



WHITE PAPER

Domestic Violence Stakeholders Summit

KARNATAKA

26TH APRIL, 2025

Presented by:

Bembala Foundation

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INVISIBLE SCARS FOUNDATION

An NGO based in Hyderabad, Telangana, dedicated to supporting domestic violence and abuse survivors through comprehensive services including awareness, advocacy, legal aid, counselling, mediation, and rehabilitation.

BEMBALA FOUNDATION

A Whitefield Rising initiative based in Bangalore, Karnataka, committed to supporting women and child survivors of domestic violence and abuse through their crisis centre, helpline, and referral networks.

Karnataka Domestic Violence Stakeholders Summit

The Karnataka Domestic Violence Stakeholders Summit was organised by Invisible Scars Foundation in partnership with Bembala Foundation on April 26, 2025 at Vydehi Institute of Medical Sciences & Research Centre, Whitefield, Bangalore.

The full-day summit convened over 85 professionals, experts, and key stakeholders from across Karnataka for outcome-driven dialogue, collaboration, and action.

This summit was a significant step towards catalysing structural change through expert engagement and cross-sector collaboration. The insights and recommendations emerging from the discussions have been consolidated in this comprehensive white paper, which will be submitted to the Ministry of Women and Child Development, Delhi, to inform future policy and program design.

Agenda Highlights

The summit was anchored by two high-impact Panel Discussions followed by a Roundtable Discussion.

Panel 1

Designing Dignity:
Reinventing Safe
Spaces for Domestic
Violence and Abuse
Survivors

Panel 2

Unpacking
Addiction, Mental
Health, and
Domestic Violence

Roundtable Discussion

A collective brainstorming on long-term skilling for economic empowerment, legal aid resources, and the way forward

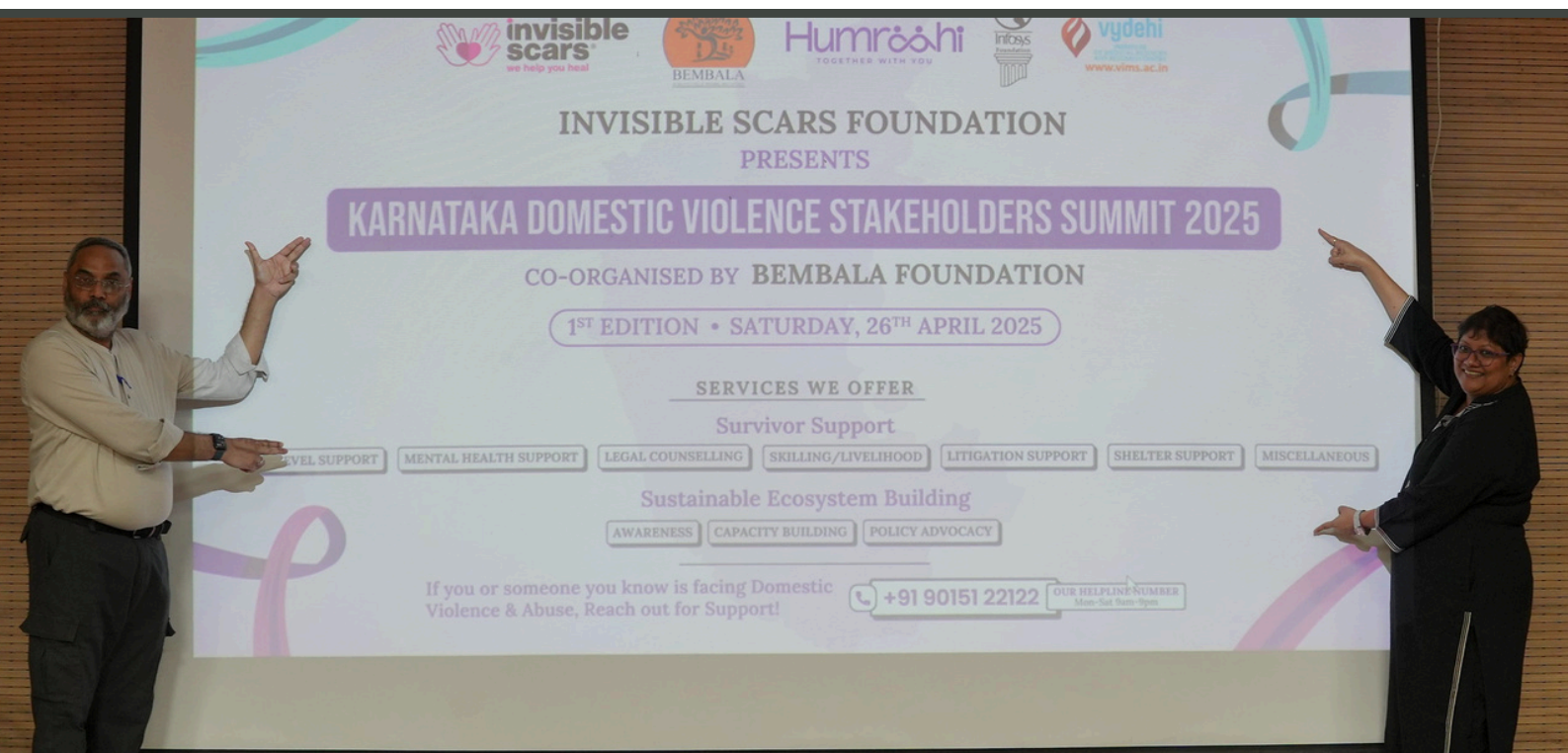



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Glossary

- KDVSS - Karnataka Domestic Violence Stakeholders Summit
 - DV - Domestic Violence
 - DVA - Domestic Violence and Abuse
 - GBV - Gender-based Violence
 - IPV - Intimate Partner Violence
 - CSR - Corporate Social Responsibility
 - PWDVA - Protection of Women from Domestic Violence Act
 - WHO - World Health Organisation
 - NFHS - National Family Health Survey
 - PTSD - Post-traumatic Stress Disorder
 - UN - United Nations
 - ICRW - International Centre for Research on Women
 - NCR - Non-cognizable Report
 - MLC - Medicolegal Case
 - PO - Protection Order
 - AA - Alcoholics Anonymous
 - OSC - One Stop Centre
 - SHG - Self-help Group
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Context

Domestic violence is one of the most widespread yet under-recognized human rights violations in the world. It cuts across geography, class, caste, religion, and education – occurring most devastatingly within the very homes where women should feel safest. Despite decades of global advocacy, millions continue to suffer abuse, often with limited legal recourse or social support.

