

# Conflict Resolution Style and Psychological Gender-Based Violence in Karnataka, India

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**Abstract:** Gender-based violence remains a pervasive public health challenge in India, with one in three women reporting some form of violence (National Family Health Survey-5, 2021). Addressing intimate partner violence is central to global development agendas, including Sustainable Development Goal 5, which calls for the elimination of all forms of violence against women and girls. Rates are particularly high in rural areas where gender norms, economic dependency, and limited institutional support constrain women's agency in marital conflict. While structural and cultural determinants of gender-based violence have been widely studied, far less is known about how everyday conflict resolution behaviors within intimate partnerships may reinforce or reduce psychological violence. This pilot study examined the association between women's conflict resolution styles and psychological gender-based violence in rural Karnataka as preparatory groundwork for a larger community intervention. Forty-two married women participating in local self-help groups completed structured interviews assessing four conflict resolution styles – problem solving, engagement, compliance, and withdrawal – along with psychological violence, mood symptoms, financial stress, and husbands' alcohol use. Consistent with socio-ecological and feminist theories, conflict styles reflecting low power and relational disengagement were most strongly linked to psychological violence. Women who reported complying during conflict (e.g., yielding quickly, suppressing their perspective) or withdrawing (e.g., remaining silent, disengaging) experienced higher levels of psychological aggression. Engagement behaviors (e.g., escalating or becoming angry) showed a weaker and nonsignificant association. In contrast, constructive problem solving was not related to lower psychological violence, suggesting that cooperative strategies may have limited protective value when embedded within broader structural inequalities and gendered power dynamics. Contextual vulnerabilities provided additional nuance. Financial worries and mood difficulties, although prevalent, were not significantly associated with psychological violence, indicating that emotional or economic strain alone may not predict risk in this small sample. Husbands' alcohol use showed expected directional patterns: daily consumption was linked to higher psychological violence, while occasional use showed a modest inverse association. These findings align with prior research identifying alcohol as a catalyst for escalation and highlight its relevance for future intervention components. Reporting of physical violence was rare, underscoring ongoing challenges in disclosure and the need to revisit sampling strategies, interviewer training, and culturally sensitive framing before scaling up. Overall, the pilot study demonstrates that conflict disengagement – rather than overt aggression – is most strongly associated with women's exposure to psychological violence. These results support an intervention model that integrates conflict-resolution skill building with community-level norm change, institutional responsiveness, and targeted modules on alcohol use and emotional regulation. Insights from this pilot directly inform the design, sequencing, and theoretical grounding of the forthcoming multi-level intervention aimed at reducing gender-based violence in rural Karnataka.

**Keywords:** Gender-based violence, Conflict resolution, Rural women, Empowerment

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## 1. Introduction

On average, 1 in 3 women in India have experienced gender-based violence (National Family Health Survey-5, 2021), showing minimal decline over the last two decades despite extensive investments in legal reform, community education, and public health interventions (Devries, 2013). Various risk factors reinforce each other. For example, economic scarcity and reliance on male income increase dependency and constrain women's agency in conflict situations (Jewkes, Levin, and Penn-Kekana, 2010); traditional and conservative gender norms continue to normalize male authority, women's subordination, and marital obedience (Jayachandran, 2021); and shame, stigma, and fear of social backlash make reporting violence highly costly, especially in collectivist, family-centered communities (Koenig et al., 2006). Furthermore, weak institutional support – including poor police responsiveness, distrust in legal systems, and lack of accessible services – further discourages help seeking (Kalra et al., 2025). Other, family-level risk factors include patriarchal beliefs, coercive control and jealousy,

communication difficulties, low emotional regulation, and dysfunctional conflict strategies as predictors of situational violence (Dorling, Onifade, and Brown, 2024). These findings emphasize that gender-based violence is not merely interpersonal but rooted in socio-structural constraints that form an ecosystem in which violence is both normalized and difficult to escape (Galtung, 1969; Dodi, 2019).

