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Research Article

Domestic Violence and its Psychosocial Consequences among Indigenous Tiwa Women in an Urbanising Context

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Abstract

Background: Domestic violence (DV) is a major public health and human rights concern with profound psychosocial ramifications for survivors. Tribal women in India, including the Tiwa (Lalung) community of Assam, remain significantly underrepresented in empirical literature examining the psychosocial dimensions of domestic violence.

Objectives: This study aimed to measure the prevalence of domestic violence among Tiwa women in Kamrup Metropolitan District, Assam, assessing their psychosocial well-being using validated quantitative indicators, and to analyse the relationship between domestic violence experiences and psychosocial outcomes specifically psychological distress and perceived social support.

Methods: A cross-sectional quantitative design was employed. A structured questionnaire was administered to a purposive sample of fifty-six (*n=56*) Tiwa women residing in the Bonda and Satgaon localities of Guwahati. Data were analysed using descriptive statistics, with responses categorised by frequency and percentage.

Results: A majority of respondents (78.6%) reported experiencing at least one form of domestic violence. Emotional and physical violence were the most prevalent (91.1% and 80.3% combined affirmative responses, respectively), while sexual violence was the least disclosed (28.6%), likely due to social stigma. Psychological distress was near-universal; all respondents reported some level of distress in the preceding month, and 62.5% experienced it frequently (always or often). Social support was inadequate, with a substantial proportion of respondents neutral or undisclosed about their support networks. Domestic violence was associated with impaired mental health, reduced social interactions, and heightened feelings of isolation.

Conclusion: Domestic violence constitutes a pervasive and psychosocially destructive phenomenon among Tiwa women in the urban periphery of Assam. The findings underscore the urgent need for culturally sensitive, community-embedded interventions and strengthened legal mechanisms for indigenous women in urbanising contexts.

Keywords: Domestic violence; Psychosocial well-being; Tiwa women; Indigenous women; Psychological distress; Social support; Gender-based violence.

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Introduction

Domestic violence (DV) against women is a widely recognised global public health crisis and a profound violation of human rights, affecting millions of women across socio-economic, cultural, and geographical boundaries. The consequences of DV extend far beyond immediate physical injury; they manifest in lasting psychological trauma, social marginalisation, economic precarity, and diminished quality of life (Brewer et al., 2010; Poutiainen & Holma, 2013). Within this broader framework, intimate partner violence (IPV), as the most prevalent form of DV has been associated with elevated risks of depression, anxiety disorders, post-traumatic stress, suicidal ideation, and reduced social functioning (Ansara & Hindin, 2011; Wessells & Kostelny, 2022).

In India, the intersection of patriarchy, caste hierarchies, poverty, and ethnicity renders certain groups of women, particularly those from tribal or Scheduled Tribe communities disproportionately vulnerable to gender-based violence. Despite constitutional protections and legislative frameworks such as the Protection of Women from Domestic Violence Act (PWDVA), 2005, domestic violence against tribal women remains alarmingly underreported and inadequately researched. Tribal women occupy a structurally precarious position, simultaneously marginalised by mainstream gender discourse, customary law limitations, and institutional neglect (Dhal, 2018; Sarin & Gopalakrishnan, 2022; Khan & Hasan, 2020).

Among the many tribal communities in Northeast India, the Tiwa (also known as Lalung) of Assam represent a significant indigenous population undergoing rapid socio-economic transformation due to increasing urbanisation and integration into the mainstream economy. Guwahati, the capital of Assam and a major urban centre in Northeast India, is home to a sizeable Tiwa population, particularly in the Bonda and Satgaon localities of Kamrup Metropolitan District. This urbanising context introduces novel stressors, including erosion of traditional support systems, economic competition, and shifting gender roles, that may exacerbate DV and its psychosocial ramifications (Heritage, 2020; Koch, 2021).

Despite the recognised vulnerability of the Tiwa community, systematic empirical research on the prevalence of DV and its psychosocial consequences among Tiwa women in urban or semi-urban settings remains conspicuously absent. This study seeks to address this critical gap by undertaking a structured quantitative investigation into domestic violence and its psychosocial correlates among Tiwa women in Kamrup Metropolitan District, Assam. The findings are expected to contribute to the evidence base for culturally sensitive intervention, policy reform, and targeted social work practice in the region.

Background and Literature Review

Domestic Violence and Psychosocial Well-Being: Global Evidence

The psychosocial impact of domestic violence has been extensively documented across diverse populations. Poutiainen and Holma (2013) established, through their study of clinical populations, that exposure to DV is strongly associated with subjectively diminished psychological well-being, encompassing anxiety, depression, and compromised emotional stability. Their work emphasises that survivors' own evaluations of well-being are critical to understanding the full scope of DV's consequences, an approach adopted in the present study.

