

# Spousal Violence in Karnataka, India: An Analysis of NHFS-5 Data

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## Abstract

Spousal violence is a severe public health concern. Despite the expanding scholarship, many concerns remain unresolved about the prevalence of this violence, the risk factors, the repercussions, and how to address the problem. This paper sets out a simple study recognizing the sharp increase of spousal violence in the state of Karnataka, with an overall decrease in the rest of South India. Using India's National Family Health Survey data, we isolate the effect of spousal violence on female autonomy. The findings have substantial policy implications suggesting that it will take more than an improvement in women's empowerment options to address the problem of spousal violence.

*Keywords:* Domestic violence, Gender-based violence, Intimate partner violence, Spousal violence, Violence against women in India

## Introduction

Gender-based violence and violence against women are used synonymously. However, when used generally, such terms may confuse related legislation, policies, problems, and objectives (Dziewanski et al., 2014). Violence against women reflects the broader society in which it occurs—domestic factors of caste, ethnicity, and poverty further compound vulnerabilities. Other social pathology, including regional cultures of violence and armed conflict, often correlate with an increased risk of violence against women (Joseph, 2010, p. 19). Gender-based violence can include physical, sexual, and psychological types of violence, the definitions of which can be found in previous research (Devries et al., 2013). The use of physical contact to inflict harm or physical suffering on a person is referred to as an act of physical violence. Beating, punching, hitting, pulling, shoving, cutting, pulling, scraping, choking, burning, and threatening or using a gun, knife, or other weapons are all forms of physical violence.

Sexual violence is characterized as “any sexual act, effort to elicit a sexual act, unwelcome sexual remarks or advances, acts of trafficking, or other coercive behavior directed toward a person's sexuality by any person, regardless of relationship to the victim, in

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any environment, including but not limited to home and work” (Garcia-Moreno et al., 2006).

Sexual abuse in the sense of intimate partner violence (hereafter, IPV) applies to pressuring a spouse to have sexual activity or conduct some sexual act that they find degrading or humiliating, injuring them during sex, or forcing them to have sex without security (WHO, 2013). Threats, humiliation, denying attention, and restraints (e.g., social alienation, financial control) are all examples of psychological abuse, described as behaving in an insulting, degrading, or humiliating manner toward another, typically verbally (Maiuro, R. D., & Eberle, J. A. 2008).

Spousal violence is pervasive irrespective of whether a nation is poor or rich. However, the subject has not received as much research scrutiny as it warrants. Feminists and policymakers both agree that the need for men to control women’s sexuality is a crucial aspect of gender relations. According to Rashida Manjoo, a United Nations Special Rapporteur on violence against women and girls, “The manifestations of violence against women are a reflection of the structural and institutional inequality that is a reality for most women in India” (United National General Assembly, 2014). As identified by feminist theory, patriarchy is the root cause of domestic violence, whereby males keep women subordinate sometimes with the use of violence (Martin 1976; Yllo & Strauss 1990). This study aims to explore spousal violence in depth through the relevant data. The state of Karnataka is the epicenter of the article due to the sharp increase in spousal violence in that state. Overall, the southern states in India have shown a decline in the same, and the data of Tamil Nadu has not been considered due to its nonavailability at the present juncture.

## **Spousal Violence**

Spousal violence, also known as domestic violence or IPV, is a behavioral cycle in which an individual living in a marital bond or cohabitation is subjected to emotional, physical, and/or sexual assault. Certain aspects can be used to construct a taxonomy of spousal violence, such as who is the initiating and receiving actor, the degree to which the violence is victim-precipitated, the nature of the violence or harm, and so on. However, we feel that any discussion of family conflict should include two different aspects of violence, i.e., the degree to which societal norms legitimize the use of violence in a given scenario and the degree to which violence is utilized for instrumental objectives. Although each of these two dimensions is continuous, we will dichotomize them for clarity. Regardless of race, gender, age, sexual orientation, or economic background, anybody can be a victim of spousal violence. Broadly, spousal violence can also arise when one partner exerts control or coercion over the other through a variety of means. One partner may be the sole abuser, or, in some cases, both partners may actively abuse each other in one or more ways. The repercussions of spousal abuse extend beyond offenders and victims, affecting their immediate family, friends, and communities. Spousal abuse goes beyond the walls of any individual home.