Positive conflict resolution behaviors have the potential to reshape family dynamics, provide empowerment and autonomy, and give social legitimization for (legal) support – while negative conflict behaviors on the individual level contribute to escalation and isolation. Avoidant conflict resolution – withdrawal, silence, ignoring concerns – is especially risky, producing lose-lose outcomes and hindering early de-escalation. Research shows that both psychological aggression and verbal conflict often precede physical violence (Ali 2020). Couples reporting verbal conflict are much more likely to experience subsequent physical aggression, and both very low and very high conflict frequency increase risk (Namer et al., 2024). Chronic frustration, psychological aggression, and misinterpretation of intentions can accumulate, increasing the likelihood that conflicts escalate into physical aggression (Layne 2014). Furthermore, non-adherence to prescribed gender roles – such as cooking or roaming around – was commonly cited by women as reasons for experiencing violence, especially in combination with alcohol use by husbands (IWWAGE and Ministry of Rural Development, 2022). At the same time, applying conventional conflict resolution approaches to gender-based violence is therefore considered problematic, as it overlooks the inherent power imbalance and often pressures women into reconciliation rather than safety (Jülich et al., 2024).

Taken together, existing research demonstrates that the persistence of gender-based and marital violence in India cannot be explained by individual behavior alone. Instead, it emerges from the interaction of structural inequality, cultural legitimization of coercion, and everyday conflict dynamics within intimate relationships. These intertwined mechanisms create a need for interventions that target behavior, relationships, and social norms simultaneously.

## **2. Previous Research**

Reviews consistently show that the evidence base for gender-based violence prevention remains limited, with little consensus on effective strategies and very few interventions demonstrating sustained reductions in violence (Bott, Morrison, and Elsberg, 2005). Methodological weaknesses further constrain the field: many evaluations rely on small samples (Jewkes, 2014), lack basic rigor in design and measurement (Bott, Morrison, and Elsberg, 2005), or provide incomplete reporting on theoretical frameworks, sampling procedures, intervention components, and outcome measures (Mittal and Singh, 2020). These weaknesses make it difficult to compare interventions or identify best practices. Even major global assessments note the paucity of proven strategies. For example, a World Health Organization review found no interventions with established effectiveness for preventing sexual violence in any setting (Spangaro et al., 2013).

Few studies examine pathways at the individual, relational, or community level or identify contextual factors that shape effectiveness (Stern et al., 2020). Scholars argue that research must measure community norms and sustainable behavior rather than narrow shifts in individual attitudes, and that mental health – both as a driver and consequence of violence – remains insufficiently integrated into prevention models (e.g., Tol et al., 2019). Evaluation efforts also disproportionately focus on secondary and tertiary prevention, with far fewer rigorous studies of primary prevention strategies aimed at shifting gender norms or mobilizing communities (Kirk et al., 2017).

Community-level approaches work by shifting collective norms that legitimize violence, such as through school-based conflict resolution training or participatory gender norm change initiatives (Delaney, 2023). These models can shift attitudes and sometimes reduce violence at scale, but their success depends heavily on local commitment, sustained resources, and effective institutional convergence. Culturally specific programs in India – including self-help groups, women’s unions, and panchayat-level bodies – build solidarity and challenge patriarchal norms but face major constraints due to police inaction, stigma, and pressure to reconcile, leaving most women without reliable pathways to support (Kalra et al., 2025).

Few interventions explicitly target conflict resolution behaviors, despite extensive evidence linking dysfunctional conflict patterns to the escalation of violence. Conflict behaviors are often treated as secondary components rather than primary mechanisms of change, and most evaluations do not examine whether improvements in conflict behavior enhance women’s safety or access to community protection. There is almost no empirical work from India directly testing whether constructive conflict behaviors – such as non-aggressive responses or cooperative problem-solving – reduce marital violence or support early detection of risk. Given the persistence

of gender-based violence, the modest effects of many interventions, and the central role of relational conflict in escalation processes, conflict resolution remains an underexamined but potentially powerful behavioral pathway for prevention.

The current study precedes a larger intervention. It is therefore exploratory in nature, providing us with pilot data, guided by three central questions: (RQ1) Which conflict resolution styles are most commonly used by participants?; (RQ2) How are conflict behaviors associated with psychological violence?; (RQ3) How do contextual vulnerabilities – financial stress, mood difficulties, and alcohol consumption – relate to these conflict processes?

