

From Complaint to Rehabilitation: Social Outcomes of Cases Processed Through One Stop Centre, Indore

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Abstract: The One Stop Center (OSC) scheme aims to provide integrated and immediate support services to women experiencing violence in both public and private spheres. The study employs a mixed-methods approach, combining structured questionnaires, observation, and in-depth interviews with survivors and service providers. The objective is to trace the complete continuum of support from initial complaint registration to rehabilitation and reintegration. The findings indicate that OSC Indore serves as a crucial institutional space offering legal aid, medical support, counselling, and temporary shelter under a single roof, contributing significantly to survivors' safety and emotional recovery. Many women reported improved decision-making, self-confidence, and awareness of their legal rights. However, challenges such as prolonged legal proceedings, inadequate follow-up, economic dependency, and persistent social stigma continue to influence rehabilitation outcomes. Additionally, coordination gaps among law enforcement, the judiciary, and community networks sometimes hinder effective case resolution. OSC Indore has empowered survivors and helped them reintegrate, but long-term rehabilitation requires enhanced livelihood support, community sensitisation, and inter-agency collaboration. The report emphasizes the need to address gender-based violence as a legal, social welfare, and empowerment issue that requires persistent institutional and community engagement.

Keywords: Gender-Based Violence; Social Outcomes; Legal Aid; Temporary Shelter; Medical Aid; Institutional Support Systems; Community Sensitization; Livelihood Support.

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1. Introduction

Gender-based violence against women remains one of the most persistent and complex social problems in Indian society. Rooted in patriarchal social structures, unequal power relations, and cultural norms, violence against women manifests in

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various forms such as domestic violence, sexual assault, emotional abuse, economic deprivation, and social isolation. Despite constitutional guarantees of equality and numerous legal safeguards, women continue to face violence within families, workplaces, and public spaces [16]. Sociologically, violence against women is not merely an individual act of aggression but a structural phenomenon embedded within social institutions such as family, marriage, caste, and community [1]. In response to the rising incidence of violence against women and the fragmented nature of support services, the Government of India launched the One Stop Center (OSC) Scheme under the Nirbhaya Fund on 1st April 2015 [9]. The OSC model aims to provide integrated support to women survivors of violence under one roof, including police facilitation, legal aid, medical assistance, counseling, and temporary shelter. By reducing institutional barriers and procedural delays, OSCs are designed to ensure immediate safety and long-term rehabilitation [8].

1.1. One Stop Center Scheme: Conceptual and Institutional Framework

The One Stop Center (OSC) Scheme is a significant institutional initiative of the Government of India aimed at addressing violence against women through a comprehensive, survivor-centric approach. Implemented under the aegis of the Ministry of Women and Child Development (MWCD) and funded through the Nirbhaya Fund, the scheme seeks to provide integrated services to women affected by violence in both public and private spheres [20]. The OSC model is premised on the understanding that gender-based violence is not merely a legal issue but a complex social problem requiring coordinated medical, legal, psychological, and rehabilitative interventions [5].

1.2. Genesis and Rationale of the Scheme

In the Indian socio-cultural context, violence against women is deeply rooted in patriarchal norms, unequal power relations, and economic dependency [6]. Although several legal provisions exist to safeguard women's rights, survivors often face barriers such as fear of retaliation, social stigma, lack of awareness, and fragmented institutional responses [19]. Feminist scholars argue that the privatization of violence within family structures often silences women and discourages help-seeking behaviour [12]. Before the OSC scheme, women were required to approach multiple institutions—police stations, hospitals, courts, and counseling centers—often leading to re-traumatization and withdrawal from the justice process. Recognizing these systemic failures, the OSC scheme was introduced in 2015 to create a single-window support system that ensures timely, confidential, and dignified assistance to survivors [20]. The scheme reflects an ecological understanding of violence, which views abuse as shaped by individual, relational, community, and societal factors [2].

1.3. Objectives of the One Stop Center Scheme

The primary objective of the One Stop Center scheme is to provide immediate and holistic support to women affected by violence [25]. The scheme aims to ensure safety, facilitate access to justice, provide medical and psychological care, and support rehabilitation and social reintegration [20]. This approach aligns with global best practices that emphasise survivor-centred and rights-based responses to gender-based violence [5].

1.4. Core Services Provided Under OSC

The OSC provides a range of integrated services designed to address the multidimensional consequences of violence:

- **Emergency Response and Rescue:** OSCs are linked with emergency helplines and district authorities to provide immediate protection and assistance to women facing imminent threats [20].
- **Medical Assistance:** Survivors receive medical examination, treatment, and medico-legal documentation through coordination with hospitals, ensuring both healthcare and legal compliance [5].
- **Legal Aid and Police Facilitation:** Legal counselling and assistance with filing FIRs are provided by empanelled lawyers. This service addresses institutional barriers and power imbalances within the legal system [2].
- **Psychological Counseling:** Professional counseling services help survivors cope with trauma and emotional distress. From a sociological perspective, such counseling supports emotional recovery and identity reconstruction [3].
- **Temporary Shelter:** Short-term shelter is provided to women who cannot return to their families due to safety concerns, acknowledging that family structures can sometimes be sites of violence rather than protection [6].
- **Rehabilitation and Follow-up Support:** OSCs link survivors with welfare schemes, skill development programs, and livelihood opportunities to promote long-term rehabilitation and empowerment.

