

Contributing Factors in Curbing Domestic Violence: Evidence from a Field Study in Maniktala Slum, Kolkata ¹

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Domestic violence remains a profoundly distressing global issue, shaped by patriarchal norms, gendered inequalities, power relations, and structural disparities, and is widely examined across disciplines such as law and jurisprudence, policy studies, psychology, mental health education and frameworks and social research. Despite extensive scholarly and policy attention, the lived experiences of victims continue to reveal persistent forms of distress. In this backdrop, the Activism Foundation for Social Research and Action undertook a field-based study in Maniktala slum, Kolkata to deeply examine how the residents confront and practically engage themselves with domestic violence and how their everyday negotiations facilitate themselves to pave their way to sustain. Study reveals structural and interpersonal triggers exist there—including economic insecurity, child related issues, disagreements among the family members, substance abuse, and relational conflict etc. The coping strategies adopted by sufferers help to escape immediate harms temporarily however fail to serve in long run. This study works with the idea of ethics of care and forward-looking responsibility to create potential strategies that victims themselves can develop to prevent or curb domestic abuse beyond formal policy frameworks. Study concludes with public conversation addressing responsibility mapping dialogues, setting boundary, forum-theatre, and framing strategic actions.

Keywords: domestic violence, coping strategies, relational responsibilities, boundary setting, social-learning, community engagements.

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Domestic violence (DV) is a multifaceted global concern encompassing a range of abusive behaviours that occurs within intimate or domestic relationships. It has increasingly been recognized not only as a major public health issue but also as a violation of fundamental human rights. Although a universally standardized definition of domestic violence remains elusive due to cultural, national, and contextual variations, international agencies such as the World Health Organization (WHO) and human rights organizations, including Human Rights Watch, have provided critical frameworks for understanding its scope and manifestations.

WHO defines domestic violence as psychological or emotional, physical, and sexual violence, or threats of such violence, inflicted by a family member or intimate partner (World Health Organization [WHO], 2010). This kind of abuse may be perpetrated by an intimate or marital partner, cohabiting partner, parent, sibling, or another individual closely associated within the domestic sphere, and frequently occurs within the premise of home. Similarly, Human Rights Watch (1995) defines domestic violence as a pattern of behaviours—physical, sexual, economic, verbal, and emotional abuse—used singly or in combination to establish and maintain power and control over another family member.

Furthermore, the United Nations Declaration on the Elimination of Violence against Women (United Nations [U.N.], 1993, Article 2) defines violence against women as physical, sexual, or psychological violence occurring within the family, within the community, or through acts condoned by the state. The Universal Declaration of Human Rights (U.N., 1948) laid the groundwork for subsequent international human rights instruments, including the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the International Covenant on Civil and Political Rights (ICCPR) (U.N., 1978). Together, these covenants affirm that human rights apply equally to men and women, even in a domestic sphere.

Global Context of Domestic Violence

WHO indicates that, one in the three women, approximately 30% worldwide have experienced physical and/or sexual violence by intimate partner or non-partner during their lifetime at the global level (WHO, 2018). The World Health Organization's Multi-Country Study on Women's Health and Domestic Violence against Women (2005) also revealed that intimate partner violence (IPV) is not a 'private' issue rather it's a pervasive global issue, with lifetime prevalence rates of physical and/or sexual partner violence among ever-partnered women varying significantly—from approximately 15% in regions like Ethiopia to as high as 71% in some sites in Japan. These figures highlight IPV not only as a grave human rights violation but also as a critical public health crisis worldwide. IPV affects millions of women regardless of socioeconomic status or geography, contributing to adverse physical, mental, and reproductive health outcomes, and imposing substantial societal and economic costs. "Violence against women is one of humanity's oldest and most pervasive injustices, yet still one of the least acted upon," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "No society can call itself fair, safe or healthy while half its population lives in fear. Ending this violence is not only a matter of policy; it is a matter of dignity, equality and human rights. Behind every statistic is a woman or girl whose life has been forever altered. Empowering women and girls is not optional, it's a prerequisite for peace, development and health. A safer world for women is a better world for everyone." (World Health Organization, 2025).

National Context of Domestic Violence

In India Domestic Violence remains as a pervasive crisis, with official NCRB data showing 133,676 cases of cruelty by husband or relatives in 2023 alone, the largest share of 4.48 lakh total crimes against women, yet this captures only a fraction due to widespread underreporting (National Crime Records Bureau, 2023). Much grimmer reality has been revealed by the surveys like NFHS-5— around 31% of ever-married women aged 18-49 experienced spousal violence in the year before the survey,

including 28.5% physical, 13.1% emotional, and 5.7% sexual forms, far exceeding police records (International Institute for Population Sciences & MOHFW, 2021). Though, researchers have consistently emphasized the limitations in these official statistics concerning the underreporting and data quality. Subsequently, the actual incidence of domestic violence in India is likely to be considerably much higher than the numbers preserved by national crime data (Dalal & Lindqvist, 2012; Dandona et al., 2022).

WHO (2018) reports that, almost 26% of ever-married or partnered women aged 15 years and above had experienced IPV, with a higher prevalence of 35% in South Asian region, that includes India. Self-reported experiences of domestic violence among ever-married Indian women range between 33% and 41%, primarily involving intimate partners. Alarming, the suicide rate among women in India has been reported to be twice the global average (Dandona et al., 2022). In 2019, over 400,000 cases of crimes against women were registered, with nearly one-third categorized as “cruelty by husband or his relatives” according to NCRB reports. Section 498A of the Indian Penal Code (IPC), added in 1983, aims to shield married women from cruelty by their husbands or in-laws—think relentless dowry demands or daily harassment that breaks spirits and bodies (India Code: Indian Penal Code, 1860). The Protection of Women from Domestic Violence Act (PWDVA) of 2005 built on this with broader safeguards, covering emotional, economic, and sexual abuse, plus remedies like protection orders and residence rights for countless women trapped in toxic homes (India Code: Protection of Women from Domestic Violence Act, 2005). Yet, despite these laws, NCRB data logged over 133,000 such cases in 2023, signalling that legal tools alone can't dismantle deep-seated cultural norms or weak enforcement, leaving many silently enduring abuses.