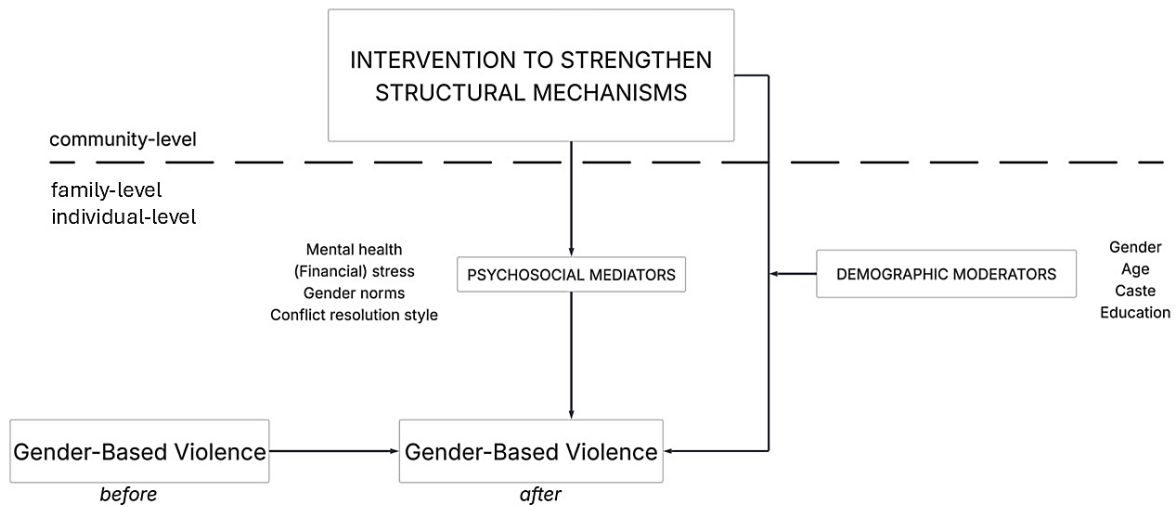
Based on existing research, we expected conflict engagement and withdrawal to be positively associated with higher psychological violence, and constructive problem solving to be positively associated with lower psychological violence. We also anticipated that financial adversity, emotional distress, and spouse alcohol use would be positively associated with more aggressive or avoidant conflict patterns. Rather than testing hypotheses decisively, the purpose was to identify the most relevant behavioral and contextual mechanisms to target in the upcoming, large-scale intervention. Insights from this pilot will inform the design of our training modules, guide the prioritization of conflict resolution skills within the broader self-help groups action plans, and help ensure that the full-scale project addresses both interpersonal and structural drivers of violence in a culturally grounded and systemically coherent way.

### 3. Research Methodology

The present study forms the groundwork for a large, multi-level community intervention that our team is advancing in partnership with Self-Help Groups (SHGs), Gram Panchayat institutions, and Gender Forums across rural Karnataka. Drawing on the AWESOME systems framework (Gressel et al., 2020), the planned intervention aims to strengthen institutional responses to violence, expand the capacity of SHG networks, and shift local gender norms through participatory, community-led training.

A total of 42 married women participated in the pilot study. Participants were recruited from rural villages already engaged with the university's ongoing SHG and social-empowerment initiatives, which provided established community connections and facilitated access. All participants identified as women and were currently living with their husbands. The mean age of the sample was 41.9 years (SD = 14.9), reflecting a broad adult age range typical of SHG membership in the region. Participants interviewed in person by trained staff members and university students familiar with the local languages and cultural context. Each interview lasted approximately one hour and consisted of a structured questionnaire assessing conflict resolution behaviors, psychological violence, mood symptoms, financial stress, and spouse alcohol use. Participation was voluntary, and all women were informed about the purpose of the study, confidentiality practices, and their right to withdraw at any time. Written informed consent was obtained from all participants, and no financial compensation was provided. The pilot enabled us to explore the feasibility of the survey and intended intervention.

