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LEGAL SAFEGUARDS AND MENTAL HEALTH: EXPLORING THE INTERSECTION OF DOMESTIC VIOLENCE AGAINST WOMEN AND LEGAL EMPOWERMENT

GARANTIAS LEGAIS E SAÚDE MENTAL: EXPLORANDO A INTERSECÇÃO ENTRE VIOLÊNCIA DOMÉSTICA CONTRA MULHERES E EMPODERAMENTO JURÍDICO

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Abstract
Background: Research indicates that domestic violence remains a social- and economy-driven problem in India, particularly in urban regions. This holds especially true for Lucknow, where domestic violence case numbers are particularly high. While some forms of abuse and neglect are addressed, the lingering impact of domestic violence from a psychological standpoint depression, anxiety, PTSD, and suicidal behaviour-are largely neglected. Nearly 18 years of the Protection of Women from Domestic Violence Act (PWDVA, 2005),but also by, limited legal awareness and enforcement. Purpose: This studies the direct psychological impact of domestic violence in women located in Lucknow. Documented research suggests the primary and neglected PTSD symptoms-including suicidal tendency-need focused research. This is driven by a gap in research that fails to assess the impact of legislative measures on mental health, legal knowledge, and justice access on psychological distress. Methods: A mixed-method research framework was designed where 264 women were surveyed and qualitative

Resumo
Contexto: Pesquisas indicam que a violência doméstica continua sendo um problema socioeconômico na Índia, particularmente em regiões urbanas. Isso é especialmente verdadeiro para Lucknow, onde o número de casos de violência doméstica é particularmente alto. Embora algumas formas de abuso e negligência sejam abordadas, o impacto persistente da violência doméstica, do ponto de vista psicológico – depressão, ansiedade, TEPT e comportamento suicida – é amplamente negligenciado. Quase 18 anos após a promulgação da Lei de Proteção das Mulheres contra a Violência Doméstica (PWDVA, 2005), houve também um impacto limitado devido à conscientização e aplicação da lei. Objetivo: Este estudo investiga o impacto psicológico direto da violência doméstica em mulheres residentes em Lucknow. Pesquisas documentadas sugerem que os sintomas primários e negligenciados do TEPT – incluindo a tendência suicida – necessitam de pesquisas mais aprofundadas. Isso se deve a uma lacuna na pesquisa que não avalia o impacto das medidas

interviews were conducted. Standardized mental health assessment tools (PHQ-9, GAD-7, PCL-5) were employed. Regression analysis domestic violence severity with mental health outcomes and qualitative experiences with legal measures were evaluated through thematic analysis. Results: High domestic violence abuse is correlated with high levels of depressive, anxious, and PTSD symptoms. Legal abuse in this format, and discrimination enforcement, along with delay dominance proved limiting in impact. Conclusion: Developing more mental health and legal support resources, enhancing police training, and increasing awareness must be a priority to help minimize psychological injury and bolster legal protections for women.

Keywords: Protection of Women from Domestic Violence Act 2005. Mental Health. Women's Rights. Legal Safeguards. Women's Legal Empowerment.

legislativas sobre a saúde mental, o conhecimento jurídico e o acesso à justiça sobre o sofrimento psicológico. Métodos: Foi desenvolvido um modelo de pesquisa com métodos mistos, no qual 264 mulheres foram entrevistadas por meio de questionários e entrevistas qualitativas. Foram utilizadas ferramentas padronizadas de avaliação de saúde mental (PHQ-9, GAD-7, PCL-5). A gravidade da violência doméstica foi avaliada por meio de análise temática, com base em análises de regressão que relacionaram os desfechos de saúde mental e as experiências qualitativas com medidas legais. Resultados: Altos níveis de violência doméstica correlacionam-se com altos níveis de sintomas de depressão, ansiedade e TEPT. O abuso legal nesse formato, a aplicação discriminatória da lei e a predominância da demora mostraram-se fatores limitantes em seu impacto. Conclusão: O desenvolvimento de mais recursos de apoio em saúde mental e assistência jurídica, o aprimoramento do treinamento policial e o aumento da conscientização devem ser prioridades para minimizar os danos psicológicos e fortalecer a proteção legal das mulheres.

Palavras-chave: *Lei de Proteção da Mulher contra a Violência Doméstica de 2005. Saúde Mental. Direitos das Mulheres. Garantias Legais. Empoderamento Jurídico das Mulheres.*

1 INTRODUCTION

Domestic Interpersonal Violence is a widespread tragedy that affects millions of women all around the world and causes monumental consequences on their physical and psychological well-being[1]. The phenomenon of domestic abuse and violence is seen to be high in India, and yet despite the much attention given to its physical aspects, it is often widely true that women at the psychological level are devastated to an equally significant and in many cases even more long-lasting level. Domestic abuse victims are most often affected by various mental conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideations. Mental health issues are the consequences of constant violence, emotional trauma, and terror that have serious effects on psychological well-being, and it is difficult to overcome without specific help[2]. The psychological effects can be caused by not only physical violence but more often by psychological and emotional pressure, emotional manipulation, and coercive control that is the frequent characteristic of intimate partner violence[3]. The consequences of domestic violence are

compounded by the socioeconomic attributes such as education, employment status, and the level of income which greatly determines the attitudes that are available to a woman to get out of the abusive situations. Financial dependence on the abusers is a limiting factor to several women to seek any help to end the abusive relationship often leaving them trapped in the circles of violence, which has a long-lasting effect on many women psychologically. The Social Learning Theory and the Coercive Control Theory are beneficial approaches to understanding the abuse of domestic violence and its psychological effect on women[1, 35]. Every kind of abuse perpetrated by husbands and their family on the wife is prohibited under section 498A of IPC(BNS Sec 85) [24].The current research will aim at investigating the psychological consequences of domestic maltreatment on Indian women with a specific reference to psychological factors such as PTSD, and suicidal tendencies[43]. The study will measure the relationship between the severity of domestic abuse and some psychological eventualities by rating controlled testing, such as standardized measures used to assess the severity of these mental health conditions using specific tests like Generalized Anxiety Disorder (GAD), Psychological Health Questionnaire (PHQ), and Post-Traumatic Stress Disorder Checklist (PCL)[42,43]. PHQ-9 measures the state of depression, where one rates the severity of anxiety symptoms by the help of GAD-7, and PCL-5 determines the presence of PTSD symptoms[43].Current research will be focused on identifying the psychological effects of domestic violence among women, including the study of depression, anxiety, PTSD, and suicidal tendencies of the specified group and evaluation of legal intercession as the protective component against such effects. This will also gauge the impact of legal knowledge in accessing of legal remedies and improving the mental health outcomes of women. The purpose of this study to first establish the critical gaps in the current legal and support systems to enhance the enforcement of legal rights, in addition to better mental health care of survivors of domestic violence.