Furthermore, National Family Health Survey (NFHS) which relies on self-reported experiences reveals far higher prevalence of domestic violence cases than the official police records portraying a hidden suffering which has been unnoticed, ignored and sometimes hidden behind the dark wall of normalisation. NFHS-3 (2005-2006) reports uncovered another severe concerning percentage of woman, nearly 31%, had

endured physical violence and 8.3% of women had faced sexual violence from the intimate partners. The same documentation presents 14% women face emotional abuse and violation, 12% women suffer from less severe physical abuses and 14% women suffer from severe physical violence and 6% of women confront themselves with sexual violence across 29 states (Dalal & Lindqvist, 2012). Collectively, these findings highlight the entrenched and complex nature of domestic violence, both globally and within India, revealing its intersection with gender norms, cultural practices, and systemic inequities. Despite comprehensive legal provisions and international commitments, domestic violence remains a persistent challenge requiring sustained research, policy attention, and community-based interventions grounded in human rights and public health frameworks.

Research context and Methodology

This article stems from the two-years (2023-2025) community-based research project organized by Activism Foundation for Social Research and Action, examining the everyday integration and routinisation of violence within the domestic sphere of the residents of Maniktala slum, precisely 1 and 2 No. Basty, located in Central Kolkata. The objective of this aggregate level case study is not only to interpret or conceptualize violence in inter-personal relation or domestic violence conventionally from policy-centric or legal framework rather exploring practical ways to restore justice by critically intervening into the everyday functioning of an agency. For this purpose, data were gathered through multiple field visits involving face-to-face open interactions in Bengali with community members aged 25 to 65. The study site comprises an estimated population of 1,050 residents and 45 men and 45 women have been interviewed, using a 10% margin of error, a 95% confidence level, and a 50% assumed response -distribution. The sampling method was quota based, being presented in terms of gender and age. With the aid of an online standard sample size calculator, a total of ~90 (of 1,050 residents) community members (45 women and 45 men) were included. The sampling technique has been employed to ensure adequate representation across demographic categories. Structured interviews and gender

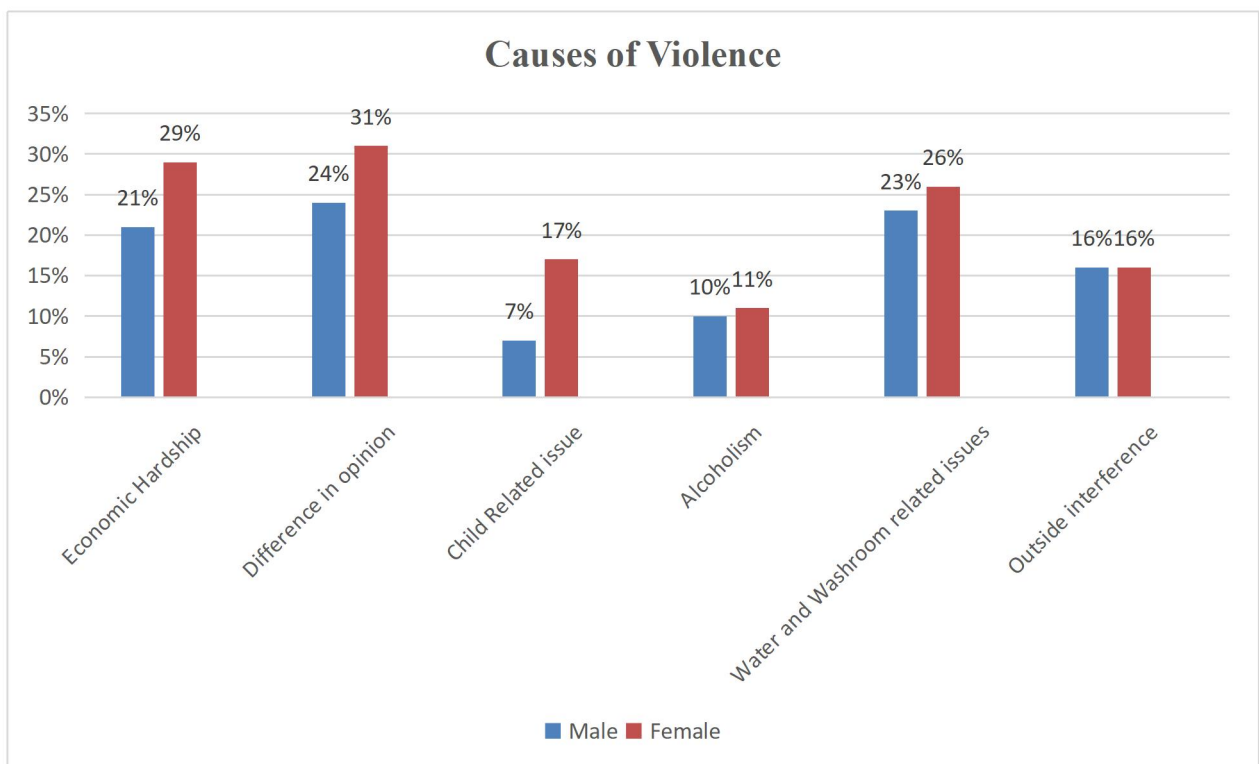
segregated Focus Group Discussions (FGDs) served as the primary data collection tools, enabling the documentation of both individual experiences and collective perspectives. Community entry was enabled by local contacts and permission from the local councillor of Kolkata Corporation considering their careful ethical engagement. Informed consent was obtained from all participants and no incentives were offered to keep the study voluntary and community-based. The identities of the participants are anonymized to maintain confidentiality and privacy. Participants' perspectives actively shaped subsequent phases; for instance, survey findings were shared back with them. The quota-based sample (equal numbers of men and women) also reflected a feminist commitment to inclusivity and to countering gender bias in domestic-violence research that often privileges only women's voices; involving men as respondents and discussants treated gender transformation as a collective responsibility and made men's attitudes analytically necessary alongside women's experiences. These data were subsequently examined through mixed qualitative and quantitative analytical approaches, with field surveys forming the central method of data collection and contributing to a comprehensive understanding of the socio-relational dynamics underpinning domestic violence in the community.