Brewer et al. (2010) similarly conceptualise DV's psychosocial impact as a constellation of interrelated emotional and health concerns, frequently manifesting as social withdrawal, anxiety, depression, and reduced quality of life. Importantly, these authors highlight that psychosocial sequelae are systematically under-assessed in clinical and research contexts, leading to chronic underestimates of prevalence and severity. The intersection of DV with economic vulnerability has been illuminated by Tolman and Rosen (2001), whose landmark study of women receiving welfare demonstrated that DV is closely linked to poor mental health outcomes, substance dependence, and economic instability. Their findings underscore how abuse perpetuates financial insecurity, restricts employment, and reinforces dependency cycles.

Sullivan (2018) advanced the theoretical understanding of DV's impact by proposing a conceptual model whereby well-being is restored not merely by cessation of violence, but by access to survivor-centred support services that prioritise autonomy and empowerment. This aligns with Ansara and Hindin's (2011) Canadian study, which found that both male and female survivors of IPV experience significant psychosocial consequences, though women consistently report more severe outcomes across multiple well-being domains. Ham-Rowbottom et al. (2005) extended the evidence by tracking domestic violence shelter graduates, revealing persistent life constraints, housing instability, financial hardship, on-going emotional trauma even after survivors had exited abusive relationships, underscoring the need for long-term post-crisis support.

Psychosocial Impacts of DV in Low- and Middle-Income Country (LMIC) Contexts

In LMICs, the psychosocial consequences of DV are further amplified by structural inequalities, limited access to mental health services, and entrenched gender norms. Wessells and Kostelny (2022) provide a holistic framework for understanding IPV's psychosocial impacts in such contexts, arguing that poverty, social marginalisation, and inadequate institutional responses interact to intensify outcomes such as chronic stress, disrupted social roles, and community stigma. Bhuller et al. (2024) offer robust empirical evidence that domestic violence significantly increases mental health problems for both survivors and their children, demonstrating intergenerational consequences that persist across family systems.

Gregory et al. (2017) extended the scope of DV research to include informal supporters, often overlooked in the literature, finding that adults who support female DV survivors themselves experience elevated emotional stress and reduced well-being, reflecting the broader social ripple effects of domestic violence beyond the immediate dyadic relationship. Siltala (2014) further documents the adverse effects of DV on psychosocial well-being, affirming that the consequences are multidimensional and require holistic, socially embedded responses.

Domestic Violence among Tribal Women in India

The gendered violence experienced by tribal women in India is situated at the intersection of indigenous identity, historical marginalisation, and structural poverty. Dhal (2018) critically challenges the prevailing assumption that tribal societies are inherently egalitarian, arguing that this narrative obscures the socio-economic roots of gender violence, including land alienation, livelihood insecurity, and patriarchal transformations that operate within tribal communities. Khan and Hasan (2020) similarly identify poverty, illiteracy, limited healthcare access, and political exclusion as principal determinants of gender inequality and DV among tribal women across India.

Sarin and Gopalakrishnan (2022), in their comprehensive policy-oriented analysis of gender-based violence among Scheduled Tribes, document that customary laws, while culturally significant, often lack gender-sensitive safeguards, effectively legitimising unequal power relations. Institutional mechanisms for addressing GBV routinely fail tribal women due to language barriers, geographical isolation, and deeply rooted distrust of formal legal systems. Arora (2023) further contextualises tribal women's experiences by tracing the residues of colonial, economic, and gendered violence in contemporary indigenous communities, arguing that DV cannot be understood in isolation from India's colonial legacies and post-colonial developmental trajectories.

Domestic Violence among Tiwa Women: Assam Context

Within Assam, Heritage (2020) provides one of the few dedicated empirical accounts of domestic violence among Tiwa women, documenting its persistence but also noting a conspicuous absence of quantitative psychosocial assessment. Koch (2021) explores education and urbanisation as potential moderating factors of DV in Kamrup Metropolitan District, suggesting that while these factors may exert some protective influence, their impact remains uneven and context-dependent across tribal communities. Collectively, this body of literature underscores the urgent need for systematic empirical research that simultaneously measures DV prevalence and assesses psychosocial outcomes among Tiwa women, particularly in the context of rapid urbanisation, a gap this study directly addresses.

Statement of the Problem

Despite the existence of constitutional safeguards and legislative provisions under the Protection of Women from Domestic Violence Act (PWDVA), 2005, domestic violence against tribal women in India and specifically among the Tiwa community of Assam remains significantly underreported, under-researched, and inadequately addressed at institutional and policy levels. Existing scholarly literature predominantly focuses on non-tribal or rural populations, systematically neglecting the psychological dimensions of DV within indigenous communities navigating urban or semi-urban environments.