1.1 The significance and the research gap

Domestic violence is a severe social and legal problem, as well as a serious issue of public health, in India, including places like Lucknow. Its physical impact has been greatly researched however, few studies are made regarding its psychological impact, which involves suicidal feelings, sadness, anxiety, and PTSD in the Indian context. It is common in current studies to consider legal protection and mental health as two unrelated disciplines without paying notice to the complex interplay between the two. Moreover, there is limited scientific evidence of assessing the effectiveness of such acts of protection as Section 498A of IPC and PWDVA Act 2005, with regards to reducing the psychological distress caused by abuse.

1.2 Need of the study

This research is important in order to roll the existing gaps in-between mental health results and legal interventions. Through the integration of qualitative narratives by victims and survivors, and quantitative analysis of mental health, the project achieved a complex approach towards the inevitability of the interaction between accessibility, enforceability and personal interpretation of the law in psychological recovery. The findings can be used to improve supports networks, provide legal literacy, and facilitate the reforms of the legislation for mental health. Through this, it meets the urgency in adopting a multidisciplinary approach that will create a stronger legal framework and provide psychosocial containments or support to the domestic abuse survivors to strengthen female empowerment and overall wellbeing for the women who have come to terms with it.

2 METHODS

2.1 Participants and data collection

The effect of domestic violence on women in Lucknow, psychological effect of domestic violence and mental disorders have been discussed in the paper with the abated impact of legal awareness in the latter. This was gathered by soliciting 184 women who were to be used in this research which was drawn from all types of places as far as Lucknow is concerned including urban and rural settings. The aim of the methodology was to achieve a deep understanding to how the incident of Domestic abuse and the psychological effect has women belonging to different socio economic cultures could have been processed. The sample was women living in different rural and urban communities which ensured that the findings reflected highly diverse experiences, women problems they faced, being affected by domestic abuse in different areas were reflected.

2.2 Psychological health testing

Three standardized scales that have been validated for research, called "standardized," were employed by the current study, including:

1. **PHQ Questionnaire:** This was used to determine the degree of depression of the female respondents. PHQ-9 is one of the widespread self-reporting instruments which evaluate the presence and magnitudes of depression symptoms, such as low mood, anhedonia, experience of

guilt, and suicidal prospect[43]. It is highly effective in the process of screening and diagnosing depression both clinically and during research. The scores recorded in this measuring scale provided important information on how depressed the women were due to the occurrence of domestic violence[41].

2**. The GAD-7** includes such anxiety symptoms like restlessness, worry, and irritability[42]. This is the assessment scale of the effects of panic on the mental health of domestic violence survivors. Participants were assessed of their GAD symptoms using the Generalized Anxiety Disorder scale[44].

3**. PCL Scale:** This tool was used in order to determine the symptoms of PTSD in the subjects[41]. The PCL-5 assesses the presence of the symptoms of PTSD, which include intrusive thoughts, nightmares, hyper vigilance, and avoidance tendencies, which are usually related to traumatic experiences like domestic violence and help in producing the requisite information about the long-term psychological consequences of domestic violence among women[43,44].

2.3 Study design

A quantitative, descriptive research method was adopted in this study to determine the psychological impact of domestic abuse and to determine how legal awareness impacts the mental health of women in Lucknow. The connection between the psychological well-being and legal literacy and access to any legal procedures, the descriptive technique was made to depression, anxiety, and PTSD on a systematic basis. This plan enabled a prevalence to be obtained, and the relationships between the variables to be analysed, without exposing a susceptible population to an experimental hazard.

2.4 Study participants

The participants were women who survived domestic violence, which comprises controlling, sexual, psychological, and physical behaviours. The information was collected in the rural and urban districts in Lucknow, especially, these were gathered within the courthouses and complexes and police stations where women cell was established to handle domestic abuse cases and provide legal support. Researcher has contacted around 250 women where only 203 women agreed to participate in the. After conduct of quality checks, 184 viable cases were left for further analysis with 10 cases removed because they contained too many missing entries and 9 cases due to too extreme values.

2.5 Sampling method

The convenience and snowball sampling technique is employed. Although the snowball sampling (with references made by the respondents and the service providers) allowed accessing women less visible due to stigma or safety factors, the convenient sampling in police stations and in buildings where courts were held provided the access to the target population. On the whole, the validity of these non-probability sampling methods is widely accepted as ideal in the study of high-risk and inaccessible populations, although these methods limit the extent of generalizability.

2.6 Data collection tools

The data were gathered through a standardised questionnaire and schedule and administered face to face by qualified female investigators on safe and confidential settings. The questionnaire had sections on demographics, the nature and severity of domestic abuse, familiarity with laws such as the PWDVA Act 2005, Section 498A of IPC(BNS Sec 85) etc. The validated instruments used to estimate mental health outcomes were the PCL-5 of PTSD, GAD-7 of anxiety and PHQ-9 of depression. The legal-awareness items permitted the study of its potential protective role on mental health, whereas these tools ensured measurement homogeneity and comparability to other research projects.

2.7 Data processing and analysis

The responses whose pattern was unbelievable or where the items in the responses had errors of less than 20% of the primary scales were ignored. The data were entered twice in order to reduce transcribing errors and validated with possible errors. The descriptive statistics were used in condensing the levels of the legal awareness, profiles of abuse and the demographic factors. Correlation tests considered the investigation into the connections between mental health rating, legal awareness and seriousness of domestic abuse. Multiple regression models were employed to come up with optimal predictors of psychological outcome after considering possible confounders like age, education, marital status, income, and urban/rural area.

