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# INTIMATE PARTNER VIOLENCE: REPRODUCTIVE HEALTH AND INTERVENTION STRATEGIES

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## ABSTRACT

Intimate Partner Violence (IPV) against women is the most common but least recognized human rights violations happening in almost every country across the world. Intimate partner violence is a serious public health concern requiring immediate action from nation states. United Nations Sustainable Development Goals mandates nation states to strive towards eliminating all forms of violence against women. The prevalence of intimate partner violence is significantly high in India. According to the recent National Family Health Survey, 30 percent of the women in India experienced physical, sexual and emotional violence by their husband. Intimate partner violence widely known as domestic violence in India is a complex issue rooted in socio-cultural norms and gender based power relations. Any deviation from socially expected gender roles result in domestic violence and after marriage women are under intense pressure from husband and other family members. Violence against women is used to assert the masculine dominance of male partners. IPV is normalized as a part of intimate relations and women are compelled to silently suffer the violence.

Literature documents the deleterious effects of IPV on women and children. Intimate partner violence is a leading cause for poor health outcomes during pregnancy. Many legal reforms were introduced in India to protect women from domestic violence. The paper will evaluate the IPV interventions provided under law. The paper highlights the need for integrating domestic violence interventions in reproductive health care settings and examines how empowerment approach to IPV intervention can be structured as part of reproductive health care services. A multifaceted approach is required to change the social attitude towards women and to create a society where all women are treated with respect and dignity. The health care response should move beyond the treatment of injuries to an integrated model of IPV intervention and bridge the gap between the SGD goals and national implementation policies.

**Keywords:** Intimate Partner violence, Domestic Violence, Sexual Abuse, Reproductive Health Rights, Intervention Strategies.

## Introduction

The most common perpetrators of violence against women are their male intimate partners. According to the World Health Association (WHO), intimate partner violence is widespread in all countries and occurs across all socio-economic, religious and cultural groups.<sup>1</sup> WHO defines intimate partner violence as any behaviour that causes physical, psychological or sexual harm by a current or former intimate partner. Acts of physical violence includes slapping, kicking and hitting. Acts of sexual violence include forced sexual intercourse, other forms of sexual coercion and restricting women's choice over pregnancy and family planning. Psychological abuse includes insults, humiliations, intimidation, threat of harm, threat to take away children and controlling behaviour by the partner. Controlling behaviour include isolating a person from family and friends, monitoring their movements and restricting access to financial resources, education, employment and medical care. Thus intimate partner violence includes any behaviour that intimidate, manipulate, hurt, humiliate, or injure a partner. Women often do not leave their violent partners even after realizing that the relationship is toxic and abusive.<sup>2</sup> Fear of retaliation, lack of financial resources lack of support from family, fear of losing custody of children and hope that the partner will change are the main reasons women stay in toxic relationships.

According to the National Family Health Survey (NFHS-5) 2020, 30 % of the women in India between the age of 18-49 have experienced physical violence and around 4 percent of pregnant women experienced spousal violence during pregnancy.<sup>3</sup> In India, intimate partner violence is denoted by the term domestic violence and it includes violence perpetrated by the husband and his relatives.<sup>4</sup>

Prolonged exposure to IPV has serious impacts on the physical and mental health of women and can lead to chronic health conditions. Women subjected to IPV have higher levels of depression, anxiety and phobias. Battered women may in the long run react violently to abuse which may result in crime endangering her own life and that of her partner and children. Several studies have shown a close connection between IPV, alcoholism and crime. IPV has

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<sup>1</sup>World Health Organisation, "Understanding and Addressing Violence Against Women,"(2012) [https://iris.who.int/bitstream/handle/10665/77432/WHO\\_RHR\\_12.36\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf) ( last visited on 12 May, 2025)

<sup>2</sup> *Ibid.*

<sup>3</sup> International Institute for Population Sciences, "National Family Health Survey(NFHS-5) 2019-2021", <https://www.dhsprogram.com/pubs/pdf/FR375/FR375.pdf> ( last visited on 15 May, 2025)

<sup>4</sup> Dhar, "Domestic Violence in Rural India: Phenomenological Study from Cultural Perspective", 50 *Marriage & Family Review* 533 (2014)

long term sexual and reproductive health consequences also. In this context, the paper explores the strategies adopted for reducing and preventing IPV. The paper will evaluate the interventions provided under law to reduce IPV and examines the need for integrating IPV interventions into reproductive health care settings.