Among Tiwa women in Kamrup Metropolitan District, anecdotal evidence and limited academic scholarship suggest that domestic violence persists and may be exacerbated by the pressures of urbanisation, economic stress, and disrupted traditional support systems (Heritage, 2020). However, a conspicuous absence of empirical quantitative data measuring: (a) the prevalence and typologies of DV; (b) the psychosocial well-being of affected women through validated indicators; and (c) the relationships between DV experiences and psychosocial outcomes hinders evidence-based policy, culturally responsive intervention design, and effective legal implementation. This study, therefore seeks to systematically address this evidentiary gap.

Objectives Of The Study

This study was guided by the following specific objectives:

i. To measure the prevalence and typologies of domestic violence among Tiwa women in Kamrup Metropolitan District, Assam.

ii. To assess the psychosocial well-being of Tiwa women using validated quantitative indicators of psychological distress and social support.

iii. To examine the association between experiences of domestic violence and psychosocial outcomes, specifically psychological distress and perceived social support.

Methodology

The study employed a cross-sectional quantitative research design. A quantitative approach was selected to facilitate objective measurement, statistical description, and systematic identification of associations between domestic violence and psychosocial well-being outcomes. The design is both descriptive characterising the prevalence and nature of DV, and analytical, examining its psychosocial correlates. A structured questionnaire instrument was utilised to ensure uniformity, reliability, and comparability of data. The study was conducted in the Bonda and Satgaon localities of Guwahati, Kamrup Metropolitan District, Assam, India. Guwahati, as one of the most rapidly urbanising centres in Northeast India, represents a dynamic socio-cultural environment in which traditional Tiwa customs and kinship structures coexist with modern legal frameworks and the pressures of urban life. The selected localities were chosen specifically because of their significant Tiwa (Lalung) population, providing an ecologically valid setting to investigate how traditional norms, urbanisation, and shifting gender relations collectively shape DV experiences and psychosocial outcomes.

The study population comprised Tiwa women residing in 120 identified households within the study area, representing diverse age groups, marital statuses, educational levels, and socio-economic backgrounds. From this population, a sample of fifty-six respondents ($n = 56$) was selected using non-probability purposive and convenience sampling, based on criteria of accessibility, availability, willingness to participate, and eligibility as defined below.

Inclusion and Exclusion Criteria

Participants were included if they were: (a) Tiwa women residing in the study area; (b) currently or previously married (including widowed, separated, or divorced); (c) aged 18 years or above; (d) had experienced or been aware of any form of domestic violence; and (e) provided voluntary informed consent. Participants were excluded if they were: under 18 years of age; unmarried women with no exposure to domestic household environments; individuals unable or unwilling to provide informed consent; non-Tiwa women; or those whose responses were incomplete or inconsistent.

Data Collection and Instrumentation

Primary data were collected through a structured, pre-tested questionnaire comprising closed-ended items. The questionnaire captured: (i) socio-demographic and economic profile; (ii) experiences of DV across five typologies (physical, emotional/psychological, life-threatening, economic, and sexual); (iii) indicators of psychological distress (anxiety, sleep disturbance, and emotional reactivity); and (iv) perceived social support from family, friends, and community networks. Secondary data drawn from peer-reviewed journals, government reports, and official publications informed the theoretical framework and contextualised findings.

Data Analysis

Data were analysed using descriptive statistical methods, including frequency counts, percentage distributions, and cross-tabulation. Responses to Likert-type items were categorised and presented as proportional distributions. All analyses were performed systematically to ensure transparency and reproducibility of results. Findings are presented in tabular and narrative form in accordance with the study objectives.

Findings And Discussion

Socio-Demographic Profile of Respondents

Table 1. *Distribution of Respondents by Age Group (n = 56)*

18–25 years	10	17.9%
26–35 years	16	28.6%
36–45 years	12	21.4%
46–55 years	9	16.1%
56 years and above	5	8.9%
Not disclosed	4	7.1%
Total	**56**	**100%**

Note. Data collected from a structured questionnaire administered in Bonda and Satgaon, Kamrup Metropolitan District, Assam.