1.4.1. Operational Structure and Functioning

One Stop Centres are established at the district level and staffed by a multidisciplinary team, including administrators, case workers, counsellors, and legal advisors. Coordination with police, judiciary, healthcare institutions, and non-governmental

organizations is central to the OSC model. In Indore district, the OSC caters to women from diverse socio-economic backgrounds. While urban settings provide better institutional access, survivors continue to face social stigma, family pressure, and economic insecurity, which influence rehabilitation outcomes [23]. These findings align with Kabeer [4] argument that agency alone is insufficient without access to resources and supportive social structures.

1.4.2. Sociological Relevance of the OSC Scheme

From a sociological perspective, the OSC scheme represents a state-led intervention challenging patriarchal normalization of violence. Feminist theory views OSCs as counter-patriarchal spaces that validate women's experiences and institutionalize their right to safety and justice. Structural functionalism interprets OSCs as corrective institutions designed to restore social balance when family and community systems fail. Conflict theory highlights how OSCs partially mitigate power imbalances by providing marginalized women access to legal and social resources. Symbolic interactionism emphasises the role of counselling and legal interactions in reshaping survivors' self-perceptions and meaning-making processes [3]. Empowerment theory further situates OSCs as mechanisms that enhance women's agency, self-confidence, and decision-making capacity [4].

1.4.3. Challenges in Implementation

Despite its progressive design, the OSC scheme faces challenges such as limited awareness, inadequate staffing, high caseloads, and weak inter-agency coordination. Prolonged legal processes and social stigma continue to affect rehabilitation. Economic dependency remains a major constraint, reinforcing feminist and conflict-theoretical arguments that structural inequalities limit the sustainability of empowerment [6]; [4].

1.4.4. Positioning of OSC in the Present Study

In the present study, the One Stop Center in Indore serves as the central institutional site for examining the transition of women from complaint registration to rehabilitation. By analyzing survivors' experiences within the OSC framework, the study assesses how integrated institutional support influences social, psychological, and economic outcomes. Thus, the OSC scheme serves both as an empirical setting and an analytical lens for understanding institutional responses to gender-based violence in contemporary Indian society. The establishment of the One Stop Center in Indore is particularly significant, given the district's status as a rapidly urbanizing area with diverse socio-economic populations. Urbanization, migration, changing family structures, and economic stress have contributed to shifting patterns of violence against women. While urban areas often offer better institutional access, survivors still face stigma, family pressure, economic dependence, and emotional trauma that affect their rehabilitation process. From a sociological perspective, rehabilitation is not limited to legal closure of cases but involves social reintegration, psychological recovery, restoration of dignity, and economic independence.

Many women who approach OSCs are at critical turning points in their lives, seeking not only justice but safety, validation, and social support. Therefore, assessing the social outcomes of cases processed through OSC Indore becomes essential to understand the effectiveness of this institutional intervention. Previous studies on gender-based violence have largely focused on prevalence, causes, and legal responses. However, limited sociological attention has been given to post-complaint trajectories of survivors—particularly how institutional support influences their long-term social and psychological outcomes. This research seeks to fill that gap by tracing women's journey from complaint registration to rehabilitation, examining both achievements and challenges within the OSC framework [21]. The present study adopts a sociological lens to analyze how institutional mechanisms interact with social realities such as patriarchy, stigma, family pressure, and economic dependency. By focusing on the lived experiences of survivors and service providers, the research situates OSC Indore within broader debates on women's empowerment, social justice, and welfare governance.

1.5. Research Objectives

- To examine the socio-demographic profile of women accessing the One Stop Center, Indore.
- To analyze the types of violence and grievances reported at OSC Indore.
- To assess the effectiveness of services provided by OSC in ensuring safety, legal support, and emotional recovery [22].
- To study the social, psychological, and economic outcomes of cases processed through OSC Indore.
- To identify challenges in the rehabilitation and reintegration of survivors and suggest policy interventions.

1.6. Research Area

The study's research area is Indore District, Madhya Pradesh. Indore represents a mix of urban, semi-urban, and peri-urban populations, making it sociologically significant for studying gender-based violence and institutional responses [17]. The OSC

Indore caters to women from diverse social backgrounds, including migrants, urban poor, middle-class families, and rural migrants.

2. Literature review

Walby [6] conceptualizes patriarchy as a system of social structures and practices through which men dominate, oppress, and exploit women. She identifies institutions such as family, state, culture, and paid work as key sites of patriarchal power. This framework is useful for understanding violence against women as a structural phenomenon rather than an individual act, providing a theoretical basis for analyzing institutional interventions like One Stop Centers. Heise [2] presents an ecological framework explaining violence against women as an outcome of interacting factors at individual, relational, community, and societal levels. This multidimensional approach emphasizes that social norms, power relations, and institutional responses shape gender-based violence. The framework supports the need for integrated service models such as One Stop Centers that address violence holistically rather than through isolated interventions. Hochschild [3] introduced the concept of emotional labour, highlighting how individuals manage their emotions to meet institutional expectations. In the context of gender-based violence, this concept helps explain the emotional burden borne by survivors as they navigate legal and counseling systems. It also sheds light on the emotional work performed by counsellors and social workers in One Stop Centres, thereby influencing survivor recovery and rehabilitation outcomes.

Kabeer [4] conceptualizes empowerment as a process involving access to resources, the exercise of agency, and the achievement of desired outcomes. This framework is highly relevant for evaluating the effectiveness of One Stop Centres, as it enables assessing how legal aid, counselling, and institutional support enhance women's decision-making capacity, self-confidence, and social participation, while highlighting limitations in economic empowerment. UN Women [5] report emphasizes the importance of survivor-centred, multi-sectoral approaches in addressing violence against women. It advocates for coordination between legal, medical, psychosocial, and welfare services to ensure comprehensive support. This perspective underpins the One Stop Center model, reinforcing the idea that effective rehabilitation requires integrated institutional responses beyond purely legal remedies. The Government of India [24] OSC guidelines outline the objectives, services, and operational framework of One Stop Centres. The document emphasizes accessibility, confidentiality, and convergence of services for women facing violence. It provides an institutional context for analysing OSC Indore and identifies challenges, such as follow-up mechanisms and inter-agency coordination, that are relevant to assessing social outcomes and rehabilitation.

