



***MAKING LIVELIHOOD-BASED INTERVENTIONS GENDER-JUST:
COUNSELLING IN THE NRLM-GENDER RESOURCE CENTRES
TO ADDRESS VIOLENCE AGAINST WOMEN***

Making Livelihood-Based Interventions Gender-Just:
Counselling in the NRLM-Gender Resource Centres to Address Violence Against Women



School of
Public Policy
and Governance

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Tata Institute of Social Sciences, Hyderabad | Chaitanya

Capstone Project Report

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FOREWORD

Over the years, India has made considerable strides in legislating for women's empowerment, with significant strides in legislation and policy aimed at protecting women's rights. Despite these achievements, violence against women remains a pressing issue that requires ongoing commitment. While data shows that both public and private spheres still present challenges, it also underscores the opportunity to build on our progress and develop more effective solutions. The increase in domestic violence during the pandemic has reinforced the urgency of addressing these issues while also highlighting the significance of institutions that work tirelessly to support affected women.

The situation in states like Madhya Pradesh, which faces high rates of violence against women and cases of missing women, calls for strategic responses that are both targeted and proactive. Tackling these issues offers a powerful opportunity to not only improve safety but also to advance meaningful change in society. The rising awareness around these topics signals a promising shift towards addressing the root causes of gender-based violence and fostering supportive environments..

In addressing these complex realities, it is crucial to adopt an inclusive, intersectional approach that considers the experiences of all gender minorities affected by violence. Recognising the diversity of experiences surrounding Gender-Based Violence (GBV), this report examines the potential of Gender Resource Centres (GRCs) as an innovative institutional model to meet these complex needs. As the first such appraisal of the GRCs, this report carefully examines their structural, functional, and operational aspects. Through evidence-based recommendations, it aims to support policymakers in making the institutional framework of the GRC robust and in alignment with a vision of safety, empowerment, and equality for women and other gendered minorities. Such policies can, we hope, bring us closer to a future where all individuals live free from violence and discrimination.

We commend the efforts of the students of the School of Public Policy and Governance, TISS Hyderabad, in conducting thorough field research to help understand the nuances of domestic violence and other forms of violence against women and the GRC's response to these challenges. We also thank Mamta Devangan and Bima Kodra, Ganika and Urvashi for having supported the research team in field work. Our heartfelt gratitude also to Neeta Kejriwal, the then Jt. Secretary, Yamini Atmavilas and Usha Rani for having made the GRCs a possibility in the National Rural Livelihood Mission.

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We are immensely thankful to the staff of the Gender Resource Centres in Khed and Junnar, Maharashtra, as well as those in Kurud, Jamnagar, Charra, Korra, Devpur, and other GRCs in Kanker and Dhamtari, Chhattisgarh, for their invaluable contributions. Their administrative support in facilitating our field study was highly beneficial, and their efforts in addressing violence against women provided a rich context for our research.

Our sincere appreciation also goes to the School of Public Policy and Governance at the Tata Institute of Social Sciences, Hyderabad, for providing us with the opportunity and resources to undertake this research. The support from our faculty and peers has been a guiding force throughout this academic journey.

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Lastly, we extend our sincere gratitude to our professors, Aseem Prakash and Pushpika Bara, for their concurrent mentorship and insightful suggestions throughout the study. Their guidance and constant encouragement were invaluable, and this research would have been incomplete without their support.

EXECUTIVE SUMMARY

This report establishes the effect of violence against women (VAW) on preventing livelihood-based interventions under the National Rural Livelihoods Mission (NRLM) from being inclusive and gender-just. It goes on to assess the functioning of the Gender Resource Centres (GRCs) established under the NRLM in 2013 in addressing this issue. The study employs a mixed-method approach, including desk reviews, field surveys in Maharashtra and Chhattisgarh, and in-depth interviews with complainants, accused, and counsellors to understand the types and agents of violence affecting women's livelihoods. Additionally, it evaluates the effectiveness of the GRCs established by Chaitanya in tackling these challenges. The research aims to develop a framework for gender-just and transformative interventions by the GRCs, considering the systemic nature of VAW and its profound impact on women's economic empowerment and participation in livelihood programmes.

Section 2 explores the NRLM and its gender mandate, focusing on how violence against women hinders women's livelihood opportunities. It details the evolution of the NRLM, leading to the creation of GRCs, which are instrumental in addressing VAW. The section also discusses the role of the GRCs in providing counselling, advocacy, and training, emphasising the need for well-trained counsellors and standardised procedures to manage cases of gender-based violence effectively.

Section 3 of the report provides a detailed analysis of different types of violence cases handled by the GRCs based on a study involving 72 field interviews and a review of 300 cases. It categorises cases into physical, psychological, sexual, economic violence, and issues related to children, exploring the dynamics, prevalence, and challenges of each type. The section highlights the normalisation of violence in communities, the intersection of violence with economic factors, and the GRCs' role in providing counselling and support. It also notes the limitations in fully addressing the underlying issues, especially in cases involving economic and emotional abuse.

Section 4 assesses the effectiveness of the GRCs in addressing VAW in rural India. While GRCs have made strides in empowering women and providing immediate relief from violence, the assessment highlights several challenges. The GRCs' transformative vision is undermined by the unpaid labour of counsellors and an inadequate approach to intersectional violence against marginalised women. Additionally, inconsistencies in counselling procedures, lack of technology adoption, and entrenched social norms limit the GRCs' potential to

effect systemic change. Despite these challenges, the GRCs fill a critical gap in addressing gender-based violence, though significant improvements are needed to realise their transformative goals fully.

Section 5 provides recommendations to enhance the efficiency and effectiveness of Gender Resource Centres (GRCs). It emphasises the need for a standardised protocol for case handling, capacity-building for GRC staff and key stakeholders, and explores the role of educational institutions in addressing violence against women.

Section 6 discusses the need to have standardised counselling processes and develop an Standard Operating Procedure (SOP) for escalating cases to professional services. It proposes simple protocols for identifying when to refer cases to medical, mental health, de-addiction, police, and legal professionals. The section also highlights the importance of improving the design of the GRCs to create a more comfortable and inclusive environment for survivors, ensuring they receive appropriate and timely support while maintaining the community-based assistance that the GRCs provide.

Section 7 emphasises the importance of integrating existing resources and institutions to strengthen the GRCs. By leveraging established governance structures, such as Panchayati Raj Institutions, financial and skill development centres, legal aid organisations, and healthcare facilities, the GRCs can enhance their efficacy without incurring the costs of creating new systems. Such intra-governmental and government-civil society collaboration can improve case management, raise awareness of the violence that women face, and foster accountability in public services. Key focus areas may include immediate safety measures, skill training, financial literacy programs, and legal support, all designed to empower women and ensure access to justice. Through a coordinated approach, this convergence of institutions can not only prevent violence but also cultivate an environment where survivors can seek and receive comprehensive support and rehabilitation.

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LIST OF ABBREVIATIONS

ADR	Alternate Dispute Resolution
CHC	Community Health Centers
CLF	Cluster Level Federation
CWC	Child Welfare Committees
DAY-NRLM	Deendayal Antyodaya Yojana - National Rural Livelihoods Mission
DLSA	District Legal Services Authority
DMHP	District Mental Health Programme
DWCD	Department of Women and Child Development
FAO	Food and Agriculture Organization
FIR	First Information Report
GBV	Gender-Based Violence
Gender CRP	Gender Community Resource Person
GEM	Gender Equitable Men
GPP	Gender Point Person
GRC	Gender Resource Centre
ICPS	Integrated Child Protection Scheme
IDI	In-Depth Interview
IWWAGE	Institute for What Works to Advance Gender Equality
KII	Key Informant Interview
MIS	Management Information System
MSC	Most Significant Change
MoU	Memorandum of Understanding
NALSA	National Legal Services Authority
NHM	National Health Mission
NIMHANS	National Institute of Mental Health and Neurosciences

NRETP	National Rural Economic Transformation Project
OSC	One Stop Centre
PHC	Primary Health Centers
POSH	Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act
PRI	Panchayati Raj Institution
PTSD	Post Traumatic Stress Disorder
PWDVA	Protection of Women from Domestic Violence Act
SAC	Social Action Committees
SDG	Sustainable Development Goals
SHG	Self Help Group
SLSA	State Legal Services Authority
SRLM	State Rural Livelihoods Mission
SOP	Standard Operating Procedure
UN	United Nations
VAW	Violence Against Women

SECTION 01: INTRODUCTION AND CONTEXT

Introduction

While poverty alleviation initiatives are crucial, they often fall short of addressing the complex realities faced by marginalised groups, particularly women. Development policy in the livelihood approach adopts a multidimensional perspective, encompassing both tangible and intangible factors such as income, dignity, and personal opportunities. This approach recognises the deep interconnections between poverty-alleviation programmes, gender equality, and violence against women. The interconnected nature of poverty alleviation and violence against women necessitates a holistic approach. Effective policies in this domain aim to simultaneously empower women economically, promote gender equality, and reduce violence through a combination of targeted interventions, legal reforms, education, and community engagement.

The establishment of Gender Resource Centres (GRCs) under the National Rural Livelihoods Mission (NRLM) represents a policy intervention that aims to bridge the gap between income generation and women's empowerment. By addressing both public and private spheres, initiatives like the NRLM seek to enhance women's decision-making power in households and communities towards the larger developmental aim of poverty alleviation.

This study employs a gendered lens to explore how the GRCs' redressal of violence against women (VAW) mediates between policy input and output. The objectives of this study are as follows: (i) to study and understand the various types, agents, and domains of violence that women face (ii) to understand how violence against women adversely impacts the inclusive agenda of the National Rural Livelihood Mission (iii) to evaluate the efficacy of the strategies used by Gender Resource Centres set up by Chaitanya to mitigate violence against women, and (iv) to develop a framework of action to ensure that interventions on behalf of Gender Resource Centres are gender-just and transformative. This study explores why the National Rural Livelihood Mission (NRLM) identified the need to address gender-based violence and analyse how its gender mandates have evolved. The study also attempts to understand why and how the different types, agents, and domains of violence and their intersectionality influence livelihoods and cause barriers to women's empowerment.