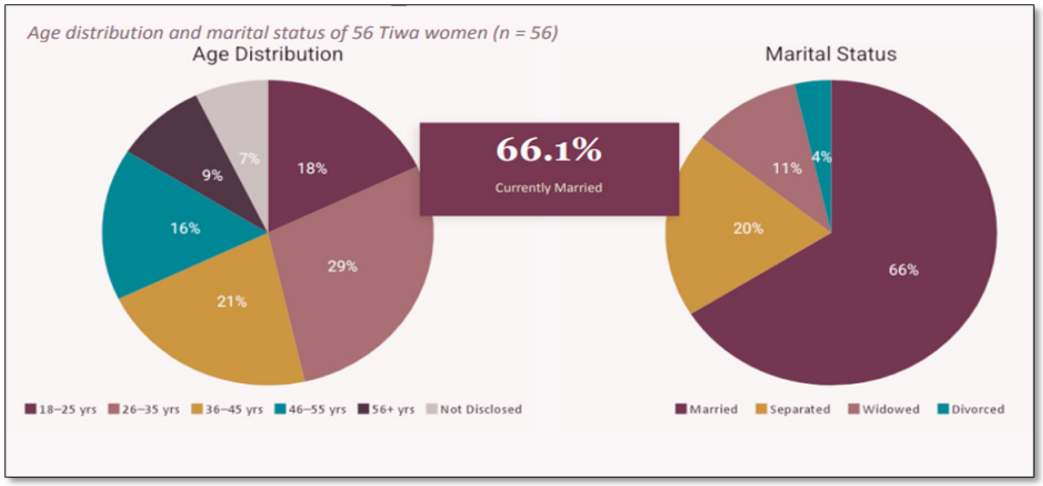

Figure 1. *Age distribution and marital status of Tiwa women (n = 56)*

Table 1 presents the age distribution of the fifty-six (n=56) respondents. The majority (50%) fell within the 26–45-year age range, consistent with the productive and reproductive life stage during which domestic violence is globally most prevalent. A further 17.9% were aged 18-25 years, and 16.1% were aged 46-55 years. Only 8.9% were aged 56 or above. The predominance of younger adult women in the sample reflects both the demographic composition of the study community and the higher exposure of younger women to active marital relationships, a critical risk factor for DV.

Table 2. *Distribution of Respondents by Marital Status (n = 56)*

Married	**37**	**66.1%**
Separated	11	19.6%
Widowed	6	10.7%
Divorced	2	3.6%
Total	**56**	**100%**

Note. Percentages may not sum to 100% due to rounding.

As shown in Table 2, the majority of respondents were married (66.1%), followed by those who were separated (19.6%), widowed (10.7%), and divorced (3.6%). The high proportion of separated women (19.6%) is particularly significant, suggesting that DV may be a contributing factor to marital dissolution in the study population, a finding corroborated by broader literature linking DV to relationship termination (Ansara & Hindin, 2011).

Table 3 reveals that 37.5% of respondents were educated to graduate level or above, and 32.1% had completed higher secondary education, indicating a relatively educated sample by tribal community standards. However, the persistence of DV even among educated women (as evidenced by subsequent findings) corroborates the established literature that education, while a protective factor in aggregate, does not uniformly eliminate DV risk, particularly within structural and relational contexts of power imbalance (Koch, 2021).

Table 3. *Distribution of Respondents by Educational Level (n = 56)*

No Formal Education	**6**	**10.7%**
Primary Level	5	8.9%
Secondary Level	6	10.7%
Higher Secondary	18	32.1%
Graduate and above	21	37.5%
Total	**56**	**100%**

Occupational data (Table 4) indicate that 37.5% of respondents were employed in the private sector, while 25% were homemakers, a category that, by its nature, may limit economic autonomy and increase exposure to abusive partners. Only 17.9% were government employees. This distribution reflects a pattern common in urbanising tribal communities, where formal employment is emerging, but gender-based occupational limitations persist (Khan & Hasan, 2020).

Table 4. *Distribution of Respondents by Occupation (n = 56)*

Occupation	Frequency	Percentage (%)
Government Employee	10	17.9%
Private Employee	21	37.5%
Self-Employed	4	7.1%
Daily Wage Worker	7	12.5%
Homemaker	14	25.0%
Total	**56**	**100%**