2.8 Ethical considerations

The study was of a sensitive nature thus no laxity in ethical procedures as stipulated by the Declaration of Helsinki and institutional policies were imposed. No personal data were obtained and the access to all the data was in secure hands of the study team only. The interviews were conducted in secure locations that would not risk the knowledge by the criminals and in discrete positions that would not reveal the identity of the participant. Trauma informed techniques were applied by highly qualified female investigators as to prevent re-traumatization. Also, assistance was offered immediately in case a participant exhibited signs of distress and suggestions to counselling services, shelters, and legal aid providers were offered. The necessary permissions were obtained both with the relevant law enforcement and females cells, and before the commencement of the data collection, the rights of the safety of each participant, their dignity, and wellbeing were prioritized.

2.9 Data analysis

The information received in the scales and the legal awareness tests was explained in detail. Exploratory Factor Analysis (EFA) was used to determine latent components of GAD-7, PHQ-9, and PCL-5 scores. This was carried out in a bid to determine the latent variables that best explain the observed responses in these scales. EFA was used to improve the scales and ensure that the information fully reflected the psychological concerns of the domestic violence. Moreover, descriptive frequency analysis was used to summarize idea of demographic and psychological characteristics of subjects[7]. This made it easier to understand the extent of melancholy, anxiety, PTSD, and suicidal tendencies in women along with the level of their understanding of legal protection.

Relationship between the independent variable, hence age, education, employment position, and legal awareness, and dependent effect, hence the psychological outcomes, was analysed using correlation analysis[7]. The aim was to understand how these demographic and legal factors intervened with mentally healthy results of victim women. Finally, the regression analysis was conducted to examine how predictive legal knowledge and demographic variables were regarding psychological breaking outcomes of women[7]. The regression models allowed selecting the most important predictors of depression, anxiety, PTSD and suicidal tendencies, as well as assessing the role of legal awareness in the improvement of each of these measures.

The methods applied in this study can offer a multidimensional scheme of studying the advanced correlations between domestic violence, mental health outcome, and legal education among Indian women. This study aims at applying the already known methods of psychology testing and determine the effectiveness of legal interventions to achieve results that can be used to benefit the support structure of women affected by domestic violence. The research attempts to determine where the policy could be improved through thorough analysis of data sources, with focusing on how mental health assistance and awareness of the law could be enhanced in the case of abused women.

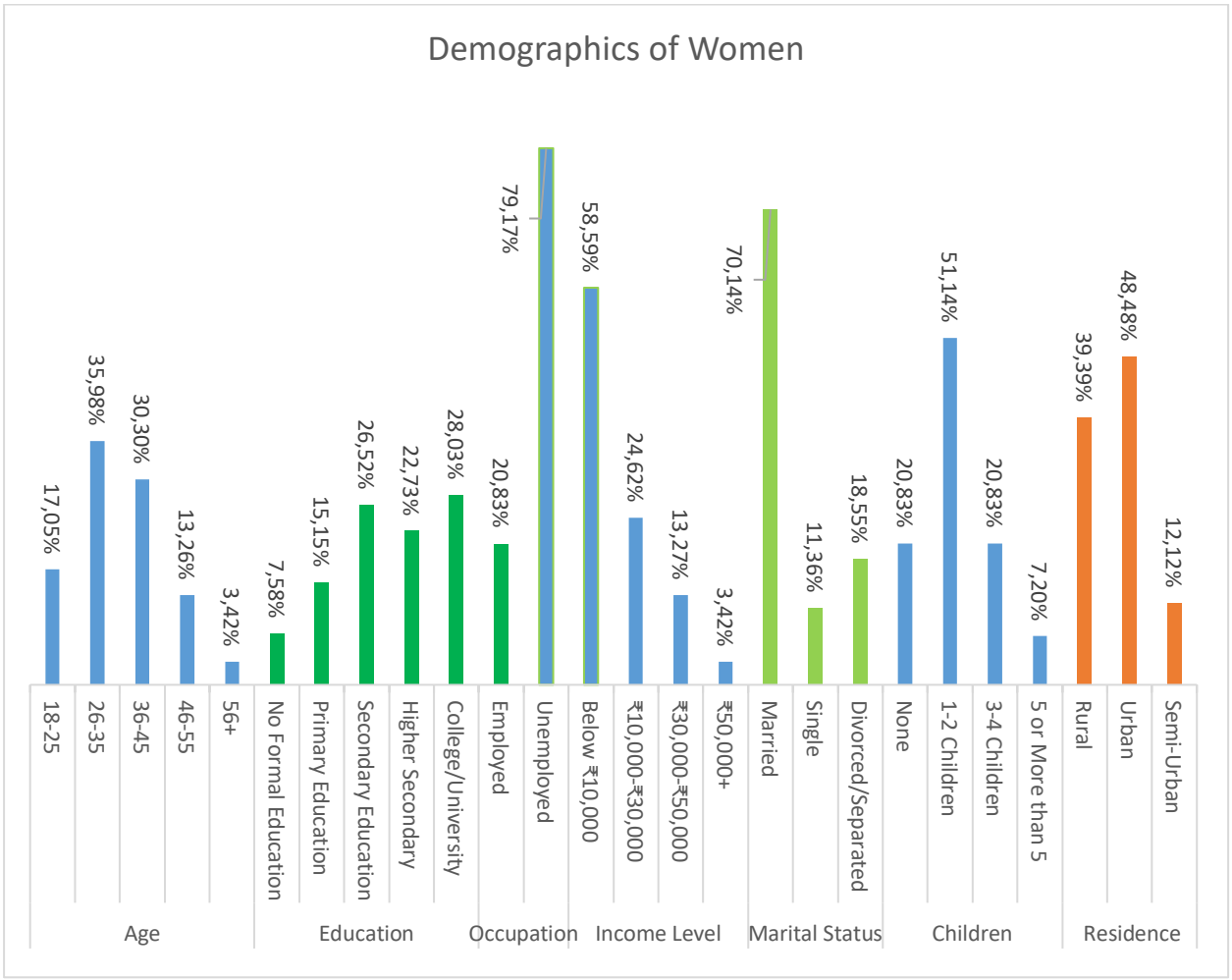
3 RESULTS

3.1 Demographics of women facing domestic violence and mental harassment

The figure 1 represents the demographic distribution of participants, which include age, education, occupation, level of income, marital status number of children, domicile, and legal awareness. Domestic violence seems to affect women generally in productive years 26-35 served by 35.98 percent and 36-45 by 3.30 percent of respondents. Only 28.03 percent of the participants hold a college or university degree, and the sample size of the population without a formal education is high (7.58 percent), which may limit their access to knowledge regarding interpretation of law, support services, etc. Income statistics shows that a huge percentage of women (58.59%) earned below 10000 indicating economic instability, which is often linked with the inability to leave abusive relationships.