Violence Against Women

Rural women in India often face pervasive violence, including domestic abuse and sexual assault, which severely impedes their ability to pursue livelihoods and economic independence. This violence is systemic in the sense that it is widespread and manifests as profoundly ingrained patterns of discrimination, oppression, and violence directed at women and girls within societal structures, formal and informal institutions, and cultural norms. According to the NCRB Report 2022, the crime rate per 1,00,000 people for VAW was 66.4%. This

violence not only inflicts physical and psychological trauma but also carries significant economic costs, perpetuating cycles of poverty and limiting women's contributions to their families and communities.

VAW: when it mediates the course of livelihood-generating activities

Existing evidence and literature show that the burden of Gender-based Violence (GBV) falls on women, adversely impacting their health, agency as well as their capacity to earn and provide for themselves. By mostly affecting the productive female population (age 15 to 45), VAW-induced injuries or illness reduce *work capacity, productivity and livelihood assets*.¹

VAW reinforces gender role stereotypes, undermining individual human dignity and impeding human development by negatively impacting health, self-esteem, and livelihoods. Social stigma and discrimination can result in psychological trauma, feelings of powerlessness, and a sense of inadequacy and hinder a woman's ability to engage in productive activities and fully participate in community life, thereby excluding them from economic opportunities. These compounded challenges hinder women's ability to achieve financial independence and stability, perpetuating cycles of poverty and dependency, as shown in Figure 1.1.

VAW may take different forms. Although all forms of violence may cause hindrance, socio-economic violence makes severe impacts in the context of livelihoods. For example, "property grabbing" (in the present research, property grabbing falls under the type "Economic abuse: alienation/ destruction/ misuse of property/ assets") is a type of *socio-economic violence* whereby a person, when widowed or separated, loses access to rightful ownership of land, house, shelter or other belongings, and thus also the primary source of livelihood.

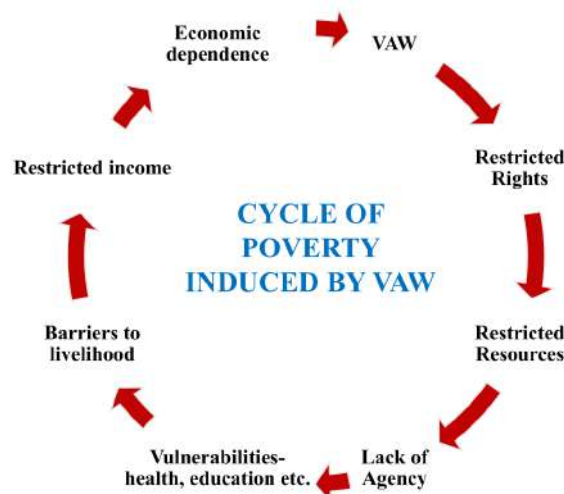


Figure 1.1

Box 1.1: Socio-economic violence

Acts of exclusion, denial of economic and social benefits and opportunities. It also includes limiting access to employment opportunities, access to and control over land and productive resources, access to services and social benefits, or precluding persons from exercising and enjoying their fundamental rights.

-Food and Agriculture Organization

¹ Michels, A. (n.d.). *Gender-Based Violence and Livelihood Interventions*. Food and Agriculture Organization of the United Nations. https://www.fao.org/fileadmin/templates/dimitra/pdf/guidance_note_gbv_livelihoods.pdf

The table below represents the impact of Violence Against Women (VAW) on various aspects. The structure of the table is adopted from a study conducted by the Food and Agriculture Organization (FAO), and the present study has merged its findings from a field study to the same.²It may also be that without stable access to economic opportunities and independence, women may turn to risky and desperate measures to support themselves and their families, increasing their vulnerability to exploitation and abuse. When economic opportunities are offered to women without integrated protective measures, it often leads to a rise in vulnerability to violence outside the home and increased domestic violence within the home.³ The lack of safe and lucrative livelihood opportunities not only increases economic dependence but also heightens vulnerability to violence for women. Economic vulnerability can expose women and girls to sexual exploitation by aid workers, family, and community members. They may end up in exploitative work environments and abusive workplace relationships. In the absence of formal jobs, many turn to the informal economy, taking on risky jobs which may require travelling through unsafe areas. These women are particularly vulnerable to exploitation, harassment, and abuse in unregulated markets when borrowing money or negotiating prices.⁴

Table 1.1: Consequences and Impact of VAW on livelihood across various domains

TYPE OF VIOLENCE	IMMEDIATE CONSEQUENCES	IMPACT ON LIVELIHOOD
Impact on skills, knowledge, health and ability to work		
VAW, in particular physical, sexual and psycho-social forms	<ul style="list-style-type: none"> ● Health consequences- injuries, illness ● Discrimination ● Social stigma and exclusion ● Loss of life ● Migration ● Reallocation of family resources 	<ul style="list-style-type: none"> ● Inability to work ● Decreased productivity ● Intra-household reallocation of labour ● Loss of knowledge and skills ● Increased food insecurity
Impact on networks and social relationships		
VAW in all forms	<ul style="list-style-type: none"> ● Insecurity and fear ● Health consequences ● Discrimination ● Social stigma & 	<ul style="list-style-type: none"> ● Exclusion from social and community activities ● Loss of support from family and community networks

² Michels, A. (n.d.). *Gender-Based Violence and Livelihood Interventions*: Food and Agriculture Organization of the United Nations. https://www.fao.org/fileadmin/templates/dimitra/pdf/guidance_note_gbv_livelihoods.pdf

³ Ray, S., & Heller, L. (2009). *Peril or Protection: The Link Between Livelihoods and Gender-based Violence in Displacement Settings*. Women's Refugee Commission.

⁴ Ward, J., Lafrenière, J., Coughtry, S., Sami, S., & White, J. L. (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. Global Protection Cluster; Inter-Agency Standing Committee.

	exclusion <ul style="list-style-type: none"> • Loss of life • Migration 	<ul style="list-style-type: none"> • Relationships of trust, reciprocity and exchange are undermined
Impact on land, property and resources		
VAW, in particular in its socio-economic forms such as property grabbing, dowry (usurping resources and rights)	<ul style="list-style-type: none"> • Health consequences • Social stigma & exclusion • Discrimination 	<ul style="list-style-type: none"> • Family selling out land/property taken from female victims • Loss of land and property
Impact on available and incoming incomes		
The loss of capital assets leads to a decline in financial capital. As victims or survivors are unable to engage in productive activities (income sources) or investments due to violence, their income decreases. This decline in income limits livelihood options, making women more vulnerable.		
Impact on the care economy- women overburdened, overworked, unpaid and undercounted		
Indian women face "time poverty" in paid employment. ⁵ While men allocate 80 per cent of their working hours to paid work, women devote nearly 84 per cent to unpaid labour (Time Use Survey 2019). Women also support the economy through their demanding domestic and care work. Yet, this effort often goes unrecognised as it is not deemed productive labour, leaving women without wages and limited bargaining power within the household. The complete appropriation of women's labour for household upkeep involves embedded violence.		
Impact on rights, property and rightful entitlements		
VAW in economic forms (dowry harassment, name not included in in-laws/husband's ration card after marriage, denial to husband's property after his death, etc.)	<ul style="list-style-type: none"> • Economic consequences- debt • Discrimination • Social stigma & exclusion 	<ul style="list-style-type: none"> • Exclusion from social benefits • Restrictions to opportunities or income from non-financial assets and benefits • Denial of remuneration to take care of self and/or children after divorce

⁵ Kamdar, B. (2020, November 2). India's Women Bear the Burden of Unpaid Work – With Costs to Themselves and the Economy. *The Diplomat*. <https://thediplomat.com/2020/11/indias-women-bear-the-burden-of-unpaid-work-with-costs-to-themselves-and-the-economy/>

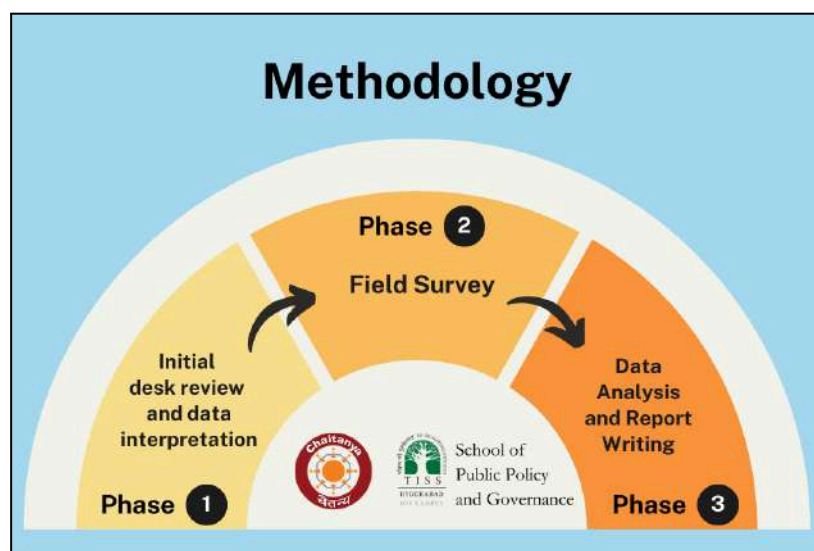
Impact on Livelihood		
VAW in all forms	<ul style="list-style-type: none"> • Health consequences-physical injuries, mental stress • Consequences for earning capacity and productivity • Migration/relocation • Restriction on mobility • Restriction to skill acquisition 	<ul style="list-style-type: none"> • Lack of finances for household and personal expenses, leading to economic dependence • Incapacitated from work owing to injuries/impacts from VAW • Irregular access to work

Recognising violence as a critical factor in development policy, this report investigates how effectively the Gender Resource Centres intervene. By examining the role of GRCs, this report aims to understand whether even an instrumental approach aimed at poverty alleviation can have transformative outcomes in terms of gender justice. The study draws its conceptual framework from jurisdictional literature on gender mandates and livelihood-based interventions in India. For the analysis of the various types, agents and domains of violence, how it impedes the livelihood of women, and the nature of intervention employed by the Gender Resource Centre set up by Chaitanya, the study relies on its primary survey and analysis of individual case studies to develop an original definition of “gender-transformative”.