The study revealed that 71.1% of participants are experiencing various forms of conflicts within family, driven by alcoholism, financial precarity, extra-marital affairs, water accessibility, child rearing and sometimes outsider's interference. However, the respondents are intended to justify these conflicts as "common incidents in slum areas", "temporary outburst" or "crises driven aggressiveness". Although, 58% respondents acknowledged the conflict is not merely a part of life which could be normalized. They added, verbal abuse, sudden outburst, physical harm, emotional abuse, property damage prevalently causes them exhaustion and suffering. The conventional policy frameworks or legal jurisprudence may not always be able to intervene in the domestic sphere; however, despite the existence of normalising patterns, structural disparities, gendered differences, and complex community dynamics, the question remains of how the agency could adopt a forward-looking

approach to emancipate the state of her/his living. Albeit, the findings and analysis derived from a specific community cannot affirm the appropriateness universally.

Findings: Structural Stressors as Common Justifications

The rigorous field visit at Maniktala and open interaction revealed- Violence is the outcome of frustration caused by financial disparity, addiction, extra marital affairs, child rearing issues, water inaccessibility and merely disagreements among family members. The offenders use some common excuses which can also be combined with justifications because it is the victim who are viewed as triggering the 'explosion of violence' and therefore it is victim who is to blame. These accounts underscore the structural vulnerabilities that shape patterns of domestic strife in urban slums.



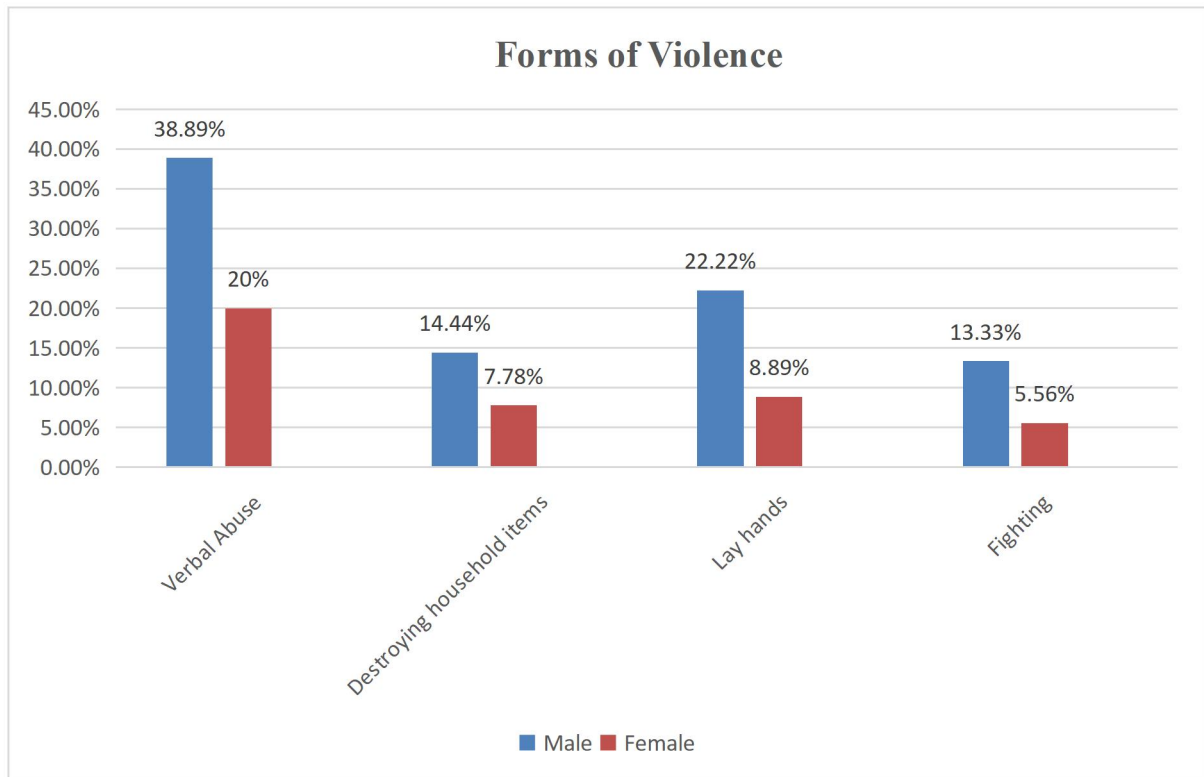
Source: Field Study by Activism

The above figure shows how the research participants identify the causes of violence based on their gender. Report shows, the most common justifications behind the violence, is the idea of 'nagging' partner or a partner who rants a lot. As reported by offenders, partner's constant nagging regarding financial problems is seen as

triggers causing anger burst, verbal and physical abuse. The above figure portrays that 21% male respondents and 29% female respondents considered financial hardships as the major driver for violence at their home. To respondents, this financial precarity often exacerbates misunderstandings between partners, creating a contentious environment, resulting aggressive behaviour by offenders. Data shows, 24% male respondents and 31% female respondents agreed over the fact that disagreements cause violence within their family. Child-related issues are reported by men at roughly 7%, while women report them at about 17%. The gap implies that women experience or interpret conflicts over childcare, discipline, education, and resource allocation for children as important triggers of domestic violence, whereas men tend to understate or normalise these tensions. Nearly 10% male participants and 11% female participants recognized that alcohol has a facilitating or aggravating role in violence. For water and washroom-related issues, men report about 23%, and women around 26%. These relatively high values highlight how inadequate infrastructure and daily struggles over access to basic services escalate household stress and can become flashpoints for violence, again slightly more emphasised by women. Outside interference is cited as an important factor to trigger violence for 16% male and 16% female respondents which represents that both genders are considering their presence as disturbance but give slightly less important.

Findings: Forms of Violence

Another key finding concerns the role of intolerance in precipitating verbal abuse, physical harm and conflicts among the families in Maniktala. Economic hardships, water inaccessibility, poor shelter and fragile infrastructure have already been the crucial facilitators of the everyday life's challenges of the residents. However, apart from the class-based injustices, victims remain voiceless while confronting the direct violence inside the locked doors. The figure given below is a comparative illustration of the ways in which men and women confront and contribute to the acts of violence.