According to the World Health Organization, nearly one in three women **worldwide** has experienced physical or sexual violence in her lifetime. In 2023, an estimated 140 women and girls were killed each day by intimate partners or family members, underscoring the dangers women face in their own homes.

In **India**, the crisis is compounded by entrenched patriarchy, stigma, and inconsistent enforcement of protective laws. The National Family Health Survey (NFHS-5, 2019-2021) found that nearly 30% of women aged 15–49 had experienced physical or sexual violence since the age of 15. Underreporting remains severe: a 2006 study revealed that 85% of women who faced sexual violence did not seek help, and only 1% reported it to the police.

Karnataka reflects a similar alarming trend. NFHS-5 data shows that 44% of married women in the state reported spousal violence; up from 20.6% in the previous survey. In just the first half of 2024, Karnataka recorded 6,551 cases of crimes against women, including rape, molestation, kidnapping, and domestic abuse.

The **consequences for survivors** are profound. Many endure lasting trauma, including PTSD, depression, anxiety, and suicidal ideation. Abuse often limits women's access to education, employment, and support networks. Children exposed to such violence face emotional and developmental challenges, perpetuating the cycles of abuse.

The **Protection of Women from Domestic Violence Act (2005)** defines domestic violence broadly – covering physical, emotional, sexual, verbal, and economic abuse – and offers civil remedies such as protection and residence orders, and monetary relief. However, enforcement remains weak. Many survivors are unaware of their rights, and the shortage of trained Protection Officers hampers implementation. Societal stigma and financial dependence further discourage reporting.

Beyond its human toll, domestic violence carries substantial **economic costs**. The UN estimates that intimate partner violence costs the global economy \$1.5 trillion annually – around 2% of global GDP. In India, a study by the International Center for Research on Women (ICRW) estimated that domestic violence costs the country 1.4% of its GDP, factoring in lost productivity, healthcare, absenteeism, and legal expenses. These figures make a compelling case for increased investment in prevention and survivor support – not only as a moral imperative, but also as an economic necessity.

Addressing domestic violence requires a **comprehensive approach**: raising awareness, strengthening legal enforcement, expanding survivor support services, and advancing economic empowerment. It is not a private issue; it is a systemic one. Meaningful change demands collective action, survivor-led frameworks, and sustained community and policy engagement to build a safer, more just society for all women.

Challenges faced by DVA Survivors

Shelter Homes

In India, shelter homes have long served as a crisis response mechanism for women facing domestic violence.

Mandated under schemes like the **Swadhar Greh** and supported through **One Stop Centres (OSCs)**, these spaces aim to provide immediate safety, counselling, and legal support. However, the system is fraught with challenges. Shelters are often under-resourced, institutionally restrictive, and unequipped to offer trauma-informed care. Many operate with a custodial mindset, limiting women's mobility and autonomy rather than supporting recovery and empowerment. For survivors who are forced to leave their homes to access safety, this displacement often results in loss of housing rights, economic insecurity, and further stigma. Despite the legal provision under the **Protection of Women from Domestic Violence Act (PWDVA), 2005** that guarantees a woman's right to reside in her shared household, shelters remain the default solution due to weak enforcement, lack of community alternatives, and limited awareness among survivors of their legal entitlements.

Mental Health and Addiction

The intersection of mental health, substance use, and domestic violence is increasingly recognized but remains poorly addressed in India's public systems.

Research shows a strong correlation between alcohol abuse and Intimate Partner Violence (IPV), with substance use often acting as both a trigger and a coping mechanism in abusive relationships. Survivors may develop anxiety, depression, PTSD, or suicidal ideation, while perpetrators with untreated mental illness or addiction may repeatedly commit acts of violence. Despite this, access to quality mental health care remains deeply limited – especially for women in rural or marginalised communities. **Social stigma, gender bias, and systemic neglect** mean that neither survivors nor perpetrators receive the psychological support they need. While government initiatives like the **National Tele-Mental Health Programme** and **Sakhi One Stop Centres** represent steps forward, a more integrated, trauma-informed, and gender-sensitive approach is urgently needed to address the psychological dimensions of domestic violence in India.

Welcome Address

Ms. Ekta Verma, Founder, Invisible Scars

Ms. Ekta Verma opened the summit by introducing the work of the Invisible Scars Foundation in the field of gender-based violence and abuse. She set the tone in her welcome address, emphasising that advocacy thrives on persistence and collective action.

She shared that Invisible Scars held previous summits in Telangana, Maharashtra, Delhi, and Uttar Pradesh, with upcoming editions planned for West Bengal and Tamil Nadu. Ekta also introduced her colleagues, Ishwari and Parna, and then went on to introduce the co-organiser of the summit, Bembala Foundation. Bembala's vision of raising awareness and challenging abuse – and their support for over 700 women and child survivors so far – was warmly acknowledged.



Introduction to Keynote Speaker

Dr. Iram Ahmedi, Founding Trustee, Bembala Foundation

Dr. Iram Ahmedi welcomed the attendees and introduced the keynote speaker, Ms. Dhanya Rajendran, Co-founder and Editor-in-Chief of The News Minute, an award-winning senior journalist whose work spans politics, human rights, gender-based violence, and disaster coverage.



Keynote Address

Ms. Dhanya Rajendran, Co-founder and Editor in-chief, The News Minute

Ms. Rajendran brought a journalist's perspective to the complex, often unsettling realities of reporting on domestic violence. Marking a year since the Prajwal Revanna case surfaced, she highlighted the state's selective urgency on such matters and the trauma faced by survivors within shelters.



She underscored how deeply normalised abuse is – many women see violence as something they must endure. Recalling another case of a woman who died by suicide, Ms. Rajendran shared how the woman's father had urged her to leave her husband, but she felt bound by marriage to stay.