Research shows that spousal abuse can arise from several causes. According to researchers, high tension levels in family life build a climate conducive to spousal abuse. Furthermore, they attribute higher spousal violence rates to male domination in the family and culture and societal values that allow for spousal violence (Straus & Gelles, 1990). Other studies have looked at the impact of male dominance in the family and culture on spousal aggression (Dobash & Dobash, 1984).

However, property theories reflect on spousal capital in the household, arguing that households in which husbands feel they should have more control than their spouses but actually contribute fewer resources are more likely to induce husband-to-wife abuse (Allen & Straus, 1980). To put it another way, if husbands have fewer resources than their spouses, they

can feel endangered in the family and turn to aggression against their wives as the “absolute resource” (Allen & Straus, 1980). According to these researchers, power is found inside the immersive environment, with one character (the husband) controlling another (the wife). Feminist scholars such as Angela Browne (1987) contend that male batterers consciously seek to manipulate their partners, and this symbolic interactionist study shares this emphasis on coercive control.

Gender disparities in deviance, according to researchers (Hagan, J., et. al., 1987) are embedded in historical processes that have allocated men and women to various social spheres and patterned differences in the types of social processes they participate in. Men are assigned to the commercial sphere, where they can access economic benefits, while women are assigned to the domestic sphere, where they are often unable to receive economic resources. Men have greater dominance than women within society and the family because they have more money. According to family violence experts, the more patriarchal a household is, the more likely a wife may be abused (Finkelhor, 1983).

Abuse towards women can be narrowly classified, into two categories (Gordon, 2000). First category stemmed from survivor support programs representing sexual harassment and domestic abuse victims, while the second stemmed from psychological and behavioral studies on sexual assault and family violence (Winstok, 2007). The line between domestic and spousal violence/family abuse is not arbitrarily drawn. The terms “domestic” and “family” apply to organizations and partnerships, respectively. According to Winstok (2007), the word “domestic” violence may indicate a feminist viewpoint, while the term “family” violence may be drawn from social and family studies and manifested in the works of family conflict researchers. Similar scientific perspectives would result in very different concepts of spousal violence.

Spousal violence is the abuse of power by a spouse, partner, ex-spouse, or ex-partner of any gender, which results in a lack of independence, authority, and protection. This also creates a sense of powerlessness and entrapment for victims, most often women, who are the direct target of repetitive physical, psychological, economic, emotional, verbal, and/or spiritual abuse. It also involves repeated intimidation or pressuring of women to witness violence by their spouses, partners, ex-spouses, or ex-partners against their children, other families, friends, pets, or valued belongings (Schwartz & Dekeseredy, 1997). It specifically distinguishes between the survivor and the aggressor, views aggression as an abuse of force, and identifies the consequences of violence; however, it does not elaborate on the kinds, making it difficult to assess (Winstok, 2007).

Researchers have concentrated on debating whether only men are aggressive in romantic relationships, leading women to perpetrate violence “in defense” (feminist perspective), or whether women are still initiating violence (the standpoint of family conflict researchers). Beck et al. (2013), had argued that both feminist and family researchers’ viewpoints would help us to better understand spousal violence and created a detailed typology that distinguishes spousal aggression into five qualitatively distinct types: coercive controlling conduct, aggressive resistance, situational couple conflict, mutual hostile power violence, and separation-instigated violence. In certain ways, the public health solution is a balance between the two views.

Spousal violence or intimate partner violence is described as “behavior in a romantic relationship that causes or has the potential to cause physical, sexual, or psychological damage, such as acts of physical violence, sexual harassment, psychological manipulation, and controlling behaviors” (Garcia-Moreno et al., 2006, p. 1686). However, while physical aggression seems to be a fairly straightforward category, the other two categories, particularly

psychological aggression, are the subject of debate among various schools of thought and even within each school of thought (Winstok, 2007).

