



DOMESTIC VIOLENCE IN INDIA: PREVALENCE, DRIVERS, LEGAL RESPONSES, AND POLICY RECOMMENDATIONS

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ABSTRACT

This paper reviews the prevalence, patterns, drivers, health and social consequences, legal frameworks, and interventions addressing domestic violence (DV) in India. Using national survey data, recent peer-reviewed studies, government reports and evaluations of interventions, we synthesise evidence on the scale of intimate partner and family violence, highlight structural and behavioural risk factors, evaluate the Protection of Women from Domestic Violence Act (PWDVA, 2005) and related services (One-Stop Centres, helplines), and provide actionable policy recommendations to reduce violence and improve survivor outcomes. Key findings: recent analyses estimate that about 30–32% of ever-married women report some form of intimate-partner or domestic violence; reported crimes against women have risen in recent years while conviction rates remain low; multi-sectoral and community-based interventions show promise but require scale, quality control and integration with legal and health services

KEYWORDS: *Domestic Violence Intimate Partner Violence (IPV) Gender-Based Violence (GBV) India National Family Health Survey (NFHS) National Crime Records Bureau (NCRB) Protection of Women from Domestic Violence Act (PWDVA), 2005*

INTRODUCTION

Domestic violence (DV) is one of the most pervasive yet underreported forms of gender-based violence globally. It is typically defined as a pattern of abusive behaviour—physical, sexual, emotional/psychological, or economic—that occurs within familial or intimate relationships. In India, domestic violence is not confined to a

single community, class, or religion; rather, it cuts across socioeconomic, cultural, and geographic boundaries, reflecting deeply entrenched patriarchal norms and gender inequalities.

The issue has received increasing recognition in India over the past few decades, both as a public-health concern and as a human-rights violation. Data from successive rounds of the National Family Health Survey (NFHS) indicate that a substantial proportion of ever-married women report experiencing physical or emotional abuse at the hands of their spouses. While legislative measures such as the *Protection of Women from Domestic Violence Act (PWDVA), 2005* have created important legal frameworks for prevention and redressal, the persistence of DV highlights gaps in implementation, enforcement, and societal change.

The consequences of domestic violence are multifaceted. For women, it leads to immediate physical injuries and long-term health complications such as chronic illness, mental health disorders, and reproductive health challenges. Children in households where violence occurs are at heightened risk of psychological trauma, poor educational outcomes, and perpetuation of intergenerational cycles of abuse. Beyond the individual and family, DV imposes significant social and economic costs: reduced female labour force participation, productivity losses, increased healthcare expenditure, and strains on the justice system.

At the structural level, DV in India is intertwined with factors such as poverty, dowry practices, early marriage, substance abuse, and rigid gender roles. Social norms that normalise violence as a “private matter” discourage women from seeking help, while stigma, fear of reprisal, and economic dependency further silence survivors. Consequently, official crime statistics often underestimate the true prevalence of domestic violence.

In this context, it becomes imperative to study domestic violence in India not only through the lens of prevalence but also by understanding its root causes, evaluating the effectiveness of laws and services, and identifying pathways for sustainable prevention. This paper synthesises recent evidence from national surveys, administrative records, peer-reviewed studies, and policy documents to provide a comprehensive overview of domestic violence in India. Specifically, it explores patterns and correlates of DV, assesses the adequacy of existing legal and service frameworks, and highlights evidence-based interventions. The overarching aim is to inform policymakers, practitioners, and researchers about effective strategies to reduce domestic violence, support survivors, and foster a safer and more equitable society.

METHODS / DATA SOURCES

1. Nationally Representative Household Surveys

- The primary source of prevalence data is the National Family Health Survey (NFHS-5, 2019–21), conducted by the International Institute for Population Sciences (IIPS) under the Ministry of Health and Family Welfare. NFHS-5 covers over 600,000 households across all states and union territories, providing detailed indicators on women’s health, domestic violence, and gender attitudes. Earlier rounds of NFHS (NFHS-3 in 2005–06 and NFHS-4 in 2015–16) are also referenced to examine long-term trends.
- Peer-reviewed analyses of NFHS datasets were included to assess associations between DV and sociodemographic correlates such as education, wealth, alcohol use, and marital characteristics.

2. Administrative Data and Crime Records

- Data from the National Crime Records Bureau (NCRB), Ministry of Home Affairs, were reviewed to capture reported cases of crimes against women, particularly under Section 498A of the Indian Penal Code (cruelty by husband or relatives) and cases registered under the PWDVA (2005).
- Secondary analyses of NCRB trends were used to explore district-level patterns, conviction rates, and variations in reporting over time. Since NCRB data reflect reported rather than actual prevalence, comparisons with NFHS survey estimates help highlight the gap between incidence and reporting.