She emphasised that the media must persistently cover such issues. "Awareness is a nonstop process," she said. She also flagged the inadequacy of support infrastructure, including the under-resourced Sakhi helpline.

Drawing on her work with the International Foundation for Crime Prevention and Victim Care (PCVC), Chennai, Ms. Rajendran pointed to a rarely acknowledged issue: the risks and threats that exist within shelters – not only for survivors, but also for the shelter staff.

She stressed on the need for inclusive support systems, not just for marginalised women, but for all women across socio-economic backgrounds. She also cautioned against the growing push for gender-agnostic laws by some men's rights groups, asserting that domestic violence remains a profoundly gendered crime, requiring a focused, women-centred response.

Designing Dignity: Reinventing Safe Spaces for Domestic Violence and Abuse Survivors

Ms. Nitya Ramakrishnan opened the discussion with a stark statistic: nearly 30% of women in India face domestic violence, often at the hands of those they trust most. She urged the panel to reimagine shelter as a space that is rooted in dignity and care.

Ms. Sumithra Acharya made a strong case against using shelters as the default option. While the Domestic Violence Act, 2005 includes shelter as a provision, she argued that it should be a last resort. Removing a woman from her home can weaken her legal standing, deny her property rights, and cause psychological harm. In her view, shelters are often likened to jails – restrictive, poorly designed, and disempowering. She emphasised that women must know they have the right to remain in their own homes. She called for a paradigm shift: instead of displacing survivors, move the perpetrators to reconstructive shelters.



Panel Discussion

Moderator: Ms. Nitya Ramakrishnan, Co-founder, Bambala Foundation

Panelists:

- Ms. Sumithra Acharya, Senior Advocate and Legal Advisor to Bambala Foundation
- Dr. Faraz Syed Mohammad, Psychiatrist and Deputy Director, Aladamara
- Ms. Maya Sharma, Senior Journalist
- Dr. Ashwini N. V., Founder, Mukhta Foundation
- Dr. Iram Ahmedi, Founding Trustee and Mentor, Bambala Foundation

She criticised how the shelters are considered “correctional institutions,” and asked, “What are you really correcting?” She urged that women should have full autonomy to enter and exit shelters as they choose and for a woman who chooses to stay at home, she can get a Protection Order (PO) after filing an NCR and that would effectively help restrain the violence.

Dr. Iram Ahmedi supported this view, highlighting the poor hygiene and the inadequate trauma-informed care in most shelters. She echoed Ms. Rajendran's concern that shelters are designed for a narrow demographic and exclude many women based on socio-economic background. Recounting a rescue operation with Ms. Donna Fernandes from Aweksha, Dr. Iram described how the children wanted to return home the very next day – underscoring how unwelcoming such spaces can be.



Ms. Ramakrishnan added that survivors often endure up to seven episodes of severe abuse before seeking shelter. She asserted that safe, supportive, and dignified housing should be a constitutional right – not an act of charity.

Dr. Faraz Mohammad explored the bidirectional link between domestic violence and mental health. Survivors may suffer from PTSD, anxiety, or depression, while those with pre-existing mental health conditions may be more vulnerable to abuse.

Perpetrators, too, may struggle with untreated mental illness, often exacerbated by substance abuse. He warned against placing survivors with untrained counsellors and stressed that shelters must uphold survivors' agency, not diminish it.



Dr. Ashwini N. V. categorised perpetrators into three types:

1. Family-only Perpetrators – who are able to control their aggression outside the home.
2. Dysphoric-borderline Batterers – who are dealing with a mental illness like psychosis, schizophrenia, etc., making legal deterrents ineffective.
3. Antisocial Perpetrators – who have antisocial personalities and are defiant and unmoved by legal consequences.

In her experience, women who are dealing with the latter two types are in the most need of shelter. Further, she cautioned that the women who choose to stay at home (where the violence has occurred) can be re-traumatised due to the environment itself and shelters could provide a space to heal from that. Similarly, she pointed out that poorly managed shelters could also cause re-traumatisation.



She recommended mental health pre-screenings for those entering shelters, and psychological first aid protocols, peer-led support groups, and trauma-informed group therapy for shelter residents. She also brought up the need to look at the perpetrator's mental health as well. And lastly, children in shelters, too, must be supported – often having developed internalising or externalising concerns as a result of witnessing violence. They must also be a part of the intervention plan.



Ms. Maya Sharma presented her point of view as a journalist, addressing the role of media in both perpetuating and challenging the normalisation of abuse. She emphasised the need for public awareness campaigns, responsible reporting, and sensitivity when covering stories of domestic violence. She also suggested using repeated public service announcements for awareness. Adding helplines to stories related to domestic violence and holding systems accountable – like government shelter investigations and follow-ups – could enhance the media's role in reform.



Dr. Iram Ahmedi concluded by envisioning what a truly dignified shelter could be – sharing the dream that Bembala dreams. She drew a parallel to senior living communities, which offer safety without shame, unlike the often-stigmatized old-age homes. She also critiqued the superficial nature of vocational training programs in shelters that fail to provide true economic independence.

The discussion ended with a lively **Q&A**, where audience members shared insights from their own work and engaged meaningfully with the panel's vision for safer, more empowering alternatives to conventional shelter homes.



From left: Ms. Maya Sharma, Dr. Ashwini N. V., Ms. Sumithra Acharya, Ms. Nitya Ramakrishnan, Dr. Iram Ahmedi, Dr. Faraz Mohammad

Guest Speaker

Ms. Reshma, a survivor supported by Bembala Foundation

After a short break, the room went quiet as Ms. Reshma, a survivor of domestic violence, shared her lived experience. Her testimony was raw, heartbreaking, and deeply inspiring – a reminder of the courage it takes to speak out in the face of fear and isolation.

Ms. Reshma recounted the hardships she faced while raising three children with a violent and alcoholic husband who eventually developed cirrhosis and passed away. After his passing, the abuse didn't end – her brother-in-law began harassing and tormenting her. With the support of Bembala Foundation, she reported him to the police and he eventually backed off.