3. Research Methodology

The study adopts a mixed-method research design, combining quantitative and qualitative approaches.

3.1. Sample Size

The total sample comprises 300 women survivors whose cases were processed through OSC Indore.

3.2. Sampling Method

Purposive sampling was used to select respondents who had completed or were currently undergoing the OSC intervention.

3.3. Tools of Data Collection

- Structured questionnaire
- In-depth interviews
- Observation
- Case record analysis

3.4. Method of Analysis

- Percentage and tabular analysis
- Thematic and sociological interpretation

4. Sociological Perspectives Relevant to the Study

4.1. Feminist Sociological Perspective

The feminist sociological perspective provides a foundational framework for analyzing cases processed through the One Stop Center (OSC) in Indore, as it situates women's complaints within broader structures of patriarchy and gender inequality. Thinkers such as Simone De Beauvoir [7] argue that women's oppression is socially constructed rather than biologically determined. At the same time, Walby [6] conceptualizes patriarchy as a system embedded in institutions such as family, law, and the state. From this perspective, violence against women—whether domestic violence, sexual assault, or harassment—is not an individual problem but a manifestation of systemic gender power relations. The OSC represents an institutional intervention that challenges patriarchal control by offering legal aid, medical assistance, counseling, and rehabilitation under one roof. Feminist theory helps assess whether the OSC genuinely empowers survivors or merely manages their trauma within existing power hierarchies. Hooks [10] intersectional feminism further highlights how caste, class, and economic dependence shape women's experiences of violence and access to justice in Indore. This perspective evaluates social outcomes, including increased agency, decision-making power, and psychological recovery among survivors. It also raises critical questions about whether state-led support systems transform gender relations or reinforce dependency. Thus, feminism enables a nuanced understanding of how the OSC contributes to women's rehabilitation while confronting deeply entrenched gender norms.

4.2. Structural Functionalist Perspective

The structural-functionalist perspective views society as a system of interrelated institutions that work together to maintain social stability. Durkheim [13] emphasized social order and collective conscience, while Parsons [14] highlighted the role of institutions in fulfilling functional needs. From this standpoint, violence against women is seen as a form of social dysfunction that disrupts family stability and social harmony. The One Stop Centre (OSC) in Indore serves as a corrective social institution, designed to restore equilibrium by addressing legal, medical, and psychological disruptions caused by violence. Through coordinated services, the OSC helps reintegrate survivors into society, either by repairing family relations where possible or enabling independent rehabilitation. Merton [15] concept of manifest and latent functions is particularly relevant: the OSC's manifest function is survivor support, while its latent functions include increased awareness, deterrence of violence, and institutional trust. This perspective evaluates outcomes such as reduced repeat victimization, improved family functioning, and enhanced social cohesion. However, functionalism may underplay power inequalities by focusing more on social order than justice. Nevertheless, it provides insight into how the OSC contributes to societal stability by managing deviance and reinforcing normative frameworks of protection and welfare.

4.3. Conflict Perspective

The conflict perspective, rooted in the works of Marx and Engels [11], emphasizes power struggles, inequality, and domination within society. Applied to the OSC in Indore, this perspective interprets violence against women as a consequence of unequal power relations embedded in economic, legal, and social structures. Zimmerman [18] concept of the "sociological imagination" helps link personal troubles of survivors to public issues such as poverty, unemployment, and patriarchal control. From this viewpoint, the OSC is a state mechanism operating within a broader system of class and gender inequality. While it provides relief, it may not fundamentally challenge the structures that produce violence, such as women's economic dependence or unequal access to resources. Conflict theorists critically examine whether the OSC empowers survivors to resist oppression or merely offers temporary solutions that fail to address structural change. Social outcomes assessed through this lens include access to justice, economic rehabilitation, and shifts in power dynamics between survivors and perpetrators. The perspective also questions disparities in outcomes based on class and caste, highlighting which complaints are prioritised and whose voices remain marginalised. Thus, the conflict approach foregrounds inequality and the limits of institutional responses in addressing systemic violence.

4.4. Symbolic Interactionist Perspective

The symbolic interactionist perspective focuses on everyday interactions, meanings, and identity formation. Zimmerman [18] emphasized the development of self through social interaction, while Heise [2] highlighted the role of symbols and meanings. In the context of the OSC in Indore, this perspective examines how survivors interpret their experiences from the time of complaint registration to rehabilitation. Interactions with police officers, counselors, medical professionals, and legal authorities shape survivors' self-perception as victims, survivors, or empowered individuals.

Batliwala [20] concept of stigma is particularly relevant, as women reporting violence often face social labelling and moral judgment. The OSC's counseling and support services play a crucial role in reconstructing positive self-identities and reducing internalized stigma. This perspective evaluates outcomes such as changes in self-confidence, communication patterns, and social reintegration. It highlights the importance of empathetic interaction, language, and institutional behaviour in influencing recovery. By focusing on micro-level processes, symbolic interactionism reveals how rehabilitation is not only material but also symbolic, involving the redefinition of self and social roles within family and community.