Spousal violence is also connected to mental health/illness of both the victim and perpetrator. The words “mental health” and “behavioral health” apply to individuals’ cognitive, behavioral, and emotional well-being. It all comes down to how people think, feel, and act. Mental health is often used to refer to the lack of a mental illness. A person’s mental illness may hurt everyday life, relationships, and physical health. This relation, however, also works in the opposite direction. Mental health issues can be caused by various factors, including personal circumstances, interpersonal relationships, and physical characteristics. As per the World Health Organization (WHO), mental health is “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community” (World Health Organization; 2004). The World Health Organization (2004). defines mental health as “more than just the absence of mental disorders or disabilities”. A person’s mental health is not just evading illness, stress or depression but also includes the search for continued happiness and wellness. Despite the widespread use of the term mental health, many symptoms that physicians classify as psychiatric illnesses have physical origins. Spousal abuse, which harms women’s physical and mental health, is linked to low birth weight and pregnancy complications as well as damage to the mother’s and children’s overall well-being. Spousal violence has a bidirectional connection with mental health. It is related to mental health effects such as depression, post-traumatic stress disorder, suicidality, drug abuse, and exacerbation of psychotic symptoms.

Therefore, it is essential to note that spousal violence is a question of public health. The public health system has emerged as one of the world’s critical sites for addressing domestic violence and the consequences that follow. Equally disheartening, the data on spousal violence in India is similar to the global scenario. One-fourth of married women in India who have experienced physical or sexual violence from spouses have been found to have suffered some physical injury (IIPS, 2013).

### **Spousal Violence in India: A Case Study of Karnataka**

Karnataka showcases the impediments and paradoxes that the rest of India faces: spectacular technology-driven growth in Bangalore tempered by an enduring sense of the city’s ungovernability, enduring gender inequity and regional disparities, and a visibly growing gap between urban and rural areas. Karnataka, on the other hand, is rapidly being viewed as a development model. Karnataka has a long history of dealing with differences and hierarchy through political and deliberative processes, yet poor governance can have a particularly negative impact on women in patriarchal settings.

Based on her experiences as a scholar-activist in Karnataka, Devaki Jain (Jain, n.d.) goes deeper into the issue of how to best promote public policy. She claims that because it is built inside a patriarchal framework, the inherited knowledge base of public policy is intrinsically gender biased. Moreover, after years of effort, women still lack a say in policy decisions that affect them. To overcome the impasse, women must build a strategic place of their own, but they must have a say in all relevant problems, not just women’s issues. The information base should be built by mapping the social and economic status of women both inside and outside the home. Participation in leadership and politics could possibly be the tipping point in transforming the gendered nature of decision-making. Instead of being passive recipients of special ladders and safety nets, women must become economic and political agents. Jain refers to this as a “bubbling-up” rather than a “trickle-down” paradigm

of development.

## **The Data**

The National Family Health Survey (NFHS) is a multi-round, large-scale survey that is undertaken in a representative sample of Indian homes. Since the initial study in 1992-93, there have been four rounds of the survey. The study collects data on fertility, infant and child mortality, family planning use, maternal and child health, reproductive health, nutrition, anemia, and the use and quality of health and family planning services in India. Each cycle of the NFHS has had two primary goals: a) to give the Ministry of Health and Family Welfare and other agencies crucial data on health and family welfare for policy and program reasons and b) to offer information on key developing health and family welfare concerns.

The Government of India's Ministry of Health and Family Welfare (MOHFW) has selected the International Institute for Population Sciences (IIPS) Mumbai as the focal agency for the survey's coordination and technical advice. For survey implementation, IIPS worked with a variety of Field Organizations (FO). Each FO conducted survey operations in one or more of the states covered by NFHS. In India, the NFHS began in the early 1990s, with the first survey taking place in 1992-93. India has completed four cycles since then: NFHS-2 in 1998-99, NFHS-3 in 2005-06, NFHS-4 in 2015-16, and NFHS-5 in 2019-20. MOHFW oversaw all five rounds of the survey with the IIPS Mumbai serving as the nodal agency, and technical assistance was provided by the United States Agency for International Development (USAID) through ICF Macro.