The trauma extended beyond her home. At work, her character was questioned, and her reputation suffered. Her struggles deepened when her daughter, too, faced domestic abuse after marriage. With Bembala's assistance, her daughter was able to seek a divorce – closing a cycle of violence and beginning a journey towards healing.

Ms. Reshma's presence at the summit and her powerful story underscored why these conversations must lead to action.



Unpacking Addiction, Mental Health, and Domestic Violence

The session confronted the complex interplay of substance use, trauma, and domestic violence. **Ms. Kiran Bhatia** opened the discussion by addressing the compounded effect of addiction and abuse on both survivors and perpetrators. She invited the panelists to share insights into the psychological dimensions of these issues, as well as the outcomes and systemic responses required to address them.

Dr. Madhuri H. N. began by highlighting the well-established link between substance use and gender-based violence, including suicide, self-harm, and a range of psychological disorders. She noted that this correlation holds true across low-, middle-, and high-income countries. Research indicates that individuals with substance use issues are up to seven times more likely to commit intimate partner violence.

Emphasising on the bidirectional relationship between addiction and domestic violence, she explained how substance use triggers a pattern of physiological and psychological changes – leading to disintegration, aggression, discord, and violence. Survivors, too, may turn to substances as a coping strategy, including prescription medication, making substance use a risk factor for both perpetrator and survivor.

Reflecting on the Covid-19 lockdowns, she described the surge in domestic violence cases as a “shadow pandemic,” with helplines overwhelmed by distress calls.

Panel Discussion

Moderator: Ms. Kiran Bhatia, Co-founder, Bembala Foundation

Panelists:

- Dr. Madhuri H. N., Psychiatrist, NIMHANS
- Ms. Shameem Sheik Dastagir, Independent Development Professional
- Dr. Jagadeesh Narayanareddy, Vice Principal and HOD, Forensic Medicine, Vydehi Institute of Medical Sciences and RC
- Ms. Shobha N., Sub-Inspector, All Women and Child Department, Shivaji Nagar
- Mr. Sachin, Representative, Alcoholics Anonymous

In her role as the lead for the Stree Manoraksha project, Dr. Madhuri was involved in training the counsellors and paraprofessional staff at the Sakhi OSCs across India. She shared that there are 750 functional Sakhi OSCs in every district of India.

She is currently working with the National Tele-Mental Health Program, which offers support for various mental health concerns through their toll-free helpline number – 14416. This program is government-funded and accessible in over 20 languages; it also includes structured referral pathways for continued care.



Mr. Sachin shared his personal journey with alcohol addiction, which began at a very young age. He spoke about having experienced both sides of violence – as a survivor and as a perpetrator. His father, also an alcoholic, was physically and emotionally abusive, making life especially difficult for his mother and sister. Despite being educated, his family didn't know how to seek help, and his mother eventually passed away without finding a way out. This cycle of abuse lasted over 20 years.

Unknowingly, Mr. Sachin himself repeated the same pattern. His own addiction caused immense harm to his family and friends. He recalled always feeling misunderstood – until he found a safe space in Alcoholics Anonymous (AA), where others shared similar experiences. The fellowship, built on empathy and mutual support, gave him the care he had longed for.

His family also received support through Al-Anon, a sister fellowship that helps the families of addicts.

Mr. Sachin described the psychological grip of addiction: how an alcoholic's day revolves around the next drink, often leading to mental, emotional, and financial breakdown. Most alcoholics don't recognise their behaviour as addiction, and families often struggle to understand it too.

In AA, each person is paired with a sponsor who guides them through a 12-step program – a process that begins with acknowledging the problem and includes making amends to those harmed. He described alcoholism as a “disease of denial,” and emphasized AA’s constant reminder to never forget where you’ve come from.

At present, AA has around 100 groups across Bangalore, with each group having 5-10 members.



Sub-Inspector Shobha N. shared her perspective as a frontline police officer and the first point of contact for many survivors. She noted that until February 2024, Bengaluru had only 2 all-women police stations. That number has since grown to 8 dedicated women’s divisions across the city.

She outlined the process followed in domestic violence cases. The first step is dialing 112, which alerts the local police. A team typically arrives within 8 minutes and then directs the survivor or complainant to the women’s division within the relevant

jurisdiction. If physical harm has occurred, the survivor is taken to a local hospital for Medicolegal Case (MLC) examination. However, as per current protocol, a police case is not immediately registered after the MLC unless the survivor explicitly agrees to proceed with legal action. Many women, Ms. Shobha noted, are hesitant to pursue legal proceedings. In such instances, officers refer them to a counsellor from Parihar, an NGO assisting with counselling services, which places two trained counsellors in every women’s police station.

Ms. Shobha raised concern that when women choose not to press charges, perpetrators often go on to abuse others, continuing the cycle of violence unchecked.

She also provided insights into the one-stop crisis centres, where women can get shelter for up to 5 days. After this period, they are referred to NGOs for longer-term rehabilitation and support.

Addressing the question of why perpetrators are not arrested even after complaints, she cited the *Arnesh Kumar vs. State of Bihar* (2014) Supreme Court ruling. This judgement made arrests under Section 498A of the IPC non-automatic, mandating preliminary inquiry before arrest – resulting in greater restrictions on police action in such cases.

Dr. Jagadeesh Narayanareddy acknowledged Vydehi Hospital's six-year collaboration with Bembala Foundation, noting that a good system is in place, and ongoing efforts are focused on strengthening and improving it. He strongly advocated for every hospital to have such a dedicated crisis centre – spaces designed to offer survivors immediate support, counselling, and a safe environment for disclosure.

Emphasising on the importance of survivor-centric care, he stressed the need to first establish systems and later, focus on better implementation. He pointed out that the Protection of Women from Domestic Violence Act is a civil law and not a criminal law – underscoring that the role of stakeholders is to stop the violence, and not necessarily dissolve marriages.

He promoted a “cafeteria approach,” where survivors are offered a range of options, such as involving elders, invoking civil or criminal law, or accessing counselling, allowing them to decide what course of action best suits their situation.