4.5. Human Rights and Social Justice Perspective

The human rights and social justice perspective frames violence against women as a violation of fundamental human rights. Zimmerman [18] 's capability approach emphasises expanding individuals' freedoms and choices, while Heise [2] focuses on dignity and bodily integrity. Applied to the OSC in Indore, this perspective assesses whether institutional support enhances survivors' capabilities to live safe, autonomous lives. The OSC is viewed as a rights-based intervention ensuring access to justice, healthcare, shelter, and rehabilitation without discrimination. This perspective evaluates outcomes such as legal redress, economic independence, psychological well-being, and social inclusion. It also examines whether survivors are treated as rights-holders rather than passive recipients of welfare. By focusing on dignity, empowerment, and long-term rehabilitation, the social justice approach highlights the OSC's transformative potential. It also identifies implementation gaps, such as delays, lack of awareness, and resource constraints, that may limit the realization of rights. Overall, this perspective positions the OSC as a critical mechanism for advancing gender justice and inclusive development.

4.6. Empowerment Theory

Empowerment Theory is a sociological and social work perspective that focuses on enhancing individuals' and communities' capacity to gain control over their lives, access resources, and challenge structural inequalities. The theory is closely associated with scholars such as Heise [2], who conceptualized empowerment as a process through which people gain mastery over issues affecting their lives, and Zimmerman [18], who further developed its psychological and community-level dimensions. Empowerment operates at multiple levels: individual, organizational, and community. At the individual level, it involves building self-efficacy, confidence, awareness of rights, and decision-making ability. At the organizational level, it emphasizes participatory structures and access to institutional support. At the community level, empowerment seeks collective action, social inclusion, and transformation of oppressive power relations. In the context of social welfare and justice interventions, Empowerment Theory shifts the focus from viewing individuals as passive recipients of aid to recognizing them as active agents capable of change. Rather than merely addressing symptoms of disadvantage, the theory aims to dismantle structural barriers such as poverty, patriarchy, and exclusion. Overall, Empowerment Theory provides a rights-based, strengths-oriented framework that promotes autonomy, dignity, and long-term social transformation.

4.7. Theoretical Framework

The theoretical framework integrates Feminist Theory, Patriarchy Theory, Symbolic Interactionism, Conflict Theory, Structural Functionalism, and Empowerment Theory to explain the continuum from violence to rehabilitation among women accessing the One Stop Center (OSC) in Indore. At the macro level, patriarchal social structures create conditions that normalize gender-based violence by reinforcing unequal power relations, economic dependency, and gendered norms. These structures give rise to multiple forms of violence—physical, emotional, sexual, and economic—primarily occurring within intimate and familial spaces. At the meso level, survivors' help-seeking behaviour is shaped by social stigma, fear, family pressure, and awareness of rights. The One Stop Center operates as an institutional intervention that disrupts patriarchal barriers by providing integrated services under one roof. From a structural-functional perspective, OSC functions as a corrective mechanism that addresses systemic failures in family and community institutions. At the micro level, symbolic interactionism explains how counseling and legal interactions help survivors reinterpret their experiences, rebuild self-identity, and gain psychological strength. These interactional processes contribute to enhanced agency, legal awareness, and emotional recovery. However, consistent with conflict and feminist political economy theories, the framework highlights that economic dependency and social stigma continue to limit full rehabilitation. Therefore, empowerment remains partial unless structural reforms, livelihood opportunities, and community-level gender sensitization complement institutional support.

4.8. Data Tables and Analysis

Objective 1: To examine the socio-demographic profile of women accessing the One Stop Center, Indore. The socio-demographic profile reveals that most women accessing OSC Indore belong to the economically and socially vulnerable sections of society. The dominance of women in the 26–35 age group reflects a critical life stage marked by marriage, child-rearing, and economic dependency, where exposure to domestic and familial violence is high. A significant proportion of married women indicates that violence is largely embedded within marital relationships, reinforcing feminist arguments about the patriarchal control exercised through family institutions. Lower educational attainment and high representation of homemakers highlight women's limited access to economic resources, which often restricts their ability to exit abusive relationships. Urban predominance suggests greater awareness and access to institutional support, while rural underrepresentation may reflect barriers such as stigma, distance, and limited information. From a feminist and patriarchal theoretical perspective, the socio-demographic profile highlights how women's vulnerability to violence is structurally produced rather than individually determined (Table 1).

Table 1: Socio-demographic profile of respondents

Socio-Demographic Variable	Category	Frequency	Percentage
Age	18–25 years	72	24%
	26–35 years	118	39%
	36–45 years	74	25%
	Above 45 years	36	12%
Marital Status	Married	196	65%
	Unmarried	48	16%
	Separated/Divorced	42	14%
	Widowed	14	5%
Education	Illiterate	54	18%
	Primary	82	27%
	Secondary	96	32%
	Graduate and above	68	23%
Occupation	Homemaker	162	54%
	Informal sector	78	26%
	Formal employment	36	12%
	Unemployed	24	8%
Residence	Urban	178	59%
	Semi-urban	74	25%
	Rural	48	16%

The predominance of married women reflects the feminist argument that marriage, within a patriarchal society, often becomes a site of control and domination rather than protection. Patriarchy institutionalizes male authority within family structures, making women economically dependent and socially subordinate, particularly during their reproductive and caregiving years (26–35 age group). Conflict theory further explains how unequal access to education, employment, and economic resources places women in weaker bargaining positions within households, increasing their exposure to abuse. The high proportion of homemakers and informally employed women reflects structural inequalities in labour markets that marginalize women economically. From a structural-functional perspective, the family is expected to provide security and support; however, when patriarchal norms dominate, the family becomes dysfunctional, necessitating external institutional interventions like OSCs (Table 2).