3. Peer-Reviewed Literature and Systematic Reviews

- A structured literature search was conducted in databases such as PubMed, JSTOR, and Google Scholar, focusing on studies published between 2010 and 2025.
- Keywords included “domestic violence India,” “intimate partner violence,” “PWDVA evaluation,” “One-Stop Centres India,” and “interventions for gender-based violence.”
- Both quantitative studies (cross-sectional, cohort, randomized controlled trials) and qualitative research (interviews, ethnographic studies) were reviewed to capture diverse perspectives.
- Systematic reviews and meta-analyses specific to South Asia and India were prioritised for synthesising intervention evidence.

4. Legislative, Policy, and Programmatic Documents

- The Protection of Women from Domestic Violence Act (PWDVA), 2005 and its subsequent amendments, guidelines, and government circulars were examined to understand the legal framework.
- Government programme documents, such as reports from the Ministry of Women and Child Development, provided information on One-Stop Centres (Sakhi centres), helplines (181, 1091), and shelter homes.

- Parliamentary debates, press releases, and annual reports were also consulted to assess policy intent, budgetary allocations, and coverage of DV services.

5. Selection Criteria and Prioritisation

- Studies and documents published between 2019 and 2025 were prioritised to ensure relevance to the current policy and social context.
- Earlier foundational research (2000–2018) was included when necessary to provide historical context, legal background, and long-term trend analysis.
- Preference was given to peer-reviewed articles, official government reports, and high-quality grey literature (e.g., NGO evaluations, UN agency reports).

6. Analytical Approach

- A narrative synthesis approach was adopted. Survey and administrative data were compared to highlight discrepancies between prevalence and reported crimes.
- Risk factors, correlates, and consequences of DV were categorised thematically (socioeconomic, cultural, health-related).
- Evaluations of interventions were assessed in terms of design, effectiveness, scalability, and sustainability.
- Legal and service responses were analysed by examining both statutory provisions and evidence of implementation on the ground.

DISCUSSION

Domestic violence persists because individual-level risk factors (alcohol, low education), interpersonal dynamics (male control, marital conflict), and broader structural drivers (gender inequality, economic stress, dowry culture, weak enforcement) interact. Norms that condone violence and stigma against victims discourage reporting and help-seeking. Legal frameworks address rights and remedies but require stronger implementation, survivor-centred policing, and judicial capacity to translate protections into effective relief.

POLICY RECOMMENDATIONS

1. Strengthen multi-sectoral, survivor-centred services

- Expand and standardise One-Stop Centres (OSCs) with clear SOPs, sufficient staff (Protection Officers, counsellors, legal aid), and quality monitoring. Integrate OSC data systems with police and health facilities to ensure continuity of care.

2. Improve data systems and monitoring

- Link NFHS-style survey insights with administrative datasets (health, police, social welfare). Establish routine indicators (time to service, protection orders issued, conviction timelines) and publish district-level dashboards to guide targeted actions.
3. **Invest in evidence-based prevention at scale**
 - Scale community mobilisation and norm-change programmes that have demonstrated impact in trials; embed evaluation and process research to ensure fidelity and adaptation. Engage men and boys via schools, workplaces and community groups.
 4. **Improve policing and judicial responses**
 - Gender-sensitisation training for police, victim-sensitive investigation protocols, fast-track courts for DV cases and legal aid support can reduce attrition and improve conviction integrity. Monitor policing metrics (time to file FIR, quality of investigation).
 5. **Economic empowerment and social protection**
 - Strengthen linkages between DV survivors and social protection (cash transfers, livelihood programmes), and ensure legal orders for maintenance are enforced quickly. Microfinance and conditional cash approaches should be designed to avoid unintended risks.
 6. **Public awareness and stigma reduction**
 - National media campaigns and school curricula should aim to shift norms on gender equality and non-violence, with targeted messaging for high-risk communities and ages (adolescents, newly married couples)

CONCLUSION

Domestic violence in India remains a widespread and multifaceted problem with profound health, social and economic consequences. Legal instruments such as the PWDVA (2005) and service innovations (OSCs, helplines) provide important infrastructure, but substantial gaps in coverage, quality and justice outcomes remain. To reduce prevalence and support survivors, India needs stronger multi-sectoral implementation, improved data systems, scaled evidence-based prevention programmes, economic supports for survivors, and systemic reforms in policing and the judiciary. Coordinated action across health, social welfare, legal and community sectors — informed by rigorous monitoring and research — is essential to translate law into safety and justice for survivors

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