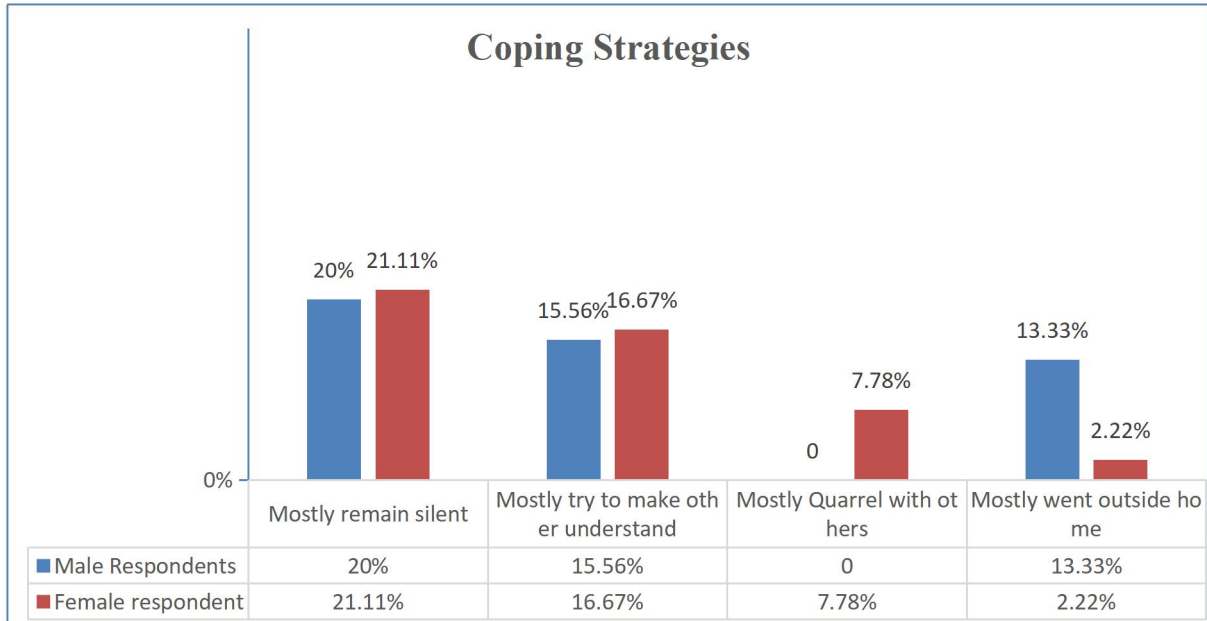
Source: Field Study by Activism

It shows how men are disproportionately represented across all reported forms of violence, particularly in verbal abuse 38.89 percent for men compared to 20 percent for women. Additionally, 14.44% Men are reported that they more often engage themselves in destroying the household objects compared to 7.78% women. 22.22% men are more intend in physically laying hands on the family members including wife, children and others. The figure further shows that 13.33% men are more often involved in direct physical confrontation like fighting compared to 5.56% women. This pattern clearly indicates that violent responses to intolerance are more commonly enacted by men, either through verbal abuse or through physical forms of aggression.

Findings: Coping Strategies Employed by Victims

Another key finding from the field shows that to alleviate despair and the monotony of repetitive abuse and violence individuals often adopt various coping strategies include—maintaining silence, temporarily withdrawing from the environment, engaging in conflicts with others, and occasionally attempting to communicate with

their partners to seek understanding. The figure given below illustrates how men and women adopt some coping strategies to avoid, sometimes escape from violent situation as suffering prevails there immensely.



Source: Field Study by Activism

The figure indicates that male and female both develop non-confrontational coping strategy to escape violence however, women appear somewhat more inclined toward silent endurance, whereas men show a greater tendency to temporarily remove themselves from the domestic space. Most respondents in both groups indicate that they “mostly remain silent,” during any conflict situation as its exhaustion affects their everyday routines, sleep and work altogether. Figure indicates slightly higher proportion of women nearly 21.11% mostly inclined to absorb the violence compared to 20% men when violence takes place. None of the male respondents reported “mostly quarrelling with others,” whereas 7.78% of women did so, implying that a small but notable fraction of women engage in verbal resistance or open confrontation when exposed to violence. In contrast, 13.33% of male respondents and only 2.22% of female respondents reported that they “mostly went outside home,” indicating that men are more likely to use spatial withdrawal—leaving the household—as a coping mechanism, which may be influenced by their greater mobility and social freedom in

the slum context. Albeit, a considerable percentage of men (15.56%) and women (16.67%) report that they “mostly try to make the other understand,” during violent situation or when their partners lost control over themselves and act abusively. Additionally, report says 11% respondents, male and female opined the strategies adopted by them remain unsuccessful as these strategies lacked adequate knowledge-based action.

Analysing Whether Existing Conditions are Sufficient Causes to Trigger Violence

In this backdrop, the remaining part seeks to explore the intersecting dimensions, emphasizing the dual role of structural constraints and interpersonal understanding in shaping experiences of domestic violence. Despite the major contributing factors, empirical insights from Maniktala slum community leave some critical questions unresolved— Are these existing structural conditions sufficient enough to trigger violent behaviour on the part of the offender? Albeit present, their mere existence does not necessarily indicate that they will operate as the sole causes or fundamental causes behind any violence. Subsequently, further question persists: whether individuals as active agency, meaningfully shape the outcomes in this regard? Although respondents reported developing strategies to counter domestic violence and intimate partner violence—often mitigating escalation but sometimes failing to resolve it. For instance, field data shows a familiar type of excuse is to blame alcohol for causing the violence. But again, it is not substantiated by research, which indicates that the majority of the offenders are not intoxicated when they use violence, alcohol can act to make the violence far worse (Finney, 2004) but not solely responsible. As Hearn (1998) has noted excuses are particularly hard to work with on perpetrator programmes because they allow offenders to evade responsibility for their violence and are often supported by popular psychological and medical discourses. Hence the popular research argue alcoholism could be leading cause behind the trigger of the perpetrator however, it is not fundamentally responsible for violence.