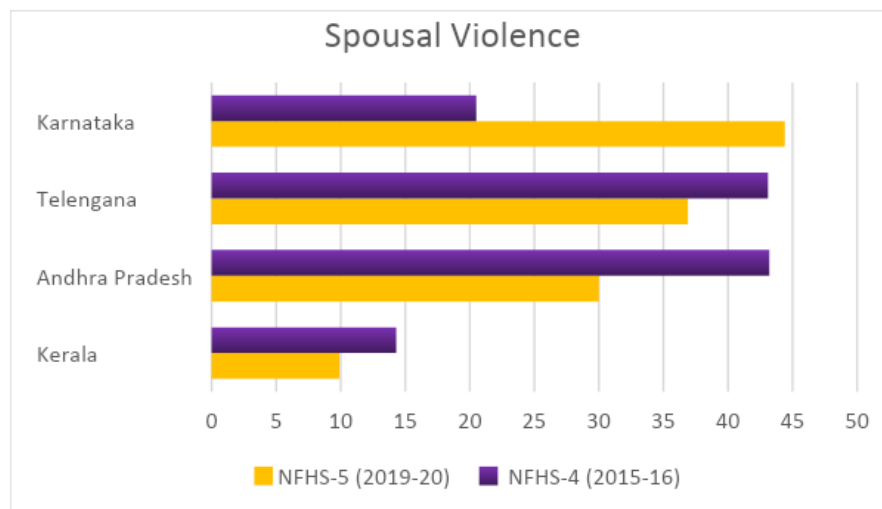
The NFHS programs' main goals were to improve India's demographic and health database by providing data that could be trusted; to improve Indian institutions; to survey research capabilities by providing, analyzing, and disseminating high-quality data; and to anticipate and meet the country's needs for data on emerging health and family welfare issues. NFHS collects a significant amount of data on domestic violence over the years, and each survey is constantly strengthened. The scope of the data is broadened, adding different new dimensions in successive survey rounds. In NFHS-4, a new dimension of domestic violence has been added, namely "Violence during pregnancy."

By seeking the assistance of a qualified mental health professional such as a counselor or therapist, the isolation and psychological impacts of spousal abuse can be overcome. Counseling sessions provide a secure and confidential environment for victims to express their feelings and experiences. Therapists can help victims by sharing ways to relieve the stress and pain that may be ongoing and seek the help of a trauma expert to cope with any residual anxiety. Spousal abuse survivors who seek help can learn to control emotions such as anger and fear and begin to heal the psychological wounds left by the abuse. The state of Karnataka has bagged the third position in the composite ranking for the good governance index (GGI), according to data provided by the Personnel Ministry. The Union Ministry of Health and Family Welfare recently released fact sheets for the 22 states surveyed in the first round of NFHS-5. In the case of spousal violence, most states have experienced a downward trend. However, the trend was still prevalent (35%) in Telangana, Manipur, Bihar, and Karnataka. The biggest increase in spousal violence in the last five years has been seen in Karnataka, Sikkim, and Assam. There has been a steep reduction in spousal violence in Manipur, Andhra Pradesh, and Meghalaya.

The NFHS-5 shows that spousal violence experienced by women between 18 and 49 years of age who have never been married in three southern states has decreased compared to NFHS-4 in what may appear as an uplifting trend (2015-16). In Andhra Pradesh, Telangana, and Kerala, Phase 1 of the 2019-2020 survey reveals a decrease, while Karnataka shows an

increase, with results due in Phase 2 for Tamil Nadu. Figure 1 shows a drastic rise in spousal violence in Karnataka alone, from 20.6 percent of females in NFHS-4 to 44.4 percent in NFHS-5.