## Causes of Intimate Partner Violence

Individual factors, cultural factors and societal processes account for intimate partner violence.<sup>5</sup> Individual factors include low income, unemployment, unsatisfactory marital relationship, impulsivity, alcoholism and substance abuse. Gender-based violence is the consequence of structural inequality in the society which promote the exploitation of women in society.<sup>6</sup> Patriarchy, child marriage, low education, dowry, marital dissatisfaction, depression and lack of property rights increase women's vulnerability to violence. Violence against women is a manifestation of unequal division of power between men and women.

Violence is used as means to reassert traditional masculinity when socially prescribed gender roles are challenged. Male partners use violence as a strategy in conflicts with the partners. Husband's authority to control their wives through different means including violence is a widely accepted gendered norm in Indian society.<sup>7</sup> Patriarchy validates physical oppression and justifies the need for controlling women's behaviour. Male control over family wealth increases the risk of violence over economically dependent women partners.<sup>8</sup> Women are socialised to accept, tolerate and remain silent about domestic violence.

Alcoholism is an important factor leading to domestic violence.<sup>9</sup> Studies across the world have shown a close correlation between substance abuse and IPV.<sup>10</sup> In most cases of IPV, male partners resorted to violence under the influence of alcohol. Alcohol contributes to

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<sup>5</sup> Sarah Meyer et al, "Sociological Theories to Explain Intimate Partner Violence: A Systematic Review and Narrative Synthesis", 25(3) *Trauma, Violence & Abuse* 2316 (2024)

<sup>6</sup> Singh, et al., "Assessing the Extent of Domestic Violence against Indian Women after the Implementation of the Domestic Violence Act of India, 2005," 22 (9) *Journal of International Women's Studies* 361 (2021)

<sup>7</sup> Jejeebhoy, S. J., "Wife beating in Rural India: A Husband's Right? Evidence from Survey Data, 33(15) *Economic & Political Weekly* 855 (1998)

<sup>8</sup> Rao, V., "Wife beating in Rural South India: A Qualitative and Econometric Analysis", 44 (8) *Social Science & Medicine* 1169 (1997)

<sup>9</sup> Golding JM., "Intimate Partner Violence As A Risk Factor For Mental Disorders: A Meta-analysis, 14(2) *Journal of Family Violence* 99 (1999); Kaur & Garg, "Domestic Violence Against Women: A Qualitative Study in a Rural Community," 22(2) *Asia-Pacific Journal of Public Health* 242 (2010)

<sup>10</sup> K. Leonard, "Domestic Violence and Alcohol: What is Known and What Do We Need To Know To Encourage Environmental Interventions?", 6(4) *Journal of Substance Use* 235 (2001); R V Bhatt, "Domestic Violence And Substance Abuse," 63 *International Journal of Gynecology & Obstetrics* 25 (1998)

the occurrence and severity of IPV. Alcohol induced IPV leads to fatal and nonfatal injuries.

### Consequences of Intimate Partner Violence

Intimate partner violence has an adverse effect on the physical, reproductive and mental health of women and children.<sup>11</sup> The physical damage from IPV can include bruises, aberrations, fractures, hearing damage etc. Prolonged stress arising from IPV can result in higher levels of depression, anxiety, phobias and chronic health problems among women.<sup>12</sup> Suicidal risks are high among women suffering from domestic violence.<sup>13</sup> IPV impairs a women's ability to work and sustain income creating economic setbacks.