At Vydehi Hospital, they have adopted WHO's LIVES protocol – Listen, Inquire, Validate, Enhance safety, and Support – as a mandatory guideline for responding to survivors in clinical settings. Dr. Jagadeesh advocated that every hospital or individual in the healthcare sector must follow this approach. Even beginning with the first three steps of active listening, sensitive inquiry, and validation can create a significant impact. The latter steps, safety and support, require dedicated crisis centres like Bembala's to be fully effective.

He concluded on a hopeful note, highlighting that capacity-building efforts are underway in the healthcare sector. Doctors as well as nursing students are now being trained to handle cases of gender-based violence with sensitivity and care.

Ms. Shameem Sheik Dastagir brought a powerful perspective on individual and collective responsibility, emphasising that solutions to domestic violence must be locally led, inclusive, sustainable, and practical. True transformation, she argued, requires systemic change – and that begins with challenging the normalisation of patriarchal structures that condition society to accept inequality and violence.



She noted that patriarchy, contrary to popular belief, is not ancient – it has dominated only for the past three centuries. Until the 16th century, many societies functioned under matriarchal systems. At the core of patriarchy, she emphasised, is power and control.

Ms. Shameem posed two critical questions for reform. First: How do we address the frontline gap? She proposed strengthening and training existing community health workers and women leaders in a holistic and replicable manner – transforming them into trainers of trainers who can cascade knowledge within their communities. This approach fosters resilience, leadership, and a sense of agency, ultimately building the critical mass needed to drive lasting change.

Second: Why don't we speak enough about classroom education? She recommended the creation of a simple, illustrative manual that does not require formal education to understand and it is something that can be taught by anyone, anywhere.

She also stressed on the importance of clear referral pathways and incorporating them into training modules. Communication tools like a dedicated helpline (14416), WhatsApp groups, and other 24x7 support systems must be easily accessible and widely known. To ensure uptake, these must be validated through community trust circles.

She further suggested engaging religious leaders, who often hold moral authority within communities, to support survivors and discourage perpetrators – leveraging community accountability as a deterrent to violence. Finally, she emphasised the need for skill-building programs for survivors to support their long-term independence and recovery.



Ms. Kiran Bhatia



Ms. Ekta Verma



From left: SI Shobha N., Ms. Shameem Sheik Dastagir, Ms. Kiran Bhatia, Dr. Jagadeesh Narayanareddy, Dr. Madhuri H. N., Mr. Sachin

Guest Speaker

Ms. Christy Abraham, Activist and Social Worker

Post lunch, Ms. Christy Abraham delivered a compelling address that offered a holistic understanding of the spectrum of violence. She emphasised that violence is not merely an individual behavioural issue, but a structural and systemic phenomenon – manifesting as cultural, social, religious, or institutional violence.

She urged the audience to examine the systems and structures that not only marginalize women but also render support providers vulnerable. Often, the goal is to reach a desirable level of well-being and support for survivors. However, due to systemic constraints, interventions are reduced to what is viable or doable. Governments and institutions, she pointed out, frequently prioritise what is profitable and doable, rather than what is necessary or just.

Ms. Abraham then discussed the importance of choosing the right framework. The human rights approach, she explained, is grounded in the obligation to act even if only one person is suffering. It holds the state accountable and places the most vulnerable individual at the centre of strategy-building.

However, to go deeper, she advocated for a feminist approach. While aligned with human rights, the feminist lens puts women at the centre and interrogates the structures that shape their experiences. This bottom-up framework calls for intersectional analysis, asking: What is marginalising this woman? Whether it's religion, poverty, a health issue, disability, or social identity – each layer must be examined through root-cause analysis.

She also stressed on the importance of understanding contextual vulnerability. A woman's access to safety and justice is shaped by her geographical, political, and legal environment.



Legal recourse alone is not sufficient; equitable and accessible implementation mechanisms are crucial to achieving gender-transformative outcomes.

Ms. Abraham then introduced the **Gender at Work framework** (Figure 1), a tool for understanding and addressing gender dynamics at both organisational and community levels. She described its four quadrants:

1. **Consciousness and Capability:** Creating awareness and building the confidence of women to speak up, access authorities, and navigate systems.
2. **Access to Resources:** Ensuring availability of support structures like shelters, financial aid, helplines, and networks.
3. **Informal Norms:** Challenging societal attitudes and unwritten rules that reinforce gender inequality.
4. **Formal Systems:** Addressing institutional rules, laws, and policies that must align with gender equity goals.

She concluded by emphasizing on the importance of collaboration and knowledge building. The lack of long-term research data hampers effective intervention. Partnering with academic institutions can not only validate survivors' experiences but also generate the evidence needed to influence systemic change.