Psychological violence was assessed using a six-item self-report scale. Participants indicated how frequently they experienced psychologically aggressive behaviors from their spouse (e.g., *"He humiliates me"*, *"He threatens me verbally"*) on a 1–5 scale ("never" to "very often"). A mean score was computed, with higher values indicating greater psychological violence. Internal consistency was good ( $\alpha = .80$ ). Conflict resolution behaviors were measured using 20 self-report items adapted from the Conflict Resolution Style Inventory (CRSI; Kurdek, 1994). Items were rated on a 1–5 scale ("never" to "very often"). Four subscales were created by averaging 5 corresponding items each: Problem Solving reflects constructive, cooperative strategies (e.g., *"We discuss differences constructively"*); Engagement reflects hostile and emotionally escalated responses (e.g., *"I explode and get out of control"*; *"I throw insults"*); Compliance reflects submissive or yielding conflict behavior (e.g., *"I give in with little attempt to present my side"*); and Withdrawal reflects behavioral disengagement during conflicts (e.g., *"I remain silent for long periods"*; *"I withdraw and act distant"*). Higher scores represent more such conflict behaviors. All subscales had good internal consistency (between  $\alpha = 0.75$  and  $\alpha = 0.85$ ). Two items measuring depressive symptoms and two items measuring anxiety symptoms (e.g., *"I feel sad or down"*, *"I feel anxious or tense"*) were rated 0 (Not at all) to 3 (Nearly every day). Due to high correlation ( $r = .72$ ), items were combined into a composite Mood Issues measure. Internal consistency of the four items was good (Cronbach's  $\alpha = .80$ ). Participants were also asked about their financial worries and of their spouse, using four items (e.g., *"I often worry about money"*, *"I have little control over my finances"*). Items were rated on a 1–5 scale and averaged, with higher scores indicating more financial worries. Internal consistency of both scales was good (Cronbach's  $\alpha = .85$ ).



**Figure 1: Overview of main intervention’s targeted mechanisms**

Alcohol use by the husband was measured using a single self-report item indicating how many days per month the spouse consumes alcohol. Responses were categorical, reflecting frequency of monthly use (e.g., “never,” “1–3 days,” “weekly,” “daily”). Higher categories indicate heavier alcohol involvement.










#### 4. Results and Discussion

Across the four conflict resolution styles (Table 1), Problem Solving showed the highest mean ( $M = 5.70$ ,  $SD = 2.53$ ), indicating that constructive, solution-oriented behaviors were used relatively frequently by participants (RQ1). Compliance ( $M = 4.71$ ,  $SD = 2.72$ ) and Withdrawal ( $M = 3.59$ ,  $SD = 2.59$ ) were used with moderate frequency, whereas Engagement, reflecting hostile or aggressive escalation, showed the lowest mean levels ( $M = 2.96$ ,  $SD = 2.34$ ). Item-level distributions showed substantial variability across individuals, with the highest endorsement found for “finding mutually acceptable alternatives” and lower endorsement for overtly aggressive behaviors such as personal attacks or insults. Psychological violence levels varied widely ( $M = 2.65$ ,  $SD = 1.93$ ), suggesting heterogeneity in women’s current relational experiences.

As expected (RQ2), destructive conflict styles were positively associated with psychological violence (Table 2). Compliance showed the strongest association ( $\rho = .53$ ,  $p < .001$ ), followed by Withdrawal ( $\rho = .40$ ,  $p < .05$ ) and Engagement ( $\rho = .20$ , ns). These patterns indicate that women who reported more frequent yielding, avoidance, and emotional withdrawal also reported higher psychological violence. In contrast, Problem Solving was not significantly associated with psychological violence ( $\rho = -.06$ ), suggesting that constructive behaviors may be used by many women regardless of violence exposure, or that protective effects may not be detectable in this small, exploratory sample.

For RQ3, we examined associations between conflict behaviors and contextual vulnerabilities. Mood Issues were positively associated with Engagement ( $\rho = .31$ ) but not with other conflict styles, suggesting that emotional distress may relate specifically to aggressive or dysregulated conflict responses. Financial Worries showed small associations with Compliance ( $\rho = .20$ ) but were otherwise weakly related to conflict behaviors. Spouse’s Financial Worries showed a moderate positive association with Compliance ( $\rho = .20$ ) and Engagement ( $\rho = .15$ ), and, as expected, were strongly correlated with women’s own financial stress ( $\rho = .51$ ,  $p < .001$ ). Husband alcohol consumption, though not part of the correlation matrix, showed a descriptive trend in expected directions: women reporting more frequent monthly alcohol use by husbands tended to report higher psychological violence and greater use of Engagement and Compliance behaviors.