Table 2: Types of violence reported by respondents

Type of Violence	Frequency	Percentage
Domestic/Physical violence	138	46%
Emotional/Psychological abuse	66	22%
Sexual violence	54	18%
Economic abuse	42	14%
Total	300	100%

Objective 2: To analyze the types of violence and grievances reported at OSC Indore. Domestic violence emerges as the most prevalent form of abuse, reflecting the normalization of violence within private spaces under patriarchal family structures. Emotional and psychological abuse, often invisible and socially minimized, constitutes a substantial proportion, indicating deep-rooted power asymmetries in intimate relationships. Sexual violence, though underreported due to stigma and fear, still accounts for a significant percentage, highlighting the need for survivor-sensitive reporting mechanisms. Economic abuse underscores women’s financial dependency and restricted access to resources, which perpetuates cycles of victimization. These findings align with feminist and conflict perspectives that view violence as a mechanism of control rather than isolated deviant behavior. The percentage of emotional violence is the highest because it is encompassed within almost every form of violence.

Thus, it is evident that emotional violence accounts for the largest proportion among all types of violence. The pattern of violence reported strongly aligns with radical feminist theory, which conceptualizes violence against women as a tool of patriarchal power used to maintain male dominance within private and public spheres. Domestic and emotional violence being most prevalent supports the feminist claim that everyday forms of control are normalized within intimate relationships and often escape social scrutiny. Symbolic interactionism helps explain why emotional and psychological abuse remains under-recognised—such forms of violence are socially defined as “normal marital conflict” rather than abuse. Economic violence reflects Marxist-feminist theory, in which control over resources becomes a means of subordination. Sexual violence, though

underreported, demonstrates how women’s bodies are socially regulated and controlled. Collectively, these patterns indicate that violence operates as a socially sanctioned mechanism reinforcing gender hierarchies rather than as isolated deviant acts (Figure 1).

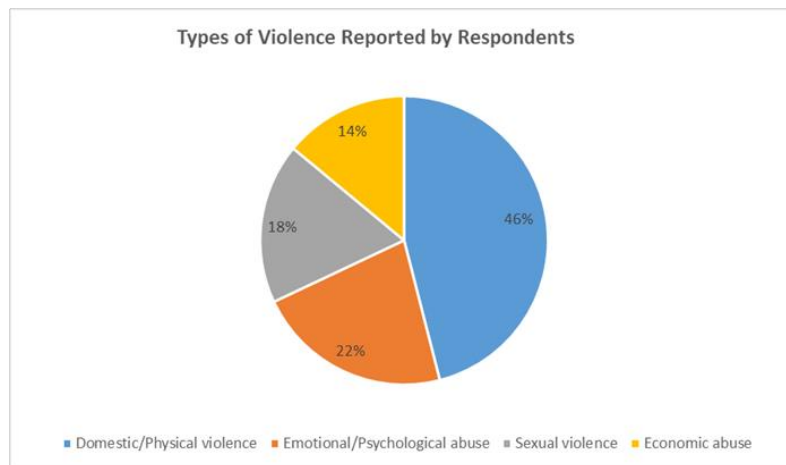


Figure 1: Distribution of types of violence reported by respondents

Objective 3: To assess the effectiveness of services provided by OSC in ensuring safety, legal support, and emotional recovery. The high utilization of counseling services highlights the psychological trauma experienced by survivors and the importance of emotional support in the recovery process. Legal aid and police facilitation reflect women’s increasing engagement with formal justice mechanisms when institutional support is accessible and non-threatening. However, relatively lower use of shelter services suggests social pressures to return to family environments, even when unsafe (Table 3).

Table 3: Utilisation and perceived effectiveness of OSC services

OSC Services Aailed	Frequency	Percentage
Counselling support	246	82%
Legal aid	118	39%
Police facilitation	186	62%
Medical assistance	74	25%
Temporary shelter	96	32%

From a symbolic interactionist perspective, OSC acts as a space where survivors reconstruct self-identity—from victims to rights-bearing individuals—through supportive interactions with counselors and legal professionals. These data indicate that the facilities provided by the One Stop Center play a significant role in rehabilitating survivors within their families and society. (Figure 2)