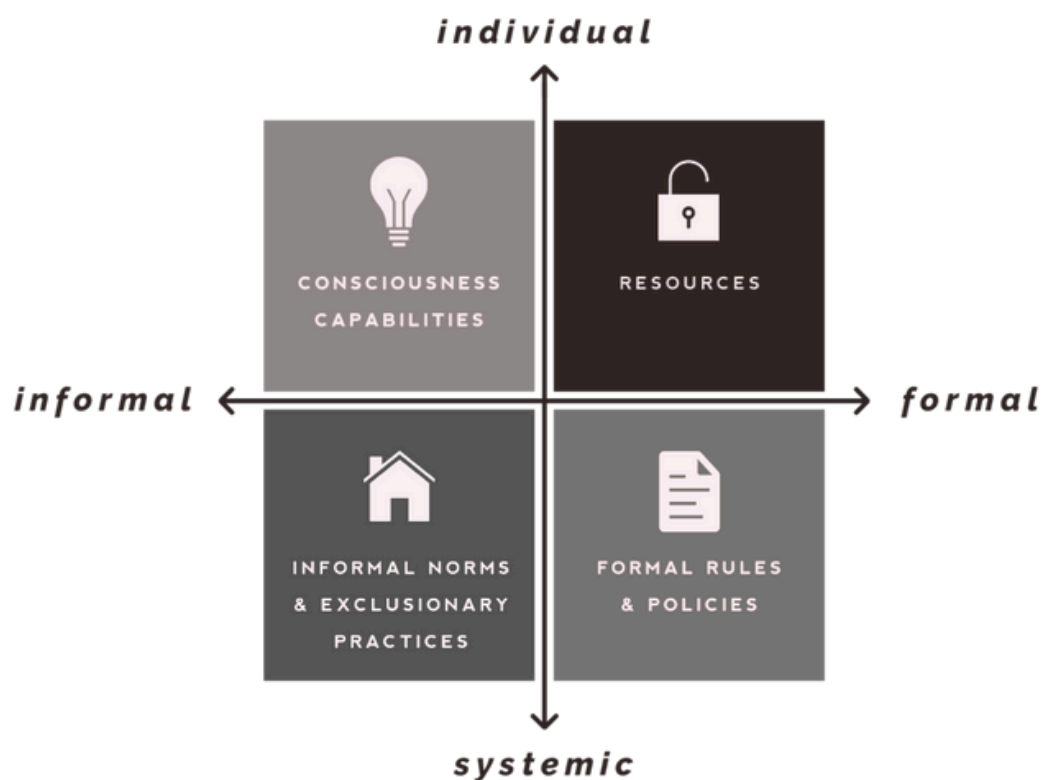


Figure 1: The Gender at Work framework

Roundtable Discussion

The afternoon's roundtable discussion buzzed with collaborative energy as participants reflected on the critical importance of **long-term skilling for economic empowerment, legal aid resources, and the need to engage external stakeholders** in a unified response to domestic violence.

Moderated by **Mr. Viiveck Verma**, the session brought together stakeholders from diverse sectors to brainstorm practical, survivor-focused strategies. The discussion aimed to foster cross-sector collaboration, inspire innovative solutions, and generate actionable recommendations that could be implemented by both government bodies and organisations working on the ground.



Roundtable Discussion

Moderator: Mr. Viiveck Verma, Director, Invisible Scars Foundation

Participants:

- Ms. Ramya Sundararajan, WeLive Foundation
- Ms. Prarthna Appaiah, CEHAT
- Ms. Radhika Jain, First Drop Change Foundation
- Mr. Sachin, Alcoholics Anonymous
- Ms. Nida Sheriff, Rocky Books Co.
- Ms. Lakshmi V. M., Vimochana
- Ms. Sowmya S., Aweksha Foundation
- Ms. Anitha P. Rao, APSA
- Ms. Jacintha Thukarama, DEEDS
- Ms. Lakshmidhevi M., Gamana Mahila Samukha
- Ms. Dechu Banerjee, Ashraya
- Ms. Sumithra Acharya, Legal Advisor, Bembala Foundation
- Ms. Yamini Chandrasekaran, Bembala Foundation
- Ms. Smitha Kumar, Vimochana
- Ms. Manjula N., APSA
- Ms. Avani Pandya, Bembala Foundation
- Ms. Yashaswini, Nyaaya Foundation
- Ms. Ashwini Tambe, Independent Researcher
- Mr. Samarth Srinivasa, J. K. Legal
- Mr. Ravi, BRDO
- Mr. Ritash, RANG Foundation
- Mr. Channappa, Prakruthi NGO
- Ms. Sumedha, Whitefield Ready
- Ms. Pallavi Deshpande
- Ms. Ameena, Vimochana
- Ms. Anjali Saini, Whitefield Rising
- Ms. Christy Raj
- Ms. Himani Durgamohan
- Ms. Joby Jacob Varghese
- Ms. Mamata Yajaman

Long-term Skilling for Economic Empowerment

Skilling is a critical pathway to economic empowerment for survivors. Financial dependence often traps them in cycles of violence, limiting their ability to leave unsafe environments or rebuild their lives. Access to skill development enables women to secure livelihoods, regain agency, and make independent choices. It not only boosts self-confidence but also **breaks intergenerational patterns** of dependence and vulnerability. When survivors are equipped with market-relevant skills, they are better positioned to achieve long-term stability, reclaim dignity, and participate fully in social and economic life.

Participants shared models where skill development was integrated with housing support, structured routines, and emotional care. **Transitional shelters and crisis centres** were seen as important spaces not only for recovery but also for initiating skilling efforts. Practitioners highlighted the importance of clear expectations and **structured timelines** for survivors in such programs, noting that accountability frameworks helped many women transition from dependence to self-reliance.

Others spoke about creating linkages between survivors and local industries, where women could take up full-time or part-time jobs or be supported in developing artisanal and entrepreneurial ventures in **tailoring, fabric and leather industry, jewellery-making, cooking and baking, beautician services, and retail**.

In parallel, participants stressed the need for **scaling skilling efforts** across different levels – from **foundational training** in literacy and basic qualifications (like completion of 10th or 12th grade through NIOS), to **professional upskilling** in **hospitality, IT, paralegal services, and driving**.

Community-based efforts like **self-help groups** offering microloans were seen as particularly effective in enabling women to start their own businesses.

Moreover, the value of integrating life skills and **therapeutic modalities** such as **theatre and martial arts training** into skilling programs was discussed as a means of addressing both livelihood and healing.

Roundtable at a Glance



Legal Aid Resources

Legal aid remains one of the most critical yet under-accessed resources for survivors of DVA in India. Despite legal provisions under the PWDVA, 2005, survivors often face significant structural and emotional barriers to accessing justice. These include limited awareness of rights, fear of retaliation, lack of access to affordable legal representation, and the intimidating complexity of legal procedures. Many survivors are further discouraged by the fragmentation of services and the **absence of coordinated referral systems**. In this context, the availability of timely, trauma-informed, and survivor-centric legal assistance becomes indispensable for both immediate protection and long-term redress.

During the roundtable, participants listed numerous existing initiatives and legal support models – from **free legal clinics** and **subsidised law firms** to **survivor-led paralegal services**. Several **NGOs** have developed **in-house legal wings** that not only assist with filing complaints and securing protection orders but also offer counselling and help survivors navigate the procedural landscape.

Community collectives and **independent legal aid organisations** are also stepping in to fill the gap left by overburdened public systems, offering legal awareness camps, simplified resources, and helplines. Additionally, some organisations have developed **booklets and survivor-friendly legal toolkits**, including a step-by-step guide on **“How to build a domestic violence case without a lawyer”** – resources co-created with survivors, lawyers, and field practitioners to ensure usability and trust.