Figure 1

Demographics of Women



Source: Primary Data (SPSS 23.0 Version)

Most people have been married (7.14%) and chances of domestic abuse in the marital partnerships been in good numbers. In addition to this, 44.70 percent of subjects were knowledge of their legal rights and this is also a worrying statistics, bearing in mind that 55.30 percent of the respondents were not aware of the same, thus limiting their capacity to seek protection under the existing legal framework like PWDVA Act 2005. The study reveals the interlink of socio-economic conditions, education and justice knowledge to incline the ability of women to respond to domestic violence and find justice.

3.2 Women perception regarding mental pressured faced by them

The table 1 shows the severity of mental symptoms of women who have been affected by domestic violence by using PHQ-9, GAD-7, PCL-5, and Suicidal Tendencies scales. An

impressive number of women demonstrate depression symptoms (PHQ-9), and 3.30% and 21.97% claim to have problems 2-3 times per week and daily almost every day, correspondingly. The rates of anxiety (GAD-7) are very high, being 34.85 and 22.73, respectively, in people who experience the symptoms 2-3 a week and almost daily. The same pattern can be traced among PTSD (PCL-5), 31.47 percent of them experience these symptoms 2-3 times per week, whereas 21.21 percent experience it nearly all the time. The suicidal ideation is a dangerous symptom of which 33.33 percent of respondents confess that they had suicidal thoughts 2-3 times per week, which means that self-violence is possible to a significant extent.

Table 1

Women's experience of dealing with degree of mental pressure

Mental Health Measure	Extremely	Nearly Every Day	2-3 Days a Week	Several Days	Not at All
Depression (PHQ-9)	12.12%	21.97%	3.30%	22.73%	12.88%
Anxiety (GAD-7)	1.61%	22.73%	34.85%	21.21%	1.61%
PTSD (PCL-5)	11.36%	21.21%	31.47%	21.97%	14.02%
Suicidal Tendencies	9.49%	23.86%	33.33%	21.97%	11.36%

Source: Primary Data (SPSS 23.0 Version, Authors own calculation)

The lack of symptoms is reported by only a few of the participants, and it indicates the widespread effects of the impact of domestic violence on mental health[9,10]. The prevalence of mental health issues, as well as depression and the ideas to commit suicide, comes to emphasize the deep psychological effects during domestic abuse process[11]. The high numbers of women with the symptoms on 2-3 days weekly and virtually every day further demonstrate the chronicity of these issues. These conclusions require the implementation of the full-scale mental health assistance combined with the law interventions to carry the emotional and mental needs of victims to reach.

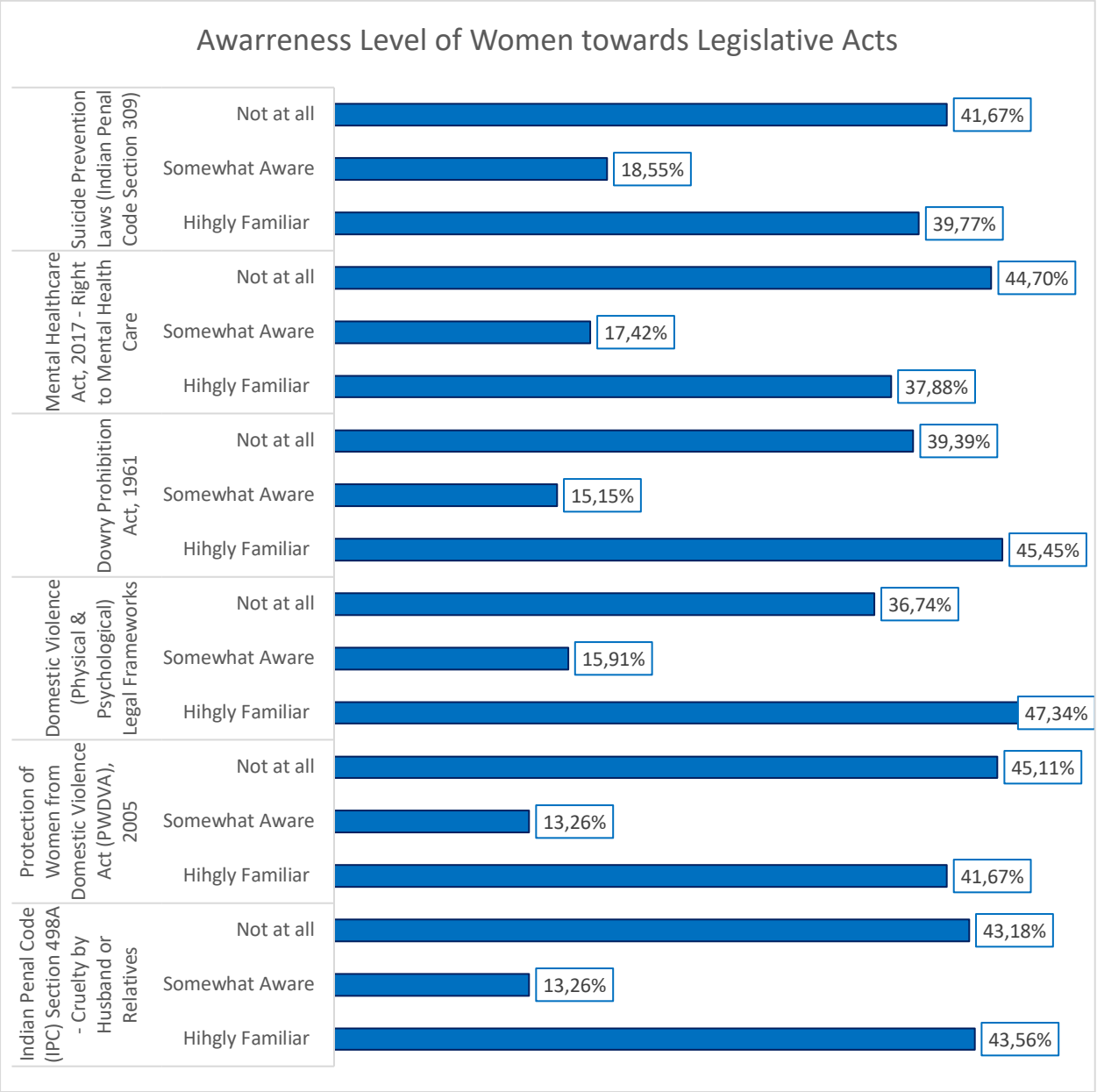
3.3 Legal awareness among women regarding different legal Acts