**Figure 1: Currently or Previously Married Women Aged 18-49 Years who Have Experienced Spousal Violence (%)**

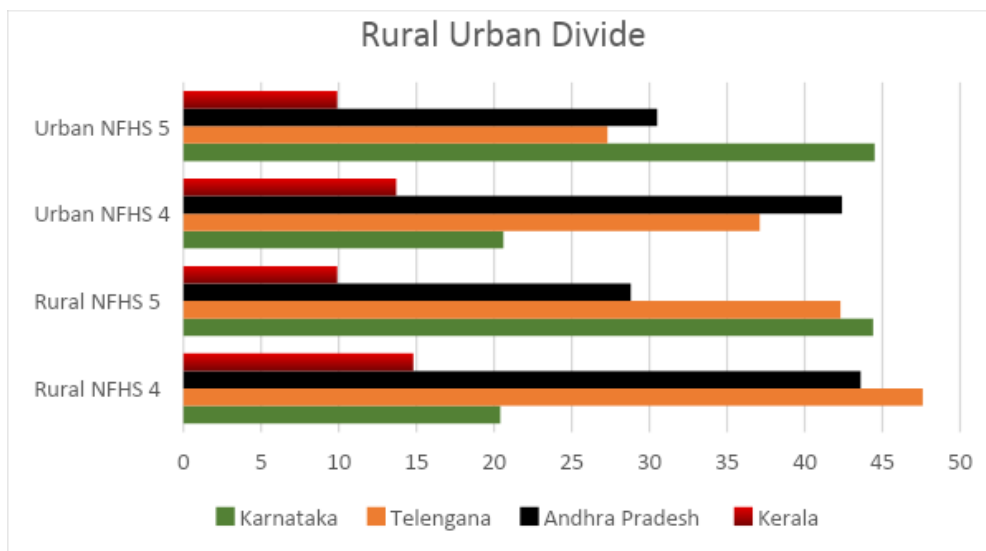


Spousal violence prevalence studies show that a reporting bias exists among abused women in different settings based on education, occupation, income, culture, and other background variables (IIPS, 2007). However, knowledge of these problems is pervaded by the limits of each discipline, which has failed to provide a consistent scientific explanation of domestic violence. Different cultural and linguistic backgrounds contribute to various ways of understanding the world. These are mirrored in the inconsistencies in the conceptualization of spousal violence and data collection and analysis methods. It is a multifaceted socio-cultural concept. Physical, psychological, emotional, and mental well-being are perceived based on individual experience, which can only be addressed satisfactorily when socio-cultural assessments are carried out on individuals and the family (Mokammel Toufique & Razzaque, 2007). The lack of consensus, or the wide variation in terminology used in the literature to conceptualize domestic violence, is evidence of the problem's complexity—problems resulting from a conceptual debate about what should be included in the definition of violence. The NHFS-5 indicators define spousal violence as physical or sexual violence.

The initial studies blamed the decreasing sex ratio of 929 women to 1000 males on systematic discrimination and neglect towards girls (1991 census), which cause spousal violence. Nevertheless, regional and community variations do exist. Women have relatively less autonomy in the North than their counterparts in the South and are less likely to control economic resources (Karve, 1965). Spousal disparities in education or marital age, lack of home autonomy, dowry pressure, child abuse, unemployment, alcoholism, and poverty are all associated with high rates of domestic violence in India (Jejeebhoy 1998; Ahuja 1987; Mahajan & Madhurima 1995). Overall, spousal violence is prevalent in all parts of the country, regions, and religious groups. While there are some regional reporting differences in that women in the South report fewer beatings than their counterparts in the North, in-depth qualitative studies have found significant under-reporting in the data (Rao, 1997). The

cause/effect research dawned after the 2000s era, where much focus on the urban-rural divide was given. Given that 68% of the Indian population lives in rural areas, there is a greater need to engage with domestic violence in villages. As noted in Figure 2 and Table 1, women in rural areas (36%) are more likely than those in urban areas (28%) to experience one or more forms of spousal violence (IIPS, 2017, p. 569). Women in rural areas (36%) are more likely to witness one or perhaps more forms of spousal violence than in urban areas (28%) (IIPS, 2017, p. 569). The Peek-Asa et al. (2011) investigation found that violence against women by intimate partners is more frequent and common in villages than in urban areas.