Participants emphasised the need for a **stronger legal aid ecosystem** that blends **formal institutional mechanisms** with **grassroots legal literacy**. This includes **enhancing partnerships** between legal clinics, women’s organisations, police units, and shelter homes to ensure smoother and **more accountable referral pathways**.

There was also consensus on the importance of **including legal awareness in skilling programs and frontline trainings** so that women not only access justice but also build long-term resilience. A call was made to bolster **pro bono and subsidised legal services**, streamline case documentation processes, and create regionally accessible databases of verified legal aid providers. The discussion reinforced that legal empowerment must be integrated into every stage of survivor support, not treated as a standalone or final step.

Roundtable at a Glance



The Way Forward

The **Karnataka Domestic Violence Stakeholders Summit** surfaced a shared understanding: addressing domestic violence in India requires structural reform, not piecemeal solutions. Survivors need more than protection. They need systems that prioritise their dignity, autonomy, and long-term empowerment. Drawing from survivor voices, cross-sector expertise, and grassroots fieldwork, the following key directions are proposed to guide future policy design and institutional practice.

A. Reimagining Shelter as Support, Not Displacement

- **Shelters should be a last resort option**, not the default. The legal right of women to remain in their own homes – guaranteed under the PWDVA – must be upheld and made accessible.
- **Reconstructive shelters for perpetrators** should be explored as an alternative to displacing survivors, shifting the burden of relocation from the victim to the abuser.
- Shelter environments must be **trauma-informed**, inclusive, and flexible – offering physical safety, emotional healing, and dignity.
- Policy should mandate **minimum standards for shelter hygiene, access to legal aid, mental health support, and childcare**.
- Women must retain **full autonomy to enter and exit shelters**; current models resembling correctional facilities must be transformed.
- Shelters must include provisions for **children's care**, recognising the psychological impact of exposure to violence.

B. Integrating Mental Health and Addiction Services

- The state must embed **mental health care** and **addiction recovery services** into all levels of domestic violence response – particularly within OSCs, hospitals, and shelter homes.
- All survivors should undergo **mental health pre-screenings** and be provided access to trauma-informed counseling and group therapy.
- Frontline responders – including police, shelter staff, and legal aid workers – must be trained in the **psychological dynamics of trauma and addiction**.
- The **WHO's LIVES protocol** (Listen, Inquire, Validate, Enhance safety, Support) should be made mandatory across healthcare and clinical settings that serve survivors.
- Public health programs must explicitly address **substance use as both a cause and consequence** of domestic violence, and invest in recovery pathways that reduce stigma and increase access.

The Way Forward

C. Strengthening Legal Aid Access and Referral Systems

- Legal empowerment must be treated as a **core service**, not a secondary step. Every shelter, OSC, and women's police station should have access to trained legal personnel.
- Expand **pro bono and subsidised legal aid** for survivors, and create a **statewide database** of verified legal aid providers accessible to NGOs and police.
- Support the development and dissemination of **survivor-friendly legal toolkits**, co-created with NGOs, legal experts, and survivors.
- Enhance coordination between **legal aid clinics, women's collectives, law enforcement, and social workers** to streamline survivor referral pathways.
- Integrate **legal literacy modules** into skilling programs, SHG meetings, and community health training to improve informed decision-making.

D. Scaling Skilling and Economic Empowerment

- Survivors must be connected to **market-relevant skill development**, including digital, service-sector, and artisanal industries, with clear employment pathways.
- Support **transitional programs** that combine temporary housing, income generation, and mental health care, especially for women leaving orphanages or shelters.
- Invest in **community-based skilling hubs** tied to local industries (tailoring, garment, beauty, hospitality, retail), and link them to SHGs and microloan platforms.
- Encourage innovative and therapeutic skill-building through **art-based, theatre-led, or martial arts interventions**, which support both healing and confidence-building.
- Government schemes like **PM Vidyalakshmi, NRLM, and NIOS** should be integrated more effectively into DV response networks, enabling survivors to complete education and access loans without collateral.
- Offer **seed funding for survivor-led enterprises** through partnerships with women's entrepreneurial networks and CSR initiatives.

The Way Forward

E. Community Engagement and Systemic Change

- Build **community-led survivor support ecosystems**, leveraging trained women leaders, peer counsellors, and local religious and social leaders to prevent, report, and intervene in violence.
- Develop **non-literacy-dependent awareness materials** (manuals, posters, digital media) for rural and marginalised communities.
- Mandate the integration of **DV and gender sensitisation education** into school and college curricula.
- Institutionalise **24x7 multi-platform communication tools** (WhatsApp, helplines, chatbots), verified through community trust networks.
- Empower **frontline workers** – ASHAs, Anganwadi workers, police officers – with training in trauma response, referral mechanisms, and survivor rights.

F. Data, Research, and Accountability

- Invest in **long-term research and documentation** on domestic violence to inform policy and service delivery.
- Collaborate with **academic institutions** to validate survivor experiences, evaluate interventions, and close data gaps.
- Build an independent **monitoring and accountability framework** to evaluate OSCs, shelter homes, police response, and legal aid performance.
- Establish a **centralised survivor feedback system** to ensure policy evolves in direct response to those it is meant to serve.

Closing Note

To move from crisis response to systemic change, we must adopt a **rights-based, survivor-led, and intersectional approach** to addressing domestic violence. The insights and evidence generated from this summit reaffirm that coordinated action across law, health, livelihood, community, and media is not only possible, but urgently needed. The recommendations outlined here are intended to inform state and national policies, strengthen grassroots interventions, and guide multi-sector collaborations in the shared pursuit of **a future free from violence**.