**Table 1: Descriptive statistics of variables of interest. All means rescored on a scale from 1-10 for ease of interpretation (except Age)**

Variable	Mean	SD	Distribution
Age	41.85	14.88	
Psychological Violence	2.65	1.93	
Problem Solving	5.70	2.53	
Engagement	2.96	2.34	
Compliance	4.71	2.72	
Withdrawal	3.59	2.59	
Mood Issues	4.02	3.06	
Financial Worries	6.49	2.29	
Spouse's Financial Worries	5.29	2.68	

**Table 2: Spearman correlation matrix**

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Age									
2. Psychological Violence	-0.16								
3. Problem Solving	-0.20	-0.06							
4. Engagement	0.12	0.20	0.17						
5. Compliance	-0.14	0.53***	0.20	0.50***					
6. Withdrawal	0.12	0.40*	-0.19	0.47**	0.50***				
7. Mood Issues	0.19	-0.18	-0.01	0.31	0.11	0.16			
8. Fin. Worries	0.17	0.07	-0.11	0.11	0.20	-0.02	-0.02		
9. Fin. Worries Spouse	-0.01	-0.08	-0.03	0.15	0.20	0.04	0.17	0.51***	

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

The findings of this pilot study reinforce theoretical models that conceptualize gender-based and marital violence as emerging from the interplay of relational conflict patterns, structural inequalities, and culturally sanctioned norms of male authority. Compliance and withdrawal – low-power, self-silencing conflict strategies – showed the strongest associations with psychological violence, aligning with research demonstrating that avoidant conflict patterns foster escalation and hinder early de-escalation (Dorling, Onifade, and Browne, 2024). These behaviors are also consistent with Galtung’s (1969) framework of cultural and structural violence, in which women’s conflict disengagement reflects adaptations to patriarchal norms, economic dependency, and anticipated social backlash. The limited protective value of constructive problem solving further supports feminist critiques that relational skills alone are insufficient when power imbalances and cultural constraints remain unaddressed (Jülich et al., 2024). Interventions must therefore be grounded not only in communication theory but also in broader socio-ecological and feminist perspectives, targeting both interpersonal behaviors and the institutional context in which they occur. These theoretical insights directly shape the design of the forthcoming intervention: addressing withdrawal and compliance as core behavioral mechanisms, strengthening women’s perceived legitimacy when expressing needs or setting boundaries, and ensuring that constructive behaviors are supported by responsive community institutions.

Training modules in the upcoming community intervention should therefore prioritize reducing self-silencing, shutdown, and fear-based yielding, integrating emotional-regulation strategies and behavioral rehearsal to help women remain engaged safely during conflict. Also, because constructive behaviors alone did not predict lower psychological violence, the intervention must operate at multiple levels. Women’s conflict behaviors are only as effective as the institutional environment that surrounds them. This underscores the importance of

strengthening community-level action plans, referral pathways, and convergence across multiple stakeholders to provide adequate support and protection. Last, contextual vulnerabilities – financial strain, mood difficulties, and alcohol use by husbands – showed patterns consistent with prior literature, supporting the inclusion of livelihood-sensitive and emotional-regulation components. Given the known role of alcohol in conflict escalation, modules involving men and boys should incorporate norms around alcohol use, authority, and conflict handling.

## **5. Conclusion**

This exploratory pilot study examined conflict resolution behaviors, psychological violence, and contextual vulnerabilities among rural married women in Karnataka as foundational work for a forthcoming community-level intervention. The findings underscore that withdrawal and compliance – forms of conflict disengagement shaped by structural and cultural constraints – are closely tied to psychological violence, whereas constructive problem solving alone does not offer protection when power imbalances and institutional limitations remain unaddressed. Contextual factors such as financial strain, mood difficulties, and husbands' alcohol use showed patterns consistent with socio-ecological theories and highlight the need for integrated, multi-level approaches.

Beyond mapping behavioral mechanisms, the pilot revealed important implementation insights regarding measurement refinement, interviewer training, and disclosure barriers, all of which will enhance the rigor and feasibility of the full-scale intervention. Overall, the results point to the necessity of combining interpersonal skill building with strengthened village institutions and male engagement efforts. These insights directly inform the upcoming intervention's design and provide a theoretically grounded, culturally responsive pathway for reducing gender-based and marital violence in rural India.

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**Ethics Declaration:** This pilot study involved voluntary, interview-based data collection with adult participants and was conducted in accordance with institutional and community guidelines. No formal ethical clearance was required for this preliminary exploratory work. All participants provided informed consent prior to participation.

**AI Declaration:** AI tools were used to support drafting, restructuring, and editing of sections of this manuscript. All analyses, interpretations, and final decisions were made by the authors.

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