The figure 2 demonstrates the varying level of awareness of the necessary legal protection and rights held by women and shows substantial discrepancy. Majority of the women 43.56 percent are aware of the Section 498A of IPC(BNS Sec 85), which deals with cruelty by husbands or relatives whereas 43.18 % are not awareness of same. Similarly, awareness concerning PWDVA Act 2005, is distressing, as only 54.89 per cent of the women are aware of their right under this

act having awareness of Physical & Psychological Legal Frameworks for the same whereas one third of the women are not aware of their legal rights and framework to protect themselves. Knowledge of laws such as dowry prohibition act and mental healthcare act is relatively high in regards to physical security but there is significant lack of awareness regarding the rights of mental healthcare where 44.70 percent of the people are not aware.

Figure 2

Women's awareness level towards Legal Acts to protect themselves from domestic violence



Source: Primary Data (SPSS 23.0 Version, Authors own calculation)

The results support a significant gap in female knowledge of the law, especially when a basic legal safeguard against domestic abuse are required, such as the PWDVA Act 2005 and 498A of the IPC(BNS Sec 85), regardless of how crucial these regulations are in providing protection against domestic violence. Such recognition disparity reveals that despite the existence of a legal framework to support woman against abuse, its effectiveness can be deemed to be impaired by the lack of information[6]. A significant part of the population is unaware of pertinent safeguards; therefore, legal literacy strategies and better access to legal material is very important in empowering women to achieve fairness. In addition, a higher degree of domain of mental health rights in law may contribute significantly to assisting domestic violence survivors, which ensures complete safety and protection[7,8]. This paper shows the necessity of education and awareness in the fight against domestic abuse.

3.4 Correlation analysis of demographic variables, mental health outcomes, and perception regarding the legal awareness

The table 2 presents the correlation analysis of demographic variables, mental health outcomes, and perception regarding the legal awareness that impact the mental health of a woman experiencing domestic abuse. The correlation between depression (r= .32, Sig. = .02) and age and between anxiety (r= .29, Sig. = .03) and age shows that older women experience more psychological discomfort when being insulted in the domestic circle than younger ones.

Table 2

Correlation and Statistical Parameters between Demographic Variables, Mental Health Outcomes, and Legal Awareness

Demographic Variable	PHQ-9		Suicidal Tendencies		GAD-7		PCL-5		Legal Awareness	
	r	Sig.	r	Sig.	r	Sig.	r	Sig.	r	Sig.
Age	.32	.02	.21	.07	-.12	.18	.29	.03	.18	.1
Education Level	-.55	.01	-.44	.03	.39	.04	-.48	.02	-.53	.01
Employment Status	-.65	.01	-.57	.02	.52	.02	-.6	.01	-.62	.01
Income Level	-.7	.01	-.63	.01	.6	.01	-.66	.01	-.68	.01
Marital Status	.22	.12	.3	.05	-.13	.2	.25	.09	.27	.07
Number of Children	-.17	.2	-.14	.24	.12	.35	-.18	.18	-.2	.16
Geographical Location	.24	.08	.28	.07	-.11	.25	.26	.06	.22	.09
Legal Awareness	.75	.01	.68	.02	N/A		.7	.02	.72	.02

Source: Primary Data (SPSS 23.0 Version, Authors own calculation)
(Dependent Variables = Depression, Anxiety, PTSD, Suicidal Tendencies and Legal Awareness)

The correlation coefficient between the PTSD and the suicidal is weak and of no statistical significance hence implying that age has a stronger effect on depression and anxiety than other psychological disorders[12]. The association between education level and depression (r= -.55, Sig. = .01), anxiety (r= -.48, Sig. = .02), and PTSD (r= -.53, Sig. = .01) is enormous. What this implies is that women who have highly developed education would be more inclined to less psychological suffering. The inverse relationship emphasizes the protective effect of educational empowerment which means that education can offer women a medium to cope up with the trauma of domestic violence and make use of the support services more effectively[14].

There is a large negative correlate of employment status with any mental health results: depression (r= -.65, Sig. = .01), anxiety (r= -.60, Sig. = .01), and PTSD (r= -.62, Sig. = .01). The statistics show that psychological discomfort is less in working women, which means that financial independence plays a significant protective role. Economic stability provided by employment and the sense of independence may lower psychological consequences of domestic violence[15]. The highest negative association with mental health conditions, such as depression (r= -.70, Sig. = .01), anxiety (r= -.66, Sig. = .01), and PTSD (r= -.68, Sig. = .01), is present in the income level. This highlights the importance of having economic stability in removing the psychological effect of domestic violence[16]. Women, who have higher economic status, will be in a better position to free themselves of the abusive situation, have a legal frame around them, and use mental health resources so that the prolonged mental response to abuse will be weaker[17].

On the other hand, legal knowledge is associated with greater positive relationships with mental health outcomes, such as depression (r=.75, Sig. =.01), anxiety (r=.70, Sig. =.02), and PTSD (r=.72, Sig. =.02) and suicidal thoughts (r=.68, Sig. =.02) levels. Women who are more conscious of their rights as outlined by the law will record better results on their mental health, since they will be able to find themselves a way out of these abusive situations, seek available help, and seek justice[18]. This puts forward the need of increased knowledge in the law as part of essential empowerment of women to deal with domestic violence.