Methodology

The research team for this study was based at Chaitanya Head Office, Rajgurunagar, Pune. The study was conducted in three phases:

Figure 1.2: Study Methodology



- **Phase 1: Initial desk review and data interpretation**

This phase involved a desk review to finalise the specific research problems and sub-objectives to be explored as part of the study and to understand the functioning of the Chaitanya GRC and the counselling process taking place there.

Subsequently, the research team gained access to some of the existing physical copies of case sheets, which were translated, fed into data sheets in MS Excel, cleaned and analysed to form a preliminary understanding of the intervention and output. A total of **281 cases** were categorised into the various types, agents and domains of violence.

- **Phase 2: Field Survey**

The study sites selected for field surveys were GRCs Khed and Junnar in Pune, Maharashtra and GRCs Kurud, Jamnagar, Charra, Korra, and Devpur in Chhattisgarh. The sites were selected on the basis of the presence of GRCs set up by Chaitanya and the influx of a variety of cases. The team was divided into two groups to conduct the surveys in the two states simultaneously.

The study adopted a quasi-experimental design with a mixed-method approach (Qualitative and Quantitative). Based on the understanding and information gathered from Phase 1 and additional review of literature, three detailed and comprehensive questionnaires were developed- one each for complainants, accused and counsellors with specific questions for each set of respondents.

The sampling technique employed in this study was both purposive and convenience sampling. Purposive sampling was utilised to specifically select female complainants whose cases had been resolved according to the records of the GRC. Additionally, convenience sampling was applied to account for the availability of respondents, ensuring that the sample was composed of individuals who were accessible and willing to participate. The data collection tool used was the Kobo Toolbox.

Table 1.2: Sample Size of the field survey respondents

Respondent	State	Sample size
Complainants	Maharashtra	37
	Chhattisgarh	33
	Total	70
Accused*	Maharashtra	2
	Chhattisgarh	0
	Total	2
Counsellors	Maharashtra	3

	Chhattisgarh	3
	Total	6

**Owing to the reluctance of accused respondents, limited responses for the same have been accessible*

The mode of data collection included face-to-face, telephonic and online meeting interviews. The data collection method was in-depth interviews (IDIs) with the complainants, accused and counsellors. Additionally, key informant interviews (KIIs) were conducted with various stakeholders at the planning, execution and output levels of the GRCs and NRLM.

- **Phase 3: Data Analysis and Report Writing**

This phase involved data analysis and report writing based on the inferences gathered from the field. Data was analysed in STATA. This report results from collating inferences and conclusions drawn from the aforementioned primary data collected in the field survey.

Ethical Considerations: Owing to the sensitive nature of the study, strict confidentiality was upheld throughout the research process. No personal information, such as name, address or phone number, that revealed the identity of the complainants and accused was collected to ensure their privacy and confidentiality. Ethical considerations were diligently observed at every phase of the study, including obtaining informed consent and ensuring participants' right to withdraw without consequence. The research adhered to established ethical guidelines to maintain the integrity of the study and safeguard the well-being of all involved. This commitment to confidentiality and ethical rigour was fundamental to the study's design and execution.

To uphold ethical standards, all names of respondents mentioned in the case studies and stories in this report have been changed to ensure confidentiality and maintain anonymity.

Limitations: The study faced several data collection limitations, particularly from Marathi-speaking respondents. With only two out of eight researchers from the team fluent in Marathi, there was a risk of misinterpretation or loss of nuance in the data, as translations were handled by these researchers or counsellors, who may not have been fully attuned to the study's sensitivity. In addition, the translations provided by counsellors may have introduced biases, particularly if their interpretations lacked an awareness of the nuanced nature of the study.

Additionally, extreme heat conditions limited the team's ability to visit remote or far-off locations, thereby restricting the geographical diversity of the sample. This limitation may have skewed the data towards more accessible areas, potentially overlooking women's experiences in more isolated regions.

The study's dependence on respondent availability through calls made by counsellors may have introduced a bias, as the sample was limited to individuals reachable by phone and willing to participate. This method may have excluded those women whose views might not align with those of counsellors, leading to a socio-intellectual skewness in the sample.

Lastly, the absence of a digital Management Information System (MIS) with Chaitanya may have led to data incongruence and inconsistencies. Translations and interpretations of Chaitanya's manual data records led to minor incongruencies between the MIS and the respondents' real-time verbal responses. These limitations highlight the challenges encountered and should be considered when interpreting the study's findings.

NOTE: While our research aims to convey the severity of the violence many women have endured, readers are advised to approach this report with awareness of potential triggers.

SECTION 02: THE INSTITUTION OF GRC AND ITS INSTRUMENTS

Introduction

Building on the previous section on how violence against women (VAW) hinders their livelihood opportunities and exacerbates their vulnerabilities, this section delves into the National Rural Livelihoods Mission (NRLM) and its recognition of VAW as a hindrance to livelihood generation. The section explores the evolution of the NRLM's gender mandate, a policy initiative aimed at promoting gender equality and addressing disparities. The focus will be on how this mandate led to the establishment of specific institutions and policy instruments, particularly the Gender Resource Centre, to combat VAW within the framework of NRLM.

Section Outline

- Evolution of the Gender Mandate and the Emergence of GRCs within the NRLM
- Financial Resources of the GRC
- Training of Counsellors
- Process of Counselling

Evolution of the Gender Mandate and the Emergence of GRCs within the NRLM

Post-independence, India's poverty alleviation initially focused on basic needs through state-led initiatives like the Public Distribution System (PDS) and relied on the trickle-down approach. By the 1970s, targeted schemes like the Integrated Rural Development Programme (IRDP), National Rural Employment Programme (NREP), and Rural Landless Employment Guarantee Programme (RLEGP) emerged, focusing on direct wage employment, assets, and skills, with measures to address gender disparities.

The gender mandate within these schemes arose from recognising that⁶:

- (a) Women often perform the most labour-intensive tasks and earn lower wages.
- (b) They have less access to resources despite significant household contributions.
- (c) Gender complexities in income management affect family life quality and household stability.

⁶ Heyzer, N. (1993). Gender, economic growth, and poverty. *Gender & Development*, 1(3), 22–25. <https://doi.org/10.1080/09682869308519977>

- (d) Women's domestic and market-oriented work often overlap in subsistence and non-wage sectors, making their economic contributions largely invisible.

Thus, given that a large percentage of the poor were women and the important contributions they make to the household, it was acknowledged that targeting poverty required a gendered focus. Schemes such as the Development of Women and Children in Rural Areas (DWCRA) within the IRDP were thus formulated and built with such gender mandates. It aimed to raise the income of poor rural women through their organised participation in skill training, credit, and infrastructure support for self-employment. Meanwhile, other institutions, such as the Grameen Bank in Bangladesh, pioneered micro-credit financing and the Self Help Group Model, which was introduced in Maharashtra, India, by Chaitanya, an NGO.⁷

Box 2.1: About Chaitanya

Chaitanya is a pioneering community-based micro-finance institution in Maharashtra, known for establishing the first SHG federation in the state, Grameen Mahila Swayamsiddha Sangh. This federation promotes savings, credit habits, resource generation, and information exchange among women. Chaitanya has significantly expanded the SHG movement, supporting 40 federations with over 8,500 self-help groups, all governed by women.

In addition to its focus on SHG, Chaitanya provides training and resource services based on experiential learning. Recognized as a resource organisation by ENABLE and Livelihood Manthan, it offers training in financial literacy, legal knowledge on women's rights, livelihood enhancement, and organisational management. Chaitanya is also a national resource organization for NRLM.

In 2017, Chaitanya was honoured by NABARD for its 25 years of contribution to the SHG program. In 2016, it launched WISE to manage and share its extensive knowledge and expertise, partnering with other institutions to enhance learning and development in the sector.

Source: <https://www.chaitanyaindia.org>

Schemes such as The Swarnjayanti Gram Swarozgar Yojana (SGSY) used the same SHG model and focused on vulnerability to poverty, thus integrating interventions to address intersectional causes of poverty. This exploration of what may be termed an intersectional approach came about due to the understanding that pure economic interventions to address poverty among women could not materialise without addressing the social realities of patriarchy and, more specifically, gender-based violence. That is:

⁷ Hossain, M. (1988). Credit For Alleviation of Rural Poverty: The Grameen Bank in Bangladesh. in *Research Report of the International Food Policy Research Institute*. <https://www.researchgate.net/publication/5057039>

- (a) the gender and poverty agenda alone cannot tackle the wide range of ways in which women are disempowered,
- (b) the specific dimensions and causes of poverty cannot be addressed without empowering women, and
- (c) specific strategies are needed to enhance women’s participation in local bodies, uphold and strengthen women’s rights as well as sensitise men⁸.

Box 2.2: DAY-NRLM - An Introduction

The Deendayal Antyodaya Yojana National Rural Livelihoods Mission (DAY-NRLM), a flagship scheme launched by the Ministry of Rural Development, Government of India, in 2011, was aimed at poverty alleviation using a livelihoods approach. Its mission is to “enable poor households to access gainful self-employment and skilled wage employment opportunities resulting in sustainable and diversified livelihood options for the poor.”

Through its objectives, the scheme prioritises social mobilisation and strengthening of self-managed and financially sustainable community institutions for poor rural women, as well as financial inclusion, sustainable livelihoods, and social inclusion and development.