Intimate partner homicide is highly prevalent among all societies and at least one in seven homicides globally is perpetrated by an intimate partner. It is reported that 21% of the homicides in South Asia are committed by an intimate partner.<sup>14</sup> Intimate partner homicide represents the culmination of a long history of abuse. Aggressive behaviour may lead to serious crimes and even children may be injured in the conflict between the partners.<sup>15</sup> This suggests the need for support services to intervene before the conflict between the partners leads to deadly incidents. Prevention of intimate partner violence may have survival benefits for children. Interventions to prevent IPV are required to ensure that victims are able to cope with the conflicts without harming themselves or their children.

IPV may lead to adverse sexual and reproductive health consequences for women in the form of unintended and unwanted pregnancy, abortion and unsafe abortion, sexually transmitted infections including HIV, pregnancy complications, pelvic inflammatory diseases, urinary tract infections and sexual dysfunction.<sup>16</sup> Experience of domestic violence forces women to opt for medical termination of pregnancy and sometimes these abortions may result in severe complications. Violence during pregnancy may lead to miscarriages, stillbirth, pre-

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<sup>11</sup> Campbell, J., "Health Consequences of Intimate Partner Violence," 359 *The Lancet* 1331(2002)

<sup>12</sup> Abramsky T et al., "What Factors Are Associated With Recent Intimate Partner Violence? Findings From the WHO Multi-Country Study on Women's Health And Domestic Violence," 11 *Bio-Med Central Public Health*, 109 (2011)

<sup>13</sup> Manohar and Kanappan, "Domestic Violence and Suicidal Risk in the Wives of Alcoholics and Non-alcoholics," 36 *Journal of the Indian Academy of Applied Psychology* 334 (2010)

<sup>14</sup> Stockl Heidi et al., "The Global Prevalence of Intimate Partner Homicide: A Systematic Review," 382 *The Lancet* 859 (2013) ; Lorena Garcia et al, "Homicide and Intimate partner Violence", 8 *Trauma, Violence, & Abuse* 370 (2007)

<sup>15</sup> Avanti Adhia, "The Role of Intimate Partner Violence in Homicides of Children Aged 2–14 Years", 56 (1) *American Journal of Preventive Medicine*, 38 (2019)

<sup>16</sup> Supra n.11( Campbell)

term birth, anaemia, post-partum depression and even maternal death.<sup>17</sup> Studies have found that women who experience domestic violence are less likely to give birth in an institutional set up and more likely to deliver at home. Home deliveries lead to complications during child birth increasing the risk of maternal and infant mortality. Emotional violence in the form of bullying or belittling destroys a women's confidence and may take away her ability to speak up about her wishes. In this way women may be prevented from seeking contraception or exerting control over family planning.<sup>18</sup> Women exposed to IPV show greater utilisation of curative services and poor utilisation of preventive health care services.<sup>19</sup> Controlling behaviours like restricted mobility and denial of access to finance may delay the initiation of prenatal care.

IPV has an adverse impact upon children's health and nutrition.<sup>20</sup> IPV affects the emotional and behavioural functioning of the child and impairs social competence, school achievement, cognitive functioning and overall health.<sup>21</sup> IPV negatively affects the child's vaccination coverage. The likelihood of the child being underweight and stunted is higher among children whose mothers experience domestic violence. Witnessing parental violence as a child and adverse childhood experiences can affect the child psychologically and can lead to aggression in later life.<sup>22</sup> Exposure to IPV against the mother result in intergenerational transmission of male dominance and rationalization of domestic violence.

### **Intervention Strategies to address IPV**

The strategies adopted for preventing IPV include reformation of the civil and criminal legal framework, social and economic empowerment of women, advocacy campaigns against violence and providing support mechanisms for survivors of IPV. Support services include counselling services and legal aid services for victims and skill development programmes for

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<sup>17</sup> Dhar et al. , "Associations Between Intimate Partner Violence And Reproductive And Maternal Health Outcomes In Bihar, India: A Cross- sectional, Study," 15 *Reproductive Health* 109 (2018)

<sup>18</sup> Sucheta Tiwari et al., "Association Between Spousal Emotional Abuse And Reproductive Outcomes Of Women In India: Findings From Cross-Sectional Analysis of The 2005-2006 National Family Health Survey," 53(5) *Social Psychiatry Psychiatric Epidemiology* 509 (2018)

<sup>19</sup> Koski A D et al., "Physical Violence by Partner during Pregnancy and Use of Prenatal Care in Rural India," 29(3) *Journal of Health Population Nutrition* 245 (2011).