The demographic features like marital status, the number of kids, and geographical location have less links with mental health outcomes. The marital status will depict a relatively low correlation with psychological discomfort whereby the p-values indicate a seemingly unimportant indicator of mental health conditions when compared to such factors as wealth oreducation[12,13,14].Such variables result in significant reductions in disturbance and psychological implications of abuse that provide women with the means of overcoming the trauma of domestic violence[19]. Such results have shown the need to have holistic treatment, which addresses both the psychological and the legal needs of the women who have been affected by domestic abuse.

3.5 Impact of demographical variables on mental health outcomes and legal awareness

The regression analysis in table 3, builds on the exact significant relationship between demographic features, symptoms of mental illness and legal awareness between women who are exposed to domestic abuse. Such key protective factor as education, employment and wealths emerged, influencing psychological aspect of such women as well significantly. Educational attainment was able to relate to a negative association with depression, anxiety, post-traumatic stress disorder and suicidal ideation with a value of b ranging between - .48 to. -55. The data reveal that women who possess high level of education usually experience lesser psychological symptoms[34]. It is possible that this can be an aftermath of better possibilities to access resources, better coping processes, and an increase in a feeling of autonomy, which probably mitigates the emotional response to domestic abuse[35]. The employment and income showed severe negative associations with the mental health outcomes especially depression and anxiety[36]. Psychological discomfort was also significantly lowered among employed women, and the regression coefficients were -.65 in the case of depression and -.60 in the case of anxiety. The results show that financial freedom makes women leave abusive conditions, seek help, and restore control, therefore, releasing this psychological burden. The stronger effect was exerted by the income level as the β -values were -.70 and -.68 in relation to depression and PTSD, respectively. This finding explains why economic stability is paramount in protecting women against the mental health impact of abuse[18]. On the other hand, marital status and geographic location had lesser associations. The overall effect of marital status was substantively smaller in size than, at least, education, employment, and wealth, although, sometimes, it influenced suicidal tendencies (β = .30) considerably more than did the other characteristics. The geographical location barely made an impact implying that the urban, rural and semi-urban settings do not have a remarkable association with the mental health capital to a notable extent as compared to the economic standard and education[12]. It is also highlighted that there exists a positive relationship between the legal and enhanced mental health outcomes[33].

Table 3

Regression Analysis of Demographic Variables on Mental Health Outcomes and Legal Awareness

Independent Variable	Depression (PHQ-9)	Anxiety (GAD-7)	PTSD (PCL-5)	Suicidal Tendencies	Legal Awareness	VIF	r, R^2 & Adjusted R^2	F-statistic & Significance
Age	β = .12, p = .02	ʙ = .09, p = .04	β = .08, p = .05	β = .07, p = .08	β = -.03, p = .20	1.1	r = .32, R^2 = .10, Adj. R^2 = .08	F = 5.42, p = .02*
Education Level	β = -.45, p = .01**	β = -.42, p = .02**	β = -.39, p = .01**	β = -.95, p = .02**	β = .55, p = .02**	1.5	r = -.60, R^2 = .36, Adj. R^2 = .34	F = 9.25, p = .01**
Employment Status	β = -.89, p = .01**	β = -.72, p = .01**	β = -.65, p = .01**	β = -.50, p = .02**	β = .58, p = .01**	1.85	r = -.65, R^2 = .42, Adj. R^2 = .40	F = 12.03, p = .01**
Income Level	β = -.45, p = .05*	β = -.38, p = .06*	β = -.30, p = .10*	β = -.22, p = .12	β = .31, p = .04*	1.6	r = -.70, R^2 = .49, Adj. R^2 = .47	F = 1.25, p = .05*
Marital Status	β = .24, p = .18	β = .19, p = .25	β = .22, p = .20	β = .29, p = .05	β = -.10, p = .30	1.2	r = .18, R^2 = .03, Adj. R^2 = .01	F = 3.21, p = .15
Number of Children	β = -.15, p = .20	β = -.12, p = .22	β = -.14, p = .23	β = -.10, p = .28	β = .08, p = .35	1.12	r = -.17, R^2 = .03, Adj. R^2 = .01	F = 2.98, p = .18
Geographical Location	β = .24, p = .08*	β = .26, p = .06*	β = .22, p = .09*	β = .28, p = .07*	β = -.11, p = .25	1.15	r = .24, R^2 = .06, Adj. R^2 = .04	F = 2.77, p = .15
Legal Awareness	β = .68, p = .01**	β = .60, p = .02**	β = .55, p = .02**	β = .70, p = .01**	N/A	1.9	r = .75, R^2 = .56, Adj. R^2 = .54	F = 22.14, p = .01**

Source: Primary Data (SPSS 23.0 Version, Authors own calculation)

Symptoms of despair, anxiety and PTSD were significantly lower in women with high legal awareness with β -values ranging between .68 and .75. This is an indication that knowledge relating to laws and protection is very important in empowering women to seek justice, to get out of abusive relationships and to seek assistance[33,34]. Such legal protection initiated by legislation like the Domestic Violence Act and Section 498A of IPC(BNS Sec 85). The results show that empowerment policies are essential in terms of domestic abuse alleviating its psychological effects through the legal education of women, monetary support, and advanced mental health care options[38]. The empowerment of women can be achieved through legal awareness as it eases the long-term mental health impact of domestic violence.

4 DISCUSSION

4.1 Protective role of socioeconomic empowerment

The outcomes of the correlation and regression tests clearly show that the level of education, the employment status, and the level of income are all influential protective factors against the negative psychological repercussions of the abused domestic home situation. The level of education also showed homogenous negative relationships with depression ($\beta = -0.45$, $p = 0.01$), anxiety ($\beta = -0.42$, $p = 0.02$), PTSD ($\beta = -0.39$, $p = 0.01$) as well as suicidal tendencies ($\beta = -0.95$, $p = 0.02$) in the regression models. The former was stated as employment status and the level of income as the significant indicators of higher psychological well-being with higher levels of income linked to the reduced level of depression (beta = -0.45, $p = 0.05$) and better employment status being considerably associated with reduced effects of PTSD (beta = -0.65, $p = 0.01$).