**Figure 2: The Rural-Urban Comparison**



**Table 1: The Rural-Urban Divide Data**

States	Rural NFHS-4	Rural NFHS-5	Urban NFHS-4	Urban NFHS-5
Karnataka	20.4	44.4	20.6	44.5
Telangana	47.6	42.3	37.1	27.3
Andhra Pradesh	43.6	28.8	42.4	30.5
Kerala	14.8	9.9	13.7	9.9

The NFHS-4 data for the rural section shows the highest percentage of spousal violence in Telangana and the lowest in Kerala. The NFHS-5 data for the rural section shows Karnataka with the highest (drastic rise from 20.4% to 44.4%) and Kerala with the lowest (lower than NFHS-4 data, reflecting reversal). The NFHS-4 data for the urban section shows the highest percentage of spousal violence in Andhra Pradesh, with the lowest in Kerala. The NFHS-5 data for the urban section shows Karnataka with the highest (drastic increase from 20.6% to 44.5 %) percentage and Kerala with the lowest rate (reflecting reversal or lowering from previous data) of spousal violence. For both the mother and the unborn baby, physical violence during pregnancy can be harmful. In the defined age group, about 5.8 percent of women in Karnataka stated that they faced physical violence when pregnant, the highest

among the states. Four percent of women registered physical abuse while pregnant in Telangana, 3.8 percent in Andhra Pradesh, 3.5 percent in West Bengal, and 3.3 percent in Maharashtra. Below 1 percent was reported by Mizoram, Himachal Pradesh, Kerala, and Nagaland. In Karnataka, about 11% of women between 18 and 29 faced sexual violence before they turned 18.

West Bengal is followed by Karnataka, where 9.7 percent of young women have reported sexual violence. At the same time, in Kerala and Nagaland, this number was less than 2 percent. A few important conclusions can be drawn from the above data. With the overall decrease in the NFHS-5 data for spousal violence, Karnataka emerged to be the state with the highest percentage and a drastic and eye-brow-raising increase in rural and urban sections. The rural-urban divide or difference observed from Table 2 (NFHS-4) shows Telengana with the highest contrast with a value highlighting lower urban and higher rural spousal violence percentages. Karnataka reflects the least divide, which means there is no difference between rural and urban sections in incidences of spousal violence.

**Table 2: Rural-Urban Divide NFHS-4**

States	Urban	Rural	Difference
Karnataka	20.6	20.4	0.2
Telengana	37.1	47.6	10.5
Andhra Pradesh	42.4	43.6	1.2
Kerala	13.7	14.8	1.1

The rural-urban crest or difference observed from Table 3 (NFHS-5) shows Telengana with the highest difference with a value highlighting lower urban and higher rural spousal violence percentages. Kerala and Karnataka have little or negligible difference between rural and urban sections in incidents of spousal violence. Since Kerala has shown decreases in spousal violence, Karnataka catches the researcher’s eye. This becomes an interesting point of research, where the earlier theory claims need a shift in approach to understanding and devising policy and law frameworks.

**Table 3: Rural Urban Divide NFHS-5**

States	Urban	Rural	Difference
Karnataka	44.5	44.4	0.1
Telengana	27.3	42.3	15
Andhra Pradesh	30.5	28.8	1.7
Kerala	9.9	9.9	0

### **The Bone of Contention**

In the gender-based hierarchy of victimization, women are denied equal access to judicial processes and services. Dismissive attitudes towards female victimization persist, and legal responses are rarely implemented. While city and village life in India can be very different, they share an established culture of impunity, leading to a systemic failure to provide justice for women survivors of violence. Farmer & Tiefenthaler (1997) argued that the imposition of charges in domestic violence cases could be a signaling device. They signal



a higher reservation service by communicating to their abusers that they have access to outside support and will leave if the violence continues. This could be one of the potential reasons for under-reporting. Consequently, reporting violent crimes against women by law enforcement agencies is a global concern (Dziewanski et al., 2014, p. 11).

