**Introduction**

- Distress is understood as an outcome of various acts of violence against women. It causes suffering, pain, loss of material and non-material values among women who encountered violence.
- As a subjective phenomenon understood from emic perspective. It is manifested in various forms based on the nature and intensity of violence: physical, psychological, moral, and socio-economic distress.
- Women in distress have significantly increased in number over the past few years. Twenty-seven per cent of women aged between 15-49 years have experienced physical violence in the country (NFHS 4: 2015-16).
- It is pervasive across the country, but the nature and intensity of the issue varies case by case. This has been reported as an extremely vulnerable state of women that marginalises them from inclusive society. This is an outcome of gender attitudes perpetuated within power relations of society as a whole.
- The core element of social development agenda, i.e., gender equality (Goal 5), which ensures elimination of violence against women and reduce inequality (Goal 6) in the accessibility of public services. In the given context, the state has made several initiatives to prevent, rescue, rehabilitate and reintegrate distressed women with mainstream society. Government intervention as follows:
  - One Stop Centre
  - Special Treatment Unit (Gelathi)
  - State Home for Women
  - Swadhar Greh (temporary residential home)
  - Reception Centre (Sweekar Kendra)
- Such services have been delivered at the centres established under various schemes, within which the roles and responsibilities of the implementing officers are crucial for the overall development of women.
- The issue is that in a federal system, there is often a lack in coordination and convergence of service mechanisms at different stages of implementation. Two-thirds of the expenditure are absorbed by the delivery mechanism itself, so the outcomes get reduced, and fail at the grassroots level.
- The present study explores the functions of rehabilitation centres for women in distress, which includes various dimensions of services: basic needs, psycho-social care, medico-legal aid, counselling, financial assistance, vocational and skill upgradation trainings.

**Feminism**

- Feminism as a combination of social and political movements
- Feminism allows us to understand the unequal position of women in relation to men.
- Emancipation of women in the process of social development.
- ‘Me Too’ movement breaks the silence of sexual assault survivors and seeks radical change to derail patriarchy.

**Objectives**

- To study the functions of rehabilitation centres for women in distress
- To understand the complexities in delivering services for the victim

**Methods**

- Purposive sampling (fifteen officers and ten beneficiaries)
- Semi-structured in-depth interview schedule
- Observation and Thematic analysis

**Results & Discussion**

(i) Conceptualising women in distress as being lesser

The violence causes distress, and has adverse effect on personal and social space of victim since officials viewed victims may have had a love affair with the perpetrator, and police also have myths of a woman falsely reporting sexual assault and rape but not all the cases. E.g. marital cheating

“I reside nearby Kengunte Circle so that I approached Chandra Layout police who refused to file a case despite the proof of photographs, and residence, but nothing helped. The police could have collected CCTV footage from the lodges where we stayed, but not”,

They have been treated as being less worthy in the given context of the institutional arrangements and gender norms. The lawyers do not encourage filing of police cases for divorce since women do not prefer to go through the legal system . Where alimony is concerned, the organisation prefers to have one-time settlements as they do not have stable income.

(ii) Collective social understanding

As a counsellor says, most of the reported cases at the centres were victims of their relatives, friends and neighbours. The pattern here is that minor girls from a lower strata of the society are not much aware of the stratagem of men who get connected and victimise them. The parents neglect their daughter when the issue comes into public domain. The counsellor quoted:

“A girl was reported along with their relatives. After she went back home, the mother was rude to her, so the girl committed suicide. I had asked the police bring her parents for counselling as I noticed the victim’s weak state of mind, but they did not turn up”.

An observation reveals the act of an officer (from reception centre) calling an inmate and describing the victim as

“One who comes to us from the northern part of the country, she is a ‘lodge case’, whatever she tells to me are all lies” for money she did ‘everything with consent so that no one comes to take her back’.

The repetitive gendered actions suppress and marginalised the victim in the society . As the president of Swadhara home suggests that people should recognis the issues of women as a collective agency and should come forward to bring social change. This effort should begin at home, where the mother should inculcate in her son, the attitude that he should respect women and not abuse them.

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Results and Discussion

(iii) Life is in shadow of silence

As police officer says the parents/guardians are not ready to take back the victim by considering their self-respect and family values go down if victim stay at home.

“On promise of a broker for employment came to Bangalore city. It was not as he promised decent employment and let me to work in a bar as he made contract with the bar owner so that unable to move anywhere. I had married a man, who was regular customer to the bar, he cheated me and went away with his first wife. I don’t want to go home. My parents blamed me, by saying that first marriage ended up with divorce and the second time also it went wrong. My parents (resides in Mumbai) assumed that I am the one wrong, so they asked me not to come home by saying we want to live in society. I tried several times to contact my parents (my daughter is with them), but they do not respond to my calls.

In the midst of her dreadful experience, the parents have ignored the victim. In such cases, the question is how can implementing officers contact them as they are miles away and to what extent they can resort to counselling over the phone to integrate them with their families.

(iv) Privileged to serve

As the superintendent (from the reception centre) says we are privileged to serve the victim, but a long procedure to release an inmate who comes through police. Similarly, a doctor from one stop centre says we do serve at the best but the centre does not have provision of a rape kit and sometimes lack of victims and parents coordination.

“A team of medical professionals examined a minor girl who was raped by own father’s brother became pregnant. The father was not aware until her tummy became visible. With the direction of court and we gave the opinion that the girl was at around twenty-eight weeks of gestation without any co-morbidity. There are no medical contradictions if she undergoes termination of pregnancy. However, it would carry risks and complications inherent to the second trimester of pregnancy. Finally, they successfully did it”.

The prevailing condition led us to raise the question of how can we prevent such reprehensible acts. How we can restore the victim from the grip of horrific memories. The language surrounding the victim needs shift in its focus on meaning rather than blaming a victim repeatedly. This repressive institutional approach deeply ingrained to their social position of distressed women and that excludes them from mainstream society. The deep notion of consent in sexual relations and distress needs concept clarity in the view of functionaries to ensure their privileges in the frame work of legal system because multiple realities often suppress victims instead of ensuring justice.


Thank You