As a successor scheme to the SGSY, it carries the same gender mandate of catering to vulnerable poor rural women - “recognising poverty as a multi-dimensional cause and effect of intersectional vulnerabilities based on gender, caste, class, and ethnicity faced by women”. From this vantage point the DAY-NRLM focuses on violence against women as it operates through informal institutions that restrict women from accessing/effectively benefit from gainful employment - in the form of heinous violent acts inflicted by their partners and family, or as limiting women’s access to resources, opportunities and leisure.

This strategy resulted in the formation of Social Action Committees within the Self-Help Group (SHG) framework in Andhra Pradesh and Telangana under the Society for Elimination of Rural Poverty (SERP) and its initiative, the Indira Kranthi Patham (IKP). SACs were conceived to emphasise the importance of combining social empowerment with economic empowerment to reduce poverty, eliminate gender-specific vulnerabilities for women, and enable them to challenge and transform deeply entrenched power dynamics in both public and private spheres.⁹

However, another institution that emerged under the NRLM is the Gender Resource Centre (GRC), which recognised the need to have a “dedicated body at the block level for providing support to Cluster Level Federations (CLF) in resolving “higher order gender issues” and representing and advocating the cause of

⁸ Vindhya, U., & Lingam, L. (2019). Social Action Committees: Community Intervention to Reduce Gender-based Violence. In *Indian Journal of Gender Studies* (Vols. 26–26, Issue 3, pp. 263–287). CWDS. <https://doi.org/10.1177/0971521519861160>

⁹ Undurti, V., & Lingam, L. (2015). *Responding to gender-based violence: The Story of Social Action Committees in Andhra Pradesh and Telangana*.

women and marginalised.” This study examines the Gender Resource Centre as an institution and evaluates its effectiveness in addressing GBV.

Thus, while both the SAC and GRC form the NRLM’s gender mandate and seek to deliver counselling and support to rural women impacted by Violence Against Women, they function at different hierarchies. The SAC functions alongside SHGs at different levels, such as village, mandal, and districts. The GRC, on the other hand, functions at the block level to support the Cluster Level Federation of SHGs and their SACs.

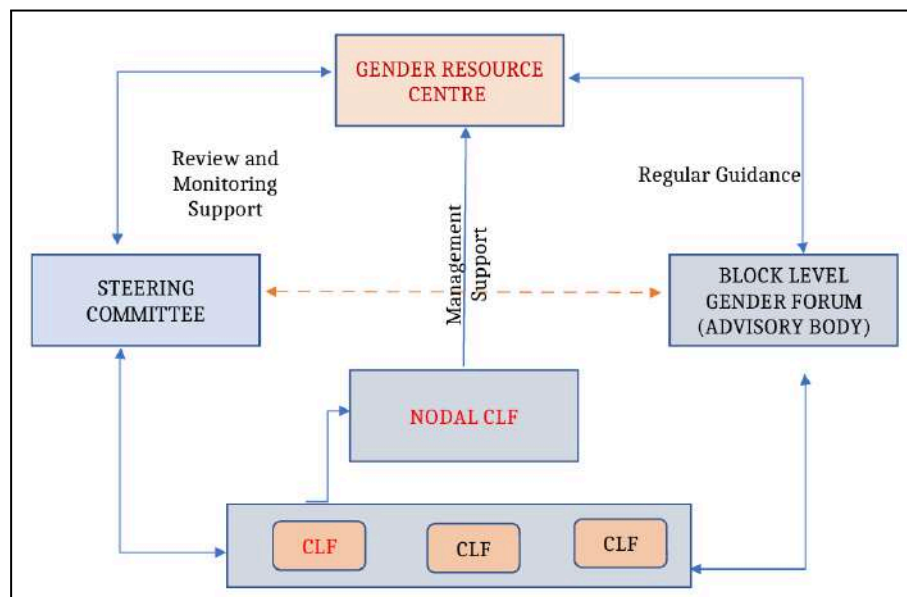
Table 2.1: Institutions and Instruments of the DAY-NRLM’s Gender Mandate

Objectives	Institutions	Instruments
<ul style="list-style-type: none"> ● Uplift Women’s Condition and Position: Identify, acknowledge, and address issues of discrimination. ● Collective Strength: Utilise collective power to ensure rights, entitlements, safety, and security. ● Normative Shifts: Promote societal changes to support marginalised groups. ● Awareness and Advocacy: Create awareness of women’s rights and address issues through public institutions and advocacy. ● Training and Perspective Building: Provide training and perspective-building inputs supported by Gender Point Person (GPP) and Gender Community Resource Persons (CRPs). 	Social Action Committees (SAC) at the Village, Mandal and District levels.	<ol style="list-style-type: none"> 1. Counselling for victims of Gender -Based Violence 2. Advocacy 3. Capacity building and training
<ul style="list-style-type: none"> ● Forum for Raising Issues: Provide a platform for community institutions to 	Gender Resource Centre (GRC)	<ol style="list-style-type: none"> 1. Counselling for victims of Gender-Based Violence 2. Advocacy

<p>raise issues of gender violence and discrimination against women and engage with various institutions and departments.</p> <ul style="list-style-type: none"> ● Integrated and Holistic Services: Offer comprehensive services, including medical, psychological, legal, shelter, rehabilitation support, and information about rights and entitlements. ● Policy Advocacy: Drive policy change through advocacy efforts. 		
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The GRC seeks to pursue its objectives and deliver its counselling services in a manner that prioritises a survivor-centric approach, confidentiality, accessibility, transparency and accountability. It intends to foster greater convergence between all stakeholders to provide a holistic service managed by the community through its SHGs and complement the services and support that SHGs provide - for which it is structured as depicted in the image below.

Figure 2.1: Structure of the GRC



Source: *Advisory on Establishment of Gender Resource Centre. (2022)*

Financial Resources of the GRC

In the advisory issued by the Ministry of Rural Development for the “establishment of Gender Resource Centre under DAY-NRLM and NRETP”, the material requirements for the GRCs’ physical space and other financial resources are listed.

- Establishment and Maintenance of the GRC - The provisions include costs for establishing a GRC, from computers and chairs to bathroom accessories, along with the annual cost of maintaining a GRC, estimated to be Rs. 1,50,000 each. Funds are disbursed to the Nodal CLF as designated by the SRLM
- Capacity Building Costs - Costs such as honorariums for Community Resource Persons are determined under the Annual Action Plan (AAP) under DAY-NRLM and NRETP as per state policy
- Gender Fund - The Gender Fund aims to finance recurring costs of the GRC beyond the NRETP and DAY-NRLM period by motivating SHG members to make donations, encouraging the CLF to earmark a per cent of its profits, or with allocations from state and local government, MLA/MP funds, donations from NGOs and CSR funds, contracting the services of GRC and CLF staff for gender awareness initiatives etc

Training of Counsellors

At Gender Resource Centers (GRCs), counsellors play a pivotal role. Some of them are not only part of Self-Help Groups (SHGs) but are also survivors of gender-based violence. However, their lived experiences entail both advantages and challenges. Their deep understanding of societal nuances allows them to empathise with the problems women face. At the same time, they may also carry their subconscious biases and judgments, arising out of their social surroundings and upbringing, into their counselling sessions. Nevertheless, the counsellors demonstrated an evolving understanding of gendered realities as reflexive critical agents of this intervention.

In such a case, training and equipping their counselling capabilities becomes crucial. Local women, having progressive insights into gender-based issues and women's rights and entitlements, emerge as a powerful force. Their social legitimacy enables them to address intimate problems within marriages and households and address gender-based violence effectively. With training, GRC counsellors bridge personal experience with professional empowerment, creating a space where women find empathy, support, and hope.

A detailed textbook with several modules on gender education developed and published by the NRLM in collaboration with the Institute for What Works to Advance Gender Equality (IWWAGE) covers a broad spectrum of topics, including understanding sex and gender, the division of labour, child labour, livelihoods, rights, entitlements, and women-specific legislation. It acts as a one-stop repository for trainers¹⁰ (Ramesh et al., 2021).

These *Gender Modules* feature detailed notes for instructors to ensure effective delivery and various interactive activities to engage learners. The modules equip counsellors with the necessary knowledge and ability to support the victims of VAW. However, specific guidance on handling the diverse categories of gender-based violence is not available. While empathetic listening is crucial, which the modules intend to instil with the perspectives they provide, practical advice for specific instances of gender violence - i.e. when to escalate a case, how to protect complainants, etc. - is equally vital. An SOP (Standard Operating Procedure) for each type of case would set particular mandates for the counsellors to address incidents, provide redress and deal with the lasting psychological impact of such violence. Integrating the same into the counselling process would allow GRC counsellors to become agents of change, bridging theory and practice.

Process of Counselling

Typically, counsellors first listen to all parties involved, starting with the complainant. The counsellors then reach out to the accused and listen to their concerns. The parties are then counselled to stop committing acts of violence, to mend their ways, or to reach a compromise. The accused are advised to recognise the wrongfulness

¹⁰ Ramesh, A., Singh, A., Kashyap, A., Devi, A., Prasad, G., Sarkar, M., Prashanthi, P., Mohapatra, R., Bose, S., Bhaskaran, S., Mishra, S., Thomas, S., Singh, S., Krishnan, M., Rani, P. U., Brahmachari, A., & Anis, A. (2021). GENDER MODULES. In *GENDER MODULES*.

of their actions. This process is usually followed by a joint meeting where both the complainant and the accused write letters, admitting their mistakes and settling on a way forward. This way forward can be highly varied. For example, in a case of domestic violence involving a married couple where the woman is the complainant and the man is the accused, options may include reaching a compromise to continue living together, separating, or even establishing recurring alimony for childcare. Once the parties sign their names, the case is taken as resolved. The flowchart (Fig 2.2) illustrates this process schematically.

The following section explores the various typologies of cases that come to a GRC and how the counselling process responds to them.