Analysing the Coping Strategies Adopted by Victims

suggesting that victims develop a survival strategy to cope up with aggression and abuse that is deeply rooted in the desire to mitigate harm, preserve their safety and avoid escalation. Data reveals a notable number of respondents remain silent while their partners start to behave aggressively. Women are marginally more likely to internalise conflict and adopt passive strategies that may reflect gendered constraints on boundary-setting. This survival-oriented adaption could be understood as protection mechanisms- reinforces the belief system among the sufferers that resistance is futile and that survival depends on minimising visibility and avoiding provocation. Seligman (1975) suggests when a person experienced uncontrollable events in one setting, he became passive and listless in that setting (e.g., MacDonald, 1946). But such a phenomenon was readily explained in terms of environmentalist theories: particular stimuli in that setting became associated with lack of contingent reward, and as these continued to be encountered, the person stopped responding as a result of mundane extinction. His "Learned Helplessness" concept conceptualizes the reasons behind silence, passivity, non-confrontation and disengagement by fostering the belief that actions have no effect on altering outcomes. This withdrawal dysfunctionality may motivate the victims to commit inappropriate functions, ultimately worsening the situations. Strikingly, a female respondent from Maniktala admitted that this passive behaviour and prolonged withdrawal led her to attempt suicide by consuming finial which later resulted humiliation of her family within the community.

Does Communication Work?

Gender differences become more pronounced in the more overt forms of response. Taken together, the graph suggests a gendered coping pattern in which women disproportionately absorb and negotiate violence within the domestic sphere, while men more often cope by physically distancing themselves from the site of conflict. However, conflict driven home leaving ultimately lasts as a failed strategy where

sufferers often get relief from escalation temporarily, ends up with the problems, unresolved. It indicates that a constructive, dialogue-oriented approach and appropriate planning to take control over violent situation present for both genders but remains less common than silent acquiescence. It has been agreed by few respondents that partners who communicate with each other, share emotional understanding and discuss their problems by addressing it are tend to have less conflicts in domestic space. Hence, the existing structural constrains and relational distress make their lives unbearable. Participants confirmed that violence and intolerance take place behind the locked doors that ripple far beyond private arguments- affecting everyday life tasks, emotional stability, financial planning of a household by dismantling the wellbeing of the other family members. Individuals living in the shadow of infidelity often find that ordinary tasks become haunted by mistrust and pain, and the emotional distress can lead partners to feel abandoned and despairing.

Recommendations

Conflict resolution strategies employed by the respondents exhibit varied number of effectiveness and limitations. While a small percentage of respondents acknowledged the inadequacy of their coping mechanisms to address and resolve violence, significant numbers of respondents considered verbal abuse as “common in slums” and another large number perceived physical harm is justified correcting measures for any misconduct within a family. It indicates either the lack of inadequacy in addressing the problems or insufficiency of existing strategies to effectively resolve these issues. Against this backdrop, the following section discusses on the potential scopes of interventions aimed at enhancing the capacity of affected sufferers to mitigate violence.

Scopes of Intervention to curb Domestic Violence: Discussion

To address domestic violence and to identify the reasonable conditions behind it we need a practical and critical approach to understand the immediate triggers, which is

a crucial starting point for intervention strategies. While individual responsibility is often considered, it is essential to frame interventions within a broader, research-based understanding that acknowledges the complex interplay of factors contributing to domestic violence. This perspective moves beyond placing sole onus on the victim and instead emphasizes systemic and relational dynamics.

Relational Responsibilities and Boundary setting

Individuals within a family or in a interpersonal relationships, confronting violence, aggression and abuse, bear the “foremost responsibility” to take appropriate action in this regard by meticulously fulfilling assigned household duties and family responsibilities to establish boundaries, impenetrable to the perpetrators. This argument could be analysed more critically within the setting of Maniktala. While the concept of relational responsibility emphasizes mutual care, respect and non-violence, Virginia Held’s (2006) *Ethics of Care* perfectly attributes people prioritize care, they will “never commit acts of violence or brutality”. Diemut Bubeck (1955) offers one of the most precise definitions of care where she writes, “Caring for is the meeting of the needs of one person by another person, where face-to-face interaction between carer and cared-for is a crucial element of the overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself.” Albeit, Bubeck rejects the particularistic aspects of the ethics of care, the very idea and objective of “meeting the needs” could be contextualized in this framework. To Held, “caring promoted by the ethics of care is quite far from compassion. Even though the carer may perform tasks for the benefit of the cared-for that the cared-for cannot reciprocate, the persons in a caring relation are not competitors for benefits, hence altruism is not what is called for. Caring is a relation in which carer and cared-for share an interest in their mutual wellbeing.” Although, it could be interpreted within the context of ethical philosophical framework, it provides a direct action-oriented strategic insights to the victims. For instance, a research participant, Mitali Das (name changed), resident of Maniktala was suffering from a neurological disorder, undergoing medical treatments. According to her account, her

family struggled to afford the monthly cost of the medicines. When she missed her medicines for an extended period, she experienced heightened anxiety, lost control over her emotions, became aggressive and occasionally violent verbally and physically toward her husband and seventeen-year-old daughter. Her husband acknowledged that he too reacted violently when she became uncontrollably aggressive—admitting that he slapped her in an attempt to calm her down. Ethics of Care provides a strategic insight in the case of Mitali's family and many others who are confronting violence in different forms. Despite the persistence of economic challenges, identified as systematic stressors that can exacerbate domestic conflict and violence, care ethics combined with the idea of responsibility claims—clarifying priorities in economic challenges while setting the boundary is emancipatory. As stated by Mitali, her husband expressed a sense of responsibility for managing the treatment cost by consciously reducing his expenditure on alcohol in order to save money. During his late working hours, Mitali managed all the household chores and took care of their daughter, maintaining the domestic routine despite her own health challenges. Interestingly, their seventeen-year-old daughter, though not a direct respondent in this study, shared that her father usually takes her mother to the hospital the following day after a relapse, tries to arrange the treatment expenses, and often seeks help from community members. Eventually the family reportedly reconciles after such incidents.

