Drug Addicted Husbands Violence Against Women and Legal Status Quo in Tamilnadu, India- A Comprehensive Study

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ABSTRACT

Drug addicted husbands and violence against women encompasses physical, sexual, emotional, psychological, and economic abuse inflicted by intimate partners or family members, often justified by entrenched social norms and power relations. Our study, explicates the undercurrents that occur in relationships where there has been both drug substance use and domestic violence against women. Domestic violence remains a pervasive and complex issue in India including in Tamilnadu state, impacting individuals across socioeconomic, human rights and cultural divides. Our study draws interpretively on in-depth qualitative interviews with male perpetrators and their current and former partners. We have analysed and highlights the diverse ways in which domestic abuse by drug substance-using male partners is tortured the women partner. Our study is based on primary data collected from 400 married women using a stratified random sampling technique and a structured interview schedule. Multiple forms of violence—physical, psychological, verbal, economic, and technological—are analysed in relation to socio-demographic variables such as age, education, income, type of marriage, family structure, occupation, and place of residence. Statistical tools including descriptive statistics, t-tests, ANOVA, and chi-square tests were employed for data analysis. The study highlights the need for legal context-specific interventions, enhanced legal awareness for women's empowerment effectively against violence against women and encourage gender impartiality.

Keywords: Drug addicts, Domestic Violence, Human rights, law enforcement, Women empowerment.

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Introduction

In India, despite progressive constitutional guarantees and the enactment of the Protection of Women from Domestic Violence Act (PWDVA), 2005, violence within the domestic sphere continues largely unabated. Violence against women is a pervasive global issue, severely affecting their physical, mental, and emotional well-being. Domestic violence refers to a pattern of abusive behaviour used by one partner to control, dominate, or maintain power over the other. This abuse can take various forms, including physical, sexual, emotional, psychological, and financial violence, each with significant and lasting impacts on the victim's life. According to the World Health Organization (WHO), approximately 35% of women worldwide report experiencing physical or sexual intimate partner violence, or non-partner sexual violence (WHO, 2021). The consequences of domestic violence are profound, often leading to long-term physical and mental health issues, including damage to reproductive and sexual health. [1] Victim women are at increased risk of mental health disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal thoughts. [2-4] Social and financial challenges, such as loss of employment and difficulty accessing housing, are also common for survivors.

In India, a significant proportion of women face domestic violence. The National Family Health Survey (IIPS and ICF, 2024) reports that 33% of ever-married women aged 15-49 have experienced physical violence, 7% have faced sexual violence, and 13% have been emotionally abused by their

current or former husbands.[5-8] Human rights are violated, and there is a serious and persistent public health problem with violence against women, especially in close relationships and sexual assault. mainly taking into account this violence. Seldom are incidents isolated; instead, they typically increase in frequency and intensity. Any act of gender-based violence, whether conducted in private or public, that has the potential to cause physical, sexual, or mental pain or suffering to women is classified as domestic violence.[9-12] This definition also includes threats of such acts, coercion, or arbitrarily depriving a woman of her freedom . The psychological effects of an abusive and unsatisfactory marriage have been more pronounced for both spouses and children.

Adolescence is a time when aggressive conduct is frequently seen. In addition, is one of the most significant mental health issues affecting teenagers, linked to a variety of behavioral and psychological. On the other hand, the connection between drug use and domestic violence is becoming more widely acknowledged globally . The World Health Organization (WHO) defines substance abuse as a risky/harmful habit of addictive drugs, including alcohol and illegal narcotics .