<sup>20</sup> Shoba Suri et al, Domestic Violence & Women's Health In India: Insights from NHFS-4, <https://www.orfonline.org/public/uploads/posts/pdf/20230721122035.pdf> (last accessed on 20 May 2025)

<sup>21</sup> Wolfe DA et al., "The Effects of Children's Exposure To Domestic Violence: A Meta-Analysis And Critique," 9(3) *Clinical Child and Family Psychology Review* 171 (2003)

<sup>22</sup> Atreyee Sinha, et al., "Physical Intimate Partner Violence In India: How Much Does Childhood Socialisation Matter?," 19(3) *Asian Population Studies*, 231(2023)

survivors of IPV.

## **Criminal Justice Interventions**

Many legislations were enacted in India for protecting women from domestic violence. The Dowry Prohibition Act, 1961 prohibits the giving or taking of dowry to protect women's rights and promote gender equality. Indian Penal Code (IPC) penalised dowry death<sup>23</sup> and cruelty by husband or relatives of husband.<sup>24</sup> The Indian Evidence Act, 1872 provided for presumption of abetment of suicide and dowry death in case of unnatural death of married women happening within seven years of marriage.<sup>25</sup> The criminal justice system in India underwent sweeping reforms with the enactment of The Bharatiya Nyaya Sanhita, 2023(BNS), The Bharatiya Nagarik Suraksha Sanhita, 2023 and The Bharatiya Sakshya Adhiniyam, 2023. Bharatiya Nyaya Sanhita (BNS) provides stricter penalties for offences against women. Cruelty as defined under the BNS includes physical, emotional and psychological abuse.<sup>26</sup> The effectiveness of criminal laws in protecting women depends on effective enforcement and implementation. Lack of evidence and prolonged trials poses a serious challenge to proper implementation of criminal laws.

It has been found that criminal justice interventions have limited role in preventing recurrence of IPV.<sup>27</sup> Traditional criminal justice systems cast an undue burden on victims to leave the relationship, putting them and their children at further risk. Initiation of criminal proceedings often lead to undesired outcomes threatening the safety of victims. Victims interested in continuing the relationship with partners prefer interventions like counseling services for herself and medical interventions to address alcohol induced IPV.

## **Protection of Women from Domestic Violence Act, 2005**

In India, the Protection of Women from Domestic Violence Act, 2005 was enacted to provide immediate relief to an aggrieved women who is subjected to domestic violence in a household. The Protection of Women from Domestic Violence Act 2005 (hereinafter referred as DVA), defines domestic violence to include all forms of physical, emotional, verbal, sexual

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<sup>23</sup> S.304 B, Indian Penal Code, 1860.

<sup>24</sup> S.498 A, The Indian Penal Code, 1860.

<sup>25</sup> Ss. 113A and 113 B, The Evidence Act, 1872.

<sup>26</sup> S. 85, Bharatiya Nyaya Sanhita, 2023.

<sup>27</sup> Stjernqvist and Strand, The Effectiveness of Intimate Partner Violence Interventions by the Police, Prosecutors, and Courts, Criminal Justice and Behaviour, 2024, Vol. 51, No. 12, December 2024, 1859–1880.

and economic violence. The DVA provides for appointment of Protection Officers and Service Providers to assist the Magistrate in discharge of the functions under the Act.<sup>28</sup> The Protection officer (PO) or the service provider as the case may be, shall make a domestic violence incident report to the Magistrate after receiving a complaint of domestic violence and shall forward the copies to the police officer. The PO or the service provider shall get the victim medically examined, if she has sustained any bodily injuries and forward such a report in the prescribed manner to the Magistrate. PO shall find a safe shelter home for the victim if she requires and send the details of her lodging to the Magistrate. Service providers are defined under the Act as any voluntary association registered under the Societies Registration Act or a company that is registered under the Companies Act which aims to protect the rights of the women by providing medical, financial or other kind of assistance.

