; therefore, the results are confined to the respondents and setting covered by the study.

Compliance with ethical standards

The author declares no conflict of interest. This study received no external funding and was conducted with the cooperation of the respondents and the concerned institutions involved in the data collection. Participation was voluntary, informed consent was obtained from all participants, and data were collected using non-invasive survey methods. The confidentiality of the respondents was maintained throughout the study, and no personally identifying information was disclosed.

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