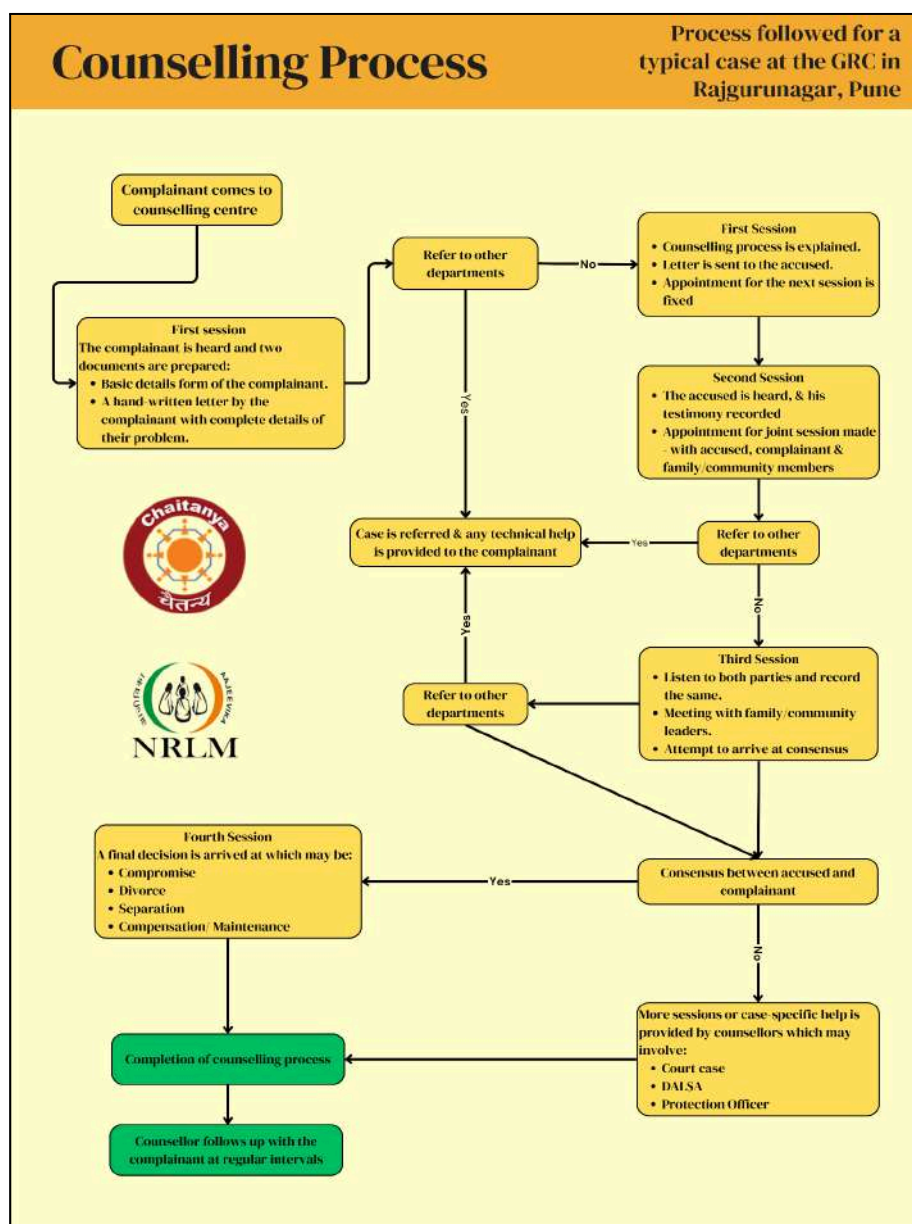


Figure 2.2: Process of Counselling

SECTION 03: TYPES OF CASES IN GRCs- A QUANTITATIVE AND QUALITATIVE ANALYSIS

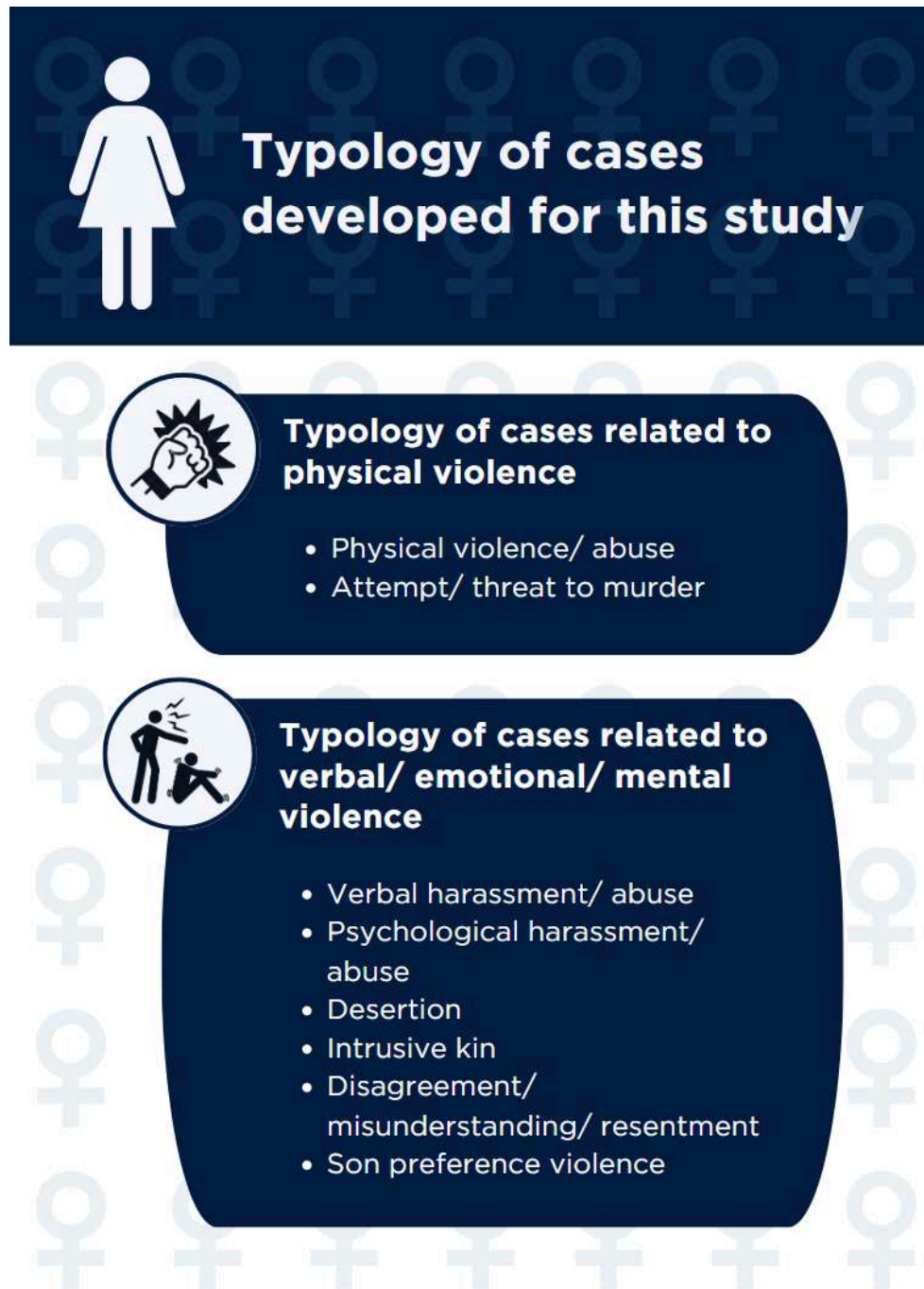
Introduction

As discussed in our methodology, this study uses two datasets - one compiled from the documentation available at the GRC and the other from interviews conducted in the field based on a detailed questionnaire developed with the aid of the first dataset. A review of 300 cases that went into the compilation of the former allowed for the identification of over 25 types of cases that are reported at the GRCs and the various agents of violence involved. For ease of analysis, the types of cases have been grouped into five broad categories - physical violence, psychological/verbal/emotional violence, sexual violence, economic violence, and violence against children.

Section Outline

- Association of violence with socio-economic characteristics of complainants
- Typology of cases related to physical violence
- Typology of cases related to verbal, emotional and psychological violence
- Sexual violence
- Typology of cases related to economic violence
- Typology of cases related to children
- Reasons cited for violence experienced

Figure 3.1: Typology of Cases developed for this Study





Typology of cases developed for this study



Typology of cases related to verbal/ emotional/ mental violence

- Polygamy/ more than one partner
- Suspicion of illicit activities/ relations
- Character assassination/ false allegations/ humiliation
- Superstition/ Black magic
- Self-harm



Typology of cases related to children

- Neglect of children/ family
- Separation/ alienation from children
- Child marriage



Typology of cases developed for this study



Typology of cases related to economic violence

- Economic abuse: alienation/ destruction/ misuse of property/ assets
- Economic abuse: denial of basic resources
- Economic abuse: restricting access to employment
- Theft/ fraud/ cheating
- Restricting basic freedoms/ documents
- Dowry demands
- Eviction/ threat of eviction



Typology of cases related to sexual violence

- Sexual assault/ abuse/ rape

Figure 3.2: Agents of violence captured in the data collected



****Note:** Each case interviewed may have more than one agent of violence. The percentages given above reflect each agent of violence by the total cases interviewed.

This section seeks to understand the association of violence with the socio-economic characteristics of complainants, define the typology developed in this study, examine its frequency and understand the experience of complainants who faced such violence.