DVA provide various kinds of relief to women including protection orders, residence orders, custody orders and monetary reliefs. The DVA focuses on criminal justice interventions. A close examination of the provisions of the DVA would reveal that DVA has failed in providing the support network that the victims of domestic violence needs.<sup>29</sup> The Act has failed provide a network of supportive stakeholders, in the absence of which the aggrieved woman must turn to familial and community-based patriarchal structures for justice and end up getting revictimized.<sup>30</sup> After the implementation of DVA, physical violence has been decreasing over the years while sexual and emotional violence against women have been gradually increasing.<sup>31</sup> Hence there is an urgent need for ensuring support mechanisms to support survivors of IPV. A system needs to be in place so that women are easily able to access service providers. DVA does not provide a framework for social services interventions for survivors of IPV who may wish to continue in relationship.

We need a relook at the kind of interventions and the target of interventions so as to effectively deal with IPV. The trauma which a battered women suffers from IPV and the kind of support systems she may require is explained with the help of a case study.

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<sup>28</sup> Ss. 9 and 10, Protection of Women from Domestic Violence Act, 2005.

<sup>29</sup> Agnes, F., & D'Mello, "A. Protection of Women From Domestic Violence," 50 *Economic and Political Weekly*, 76 (2015)

<sup>30</sup> Panchal et al, "Domestic Violence and the Law: A Study of Complaints under the Protection of Women from Domestic Violence Act in Maharashtra, India," 29 *Violence Against Women* 2617 (2023)

<sup>31</sup> Singh, et al., "Assessing the Extent of Domestic Violence against Indian Women after the Implementation of the Domestic Violence Act of India, 2005," 22(9) *Journal of International Women's Studies*, 361 (2021)

## **Narrative of IPV**

Veena and Karthik<sup>32</sup> got married in 2014. They belong to different castes and they do not have the support of the family members. Both of them are working in software industry. A boy child was born out of the wedlock in 2016. During the covid times, Kathik lost his job. Later he became an alcoholic and started behaving violently towards Veena. On many days, Karthik gets drunk and beats up Veena. He becomes violent and destroys furniture and gadgets at home. Veena was very worried that her child had to witness the violence at home. Sometimes the child gets so scared that he cries the whole night.

Violence continued even after Veena became pregnant with the second child in 2020. She found it very difficult to put up with the violence and psychological trauma. Many a times she had to go for prenatal checkups alone. Karthik assaulted her in the sixth month of her pregnancy and she fell down. Veena got very anxious about safety of her unborn child. She was deeply worried if the assault would result in some kind of deformities to her unborn child. When Kathik woke up next day morning, he was not able to recollect the violence which he had committed. Veena was at a loss as to how to deal with the situation. Karthik got a job in 2021 and but the situation continued. Most of the days he comes home drunk and behaves violently. He says he is doing it out of the work pressure and frustration. Veena finds it difficult to handle him on days Karthik comes home drunk. Veena wanted Karthik to undergo de-addiction treatment. But Karthik is never ready to go for counselling or treatment. Veena's work is also affected as she often has to take leave on days following his violent behaviour. Veena has no one whom she can call to get immediate help when Karthik turns violent. Her only solace is the maid who comes to look after her children. Veena said that she wanted to continue the relationship and she needs support for taking Karthik for treatment. She was afraid to seek police help as feared that it would ruin their relationship. She was also concerned about the legal proceedings and complications she may have to face if she sought the help of police. The physical and emotional trauma of IPV badly affected her work life.

This case reveals the helplessness of a women subjected to intimate partner violence. She wants to protect her family and continue the marital relationship, but she is deeply worried about her safety and the safety of her children. Her husband is not cooperating for taking de-

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<sup>32</sup> This narrative is based on interview conducted as part of the ICSSR research project. For the sake of anonymity, names of the respondents are changed.



addiction treatment.