Self-efficiency approach within a relational or family Dynamics

Individuals characterized by high self-efficacy are more likely to possess a stronger and firm conviction in their entitlement to establish and uphold personal boundaries which confronts and encompasses the challenges of unreasonable demands from their partners. However, a self-efficacious individual is capable in asserting their need for personal space, or limiting harmful interactions with greater clarity and persistence. Notwithstanding the undue requests and controlling that individuals can empower themselves to communicate boundaries more effectively and consistently with the perpetrators. For instance, a victim with high efficacy is more prone to

explicitly denounce unacceptable conduct and act through with appropriate actions when the boundaries are penetrated and repeatedly violated. Cognitive-relational stress theory (Lazarus, 1991) and the transactional theory of stress and coping (Lazarus & Folkman, 1987) give an insight that individuals' psychological adaptation to new or stressful circumstances is affected by some contextual factors including personal resources or vulnerabilities, as well as environmental resources or constraints. While encountering with stressors, vulnerabilities, structural or any systematic constraints, individual is collectively affected psychologically, leading to stress appraisals. The persistence of stress and vulnerability significantly influence coping strategies and subjective wellbeing. Within the context of stressful life transitions, general beliefs of self-efficacy may function as either personal resources or vulnerability factors. Individuals with a strong sense of perceived efficacy tend to trust their capabilities to manage diverse environmental demands effectively. Consequently, they are more likely to interpret challenges and problems as opportunities for mastery rather than as threats or uncontrollable events. Within a stressful transitional adaptation to the new societal living conditions, self-efficacy can function as a personal resource protecting against deleterious experiences, negative emotions, and health impairment. Perceived efficacy itself can undergo changes as a result of cumulative experiences in coping with complex demands in the new environment (Bandura, 1995). A heightened sense of perceived efficacy enables individuals to face stressful demands with confidence, to experience physiological arousal as motivating rather than debilitating, and to attribute positive outcomes to their own efforts while perceiving negative outcomes as primarily due to external circumstances. Therefore, Bandura's self-efficiency approach provides a strategic insight in the context of domestic violence where it can be expected that as the sufferer becomes more competent and efficient in managing everyday tasks and responsibilities, he or she may be better equipped to transform a stressful living condition into one that is more controllable and adaptive.

For instance, the sufferer must acquire the skills necessary to perform tasks that were previously unmanageable. Drawing on the work of Kanfer and Hulin (1985) and van Ryn and Vinokur (1992), it can be argued that while general efficiency may not resolve structural crises or eliminate problems embedded within social systems, personal self-efficacy can enable victims to confront challenges and threats more effectively. For example, if a victim is dependent on a partner for financial transactions, developing the ability to independently manage such tasks—such as withdrawing money from a bank, child rearing, cooking (etc.)—reflects an important aspect of self-efficacy. Through enhanced self-efficacy, victims are better positioned to address immediate problems and respond to them with greater confidence and autonomy.

Social Learning Theory as a Pathway to Curb Domestic Violence

The Social Learning Theory developed by Albert Bandura provides a valuable insight into understanding of aggressive or impulsive behaviours which could be critically addressed and examined within intimate relationships. In this theoretical framework Bandura suggests that the way human agency behaves is motivated or learned through observation, imitation, and modelling as the behavioural patterns are always inherent trait (Bandura, 1973; Miller & Dollard, 1941). Individual agencies learn these aggressive behaviours by paying attention to certain similar behaviours, retaining what they observe, reproducing these actions, and staying motivated to continue or replace them. This process highlights that if individuals as functional agency, motivated by appropriate action can consciously unlearn destructive patterns and adopt more positive ones when exposed to constructive social environments.

In the context of domestic violence, Social Learning Theory suggests that perpetrators can work toward change by engaging with social and learning groups that model empathy, accountability, responsibility and nonviolent communication. Through regular exposure to positive behavioural models, individuals can internalize emotional responsibility and reshape how they respond to conflict. Three key systems

are identified by Bandura (1973) that regulate behaviour: antecedent inducements, response feedback, and cognitive functions. These systems demonstrate how environmental cues, reinforcement, and personal thought processes interact to influence behaviour. For instance, when a person receives positive feedback for non-aggressive or non-violent behaviour—such as appreciation or understanding from their partner or children—they are more likely to repeat those actions in the future. Bandura's concept of reciprocal determinism further explains how personal cognition, behaviour, and the surrounding environment continuously influence one another. This dynamic relationship means that behavioural change is possible when individuals are placed in contexts that encourage healthy relational practices. By observing and imitating emotionally responsible behaviours, perpetrators can gradually replace aggression with understanding and empathy. This framework challenges the earlier assumption that aggression is innate, instead proposing that violent behaviour is learned—and therefore can be unlearned—through conscious social engagement and positive modelling (Bandura, 1973; Burger, 2000; Tedeschi & Felson, 1994). In this sense, Social Learning Theory not only deepens our understanding of violent behaviour but also provides a hopeful pathway for transformation through social connection and reflective practice. For instance, a respondent from Maniktala Bina Mondal (name changed), shared her encounter with marital and familial adjustment experiences following her marriage. Initially, Bina reported, facing verbal abuse and emotional distress persistently from her mother-in-law and extended family members from her in-laws, who deliberately interfered in the couple's personal concerns very often, resulting in recurrent quarrels, conflict, misunderstanding and a tense household environment that affected their children. According to Bina, the interference caused severe harm on her financial planning. Over the years, however, Bina gradually assumed greater responsibility within the family, both in managing domestic affairs and contributing financially as a household worker as she considered her mother-in-law is old and Bina is the only member within the family who could be responsible to taking of her.

This response was marked by increased sense of responsibility and economic participation appeared to shift family dynamics. Bina noted that her mother-in-law's behaviour gradually transformed, becoming more understanding and emotionally supportive. Social learning perfectly attributes the strategical insight in analysing the participant's social and economic settings where a victim who is accountable to her family is well equipped to draw the boundary proactively. The consistent demonstration of emotionally responsible behaviour seemed to influence change within the household and Bina achieved the position to influence financial decision making without any interference. Observing Bina's resilience and accountability, her mother-in-law appeared to replace prior patterns of aggression with empathy and cooperation. This case illustrates how individual agency and modelling of adaptive emotional responses can contribute to relational transformation, even in the absence of formal intervention.