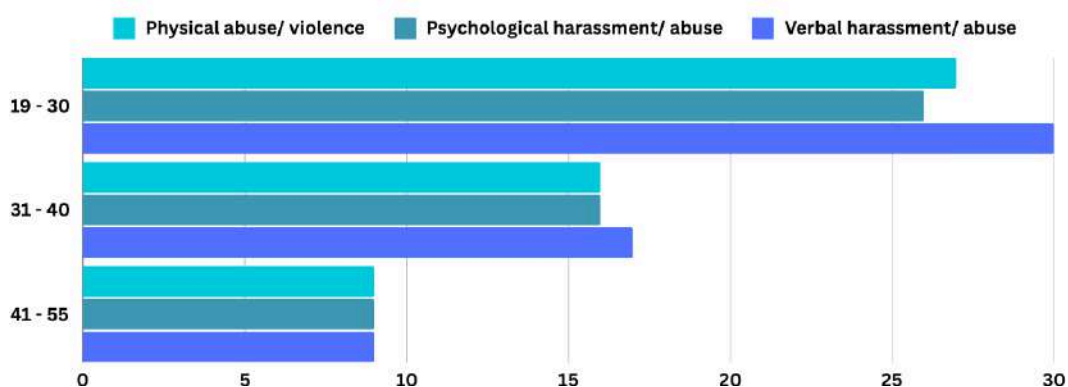
Association of Violence with Socio-Economic Characteristics of Complainants

1. **Age:** Most complainants are in the age group of 19 to 30. Our field observations indicate that younger women - those married early and those in the initial years of marriage - experience significant violence. Over 70% of respondents reported experiencing violence within five years of their marriage or the start of a relationship or transaction.

However, the period between the first instance of violence and reporting it to the GRC or other institutions is often long. Violence was perceived as normal within the communities surveyed, and its widespread acceptance is observed to have made it challenging for survivors to seek help or for bystanders to intervene. “The main obstacle is tradition and orthodoxy,” states a woman from Khed,

Maharashtra. In many cases, women reported that during social meetings held before approaching the GRC, they were either not fully listened to or faced victim-blaming.

Figure 3.2: Reportage of physical, psychological and verbal abuse by age groups



- 2. Financial condition:** While the data gathered does not depict a direct correlation of poverty with any specific type of violence, the complainants that approached the GRC and the cross-section interviewed thereafter were mostly below the poverty line - over 80% of the sample.
- 3. Employment/ Livelihoods:** The study notes an increasing level of suspicion of illicit activities and relations among employed women leading to violence (refer to Figure 3.6). Apart from the same, there appears to be little association between a particular form of employment and increased vulnerability to violence.

However, what is definite is the impact that the various forms of violence had on the employment of women, as shown in Figure 3.3 below.

Figure 3.3: Effects of Violence on Women’s Livelihoods



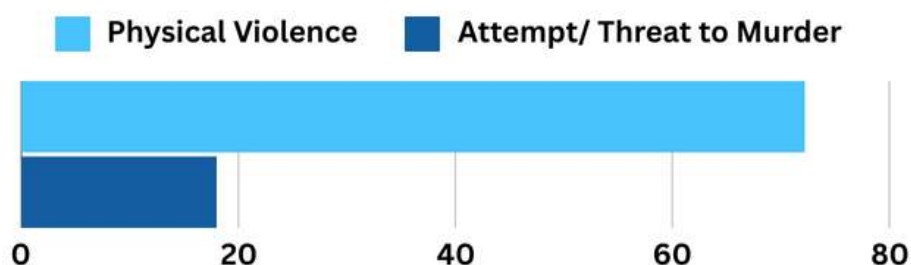
4. **Education:** Levels of education had little association with the typologies of violence. Women who had completed secondary and higher secondary schooling predominantly reported instances of physical,

verbal and psychological violence. According to a counsellor at the GRC in Rajgurunagar, Maharashtra, many women are married off soon after completing their 10th standard of education, indicating the social norms that prevail in the study area. However, in Ji Jamgaon, Chhattisgarh, the absence of a nearby higher secondary school did not correlate with a change in the pattern of violence.

5. **Disability:** Disability was noted to exacerbate women's vulnerability, especially with societal norms expecting them to contribute despite limitations. For many, being severely overworked compounds this harassment and has larger health implications.
6. **Social Groups:** No strong association of increased vulnerability to violence with social groups was noted. However, the database of 300 cases that was created and analysed for developing the questionnaire evidenced that the reportage of cases at the GRC was highest by the OBC, SC and ST social groups, in contrast to the General category. This indicates the intersection of caste with not only violence but also in terms of access to institutions. It is evident that to the extent that women from the general category experience violence, they generally do not bring their cases to the GRC.

A Typology of Cases Related to Physical Violence

Figure 3.4: Frequency of the typology of cases related to physical violence



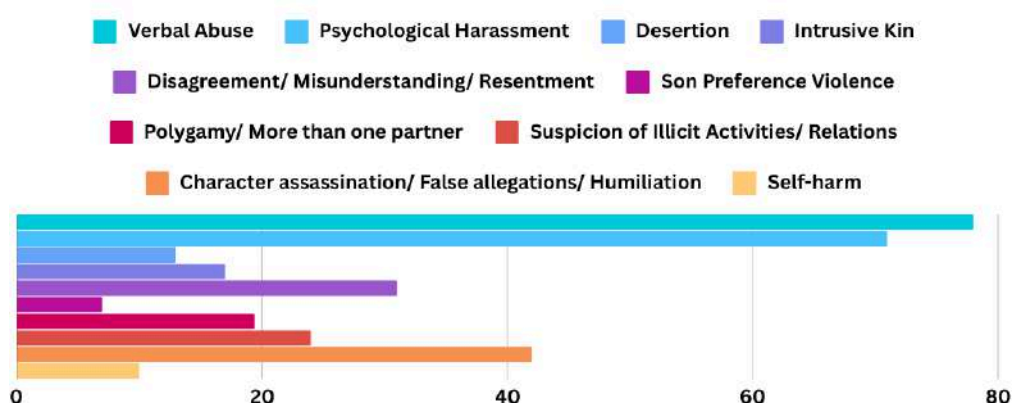
Forms of physical violence categorised in this rubric are defined below, along with key statistical and qualitative observations:

1. **Physical violence/ abuse** - All acts that result in bodily harm, such as hitting, punching, and other severe forms of aggression. The cases surveyed mostly involved serious physical attacks, to such an extent that one complainant from Khed stated that the abuse made her wish to die when her children were not with her. This violence often resulted in hospital visits and subsequent expenses, as depicted in Figure 3.3, with around 3/4ths of the respondents reporting health expenditure. Furthermore, their injuries and the trauma were noticed to either make them stop working for some days - resulting in economic loss in 60% of cases - or forced them to continue working with grievous injuries.

2. **Attempt/ threat to murder** - This entails attacking someone with the intent to murder or making a credible threat of the same, causing fear for their life. The attempt or threat of murder in twelve cases corresponds with physical violence, highlighting the pervasive fear and apprehension that survivors experience in such cases. “A stranger saved me from being killed by him (her husband). I had no hope that he would ever improve,” states a woman from Khed in Maharashtra. Although the study found it challenging to measure the intensity of violence, the threat to life serves as a partial proxy to understand the same.

Typology of Cases Related to Verbal/Emotional/Mental Violence

Figure 3.5: Percent occurrence of typology of cases Pertaining to verbal/ emotional/ mental violence in percentages



Forms of violence categorised in this rubric are defined below, along with key statistical and qualitative observations:

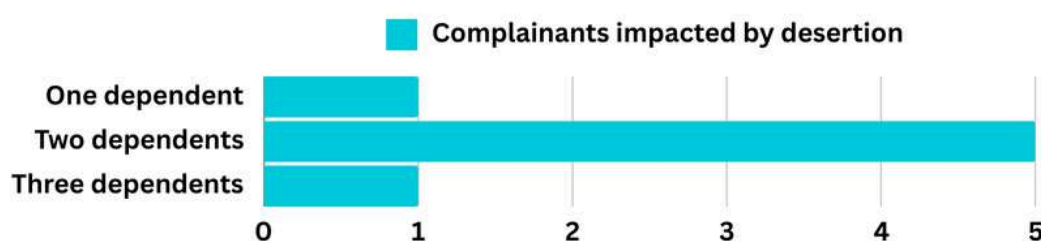
1. **Verbal harassment/ abuse** - This encompasses various forms of abusive language and communication intended to humiliate, ridicule, manipulate, and gaslight the complainant. This form of abuse was found to be perpetrated most frequently by spouses and/or in-laws, with around 80% and 50% of reported cases, respectively, involving these family members as accused. Field observations highlight two critical aspects of this typology. Firstly, verbal abuse was normalised to the extent that many women did not recognise it as a form of violence. In some cases, women only sought help from counselling centres when this abuse escalated to physical violence. Verbal abuse was perceived as a normal thing, with one respondent describing it as “part of married life.”

Secondly, some women indicated that ongoing verbal abuse led to considerable tension and a highly hostile home environment, which hindered their ability to concentrate on their work and priorities. This

aligns with reports of psychological abuse, which are noted within the same age group and involve the same perpetrators.

2. **Psychological harassment/ abuse** - This form of abuse includes behaviours such as belittling, humiliating, intimidating, or isolating the complainant that often occurs alongside other forms of violence like physical, sexual, or economic abuse. The agents of violence for this form of violence are the same as those for verbal and physical abuse mentioned earlier. The intensity of psychological harassment was such that some complainants broke down during the interview while recollecting instances of violence, at which stage they were asked if they wished to stop. Many continued to speak, expressing the significance of the support they received from GRCs, with a woman from Korra stating, “Society has tortured me a lot and humiliated my character in public. These centres (GRCs) are very helpful and can go a long way in helping women.”
3. **Desertion** - This refers to the act of abandoning the complainant without reasonable cause and without providing for her financial or emotional needs. The complainants in such instances were often further burdened by dependents - in 7 of 9 cases - whom they had to support alone.

Figure 3.5: Desertion and Number of Dependents



DESERTION AND NUMBER OF DEPENDENTS

Of nine complainants impacted by desertion, seven were burdened by dependents

4. **Intrusive kin** - This involves cases related to family members exerting control or interference over the complainant’s life and, often, marriage by constantly monitoring them and undermining their autonomy. Six of eleven women (55%) who reported having intrusive kin also reported having restrictions on basic freedoms or documents. Furthermore, seven women experienced a denial of basic resources as well. Intrusive family members were noted to often seek to control the behaviour and decisions of women by reinforcing patriarchal norms, resistance to which then manifests itself as physical, emotional or psychological abuse. Reasons for the same are varied, with the counsellor in a case from Khed stating that the discrimination stemmed from the complainant’s family’s poorer background compared to the “better-looking”, more educated and well-employed husband. “The mother-in-law wanted the complainant to be under her thumb entirely and to only do housework,” says the counsellor. Notably, all cases of intrusive kin were from Maharashtra and none from Chhattisgarh.