### **Empowerment Approach to Prevent Intimate Partner Violence**

Empowerment is defined as an expansion of one's ability to make strategic life choices.<sup>33</sup> Building individual capacity to make decisions is vital in supporting women navigate intimate partner violence. Access to resources and agency power are essential preconditions for developing the ability to take decision.<sup>34</sup> Gender empowerment grounded on economic independence, social support and community mobilization enhances women's capacity to resist and prevent IPV. Empowerment is a multidimensional process involving social, economic and legal empowerment. There is a need to move beyond protection based strategies to empowerment based strategies to provide a holistic solution to IPV. Empowerment approach focus on enhancing women's independence and decision making power to transform them from being a victim of abuse to an active agent capable of confronting the oppressive system and reshaping their own lives. Gender empowerment is an integrated approach which combines resilience building, community interventions and clinical interventions to support women survivors.

Violence in the perinatal period is pervasive in India.<sup>35</sup> Sexual and reproductive health interventions are required for women exposed to IPV. Given the reproductive health outcome of intimate partner violence, there is an urgent need for integrating IPV interventions in reproductive health care settings. Reproductive health care institutions are ideal settings for identifying and intervening with IPV cases.<sup>36</sup> IPV interventions through health care institutions promote better access to IPV services as women can avail those services under the guise of accessing ordinary health care services. Health care institutions are also better placed to protect the privacy and confidentiality of IPV survivors. Assurance about privacy and confidentiality will built trust and encourage survivors to seek help. Sensitizing and training health care providers is necessary for implementing IPV interventions in health care settings. Primary health care providers are uniquely placed to support women facing IPV and health caregivers

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<sup>33</sup> Kabeer, N., "Resources, agency, and achievements: Reflections on the measurement of women's empowerment," 30 *Development and Change* 435 (1999)

<sup>34</sup> Kabeer, "The Conditions and Consequences of Choice: Reflections on the Measurement of Women's Empowerment, United Nations Institute for Social Development," 1999, <https://www.files.ethz.ch/isn/28994/dp108.pdf> (last accessed on 20 May 2025)

<sup>35</sup> *Supra* n.13 (Dhar)

<sup>36</sup> Sabri, B et al, "Integrated Domestic Violence And Reproductive Health Interventions In India: A Systematic Review," 21 *Reproductive Health* 94 (2024)

can work in tandem with social service providers to address IPV.<sup>37</sup> The health care provider shall activate interventions to address IPV in cases where clinical examination by health care providers reveal signs of IPV.

The World Health Organization (WHO) recommended that the role of health system should be strengthened to address interpersonal violence against women and girls and suggested that health care settings should serve as entry points for addressing interpersonal violence.<sup>38</sup> Though health care providers are the first point of contact for victims of violence, the underlying violence remains invisible for them. A multi-sectoral response is required to identify the hidden nature of violence and respond appropriately to IPV.

Violence screening should be included into the routine history taking process done by maternal health service providers. Tailor made interventions such as counselling, therapy, safety planning and peer support may be required for the healing process. Health care providers may seek help of psychologists for facilitating the emotional recovery of victims and to help survivors develop feelings of respect, confidence and safety. Sexual and reproductive health care interventions should focus on empowerment and raise the confidence of women to effectively deal with IPV. Economic interventions such as financial inclusion programmes, digital accounts and support from self-help groups can produce better health outcomes from an empowerment perspective.

Interdisciplinary interventions in the form of community interventions and crisis counselling was carried out in some parts of India to address the problem of IPV. Participation in community based interventions produced a significant reduction in the incidence of IPV.<sup>39</sup> Community support is an important factor in mitigating the consequences of IPV. Community interventions rely on leadership of members within the community rather than external authorities to mobilise programmes to address IPV. The community based interventions in India included couple based interventions, interventions with women and multilevel

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<sup>37</sup> Decker, et al., "Implementing Trauma-Informed Partner Violence Assessment in Family Planning Clinics," 26 *Journal of Women's Health* 957 (2017)

<sup>38</sup> World Health Organisation, Global Plan Of Action to Strengthen The Role of The Health System Within A National Multi-sectoral Response To Address Interpersonal Violence, In Particular Against Women And Girls, And Against Children, 2016, <https://iris.who.int/server/api/core/bitstreams/c6d85482-030d-4851-a9c7-68f9f505a75f/content> (last accessed on 28 May 2025)