Under-reporting tends to happen because individuals are reluctant to approach the police, feel inhibited by social mores, or fear requests for bribes or abusive treatment. The police may be unwilling or uninterested in investigating allegations and are often under pressure to suppress their districts' reported crime rates. The resulting under-reporting, including an NCRB official, has been widely recognized (S, 2013). In India, concepts of shame, modesty, and honor remain dominant in public discourse to justify sexual assaults on women (Verma et al., 2013, p. 14). There is a strong institutional bias against women whose complaints are not taken seriously by the police (Verma et al., 2013, p. 48). Within all of India, the rate of total crime against women in 2019 was 62.4 per 100,000 (*lakh*) women in the population, according to the data released by NCRB. This number covers all forms of crimes against women, including those for which FIRs have been registered with the police under the Indian Penal Code (IPC) and Special and Local Laws (SLL) (NCRB, 2019).

**Table 4: Reporting of Cases**

NCRB	Details of indicator	Karnataka	Telangana	Andhra Pradesh	Kerala
NCRB 2019	Rate of Total Crime against Women (2019) +	42.5	99.3	67.9	63.7
NCRB 2019	Cruelty by Husband or his relatives (Sec. 498 A IPC)	7.6	46.1	30	16.2

The crime rate against women in 2019 was 99.3 in Telangana and 42.5 in Karnataka. This means that the crime rate in Telangana is almost twice the rate in Karnataka, as far as reported crimes against women of all ages are concerned. Among “Domestic Violence” cases, such as in “Cruelty by Husband or his relatives,” which is mentioned in the Sec. 498A of Indian Penal Code, 1860, the difference is also big. For this category in 2019, Karnataka recorded a crime rate of 7.6 and Telangana reported a crime rate of 46.1, almost four times higher. However, the opposite picture is presented by the data provided in the NFHS-5 report. Although the NCRB & NFHS-5 data are not directly comparable, the numbers establish heavy under-reporting in states such as Karnataka.

Table 5 reflects an overall increase in women’s empowerment percentage in Karnataka. This puts into question the whole women empowerment argument when cross-referenced with spousal violence. Interestingly, according to the state government, as many as 477 complaints about domestic violence have been received from across Karnataka by two helplines since the COVID-19 lockdown was imposed. While the 193 Santhwana centers, which operate 24x7 at the *taluk* (subdistrict) and district level, received 315 complaints, the remaining 162 calls were received by the 24x7 national women’s helpline for Karnataka on domestic abuse. The government provided this information to the High Court in its response to the court’s inquiry about the facilities available during the lockdown to deal with cases of domestic violence (“477 calls on,” 2020). This depicts the rise in the rate of reporting, which could give us a different picture of the data in the coming years. However

convincing this may sound, the rise is alarming and needs immediate attention.

**Table 5: Women’s Empowerment (Women Aged 15-49)**

\*T = Average of rural and urban

Karnataka – Women’s Empowerment (women age 15-49 years)	NHFS-4 (T)	NHFS-5 (T)
Married women who usually participate in three household decisions	80.4%	82.7%
Women who worked in the last 12 months and were paid in cash	29.1%	37%
Women owning a house and/or land (alone or jointly with others)	51.8%	67.6%
Women having a bank or savings account that they themselves use	59.4%	88.7%
Women having a mobile phone that they themselves use	47.1%	61.8%

### **Legal Responses Towards Spousal Violence**

Before the enactment of the Protection of Women from Domestic Violence Act of 2005 (DV Act), women in case of spousal violence could approach the civil courts to get a divorce. They could also move to the court under the provision of Section 498A of the Indian Penal code, 1860 which gave women protection from cruelty inflicted by husbands or relatives of husbands. But in both cases, the remedies were limited, and they did not cover many kinds of abuses that women underwent and suffered in silence. To address these very issues, the DV Act came into force which not only gave protection to women who have been in relation to the abuser by consanguinity, marriage, or through a relationship like marriage or adoption in certain cases but also gave protection to any women where the abuser could be a family member of a joint family system. Furthermore, the DV Act provides legal protection for women in the capacity of mothers, sisters, widows, and single women related to the abuser. Although the DV Act provides certain relief to women regarding domestic violence, considerable development is required in terms of its interpretation. The DV Act also does not consider cases wherein male members are subjected to domestic violence in a community.