Box 3.1: Violence caused by an Intrusive Kin - Story of Purnima

Purnima (name changed), who is also a staff at the Khed GRC, herself having faced domestic violence, is a beacon of inspiration for many women.

She got married in 2007 consensually, after her mother-in-law had approached her with a proposal. However, once married, she had to endure the dominant control of her mother-in-law and her husband's compliance with his mother.

Not too long after her wedding day, the mother-in-law started invading the couple's marital privacy. Purnima says "The day after our wedding, my mother-in-law came in to sleep in the same bedroom as my husband and I, despite having separate rooms in the house, not giving us enough privacy even inside our own bedroom. It then became a routine." Slowly, the mother-in-law started laying her control even over Purnima's personal matters. The interviewer narrates how Purnima's eyes swelled up when she recalled how she was forced to take bath outside the house during her menstruation days of every month. Purnima revealed that her mother-in-law used to forcefully make her do all the household chores in the mornings without any help, making her get delayed for office. Mother-in-law even hid things, so that Purnima spends that much more time at home finding them rather than going to work. She was not allowed to go to work on two-wheeler despite having one.

Slowly her colleagues at the GRC started noticing her irregularities at work and sensed her troubled state of mind, which made her finally open up to them. The GRC then took up her case officially and called her husband and mother-in-law for counselling sessions. Upon failure of reaching to a mutual agreement with her husband and mother-in-law, and them disagreeing to becoming sensitive and considerate towards her, Purnima ultimately decided to go for a divorce with the support of GRC.

Today, after 15 years of her divorce, she lives happily as an independent woman who is free of any restraints and continuing at the GRC, working towards giving strength to other victims of VAW like her to overcome and break free of their struggles.

5. **Disagreement/ misunderstanding/ resentment** - This includes conflicting opinions and viewpoints, miscommunication, bitterness, and anger that builds up due to unmet expectations, perceived injustices, or past conflicts, usually in interpersonal relationships. Conflicts related to parenting, pregnancy and abortions, providing for the family, language issues, control over finances and work, freedom to use mobile phones or move freely outside their homes, jewellery and assets, etc., were observed and recorded in this category.

Field data indicates that these conflicts often emerge after the third year of marriage or transaction, becoming more pronounced after the fifth year—reflecting the accumulation of resentment over time. However, as mentioned earlier, it was observed that women experiencing this category of violence approached the GRC much later in these cases, delaying case reporting by almost ten years.

Disagreements were observed to stem from a traditionalist view of women and their marriages, where women are seen as only limited to their caregiver roles of managing the household, childcare, and supporting their husbands. Field observations reveal that women are frequently told by their spouses and in-laws that they are not contributing enough to the household, even when they are physically ill or

pregnant. In one case from Korra, Chhattisgarh, a woman who was subjected to grievous violence was also accused of being an unworthy investment because her dowry was deemed insufficient by her in-laws.

6. **Son preference violence** - This involves harmful behaviour or discrimination against the complainant arising from a cultural preference for male children. All five cases of this category were reported from Khed and Junnar in Maharashtra and involved both the in-laws and spouse as agents of violence.
7. **Polygamy/ more than one partner** - Cases where the husband's extramarital relations result in emotional distress and, sometimes, more grievous forms of violence such as physical abuse, denial of resources or neglect of children. 20% of the sample (fourteen respondents) reported having more than one intimate partner or more than one marriage at present. This corresponds with twelve cases where the accused's extra-marital relations were cited as the principal reason for violence (refer to page__ for other reasons cited by complainants). However, the perpetrators of violence were not limited to the spouse: ten cases involved violence by the spouse, five by the paramour of the husband, and four by the complainant's in-laws. The finding was corroborated by field observations where women stated that they were blamed or humiliated for their husband seeking an extra-marital relationship, i.e. their supposed inadequacy used to rationalise the husband's behaviour. Ten of fourteen cases of polygamy correspond with another recorded case type - character assassination, false allegations, and humiliation, strengthening this field observation.
8. **Suspicion of illicit activities/ relations** - This captures psychological and emotional harm inflicted on an individual through unfounded accusations, distrust, and intrusive behaviour. This category was reported by seventeen women, fifteen of whom are actively participating in some form of employment. Field insights also highlight the persistent backlash undermining women's socio-economic mobility and independence. This violence - often occurring in 'private' relationships - hinders rural women's aspirations and livelihood opportunities, revealing a disconnect between material progress and consciousness.

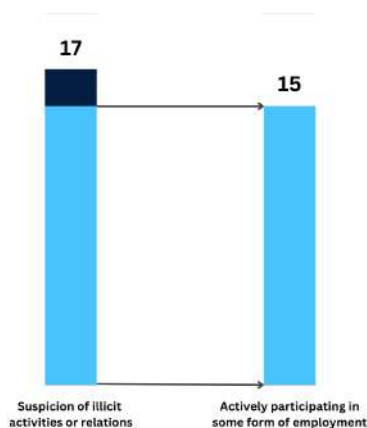


Figure 3.6: What is the association of paid employment with the experience of suspicion?

Box 3.2: Reasons cited for Suspicion

In Junnar, Maharashtra, Deepa mentioned her husband would get suspicious and physically abuse her if she took any work calls. However, suspicion is not only solely related to work, with Kavitha in Junnar stating her husband would get suspicious when they didn't engage in sexual acts for 6-8 days straight.

9. **Character assassination/ false allegations/ humiliation** - This entails targeted actions aimed at undermining an individual's reputation and dignity by deliberately spreading false information, baseless accusations, and public shaming, resulting in emotional and psychological harm. Disability was found to be strongly linked to this category, with five of eight disabled respondents reporting this category of violence.

Box 3.3: Nalini's Story - the intersection of Disability and VAW

Nalini, a resident of Khed in Maharashtra, was married off as a child because her father passed away when she was an infant. She suffers from a debilitating heart disease since birth and finds it difficult to work.

Post marriage she worked in construction, which worsened her health. She also lost a child after he was born with similar cardiac issues. She later gave birth to a daughter, who was a year old when she registered at the GRC. Her husband, who was abusive, wanted a divorce and no longer wanted to live with her.

Nalini agreed to separate from her husband, and now lives with her mother. She has started working as a ragpicker to provide for her daughter. However, her financial condition has deteriorated and she finds it difficult to make ends meet. Her health is also fragile.

10. **Superstition/ Black magic** - This includes the use of irrational or superstitious beliefs that manipulate, harm, or ostracise women - through accusations of witchcraft or curses or with their involvement in a cult - leading to severe social exclusion and psychological trauma. In the initial review of 300 cases in Maharashtra, complainants reported being coerced by the accused into taking oaths at temples, declaring they were not involved in black magic or into following a godman to remain within the family fold. In another instance, a mother-in-law gave the complainant's husband medicine prescribed by a godman, which allegedly led to behavioural changes and accusations of the complainant's involvement in suspicious affairs. However, this prevalence was not observed in the selected sample or in Chhattisgarh.

11. **Self-harm** - This category involves the deliberate infliction of physical injury on oneself as a coping mechanism (Refer to Figure 3.7 for details on other coping mechanisms noted) for the emotional and physical distress caused by gender-based violence. The incidence was significantly high, comprising 1/4th of all women from the sample. This corresponds with the National Crime Record Bureau's finding that nearly one woman commits suicide every nine minutes¹¹. Given the high prevalence of this form of violence and its complexity, the GRC needs professional mental health professionals to deal with the same, which is discussed in section 6.

Sexual Violence

Figure 3.7: Per cent reportage of sexual violence



Ten respondents reported incidents of sexual assault, abuse, or rape. Among these cases, eight involved spouses as perpetrators, while five implicated in-laws. Of these ten survivors, nine reported a worsened economic situation, while eight had to quit their jobs or stop working for at least some days due to the effects of violence. Furthermore, eight survivors experienced both physical and mental trauma, with seven incurring health-related expenses.

Box 3.4: Sexual Violence - A case from Rajgurunagar

Preety from Rajgurunagar was in a violent and abusive marriage, where her husband would force her to have sexual relations with him. He was also extremely suspicious of her having any contact with men during her work as an agricultural labourer, and often prevented her from going to work. Her situation became so bleak at one point that she and her four children would be starving, able to survive only because of scraps from neighbours. She sustained long-term injuries, many of which still plague her.

However, following counselling, she was able to separate from her husband and to thrive economically and psychologically.

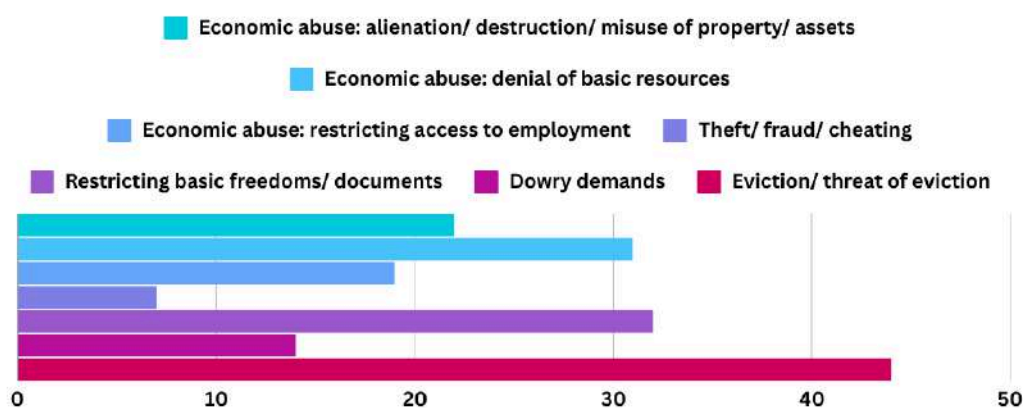
These findings have several implications for the NRLM and the GRCs. Firstly, the intersection of sexual violence with occupations and income is substantial, with the majority of interviewees reporting economic losses and setbacks at work. Secondly, the combination of mental and physical trauma highlights the long-term effects of sexual violence compounded by out-of-pocket health expenditures. Lastly, providing professional

¹¹ National Crime Records Bureau (Ministry of Home Affairs). (2022). *Crime in India 2022*.

mental health expertise within the GRCs could significantly benefit women affected by such violence by allowing for a therapeutic approach to address trauma (discussed in section 6).