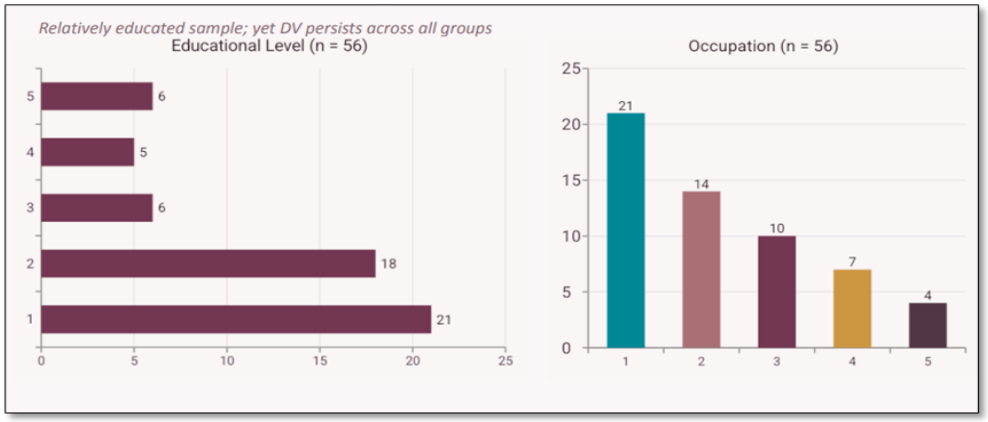

Figure 2. *Education & Occupational Profile*

Table 5. *Distribution of Respondents by Monthly Household Income (n = 56)*

Below ₹10,000	1	1.8%
₹10,000 – ₹20,000	5	8.9%
₹20,000 – ₹30,000	10	17.9%
Above ₹30,000	40	71.4%
Total	**56**	**100%**

Table 5 shows that a majority of respondents (71.4%) reported monthly incomes exceeding ₹30,000, a higher income bracket than typical for tribal communities in rural Assam, reflecting the urban economic context of the study. Despite this relative economic advantage, the high prevalence of DV across the sample indicates that financial security does not preclude exposure to domestic violence, affirming that DV is not exclusively a poverty-driven phenomenon but is deeply rooted in patriarchal power structures (Tolman & Rosen, 2001).

Prevalence and Typologies of Domestic Violence

The first objective of this study was to measure the prevalence and typologies of DV among Tiwa women in Kamrup Metropolitan District. Findings indicate a strikingly high prevalence: 78.6% of respondents reported experiencing at least one form of domestic violence, with 41.1% agreeing and 37.5% strongly agreeing to such experiences, while only 3.6% disagreed or strongly disagreed (the remaining 17.9% preferred not to disclose). This prevalence rate is considerably higher than national estimates from the National Family Health Survey-5 (NFHS-5, 2019–21), which report approximately 29.3% of ever-married women in India having experienced spousal violence, underscoring the compounded vulnerability of Tiwa women in the study context.

Table 6. *Distribution of Domestic Violence by Typology (n = 56)*

Physical Violence	21.4	58.9	1.8	17.9
Emotional/Psychological	62.5	28.6	3.6	5.4
Life-Threatening (Threats)	19.6	26.8	8.9	44.7
Economic Violence	42.9	23.2	12.5	21.4
Sexual Violence	16.1	12.5	37.5	34.0

Note. Disagree and Strongly Disagree are combined under the last column. Remaining percentages represent Disagree/Strongly Disagree responses.

Table 6 presents the distribution of DV typologies across the sample. Emotional and psychological violence emerged as the most widely acknowledged form, with 62.5% agreeing and 28.6% strongly agreeing (combined: 91.1%), a finding consistent with global evidence that emotional abuse is the most pervasive yet underreported dimension of intimate partner violence (Brewer et al., 2010). Physical violence was the second most prevalent, with 21.4% agreeing and 58.9% strongly agreeing (combined: 80.3%), reflecting alarmingly high rates of physical abuse. Economic violence was reported by 66.1% of respondents (combined agree and strongly agree), encompassing financial control, restriction of earning capacity, and resource deprivation. Life-threatening violence, including threats to harm the woman or her family, was acknowledged by 46.4% of respondents (combined), while 44.7% disagreed or strongly disagreed, and 8.9% remained neutral.