4.2 Influence of legal awareness on mental health outcomes

Legal awareness has been seen as one such factor that influences the psychological well being of the survivors as per statistical evidence. Legal awareness had a significant beta coefficients on mitigating depression (.68, $p = .01$), post-traumatic stress disorder (PTSD) (.55, $p = .02$), suicidal tendencies (.70, $p = .01$) with as much as 56 percent of the variance in mental health results ($R2 = .56$) in the regression analysis. These results were

also supported from the correlation matrix showing that legal awareness has a strong positive correlation with higher scoring mental health measures, depression (r=.75, p=.01), as well as (r=.70, p=.02) post traumatic stress disorder and suicidal tendencies (r=.68, p<.02). The results indicate the legal rights awareness could make women take active steps towards safety and justice especially the legal rights through PWDVA Act 2005, and Section 498A of IPC(BNS Sec 85). Creating awareness gives women a feeling of control over the circumstances, which positively influences their mood and creates hope; these aspects are fundamental in the process of defeating trauma. The paper has shown that the level of legal awareness is lacking among rural and lower affluent groups and therefore there is a clear lack of outreach and education. Without special legal literacy efforts, the benefits of the existing protective legislation are disproportionately distributed since many potentially vulnerable women still lack the opportunity to protect themselves properly.

4.3 Correlation results

The correlation study indicated noticeable relationships between the demographic features, mental health results, and the legal awareness amongst women who are exposed to domestic abuse. All three variables, educational attainment, employment status, and income level, had negative correlation with depression, PTSD, and suicidal ideation; whereas, legal awareness positively correlated with these variables. It was indicated that higher education was significantly correlated with reduced sadness (r = -.55, p = .01) and PTSD (r = -.48, p = .02) and the increased knowledge of protective legal measures (r = -.53, p = .01). Such results show that the psychological effect of domestic abuse can be significantly decreased by socioeconomic empowerment, which is achieved in the form of education, employment, and financial security. Ladies who have higher education and earn more money are potentially capable of having better access to resources, stronger access to social services, and better ability to seek legal or behavioural help. Conversely, age, marital status, number of children, and geographical location showed lower or inconsequential correlations, which gives indications that they could have less direct and immediate impact as it relates to mental health outcome in the context of discussion. The results demonstrated in the findings on correlation showcase the necessity of legal awareness. In legal awareness, significant positive associations with improved health

outcomes were found-depression (r = .75, p = .01), PTSD (r = .70, p = .02), and suicidal tendencies (r = .68, p = .02). This provides support to the claim that knowledge of legal power under laws such as PWDVA Act 2005, and Section 498A enables a survivor to take self-protective action, thereby reducing a feeling of psychological torture.

4.4 Regression results

The findings of these correlations are further extended by means of regression study, which determines the variables that foresee the net outcome in the concepts of mental state and awareness about the law. Battlefield education level, personnel bills, and status turned out to be strong statistically significant predictors in most of the measures used to assess mental health. Being employed was a significant predictor for lower depression (B -.89, p = .01) and lower PTSD (B -.65, p = .01), and income had contributed to lower depression (B -.45, p = .05) and actually an increase in legal knowledge (B .31, p = .04). The variables with an influence in the prediction were legal awareness, where the result was +- the +-.70 ranging in +-. 55 (.55; p . 02), and mental health up to 56 percent of the variance/wp in the result was explained (R 2 = .56). This assures that irrespective of socio-economic conditions, the information about the law helps a great deal to peace the stressed mind. Women who are socialized to rights understand that they are more likely to avail legal recourses, feel safer and thus in command of their situation, which are qualities indicative of trauma recovery.

5 CONCLUSION

The paper demonstrates that demographic factors, psychological morbidities and legal literacy have a significant bearing for women who have experienced domestic violence. Regression analysis indicates that there is a wealth of data that can be used on the correlation of mental health and legal information, including a myriad of independent variables. The advanced mental well-being outcomes are considerably associated with educational level, degree of employment and income. It was found that females who are well read, have gained financial independence and have working experience had lower equ weapons of offense when it came to the depression, panic and PTSD symptom. Employment and psychological distress were in significant strong negative relationship

with r = -.65 (lifting value of depression) suggesting that financial stability might play a protective role in combating the effects of abuse on psychological well-being. They found a massive negative correlation between income and mental health conditions - such as depression (r = -.70) and PTSD (r = -.68), suggesting that the higher salary that women earned was more directly translated to their ability to exit abusive situations, thus lessening their mental distress. One of the discernible findings from the regression study is the heterogeneous positive dependence of legal awareness on better mental health outcomes. The symptoms of poor mental health also reduced once women were aware of their legal rights including the Domestic Violence Act 2005 and Section 498A. The reliability coefficients which are 0.75 and 0.70 for depression and anxiety, respectively, indicates that the legal recognition of women helps them achieve protection and justice which in turn are participating factors in increasing their psychological health. But on the other hand, more point to the survey in the unmasking of weak legal awareness, especially in the hinterland regions with the more underprivileged section of the people. This led to the understanding that there has to be more legal awareness among women about various major laws like The Domestic Protection Act, 2005 and Dowry Prohibition Act, 1961 on the subject of laws on Rights of Persons. But the study emphasises that inadequate legal and institutional frameworks need improvement, especially by strengthening the rule of law, outreach and mainstreaming of mental health by ensuring an appropriate response to the needs, psychological and legal of survivors. The current research validates an integrative approach to the problem in which economic emancipation, legal education and psychological health are all integral to the model. For instance, increasing access to resources, law education and mental healthcare services can better assist women to overcome the adverse effects of domestic violence, and openly begin the journey of healing and independence and taking control of their own wellbeing.

REFERENCES

1. Mihalic, S. W., & Elliott, D. S. (1997). A social learning theory model of marital violence. Journal of Family Violence, 12(1), 21-47.
2. Stark, E. (2007). Coercive control: The entrapment of women in personal life. Oxford University Press.
3. van der Kolk, B. A. (2014). The body keeps the score: Brain, mind, and body in the healing of trauma. Viking.
4. World Health Organization. (2021). Violence against women prevalence estimates.

5. WHO.

6. Creswell, J. W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.). SAGE Publications.

7. Kumar, R. (2019). Research methodology: A step-by-step guide for beginners (5th ed.). SAGE Publications.

8. Ministry of Women and Child Development. (2023). Annual report on domestic violence. Government of [Country].

9. World Health Organization. (2021). Violence against women prevalence estimates. Geneva: WHO.

10. Smith, A. B. (2020). The psychological impact of domestic violence: A comprehensive review. Journal of Family Studies, 35(4), 456-472.