Community Engagement and Prevention of Domestic Violence

From popular writers to politicians, prevention is the new buzzword. Prevention is most often defined as education—a belief that if people can learn to think about an issue differently, they will act differently. This belief in education takes the form of training for personnel in agencies as well as more formal education. Many agencies and programmes stop with education as their only prevention effort (Gullotta, 1994). Although education and training are critical components for any prevention effort, training alone does not necessarily produce lasting change. Gullotta (1994) pointed out that other prevention tools are as important as education but are less used as prevention practices. These other tools include competency promotion, community organization/systems intervention, and the development of natural caregiving. Competency promotion is defined as activities that “promote belonging to a group, being valued as a member by that group, and being able to make a meaningful contribution to the existence and continuation of that group” (p. 11). The outcome of competency promotion is a greater connectedness to and investment in society.

Another primary prevention tool involves changes in community organization and systems intervention. Because there are forces beyond the control of an individual's ability to act with efficacy, changes in institutions and communitywide organizations must occur for primary prevention efforts to be successful. There are three ways that these changes occur: modification or removal of institutional practice barriers; community resource development; and legislative or judicial action. Gullotta (1994) stated that this is the most powerful prevention tool, but it is rarely discussed by mental health professionals. Another tool in primary prevention is natural caregiving that involves the ability of members of the community to provide care and comfort to others. At the community level, the neighbours, relatives, friends to navigate with violence. Another way to understand primary prevention is to examine the levels at which change in practice can occur. At each level, there is the possibility for prevention strategies. Bloom (1996b) outlined five levels at which prevention strategies may be used: the person, primary groups, secondary groups, sociocultural groups, and the physical environment (p. 7). The primary group level includes family, peer groups, close associates at work and other interactions that are face-to-face and personal (Bloom, 1996b, p. 7). Bloom (1996b) described the secondary group level as large-scale organizations in which there are specific roles. This level describes social services and criminal justice systems globally but also describes specific departments. The sociocultural group level is defined as "collectivities sharing systems of symbols that supply meaning to life, such as laws, social mores, ethnic heritage, language, subcultural lifestyle and spirituality" (Bloom, 1996b, p. 7). As with Gullotta's (1994) more structural level, this dimension describes change that occurs on a systemic level, rather than on individual or even institutional levels. Not surprisingly, changes in laws and social mores directly affect the other levels.

Bloom (1996) described the final level as the physical environment, which includes the natural environment and the built environment. The natural environment consists of the land, water, and air whereas the built environment includes buildings, roads, planned open spaces, and playgrounds. The built environment always plays an

important part in protecting battered women. The environment sets the context for service prevention and law enforcement activities. Within this context of prevention, domestic violence advocates have recommended best practices for a variety of agencies, including law enforcement. Best practices include the following:

- a) development of leadership of agency executives about domestic violence;
- b) analysis of crime-specific activities including pro and mandatory arrest;
- c) agency policies about domestic violent incidents;
- d) protocols and training for dealing with domestic violence incidents;
- e) proactive and aggressive intervention techniques and sensitive and timely victim assistance;
- f) outreach to victims from underserved populations;
- g) interagency agreements and partnerships; and
- h) a community-oriented approach to violent crimes against women (Shaw 1996, pp. 38–39).

A fundamental barrier to address personal troubles and injustices as broader social issues is the reluctance of violence survivors to disclose their experiences publicly due to fear or shame. Survivors mostly tend to keep the injustices inside the locked doors in order to maintain family impression in community, relatives, neighbours. Hence, the silence perpetuates the perseverance of those silent injustices, ultimately leaving them unacknowledged and unresolved. Against this backdrop, community engagement persists as the crucial platform for the survivors where private troubles could be understood as public issues to facilitate meaningful intervention (Mills, 1959). It implies, personal hardships are often rooted in a large social-structures which could be effectively addressed to break the cycle of invisibility and neglect.

Conclusion

The study on Maniktala Slum contributes extensively into the understanding of Domestic Violence by providing ground evidence from urban marginalized setting. In this context, the findings from the Maniktala slum research highlight such critical implications for addressing domestic violence at both community and personal level. The research-based intervention offers an insight on how violence is not only suffered, rather negotiated and resisted within a system. Structural constraints facilitate violence where sufferers adopt strategies to cope with it.

Methodologically the research did not remain detached from the participants, an open-air public conversation where almost 40 participants (women, men, and elders) joined. Instead of presenting conclusions in academic jargon, the team shared findings through simple stories and role-play based on composite cases from the data. The study provided advance strategic insights for the victims to prevent violence by focusing on the development of individual agency amid of structural constraints. The emancipation of human agency is the utmost necessary contributing factor to navigate violence behind the locked door. Although, recognizing the coping strategies developed by affected individuals calls for policies that amplify survivor agency and provide tailored, accessible resources. In the context of Maniktala, respondents who affirmed that they are involved in community networks like meetings, programmes, sports, festivals are more likely to develop more effective mechanisms to set boundary within inter-personal relationship. Hence, the residents are also suggested to connect themselves with more social networking groups with the hope that community as a whole can contribute in prevention of violence. Because, courage is the primary weapon for a victim to stand against any injustice takes place whether in private or public sphere. According to the respondents, participating in local programmes, festivals, sports activities helps them to achieve greater confidence by crossing the inter-personal boundaries as such neighbourhood meetings provide a platform where the victims share their experiences, access information and develop more dialogue-oriented coping strategies. From these accounts the policy relevant

programmers could be identified. First, initiating programmes that deliberately embed anti-violence messaging, legal literacy, and referral pathways within existing community forums could reach survivors in culturally familiar and low-threshold settings rather relying on formal institutions. Second, initiating programmes that could intervene into the community settings to build the appropriate action-oriented training such as examining emotional regulations, boundary setting, communication skills so that individuals can negotiate violent situations without further harm. Finally, increasing people to people connection beyond their own community, seeking support from trusted neighbours, participating in women's groups, engaging in community events which could help them to design policies that amplify survivor agency, thereby positioning community networks as central facilitating actors in mitigating domestic violence in Maniktala.