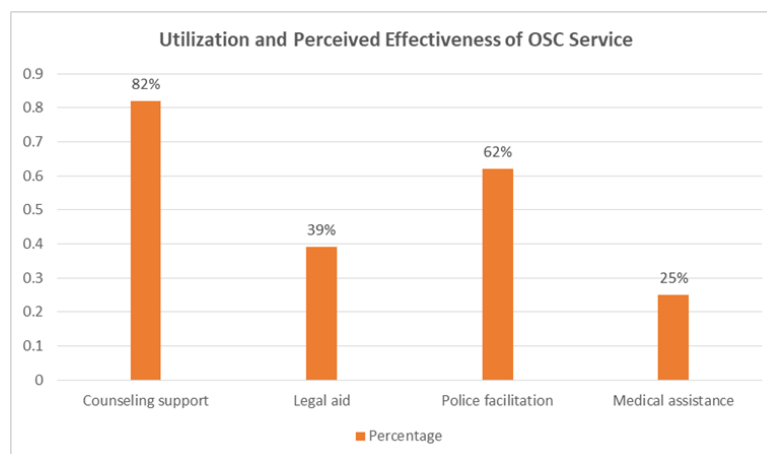


Figure 2: Utilization and perceived effectiveness of OSC services

Among these services, counselling has the highest utilisation rate at 82%. The remaining 18 percent represent cases in which counseling was not undertaken, as the women survivors had already registered their cases in the Hon’ble Court through private lawyers and were seeking only legal proceedings. Even in such cases, the One Stop Centre provides them with information about joint counselling services available at the Centre if they wish, which may facilitate rehabilitation. Thus, by ensuring that women receive the full benefit of all integrated services, the One Stop Centre in Indore effectively fulfils its role in the rehabilitation of women survivors. The effectiveness of OSC services can be theoretically understood through symbolic interactionism and empowerment theory. Counseling and legal aid serve as interactional spaces where survivors reinterpret their experiences—not as personal failures, but as violations of rights. Through repeated interactions with counsellors, lawyers, and social workers, women reconstruct their self-identity from “victims” to “rights-bearing individuals”. From a structural-functional perspective, OSC functions as a corrective institution that addresses dysfunctions arising from family and community failure to protect women. Feminist theory further views OSC as a counter-patriarchal space where women gain access to institutional power that has traditionally been denied to them (Table 4).

Table 4: Post-intervention outcomes among survivors

Outcome Indicator	Yes (%)	No (%)
Improved self-confidence	78%	22%
Awareness of legal rights	64%	36%
Psychological stability	62%	38%
Economic independence	21%	79%
Social reintegration	64%	36%

Objective 4: To study the social, psychological, and economic outcomes of cases processed through OSC Indore. However, lower use of shelter services reflects persistent cultural norms prioritizing family preservation over women’s safety, highlighting the limits of institutional intervention within deeply entrenched patriarchal value systems. The findings indicate notable improvement in psychological well-being and legal awareness, suggesting OSC’s success in enhancing women’s agency. However, limited economic independence reveals structural constraints, including a lack of employment opportunities, skills, and social support. Social reintegration remains uneven due to persistent stigma, family pressure, and community attitudes toward survivors. Empowerment theory suggests that while OSC interventions improve agency, sustainable empowerment requires access to material resources and supportive social environments beyond institutional intervention. The post-intervention outcomes demonstrate partial empowerment, which aligns closely with Kabeer [4] empowerment framework of resources, agency, and achievements (Figure 3).

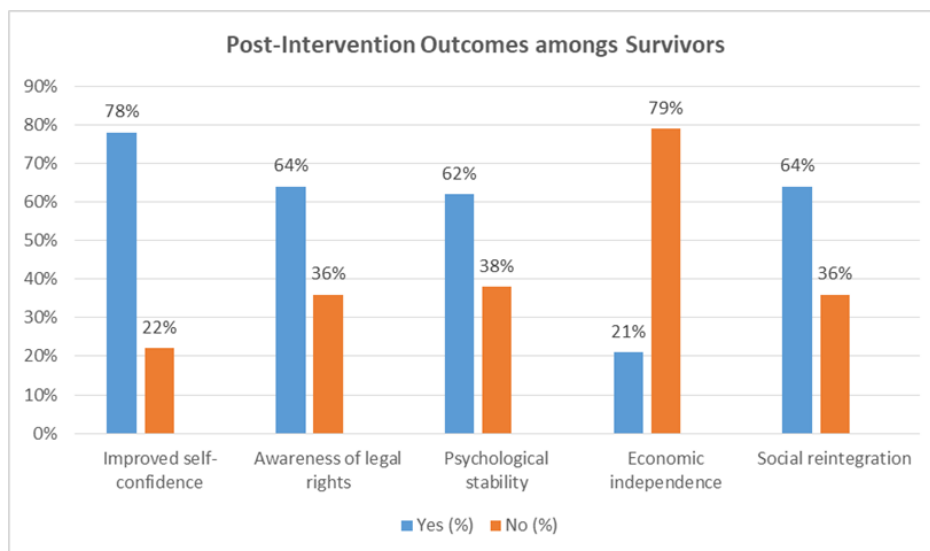


Figure 3: Post-intervention outcomes among survivors assisted by the one-stop Center

Increased self-confidence and legal awareness reflect enhanced agency; however, limited economic independence indicates restricted access to material resources. This imbalance suggests that empowerment remains incomplete without structural economic support. From a feminist political economy perspective, women’s continued economic dependence reinforces vulnerability even after legal intervention. Symbolic interactionism explains psychological recovery as a result of positive validation and recognition received through OSC interactions. Meanwhile, challenges in social reintegration reflect societal

stigma, which labels survivors rather than perpetrators, illustrating Batliwala [20] concept of “spoiled identity.” Thus, while OSC contributes significantly to individual empowerment, broader social transformation remains necessary (Table 5).

Table 5: Challenges faced during rehabilitation

Major Challenges	Frequency	Percentage
Economic dependency	174	58%
Social stigma	156	52%
Prolonged legal process	138	46%
Family pressure to withdraw the case	120	40%
Lack of follow-up support	102	34%

Objective 5: To identify challenges in the rehabilitation and reintegration of survivors and suggest policy interventions. Economic dependency emerges as the most significant barrier to rehabilitation, reinforcing the structural roots of gender inequality. Social stigma reflects patriarchal norms that blame survivors rather than perpetrators, leading to secondary victimization. Prolonged legal processes and family pressure often discourage women from pursuing justice, illustrating institutional and cultural contradictions. From a structural-functional perspective, weak inter-agency coordination disrupts the rehabilitative role of OSCs. These challenges underscore the need for integrated policy interventions that focus on livelihood support, legal reform, and community-level gender sensitization. The challenges identified are deeply rooted in patriarchal social structures and gender ideology. Economic dependency reflects structural inequalities in access to education and employment, as explained by conflict theory, where power and resources are unequally distributed along gender lines (Figure 4).