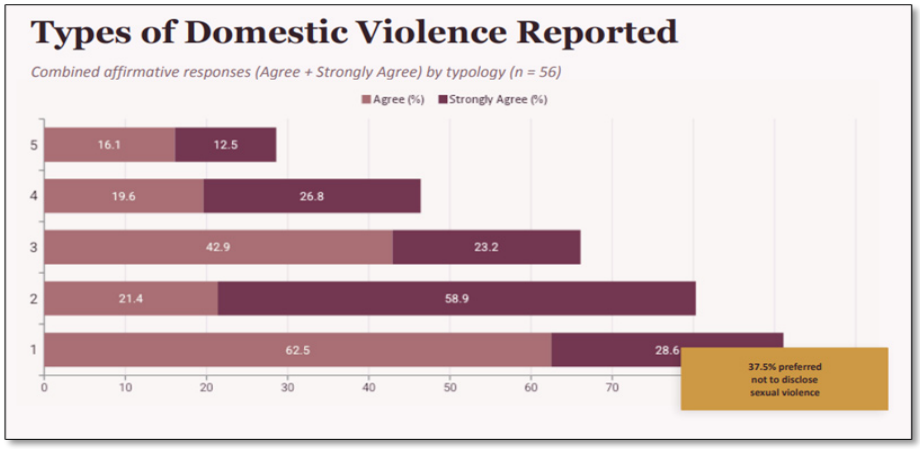

Figure 3. *Types of Domestic Violence Reported*

Sexual violence showed the lowest combined affirmative response (28.6%), with a notably high proportion of respondents (37.5%) choosing 'Prefer Not to Say'-a pattern widely observed in research on sexual violence among tribal and indigenous women, reflecting the acute social stigma and fear of disclosure associated with sexual victimisation (Heritage, 2020; Sarin & Gopalakrishnan, 2022). The non-disclosure pattern should therefore not be interpreted as an absence of sexual violence, but as indicative of the deeply entrenched silencing mechanisms operating in this context.

Psychosocial Well-Being: Psychological Distress

The second objective was to assess the psychosocial well-being of Tiwa women. Table 7 presents findings on psychological distress across three key indicators: anxiety and worry; sleep disturbance; and emotional irritability or anger, all recognised symptoms of the psychosocial consequences of DV in clinical literature (Poutiainen & Holma, 2013; Ansara & Hindin, 2011).

A notably alarming finding is that no respondent reported 'Never' experiencing psychological distress in the preceding month, confirming that 100% of participants had experienced some level of distress. Among the overall psychological distress measures, 41.1% reported experiencing distress 'Always' and 21.4% 'Often', indicating that 62.5% of the sample experienced frequent psychological distress. Only 7.1% reported experiencing distress 'Rarely'. This near-universal burden of psychological distress is consistent with Bhuller et al.'s (2024) evidence on the mental health consequences of DV exposure.

Table 7. *Psychological Distress among Respondents in the Preceding Month (n = 56)*

Anxious/Worried	35.7	17.9	33.9	12.5
Unable to Sleep Properly	30.4	28.6	26.8	14.2
Irritable/Angry	26.8	25.0	33.9	14.3
Overall Psychological Distress	**41.1**	**21.4**	**30.4**	**7.1**

Note: Overall Psychological Distress is a composite measure derived from the general item on the questionnaire.

Anxiety and worry were reported 'Always' by 35.7% and 'Often' by 17.9% of respondents, indicating that over half the sample experiences persistent anxious affect. Sleep disturbance, a critical somatic indicator of psychological trauma- was reported 'Always' by 30.4% and 'Often' by 28.6%, with a combined 85.8% of respondents experiencing sleep problems frequently. This is consistent with the clinical literature linking DV-related trauma to chronic hyper-arousal and insomnia (Sullivan, 2018; Ham-Rowbottom et al., 2005).

Emotional irritability and anger, experienced 'Always' by 26.8% and 'Often' by 25.0% of respondents (combined: 51.8%), further substantiate the picture of emotional

dysregulation and reactive affective states characteristic of DV survivors. Approximately 85.7% of respondents reported some degree of irritability or anger, reflecting the emotional toll of sustained exposure to violence and insecurity within the household.

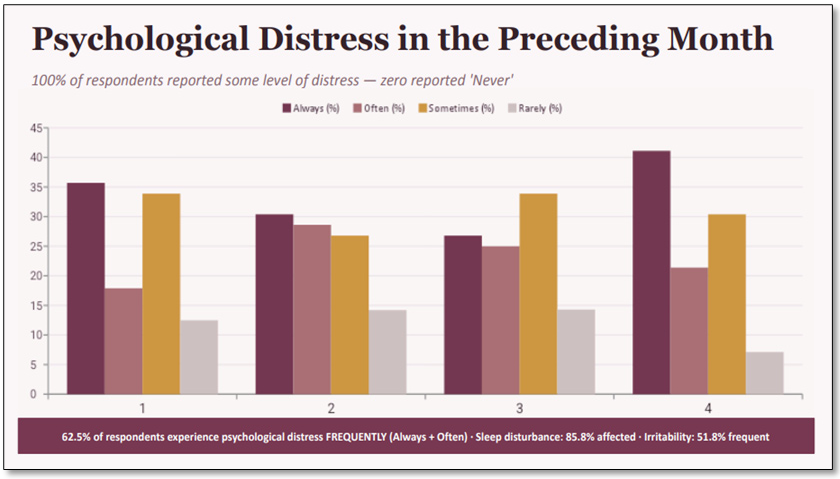

Figure 4. *Psychological Distress*

Psychosocial Well-Being: Social Support

Social support is a critical buffer against the psychosocial consequences of DV, and its availability or lack thereof significantly mediates survivors' well-being trajectories (Sullivan, 2018; Gregory et al., 2017). Table 8 presents the distribution of social support across three levels: overall, from friends and relatives, and from community networks.