AUDs, or alcohol use disorders, are. Disability adjusted life years for the age ranges of 15 to 44 were caused by alcohol use disorders, ranking among the top five causes. The most recent global statistics indicates that 3 million deaths were attributed to hazardous alcohol usage. It has a significant impact on every aspect of society, including the high expense of healthcare, the impact on people's families and physical and mental health, and the negative consequences on society due to crime and violence . Recent meta-analyses have demonstrated a connection between alcohol use disorders and a higher risk of a number of adverse outcomes.[13] The additional stress of coping with drug abuse within the family may produce physical and psychological distress and trigger drug or alcohol use in the woman. Some women may engage in prostitution to support their partner's drug habit, and are thus at risk of contracting sexually transmitted diseases, including HIV.[14-15] Almost half the women had experienced physical and verbal abuse from the drug using husbands. Physical abuse ranged from 'slaps', being 'pushed around, punched and kicked', to being 'hit against the wall'. This sometimes resulted in bruises, broken noses, and other serious injuries leading to death.[16-19] Sexual assault included dominating sexual behavior by drug using partners, sexual deprivation and being bullied into having sex. Verbal abuse included intimidation and constant humiliation, often in front of other family members and outsiders. Most respondents suffered the abuse silently, responding with humiliation, frustration, helplessness and suicidal thoughts.[20-22] Husbands' drug substance and alcohol use has been associated with family-level stress and intimate partner violence (IPV) against women in India.

Objectives of the Study

Our present study was started with the succeeding explicit objectives:

1. To observe the **socio-economic silhouette** of women suffering domestic violence by drug addicted husband in rural and urban areas.
2. To analyse the types **and forms of domestic violence** (physical, psychological, verbal, economic, and technological) faced by women.
3. To assess the **relationship between socio-economic factors** such as age, education, income, type of marriage, and domestic violence.
4. To compare **rural–urban variations** in the prevalence and intensity of domestic violence.
5. To advocate legal **policy-oriented interventions** for the prevention of domestic

Violence and women's **awareness to utilization of legal provisions**, particularly the Protection of Women from Domestic Violence Act, 2005.

Methodology

Our study was conducted in 20 taluks related urban and rural level residents in Tamilnadu state. Using a stratified random sampling technique. A total of 400 married women from selected rural and urban area were interviewed using a pre-tested structured interview questionnaire schedule. Both primary and secondary data sources were utilised. Data analysis was carried out using descriptive statistics, t-tests, ANOVA, and chi-square tests to examine relationships between domestic violence and socio-demographic variables. Stratified random sampling technique was employed to ensure a representative sample, with stratification based on urban and rural populations. Following Krejci and Morgan's sampling method, the final sample comprised 400 married women—200 from urban areas and 200 from rural areas—allowing for a comparative data. Secondary data from official reports, academic studies, and government statistics were also incorporated to provide additional context and insights into the issue of domestic violence. The combination of primary and secondary data sources, along with the stratified sampling method, facilitated a balanced representation of both urban and rural populations, allowing for a thorough analysis of the diverse impacts of drug addicted husbands violence against women.

Results and Discussions

The widespread of defendants (36.4%) belonged to the age group of 26–30 years, followed by 31–35 years (26.5%). This indicates that women in the early years of marriage are more vulnerable to domestic violence due to drug addicted husband. within the family.

Table 1: Age-wise Spreading of women

Age Group (Years)	Number	Percentage
22–25	68	17.7 %
26–30	140	36.4 %
31–35	102	26.5 %
36–40	75	19.4 %
Total	**385**	**100**

Physical violence was highest among women aged 31–35 years, while psychological violence was more pronounced among women aged 36–40 years. Younger women (22–25 years) reported comparatively higher levels of verbal abuse, indicating emotional domination during the initial phase of marriage.

Table 2: Mean Differences Between Age and types of Domestic Violence

Age Group	Physical	Psychological	Verbal	Technological	Financial
22–25	22.10	13.82	15.77	12.40	13.65
26–30	22.45	13.96	15.20	11.85	14.20
31–35	22.86	13.05	14.98	12.88	13.40
36–40	21.24	14.19	14.80	12.10	12.70

Women in love marriages experienced higher physical, psychological, and verbal violence, whereas women in arranged marriages reported greater economic and technological control. This reflects social resistance, lack of family support, and power struggles in love marriages.