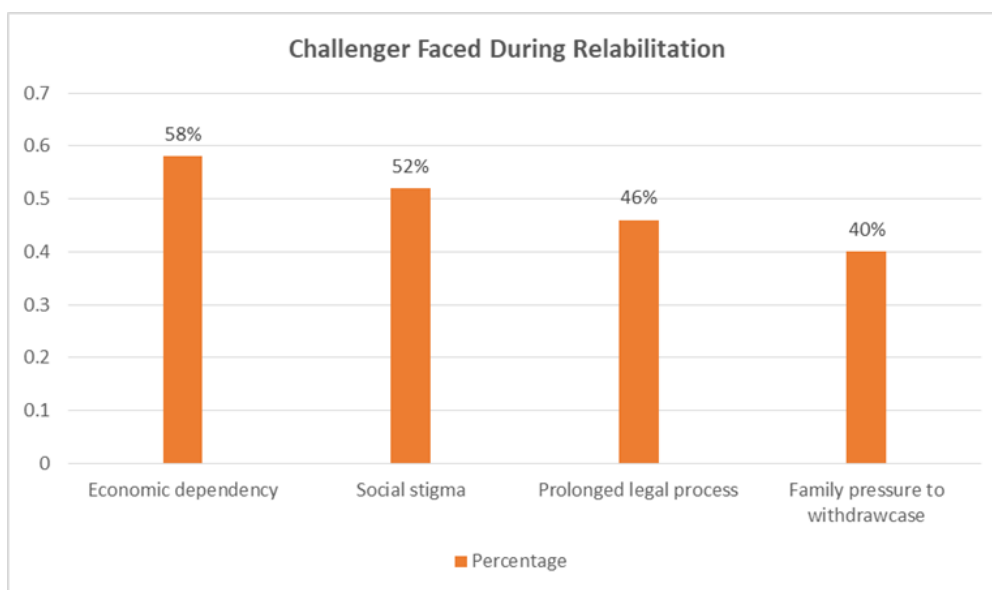


Figure 4: Challenges faced during rehabilitation

Social stigma and family pressure illustrate how patriarchal norms prioritize family honour over women’s rights, often leading to secondary victimization. From a structural-functional perspective, prolonged legal processes and a lack of follow-up indicate institutional inefficiencies that weaken OSCs' rehabilitative role. Feminist theory critiques this gap by arguing that legal remedies alone cannot dismantle deeply embedded gender norms. Sustainable rehabilitation requires multi-level interventions addressing economic empowerment, community attitudes, and institutional accountability. These challenges demonstrate that violence against women is not merely a legal issue but a structural social problem requiring comprehensive sociological solutions.

4.9. Sociological Data Analysis

The data reveal that OSC Indore functions as a critical support system enabling women to reclaim agency and dignity. However, patriarchal norms, economic dependence, and social stigma continue to influence rehabilitation outcomes. Structural inequalities often limit long-term empowerment, emphasizing the need for sustained intervention. One Stop Center gives

women the confidence and courage to educate themselves, helping them become economically independent so they can face any situation, live on their own, and educate their children.

5. Suggestions

Based on the findings of the study, several policy-oriented and sociological suggestions are proposed to strengthen the effectiveness of One Stop Centers (OSCs) and ensure sustainable rehabilitation of women survivors of violence:

- There is a need to integrate livelihood and skill development programs within the OSC framework. Economic dependency emerged as a major barrier to long-term empowerment; therefore, linkages with skill-training institutions, self-help groups, and employment schemes should be institutionalised.
- Long-term psychological counseling and follow-up mechanisms must be strengthened. While immediate counseling support is effective, many survivors require continued emotional assistance to cope with trauma, social stigma, and family pressure. Periodic follow-up visits and community-based counseling services can enhance rehabilitation outcomes. For this, there should be provision for eligible and trained outreach staff in OSC, who will be fielded to the machinery OSC to contact survivors, conduct home visits, continue counseling and follow-up with survivors, and provide support with confidence after case closure.
- Community sensitization and gender awareness programs should be intensified. Patriarchal attitudes and victim-blaming norms continue to hinder social reintegration. Awareness campaigns involving local leaders, educational institutions, and media can help transform societal perceptions of survivors and promote gender justice. For this, there should be a specialized behavior change orientation training program for WCD staff, social workers, the community's responsible person, and the community leader. As researchers know, if the thought process and mind setup are positive and supportive towards women, then violence against women will decrease, and rehabilitation will be successful.
- Inter-agency coordination among police, judiciary, healthcare providers, and social welfare departments should be improved. Establishing standardized protocols and digital case-tracking systems can reduce procedural delays and enhance accountability. Fast-track legal processes for cases referred through OSCs would further strengthen survivor confidence in institutional mechanisms.
- The inclusion of survivor-centric policy feedback mechanisms is essential. Survivors' experiences should inform program design and evaluation to ensure that OSC services remain responsive to their evolving needs. By adopting a holistic, sociologically informed approach that addresses structural inequalities alongside individual recovery, OSCs can become more effective instruments of women's empowerment and social justice.
- There should be a specific provision in every government department that establishes a responsible unit and a designated officer to provide immediate assistance through women-centric welfare schemes for women survivors of violence. This mechanism should work promptly to support the rehabilitation of such survivors, ensuring that One Stop Centres (OSCs) can facilitate both speedy and long-term rehabilitation in an effective, coordinated manner.
- After facilitating family reintegration through the One Stop Centre, efforts should be made to support the survivor's long-term rehabilitation by organising regular community-based meetings and counselling sessions with her family. These sessions should involve active and influential community members and local leaders, so that harmony between the survivor and her family is maintained and her self-confidence is strengthened. This approach will ensure the successful realization of the objectives of the One Stop Center scheme.