<sup>39</sup> Mittal, et al., "A Meta-Analysis and Systematic Review of Community-Based Intimate Partner Violence Interventions in India," 20 *International Journal of Environmental Research and Public Health* 5277 (2023)

interventions.<sup>40</sup> The couple based intervention strategy employs peer educators to provide psycho-education and skills to newly married couples on relationship quality, resilience, communication, conflict negotiation, self-esteem and sexual health.<sup>41</sup> Interventions with women include sensitisation programmes, counselling services etc. Multi-level interventions include peer group sessions, street plays, gatherings, health information distribution, training of male champions and individual referrals for counselling etc.<sup>42</sup>

A community intervention programme was implemented in Mumbai by the Society for Nutrition, Education and Health Action (SNEHA), a non-government organisation addressing the health needs of women and children in urban informal settlements in India. The programme included community mobilisation, crisis counselling and extended response for survivors of violence and work with police, medical and legal services.<sup>43</sup> This intervention programme was successful in reducing violence towards women and improving the quality of life of women.

Community intervention was tried in Kerala by forming Jagratha Samithis in local bodies to deal with atrocities against women. Jagratha samithi is a vigilance committee formed with the Panchayat President and other lady representatives as members. Initially it functioned with the support of NGO's. Later its functioning weakened as the panchayat officials showed no interest in its functions and finally it failed to gain the confidence of women.<sup>44</sup> There is a need to revamp Jagratha samithis by bringing it under the public health centres. Instead of making local body members as its members, it could be reconstituted with members who are professionally trained to deal with women's issues including psychologists, medical personal and lawyers.

## Conclusion

An integrated approach focusing on gender empowerment for reducing and preventing

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<sup>40</sup> Hartmann, et al., "A Combined Behavioral Economics and Cognitive Behavioral Therapy Intervention to Reduce Alcohol Use and Intimate Partner Violence Among Couples in Bengaluru, India: Results of a Pilot Study," 36 *Journal on Interpersonal Violence* 2456 (2021)

<sup>41</sup> Kalokhe, et al., "A Couples-Based Intervention (Ghya Bharari Ekatra) for the Primary Prevention of Intimate Partner Violence in India: Pilot Feasibility and Acceptability Study," 5(2) *JMIR Research* 26130 (2021)

<sup>42</sup> *Supra* n.39 (Mittal)

<sup>43</sup> Daruwalla et al., "A Theory of Change For Community Interventions To Prevent Domestic Violence Against Women And Girls In Mumbai, India," 4(54) *Wellcome Open Research* 2019  
<https://pubmed.ncbi.nlm.nih.gov/31489380/> (last accessed 25 May 2025)

<sup>44</sup> Deepthi M U, "Grass Root Level Mechanisms for Women And Children :An Evaluation of Jagratha Samithi," [https://aureoleonline.in/wp-content/uploads/2021/01/62\\_Volume-VIIAureole-2015.pdf](https://aureoleonline.in/wp-content/uploads/2021/01/62_Volume-VIIAureole-2015.pdf) (last accessed 24 May 2025)

intimate partner violence is the need of the hour. Community based interventions and clinical interventions to deal with IPV are still evolving in India. NGO's are taking the lead role in community based interventions to reduce violence towards women. Community interventions and clinical interventions to address IPV cannot be left to the sole responsibility of NGO's. A policy decision has to be taken by the government to integrate intimate partner violence interventions into health care settings. Public health centres (PHC's) should be vested with the responsibility to coordinate interventions to deal with IPV so that the programme can be made more decentralised and accessible for the needy. In India, the integration of IPV intervention with reproductive health care institutions remain unexplored. The time has come for public health centres to take the lead role in developing a support mechanism with the active collaboration of psychiatrists, psychologists, community leaders and NGO's. Need based interventions including counselling services are required to support victims of IPV. The support system should have a mandate to respect the privacy of victims and shall deal IPV cases with confidentiality. Collaborative partnerships and funding is also essential for supporting IPV interventions and for making lasting changes in individual lives.