Table 3: Type of Marriage and Domestic Violence

Type of Marriage	Physical	Psychological	Verbal	Technological	Financial
Arranged	21.55	13.44	14.71	12.38	14.21
Love	23.88	14.20	15.63	11.79	12.95

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Table 4: Rural–Urban Differences in Domestic Violence

Area	Physical	Psychological	Verbal	Technological	Financial
Rural	High	High	Moderate	Moderate	High
Urban	Moderate	Moderate	High	High	Moderate

Domestic violence was more severe in rural areas, particularly physical and economic violence. However, urban women experienced higher psychological, verbal, and technological abuse, indicating changing forms of control linked to modern lifestyles and digital surveillance. Awareness of the Domestic Violence Act was surprisingly higher in rural areas, mainly due to SHGs, Anganwadi workers, and NGO interventions. However, actual utilization of legal remedies remained low in both rural and urban areas.

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Percentage Distribution of the respondents on their locality and knowledge on Domestic Violence ct-2005

Table 5: Awareness of Domestic Violence Act, 2005

Locality	Knowledge on Domestic Violence Act-2005		Total	Chi square values
	Yes	No		
Rural	**108**	**146**	**254**	
	81.8%	**57.7%**	**66.0%**	
Urban	**24**	**107**	**131**	χ^2=22.463 DF= 1
	18.2%	**42.3%**	**34.0%**	P=.000***
Total	**132**	**253**	**385**	
	100.0%	**100.0%**	**100.0%**	

Our study revealed that the 36.4% of women aged 26–30 years were the most affected group.

Over 60% of rural women reported physical and economic violence. More than 55% of urban women experienced psychological and verbal abuse. Love marriages recorded nearly 20–25% higher physical violence than arranged marriages. Only about 25% of women who were aware of the law actually approached formal legal institutions. Domestic violence is more prevalent in rural areas, particularly physical and financial abuse. Urbanization has not reduced domestic violence but has transformed it into psychological and technological abuse. Women in love marriages face greater social isolation and violence compared to arranged marriages. Awareness of

legal provisions does not necessarily lead to utilization due to fear, stigma, and lack of institutional support. Informal coping mechanisms such as family mediation are preferred over legal remedies. Continuous awareness campaigns on the Domestic Violence Act should be organized through SHGs, educational institutions, and local governance bodies. Economic Empowerment of Women: Skill development programmes, employment opportunities, and access to credit must be strengthened to reduce women's economic dependency. Strengthening Support Systems: One-stop crisis centres, counselling services, helplines, and shelter homes should be expanded, especially in rural areas. Capacity Building of Institutions: Police personnel, healthcare workers, and judiciary must be sensitized to handle domestic violence cases with empathy and efficiency. Community-Based Interventions: Involving community leaders, men, and youth in gender sensitization programmes can challenge patriarchal attitudes. Educational Reforms: Gender equality and human rights education should be integrated into school and college curricula.

Conclusion

The findings reveal that women aged 26–30 years reported higher vulnerability to domestic violence, particularly during the early years of marriage. Rural women experienced higher levels of physical and economic violence, while urban women reported greater psychological, verbal, and technological abuse. Love marriages showed higher levels of physical and psychological violence, whereas arranged marriages were associated with greater economic and technological control Policies that promote rural entrepreneurship and create non-agricultural employment opportunities can help reduce economic disparities and decrease reliance on agriculture, providing women with greater economic independence. Social initiatives should aim at strengthening both joint and nuclear family systems, addressing the socio-economic pressures that contribute to domestic violence within these family structures. The use of digital platforms to increase awareness of legal rights, support systems, and available resources should be prioritized. These platforms can offer a uniform approach to addressing domestic violence across different localities, particularly in areas where access to information is limited.Last of all, collaborative efforts between the government, non-governmental organizations, and local community groups are essential to tackling the complex interplay of socio-cultural factors and violence. By working together, these stakeholders can help create a comprehensive, sustainable approach to addressing domestic violence and improving the overall well-being of women. Awareness of the Domestic Violence Act was higher among rural women; however, utilization of legal remedies remained limited in both settings. Informal coping mechanisms such as family mediation and community intervention were preferred over formal legal channels.

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