Table 8. *Perceived Social Support among Respondents (n = 56)*

Overall Social Support	26.8	32.1	32.1	8.9
Support from Friends/Relatives	33.9	17.9	39.3	8.9
Community-Level Support	25.0	28.6	33.9	12.5

Note.'Strongly Disagree' responses reflect perceived unavailability of the stated support source.

Findings indicate that 58.9% of respondents (combined 'Strongly Agree' and 'Agree') reported receiving some social support overall. However, a notable 32.1% remained neutral, which may reflect ambivalence, uncertainty about the reliability of support, or reluctance to disclose reliance on external networks due to stigma, a pattern widely documented in tribal and conservative social contexts (Heritage, 2020). Among friendship and kinship networks, 51.8% expressed positive support experiences (combined affirmative), while 39.3% were neutral or preferred not to say. Community-level support was acknowledged by 53.6% of respondents, though a substantial 33.9% remained neutral.

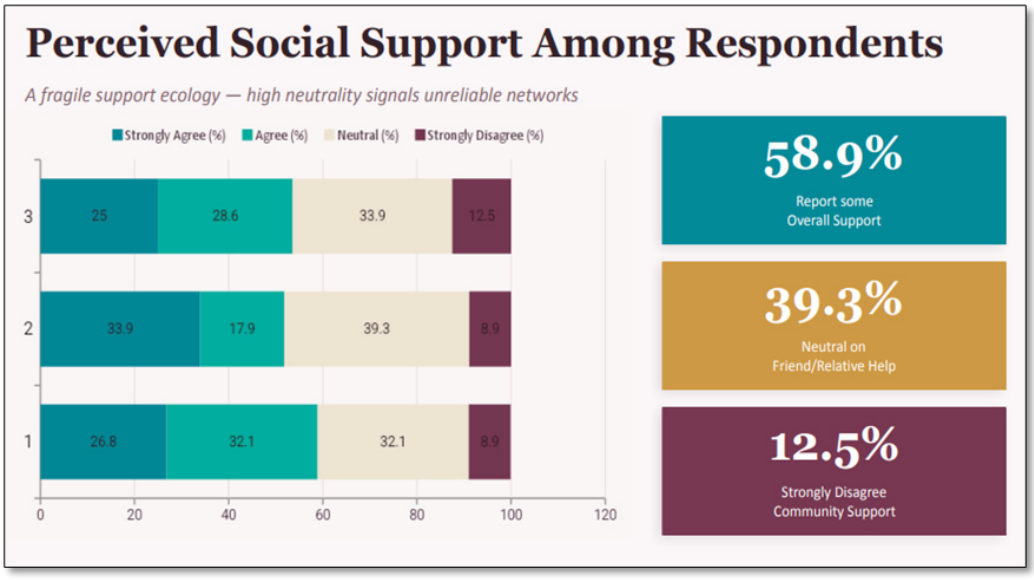

Figure 5. *Perceived social support among respondents*

The persistently high neutrality rates across all support dimensions suggest a fragile and unreliable support ecology for Tiwa women experiencing DV in this urbanising context consistent with Heritage (2020) and Sarin and Gopalakrishnan's (2022) observations that the erosion of traditional community support systems during urbanisation leaves tribal women particularly isolated in abusive situations.

Relationship between Domestic Violence and Psychosocial Outcomes

Table 9. *Perceived Association between Domestic Violence and Psychosocial Outcomes (n = 56)*

Domestic violence negatively affects mental health	16.1	14.3	64.3
DV reduces social interactions	5.4	10.7	57.1
DV causes feelings of isolation	8.9	10.7	55.4

Note. High neutral/prefer not to say rates likely reflect stigma and difficulty attributing personal distress to DV.

The third objective examined the association between DV experiences and psychosocial outcomes. Table 9 presents respondents' perceptions of how DV affects their mental health, social interactions, and sense of isolation. A noteworthy pattern in these findings is the strikingly high proportion of respondents choosing 'Neutral' or 'Prefer Not to Say' across all three psychosocial outcome items: 64.3% for mental health impact, 57.1% for reduced social interactions, and 55.4% for feelings of isolation. While only 30.4% and 19.6% explicitly affirmed that DV affects their mental health and reduces social interactions, respectively, the dominant neutrality should be interpreted with caution. As Brewer et al. (2010) caution, psychosocial sequelae of DV are systematically under-assessed due to survivors' difficulties in attributing their distress to abuse, cultural norms of silence, and fear of social consequences.