The 2013 report of the Justice Verma Committee, a judicial review conducted in response to the attack by the Delhi gang, was a prominent indication of this paradigm shift. The Verma Committee concluded that violence or assault on women, whether sexual or otherwise, is a violation of the fundamental right to live with dignity (Verma et al., 2013, p. 65). The Committee framed violence against women as a violation of the Indian Constitution’s commitment to equality and autonomy, resulting from entrenched social prejudice, and a failure of government institutions. The problem is aggravated by the conflict between conventional mores and social transformation. In the case of Joseph Shine V. Union of India (Section 497 of IPC) which dealt with the offense of adultery and was struck down unanimously, Justice D. Y. Chandrachud, one of the five Supreme Court of India judges, said that “a society which perceives women as pure and an embodiment of virtue has no qualms of subjecting them to virulent attack” (“Lutyens' Delhi Swoons”, 2018). At an international level, we have the Universal Declaration of Human Rights (UDHR) which talks about the protection of human rights of all human beings. Another noteworthy instrument with regards to the protection of the human rights of women is the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

## Roadmap for Karnataka

Domains where training/policy formulation can be considered both facilitative and highly inventive are beginning to emerge:

- Legal Literacy and Literacy: As women become more aware of their rights, this work can help with equity concerns. They have access to information because they are literate.
- Environment: Using *panchayats* (local leaders who settle community disputes) to work on the environment can help to ensure the long-term sustainability of governance and development.
- Health: This is an issue of the long-term sustainability of an area's human resources, and it is rapidly becoming a local government concern.
- Reproductive Health: When concerns like AIDS, the *devadasi* system, and other reproductive health-related issues with taboos are addressed by *panchayats*, they can help debunk these taboos.
- Social inclusion/acceptance: Ensure that all members of the community have equal access to *panchayat* proceedings. They provide special attention to marginalized populations like widows, *Devadasis* (women wedded to and in service of God), and people from lower castes.
- Poor people's access to programs and resources: They should give priority to the marginalized by ensuring that resources designated for lower castes reach them.
- Providing lower castes with access to water resources, temples, and other public services and facilities.
- Ensuring that the most vulnerable people get priority in terms of resources and opportunities.

Women have begun to redefine leadership for themselves as a result of their positions of power (Ignatius). A leader with a gender-equity perspective does not lie, does not lose patience, is prepared to explain programs to people and say what they can do for them, and is open-minded. Honesty, openness regarding available resources, decision-making and scheme implementation, and directing their work towards their communities were all examples of good leadership ("The rise of the Indian woman"). This viewpoint differs significantly from the typical idea of leaders as charismatic public speakers who are openly powerful.

## Conclusion

Rather than focusing only on episodes of violent aggression, researchers are now examining patterns of regulating actions. Despite significant progress in understanding the prevalence and complexities of spousal violence, the classification of domestic violence as a private aberration fails to stymie data collection efforts. Despite being disproved, outdated myths about aggression appear to affect initiatives. The misunderstood nature of spousal violence dynamics tends to stymie attempts to defend victims and keep batterers responsible for their illegal behavior. Although the rise in Karnataka's data seems ominous, gender violence specialists attribute the rise to better reporting of domestic abuse instances. Generally, fewer women report incidents of domestic violence, therefore an upward increase in numbers is regarded as a positive indicator. Hence, it can be stated that an increase in awareness and confidence in the system, according to experts, can help more women report cases of violence.

The NFHS was performed in two stages, one before and one after the lockdown. It is

therefore possible that the data showed inflated figures in the second stage. During the lockdown imposed because of the COVID-19 pandemic, the United Nations Sexual and Reproductive Health Agency (UNFPA) estimated that there would be 31 million more cases of domestic violence worldwide. Closer to home, data provided by the National Commission of Women (NCW) in mid-April 2020 indicated a nearly 100 percent increase in domestic violence cases during the nationwide lockdown. Ignoring the glaring rise in spousal violence will only bring down the prestige of the third position in the Good Governance Index. Researchers, experts, policymakers, and NGOs should make extensive use of NFHS data, as it has enormous potential to provide a deeper understanding of various aspects of domestic violence that will allow officials to intervene in the right areas to tackle the issue. The most effective reactions are to be found in immediate measures to avoid individual crimes and broader social commitment to reduce their likelihood over time throughout Indian society.

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