6. Conclusion

The present study provides a sociological examination of the social outcomes of cases processed through the One Stop Center, Indore, highlighting the complex journey of women from complaint registration to rehabilitation. The findings demonstrate that OSC Indore plays a significant role in providing immediate safety, legal assistance, and emotional support to women survivors of violence. Through integrated service delivery, the Centre enables women to gain awareness of their rights, rebuild self-confidence, and initiate psychological recovery. However, the study also reveals that rehabilitation is not a linear or uniform process. Deep-rooted patriarchal norms, economic dependency, social stigma, and prolonged legal procedures continue to limit the long-term effectiveness of institutional interventions. While OSCs meaningfully enhance women's agency, structural constraints often limit their translation into sustained empowerment and social reintegration. From a sociological perspective, the study underscores that gender-based violence must be understood not merely as a legal violation but as a manifestation of broader social inequalities embedded within family, economy, and culture. The effectiveness of One Stop Centers, therefore, depends not only on service provision but also on their ability to engage with community norms, institutional accountability, and economic structures. In conclusion, the research emphasizes the need for a holistic and multi-dimensional approach to addressing violence against women—one that combines legal remedies with economic empowerment, psychological care, and

social transformation. Strengthening One Stop Centers through sustained policy support and community engagement can significantly advance gender justice and improve the quality of life of women survivors in urban India.

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References

1. Government of India, "One Stop Centre Scheme Guidelines," *Ministry of Women and Child Development*, New Delhi, India, 2017.
2. L. L. Heise, "Violence against women: An integrated ecological framework," *Violence Against Women*, vol. 4, no. 3, pp. 262–290, 1998.
3. A. R. Hochschild, "The Managed Heart: Commercialisation of Human Feeling," *University of California Press*, Berkeley, California, United States of America, 1983.
4. N. Kabeer, "Resources, agency, achievements: Reflections on the measurement of women's empowerment," *Development and Change*, vol. 30, no. 3, pp. 435–464, 1999.
5. UN Women, "Multisectoral Coordination for Service Delivery to Women Survivors of Violence in Europe and Central Asia," *UN Women*, 2017. [Accessed by 12/02/2025].
6. S. Walby, "Theorizing Patriarchy," *Basil Blackwell*, Oxford, United Kingdom, 1990.
7. S. De Beauvoir, "The Second Sex," *Vintage eBooks*, New York, United States of America, 1952.
8. A. Oakley, "Sex, Gender and Society," *Temple Smith*, London, United Kingdom, 1972.
9. K. Millet, "Sexual Politics," *Doubleday*, New York, United States of America, 1970.
10. B. Hooks, "Feminism is for Everybody: Passionate Politics," *Pluto Press*, London, United Kingdom, 2000.
11. K. Marx and F. Engels, "The Communist Manifesto," *Penguin Classics*, London, United Kingdom, 1848.
12. L. A. Coser, "The Functions of Social Conflict," *Free Press*, New York, United States of America, 1956.
13. É. Durkheim, "The Rules of Sociological Method," *Free Press*, New York, United States of America, 1895.
14. T. Parsons, "The Social System," *Free Press*, New York, United States of America, 1951.
15. R. K. Merton, "Social Theory and Social Structure," *Free Press*, New York, United States of America, 1968.
16. A. Sen, "Development as Freedom," *Oxford University Press*, New Delhi, India, 1999.
17. S. S. Kumar, W. Vinu, D. A. Kabeer, and G. V. Kumar, "Sports injuries: A comprehensive review on prevention and rehabilitation," *AVE Trends in Intelligent Social Letters*, vol. 2, no. 3, pp. 107–114, 2025.
18. M. A. Zimmerman, "Psychological empowerment: Issues and illustrations," *American Journal of Community Psychology*, vol. 23, no. 5, pp. 581–599, 1995.
19. P. Sudha, S. Prabhakaran, S. Hajduk, N. Kunicina, C. Dumitru, and A. Omrane, "Evaluating the impact of employee welfare measures on workplace wellbeing," *AVE Trends in Intelligent Technoprise Letters*, vol. 1, no. 2, pp. 100–111, 2024.
20. S. Batliwala, "The Meaning of Women's Empowerment: New Concepts from Action," *Harvard University Press*, Boston, Massachusetts, United States of America, 1994.
21. R. Abirami, R. Regin, D. C. Pappa, and H. Ahmad, "An analytical study on work–life balance determinants of women researchers with reference to family and child-care roles," *AVE Trends in Intelligent Management Letters*, vol. 1, no. 3, pp. 131–139, 2025.
22. United Nations Development Programme (UNDP), "Human Development Report 2020: The Next Frontier: Human Development and the Anthropocene," *United Nations Development Programme (UNDP)*, New York, United States of America, 2020.

23. E. N. Purnama, S. W. Ririhena, and I. C. A. Phoek, "Integrating local knowledge and social capital for socio-economic adaptation: Pathways to sustainable agronomic systems," *AVE Trends in Intelligent Management Letters*, vol. 1, no. 4, pp. 205–213, 2025.
24. Government of India, "Implementation Guidelines for State Governments/UT Administrations," *Ministry of Women and Child Development*, New Delhi, India, 2019.
25. A. J. Obaid, A. Burlea-Schiopoiu, B. Bhushan, S. Bobur, and S. S. Rajest, Eds., "Public Sector and Workforce Management in the Digital Age," *IGI Global*, Pennsylvania, United States of America, 2024.

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