Glimpses of the Event



KDVSS Posters

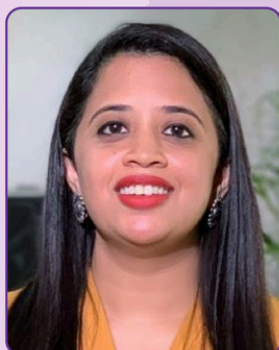


INVISIBLE SCARS FOUNDATION PRESENTS

KARNATAKA DOMESTIC VIOLENCE STAKEHOLDERS SUMMIT

CO-ORGANISED BY BEMBALA FOUNDATION

Keynote Speakers



Ms. Dhanya Rajendran

Co-founder & Editor in Chief,
The News Minute



Ms. Christy Abraham

Activist, Social work Professional
& Independent Consultant



Ms. Reshma

DV Survivor



Saturday, 26th April 2025



9:30am to 5:00pm



Venue Partner



**Vydehi Institute of Medical Sciences & Research Centre,
#82, Nallurahalli, Whitefield, Bangalore-560066**



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INVISIBLE SCARS FOUNDATION PRESENTS

KARNATAKA DOMESTIC VIOLENCE STAKEHOLDERS SUMMIT

CO-ORGANISED BY **BEMBALA FOUNDATION**

TOPIC: Unpacking Addiction, Mental Health & Domestic Violence



Moderator

Ms. Kiran Bhatia

Gender & Social Inclusion
Technical Advisor, Co-Founder
& Member Bembala Foundation



Panelist

Dr. Madhuri H N

Psychiatrist, NIMHANS



Panelist

**Ms. Shameem
Sheik Dastagir**

Independent Development
Professional



Panelist

**Dr. Jagadeesh
Narayanareddy**

Vice Principal Prof. & HOD Forensic Medicine,
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Panelist

Ms. Shobha N

Sub Inspector, All Women
and Child Dept, Shivaji Nagar



Panelist

Mr. Sachin

Representative,
Alcohol Anonymous



Venue Partner



**Vydehi Institute of Medical Sciences &
Research Centre, #82, Nallurahalli,
Whitefield, Bangalore-560066**



Saturday, 26th April 2025



9:30am to 5:00pm



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INVISIBLE SCARS FOUNDATION PRESENTS

KARNATAKA DOMESTIC VIOLENCE STAKEHOLDERS SUMMIT

CO-ORGANISED BY **BEMBALA FOUNDATION**

TOPIC: Designing Dignity: Reinventing Safe Spaces for Domestic Violence and Abuse Survivors



Moderator

Ms. Nitya Ramakrishnan

Member, Whitefield Rising and
Co-Founder, Bembala Foundation



Panelist

Ms. Sumithra

Senior Advocate & Legal
Advisory, Bembala Foundation



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Dr. Faraz Syed Mohammad

Psychiatrist and Deputy Director,
Aaladamara



Panelist

Ms. Maya Sharma

Senior Journalist



Panelist

Dr. Ashwini N V

Founder,
Mukhta Foundation



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Acknowledgements

We sincerely thank all the individuals, partner organisations, and collaborators whose dedication and contributions made the Karnataka Domestic Violence Stakeholders Summit a success. Your commitment to advancing dialogue, support systems, and policy reform for survivors of domestic violence has been invaluable to this collective effort.

Our Partners

Hosts: Invisible Scars Foundation, Bembala Foundation

Venue Partner: Vydehi Institute of Medical Sciences & Research Centre, Bangalore

Planning and Organisation Support: Bembala Foundation

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Ms. Dhanya Rajendran, Co-founder and Editor-in-Chief, The News Minute

Ms. Reshma, Survivor supported by Bembala Foundation

Ms. Christy Abraham, Activist and Social Worker

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Moderators: Ms. Nitya Ramakrishnan, Ms. Kiran Bhatia, Mr. Viiveck Verma

Panelists: Ms. Sumithra Acharya, Dr. Faraz Syed Mohammad, Ms. Maya Sharma, Dr. Ashwini N. V., Dr. Iram Ahmedi, Dr. Madhuri H. N., Ms. Shameem Sheik Dastagir, Dr. Jagadeesh Narayanareddy, Ms. Shobha N., Mr. Sachin

Attending Organisations

Vydehi Hospital, Vimochana, Aweksha, APSA, Gamana Mahila Samukha, J. K. Legal, CEHAT, Parihar, Nyaaya, WeLive Foundation, ENFOLD, Payana, DEEDS, First Drop Change Foundation, Alcoholics Anonymous, Mukhta Foundation, Prakruthi, RANG Foundation, Whitefield Rising

Writing and Designing the White Paper

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About Invisible Scars Foundation

Invisible Scars Foundation (ISF), founded by Ekta Viiveck Verma in 2016, is a non-profit organisation that aims to empower 50,000 gender-based violence (GBV) survivors to reclaim their dignity and self-worth over the past five years by using technology to cross geographical boundaries. ISF provides comprehensive support, including guidance to resources like police, legal aid, and mental health services, as well as financial assistance for essential needs. With a gender-neutral approach, ISF has directly assisted over 3,700 survivors and sensitised 40,000 individuals about domestic violence across India and globally. Partnering with Urban Company in 2024, as their implementation partner across 14 cities they work in, for the Workplace Domestic Violence Policy. ISF seeks to expand its reach and help 6 lakh GBV survivors through a unified, compassionate, and inclusive platform, advocating for policy-level changes and shifting the narrative on domestic violence from a gendered issue to a behavioural problem.



About Bembala Foundation

Bembala Foundation is a Whitefield Rising initiative, dedicated to supporting women and children who have experienced violence or abuse. Bembala provides free, confidential assistance through their crisis centre in Bangalore and a pan-India helpline. Their trained volunteers – called befrienders – create a safe space for survivors to share their experiences. They offer compassionate emotional support and further assist the survivors through their trusted network of partners: police, lawyers, counsellors, shelter homes, vocational trainers, and medical professionals.

Bembala also conducts awareness and outreach programs in schools, communities, workplaces, and with frontline workers like police officers and teachers, working towards building a society that stands up against all forms of violence.



Invisible Scars Foundation

IMPACTING 20,000 DOMESTIC VIOLENCE & ABUSE SURVIVORS

SERVICES WE OFFER

Survivor Support

FIRST LEVEL SUPPORT

MENTAL HEALTH SUPPORT

LEGAL COUNSELLING

SKILLING/LIVELIHOOD

LITIGATION SUPPORT

SHELTER SUPPORT

MISCELLANEOUS

Sustainable Ecosystem Building

AWARENESS

CAPACITY BUILDING

POLICY ADVOCACY

If you or someone you know is facing
Domestic Violence & Abuse,
Reach out for Support!

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