11. Johnson, H., & Dawson, M. (2020). Violence against women: Myths, facts, controversies. Oxford University Press.

12. Smith, J. (2019). Socioeconomic factors in violence prevalence. Journal of Social Issues, 75(3), 234-250.

13. Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. (2015). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence. The Lancet, 368(9543), 1260-1269.

14. Henry, N., & Powell, A. (2018). Technology-facilitated sexual violence: A literature review of empirical research. Trauma, Violence, & Abuse, 19(2), 195-208.

15. Malik, S., & Naeem, K. (2020). Impact of COVID-19 pandemic on women: Health, livelihoods & domestic violence. Sustainable Development Policy Institute. Available at: https://www.iassw-aiets.org/wp-content/uploads/2021/01/Covid19-impact-on-women.pdf

16. Alvarez-Hernandez, L. R., Cardenas, I., & Bloom, A. (2021). COVID-19 pandemic and intimate partner violence: An analysis of help-seeking messages in the Spanish-speaking media. Journal of Family Violence, 37, 939-950. https://doi.org/10.1007/s10896-021-00263-8

17. Moorer, O. (2021). Intimate partner violence vs. domestic violence. YWCA Spokane. Available at: https://ywcaspokane.org/What-Is-Intimate-Partner-Domestic-Violence/

18. Visaria, L. (2008). Violence against women in India: Is empowerment a protective factor? Economic and Political Weekly, 43(12), 60-66. https://doi.org/10.1007/s40609-020-00186-0

19. Sen, P. (1999). Enhancing women's choices in responding to domestic violence in Calcutta: A comparison of employment and education. European Journal of Development Research, 11, 65-86. https://doi.org/10.1080/09578819908426739

20. Walker-Descartes, I., Mineo, M., Condado, L. V., & Agrawal, N. (2021). Domestic violence and its effects on women, children, and families. Pediatric Clinics of North America, 68(3), 455-464. https://doi.org/10.1016/j.pcl.2020.12.011

21. Sharma, A. (2017, November 14). Women's rights: Misuse of laws erode faith in justice system. The Financial Express. https://www.financialexpress.com/

22. Dewan, V. K. (2009). Law relating to cruelty and offences against husbands (p. 4).

23. Basu, D. D. (2017). Commentary on the Constitution of India (Vol. 1, p. 986).

24. Kumar, P. (2018). Domestic violence act 2005 and section 498 A of IPC: New trend to misuse and its remedy. International Journal of Human Sciences, 4(1), 73-76.

25. Indulkar, S. (2017, August 14). When a woman uses law, she is accused of misuse; when an Indian woman uses law, she is labelled with bad character. The Times of India. https://timesofindia.indiatimes.com/

26. Jaising, I. (2011). Law of domestic violence (pp. 9-10). Universal Law Publishing Co. Pvt. Ltd.

27. Saxena, S. (2014). Crime against women and protective laws (p. 359).

28. Mohini, L. (2011). Legitimacy of Section 498A of IPC. Criminal Law Journal, 116, 128.

29. Das, P. K. (2008). Law relating to cruelty to husband (p. 54).

30. Singh, D. (2014). Human rights, women & law. Allahabad Law Agency.

31. Bohra, N., et al. (2015). Violence against women. Indian Journal of Psychiatry, 57(Suppl 2).

32. Saharaj, H. K. (2009). Laws of marriage and divorce. Eastern Law House.

33. Bharani, S. (2013). Domestic violence and human rights. International Research Journal of Social Sciences, 2(9), 7-10.

34. Bhaskar, S. (2020). No lockdown of domestic violence during COVID-19. International Journal of Law Management & Humanities, 3(3).

35. Rasool, M. S. (2025). Anatomy of domestic violence and suicide in Kashmir. Omega (Westport), 90(4), 1491-1501. https://doi.org/10.1177/00302228221124518

36. Jyothsna, K. A., Shetty, K. V., Kumar, S., Baruah, U., Jyothi, H. P., Amritha, K. S., & Sachetha, G. M. (2023). Psychosocial distress, perceived social support, and coping in women survivors of domestic violence seeking help from a women's helpline in urban India. Journal of Education and Health Promotion, 12, 158. https://doi.org/10.4103/jehp.jehp_163_23 WHO. (2021). Violence against women prevalence estimates. World Health Organization.

37. Sharma, A. (2017, November 14). Women's rights: Misuse of laws erode faith in justice system. The Financial Express.

38. Beard, C., & Björgvinsson, T. (2014). Beyond generalized anxiety disorder: Psychometric properties of the GAD-7 in a heterogeneous psychiatric sample. Journal of Anxiety Disorders, 28(6), 547-552. https://doi.org/10.1016/j.janxdis.2014.06.002

39. Sen, P. (1999). Enhancing women's choices in responding to domestic violence in Calcutta: A comparison of employment and education. European Journal of Development Research, 11, 65-86.

40. Ahmadi, A., Ponder, W. N., Carbajal, J., Schuman, D. L., Whitworth, J., Yockey, R. A., & Galusha, J. M. (2023). Validation of the PCL-5, PHQ-9, and GAD-7 in a sample of veterans. Journal of Occupational and Environmental Medicine, 65(8), 643-654. https://doi.org/10.1097/JOM.0000000000002898

41. Ahmadi, A., Galusha, J. M., Ponder, W. N., Carbajal, J., Schuman, D. L., Whitworth, J., & Yockey, R. A. (2023). Validation of the PCL-5, PHQ-9, and GAD-7 in a sample of first responders. Journal of Occupational and Environmental Medicine, 65(6), 467-476. https://doi.org/10.1097/JOM.0000000000002823

42. Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5) – Standard [Measurement instrument]. Available from https://www.ptsd.va.gov/ (retrieved on July 1, 2025).

43. Kertz, S. J., Bigda-Peyton, J., & Bjorgvinsson, T. (2013). Validity of the Generalized Anxiety Disorder-7 scale in an acute psychiatric sample. Clinical Psychology & Psychotherapy, 20(5), 456-464. https://doi.org/10.1002/cpp.1802

44. Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. Journal of Traumatic Stress, 28(6), 489-498. https://doi.org/10.1002/jts.22059

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Both authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

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