When read in conjunction with the near-universal psychological distress findings reported in Section 6.3, it becomes clear that the neutral responses in Table 9 do not indicate an absence of psychosocial impact; rather, they likely reflect an internalisation or normalisation of DV-related distress that prevents respondents from explicitly linking their suffering to the violence they experience. This interpretation is consistent with Wessells and Kostelny's (2022) observation that in marginalised communities, the attribution of emotional suffering to IPV is often obscured by cultural stigma, limited mental health literacy, and community norms that frame DV as a private or expected matter.

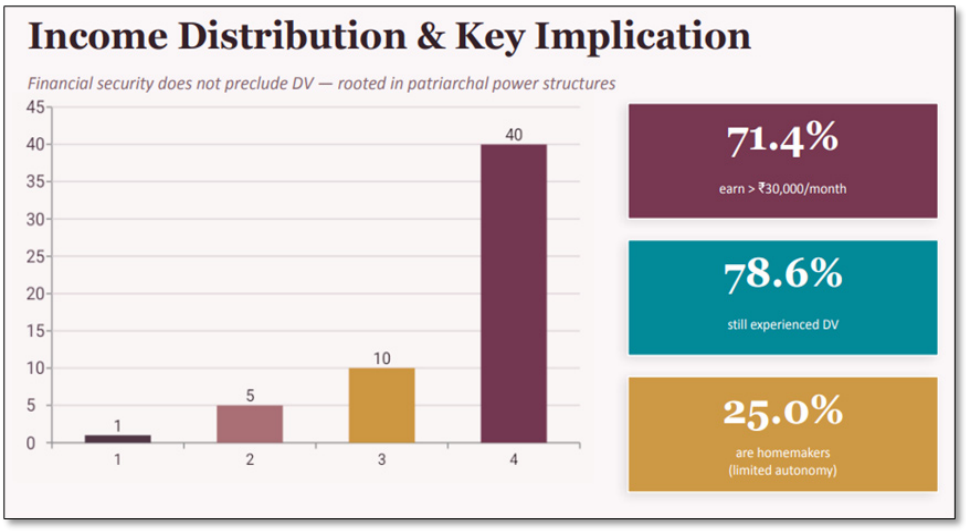

Figure 6. *Income distribution, financial security and DV*

Limitations and Directions for Future Research

This study is subject to several limitations. The non-probability sampling design limits generalisation beyond the study area. Social desirability bias and stigma may have led to underreporting, particularly for sexual violence and the explicit attribution of distress to DV. The cross-sectional design precludes causal inference. Future research should employ larger probability-based samples, longitudinal designs, and qualitative components to capture survivors' subjective experiences and the structural pathways through which DV produces psychosocial harm. Comparative studies across Tiwa communities in rural and urban settings, as well as comparisons with other tribal groups in Assam, would further enrich the evidence base.

Conclusion

This study provides systematic quantitative evidence that domestic violence is a prevalent and psychosocially devastating reality for Tiwa women in Kamrup Metropolitan District, Assam. Nearly four in five respondents reported experiencing at least one form of DV, with emotional violence (91.1%), physical violence (80.3%), and economic violence (66.1%) constituting the most pervasive typologies. Sexual violence, though likely prevalent, remains significantly under-disclosed due to entrenched social stigma. Psychological distress was virtually universal among respondents; every participant reported some level of distress in the preceding month, and social support networks were fragile and unreliable, particularly in the context of urbanisation-induced community fragmentation.

These findings resonate strongly with the broader literature on DV's psychosocial consequences (Poutiainen & Holma, 2013; Ansara & Hindin, 2011; Bhuller et al., 2024) while contributing novel contextual evidence from an indigenous community navigating the challenges of urbanisation. The study reinforces Dhal's (2018) critique that tribal women's experiences of violence are systematically underrepresented in Indian gender discourse, and underscores the urgent need for empirical, community-embedded research to inform responsive policy and practice.

The findings carry several important implications. At the policy level, there is a need for strengthened implementation and community outreach of the PWDVA, 2005, with specific provisions for tribal women in urban and peri-urban settings. At the practice level, social work interventions must be culturally sensitive, linguistically accessible, and grounded in the indigenous epistemologies of the Tiwa community. Community-based mental health services, peer support networks, and gender-sensitive livelihoods programmes are urgently needed to address both the immediate and long-term psychosocial burden documented in this study.

Authors Declaration

This study was conducted in accordance with ethical principles governing social science research involving human participants. All respondents provided voluntary informed consent before participation. Anonymity and confidentiality were maintained throughout. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. The authors hereby declare no conflicts of interest. The data that support the findings of this study are available from the corresponding author upon reasonable request.

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