References

- Aird, S. C. "Ghana's Slaves to the Gods." *Human Rights Brief: A Legal Resource for the International Human Rights Community* 7(1) (2003). <http://www.wcl.amer>
- Bandura, A. (1973). *Aggression: A social learning analysis*. Prentice-Hall.
- Bloom, B. L. (1996b). *Primary prevention practices*. Thousand Oaks, CA: Sage Publications.
- Burger, J. M. (2000). *Personality*. Wadsworth.
- Dalal, K., & Lindqvist, K. (2012). A national study of the prevalence and correlates of domestic violence among women in India. *Asia-Pacific Journal of Public Health*, 24(2), 265–277. <https://doi.org/10.1177/1010539510384499>
- Dandona, R., Gupta, A., George, S., Kishan, S., & Kumar, G. A. (2022). Domestic violence in Indian women: Lessons from nearly 20 years of surveillance. *BMC Women's Health*, 22, Article 128. <https://doi.org/10.1186/s12905-022-01704-4>
- Diemut Bubeck, *Care, Gender, and Justice* (Oxford: Oxford University Press, 1995), p. 129.
- Finney, A. (2004) *Alcohol and intimate partner violence: key findings from the research*. London: Home Office.
- Freedman, J. (2021). *Domestic violence through a human rights lens*. In *The Routledge International Handbook of Domestic Violence and Abuse*. Routledge. Retrieved from (<https://www.taylorfrancis.com/books/9781000358421/chapters/10.4324/9780429331053-8>)
- Gullotta, T. P. (1994). Promoting Positive Youth Development in the Community. *Journal of Primary Prevention*, 15(1), 1–16. <https://doi.org/10.1007/BF02336581>
- Hearn, J. (1998) *The Violences of Men: How Men Talk about and How Agencies Respond to Men's Violence to Women*. London: Sage.
- Held, V. (2006) *The Ethics of Care: Personal, Political, and Global*, Oxford University Press
- Hines, D. A., & Saudino, K. J. (2002). Intergenerational transmission of intimate partner violence: A behavioral genetic perspective. *Trauma, Violence, & Abuse*, 3(1), 38–55.

Human Rights Watch. (1995). *Domestic violence as a human rights issue*. <https://www.hrw.org/news/1995/12/01/domestic-violence-human-rights-issue>

India Code: Indian Penal Code, 1860, 498A (amended 1983), Ministry of Law and Justice, Government of India. https://www.indiacode.nic.in/handle/123456789/2263?sam_handle=123456789/1362

India Code: Protection of Women from Domestic Violence Act, 2005, No. 43, Acts of Parliament, 2005 (India). Ministry of Law and Justice, Government of India. <https://www.indiacode.nic.in/handle/123456789/2021>

International Institute for Population Sciences (IIPS) and Ministry of Health and Family Welfare (MoHFW). (2021). *National Family Health Survey (NFHS-5), 2019-21: India*. Mumbai: IIPS. <http://rchiips.org/nfhs/>

International Institute for Population Sciences (IIPS) & ICF. (2007). *National Family Health Survey (NFHS-3), 2005-06: India*. IIPS. <https://dhsprogram.com/Publications/Publication-FRIND3-DHS-Final-Reports.cfm>

Kanfer, R., & Hulin, C. L. (1985). Individual differences in successful job searches following lay-off. *Personnel Psychology*, 38(4), 835-847.

Lazarus, R. S. (1991). *Emotion and adaptation*. Oxford University Press.

Lazarus, R. S., & Folkman, S. (1987). *Transactional theory and research on emotions and coping*. Springer.

MacDonald, A. (1946). The effect of adaptation to the unconditioned stimulus upon the formation of conditioned avoidance responses. *Journal of Experimental Psychology* 36:1-12.

Maier, S. F., & Seligman, M. E. P. (1976). Learned helplessness: Theory and evidence. *Journal of Experimental Psychology: General*, 105(1), 3-46.

Miller, N. E., & Dollard, J. (1941). *Social learning and imitation*. Yale University Press.

Ministry of Law and Justice, Government of India. (2005). The Protection of Women from Domestic Violence Act, 2005. <https://legislative.gov.in/sites/default/files/A2005-43.pdf>

National Crime Records Bureau. (2023). Crime in India 2023. Ministry of Home Affairs, Government of India. <https://ncrb.gov.in/en/crime-in-india>

National Crime Records Bureau. (2019). Crime in India – 2019 statistics. Ministry of Home Affairs, Government of India. <https://ncrb.gov.in/en/crime-india-2019>

National Family Health Survey (NFHS-4), 2015–16. <http://www.rchiips.org/nfhs>.

Skoog Waller, S., & Forinder, U. (2025). Speaking through silence: The lonelification at the core of domestic abuse. *Journal of Interpersonal Violence*. Advance online publication. <https://doi.org/10.1177/08862605241226765>.

Shaw, M. (1996). Community Policing and Violence Against Women: Issues and Practices. In M. K. Steinman (Ed.), *Women and violence: Health care and policy issues* (pp. 30–41). New York, NY: The Haworth Press.

Tedeschi, J. T., & Felson, R. B. (1994). *Violence, aggression, and coercive actions*. American Psychological Association.

United Nations. (1993). Declaration on the elimination of violence against women. https://www.un.org/en/genocideprevention/documents/atrocitycrimes/Doc.21_declaration%20elimination%20vaw.pdf

United Nations. (1948). Universal Declaration of Human Rights. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

United Nations. (1976). International Covenant on Economic, Social and Cultural Rights. <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

United Nations. (1978). International Covenant on Civil and Political Rights. <https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

United Nations. (1979). Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). <https://www.un.org/womenwatch/daw/cedaw/>

Van Ryn, M., & Vinokur, A. D. (1992). How did it work? An examination of the mechanisms through which an intervention for the unemployed promoted job-search behaviour. *American Journal of Community Psychology*, 20(5), 577–597.

World Health Organization. (2010). Preventing intimate partner and sexual violence against women: Taking action and generating evidence. World Health Organization. <https://www.who.int/publications/i/item/9789241564007>

World Health Organization. Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: WHO; 2021.

World Health Organization. (2025, November 19). Lifetime toll: 840 million women faced partner or sexual violence [Press release]. <https://www.who.int/...>