Typology of Cases Related to Economic Violence

Figure 3.8: Typology of cases related to economic violence

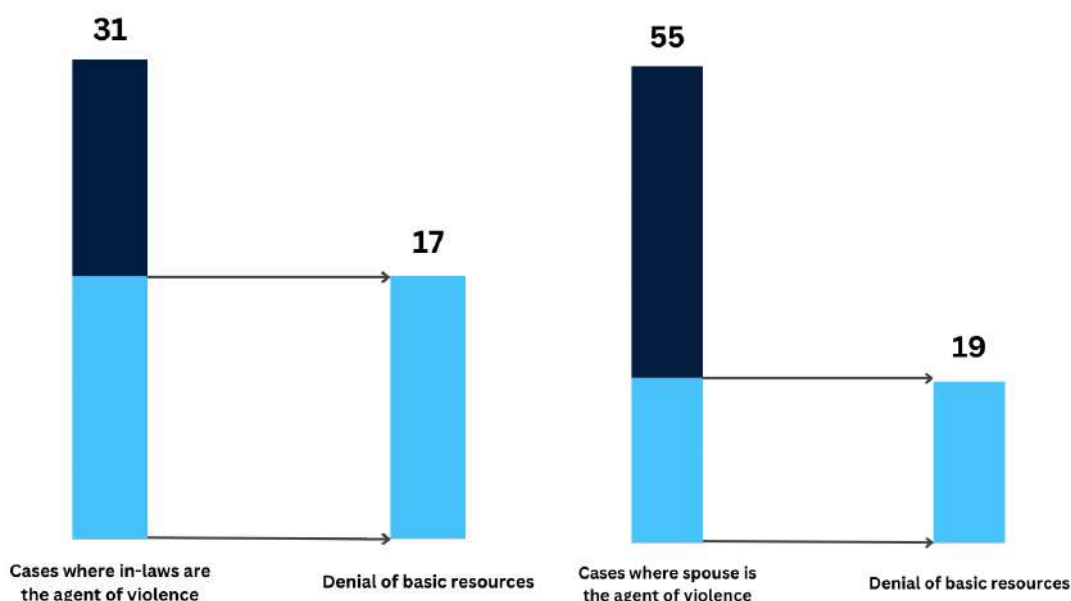


Forms of violence categorised in this typology are defined below, along with key statistical and qualitative observations:

1. Economic abuse

- 1.1. **Alienation/destruction/misuse of property/assets** - This involves controlling or damaging the complainant’s property or assets. In many cases, gold was either seized by the accused and their family or was pledged without the complainant’s permission, while in others, the complainant lost access to her land/property.
- 1.2. **Denial of basic resources** - This refers to withholding essential resources like food, clothing, or medical care to exert control and cause distress. Notably, out of the thirty-one cases where in-laws were implicated, seventeen (55%) corresponded with a denial of basic resources, proportionately more than spouses for this form of violence. “My husband would pack and hide away food, so I would ask our neighbours for meals,” says a complainant from Rajgurunagar, Maharashtra. She adds, “My in-laws refused to provide milk to feed my child and would constantly harass me, finally asking me to leave.”

Figure 3.9: What is the association of denial of basic resources with the agent of violence?



Box 3.5: Sushmita’s story - Denial of Basic Resources - A Case from Khed

Sushmita from Khed, Maharashtra was brought to the Rajgurunagar counselling centre after she was subjected to extreme physical, verbal and psychological violence by her spouse and her in-laws. Married off as a child into a household that conversed in Kannada, she found it difficult to communicate with her in-laws and husband, while being tasked with all household chores. The lack of communication and resultant violence led her to attempt suicide, only to be saved by her employer who brought her to the counselling centre.

The most basic resources were denied to Sushmita - healthcare, livelihoods or even the freedom to talk to friends or strangers. Any such attempt or request for such freedoms resulted in brutal physical violence. Sushmita reports that she was assaulted even during pregnancy. She was starved, worsening her pre-existing heart condition. She also had to have a sterilisation procedure done in secret without anesthesia as it was dangerous for her health to have more children. Her request for a sewing machine to earn an income was met with mockery and harassment.

Sushmita is all-praises for the GRC, saying “They saved my life and gave me dignity.” Once she got custody of the children, she started earning by initially working at the Women’s Training and Research Centre, and then left to find work elsewhere.

- 1.3. **Restricting access to employment** - This involves preventing the complainant from obtaining or maintaining employment, thereby limiting their financial independence. It was noted that women frequently struggled to have enough autonomy to make choices related to their livelihood or other factors that would aid their livelihood, such as education or purchasing equipment. Rithu (name changed) from Kurud, Chhattisgarh, subjected to extreme physical violence over her choice of occupation, says, “I wished to pursue tailoring, which I learned

from my father. But my husband does not allow it and forces me to work in the fields.” She was promised the opportunity to continue her education after marriage but now finds it difficult to leave the house, talk to relatives freely, or even use her phone without being questioned.

2. **Theft/fraud/cheating** - These actions involve deceitfully taking or misusing the complainant’s money or property, leading to financial loss and emotional harm. This category covers cases such as selling the complainant’s gold without their knowledge, lying to the complainant about economic matters such as jobs or assets at the time of marriage, and harassment from moneylenders. 9% of women recorded rightful ownership or recovery of assets or property as an expectation from the GRC (refer to page ___ for other expectations recorded). Among the cases selected for interviews, five cases of theft, fraud or cheating were recorded, involving only the spouse, in-laws and natal families. However, in other cases reviewed to develop the questionnaire, the presence of market agents such as money lenders, scamsters and former business partners who engaged in theft or fraud were also noted.
3. **Restricting basic freedoms/documents** - This includes denying freedoms such as meeting friends and family, going out on one’s own, using a personal mobile phone freely, or withholding/ destroying important documents to limit the complainant’s autonomy. These restrictions were mostly imposed after marriage by the spouses in 40% of cases (22/55) reported and by in-laws in 51% of cases (16/31), respectively. Its prevalence was high - around 30% of all complainants surveyed. It was noted that even during telephonic interviews, some complainants feared being caught using their phones. In two instances, complainants were monitored by their family members during the course of the telephonic interview as well. Others reported feeling isolated and cut off from society due to being confined to their homes and not being allowed to walk around or converse freely.

Box 3.6: Manisha’s story - Restrictions on basic freedoms post-marriage

Manisha (pseudonym), a resident of Kurud, Chhattisgarh, faced severe restrictions on accessing food and basic mobility following her marriage. Despite receiving counselling and subsequently remarrying into a peaceful and supportive household, Manisha continues to grapple with trauma. She struggles to articulate her experiences, noting that her abusers denied her even the most fundamental human courtesy - basic conversation. Isolated and without support, she endured an abusive environment until she sought assistance from the counselling centre.

The GRC and the counsellors involvement allowed her to divorce her husband, reconnect with her natal family, and remarry into a peaceful household a year later.

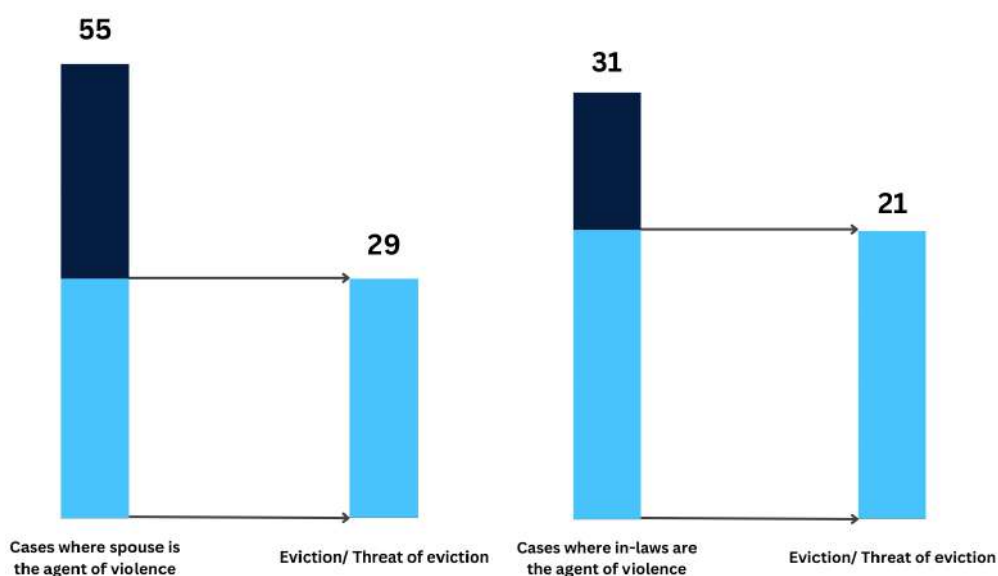
4. **Dowry demands** - This refers to the coercive practice of demanding money or gifts from the bride and her family at the time of marriage or after it, leading to financial strain and physical and emotional abuse. Demand for dowry was recorded as both a reason for violence (for other recorded reasons of

violence, refer to figure 3.15) and a typology of case - affecting 14% of women in the sample. Dowry demands corresponded with a denial of basic resources (6/10 respondents), with all respondents facing physical violence due to the same. Significantly, these demands also corresponded with women's economic condition worsening in 90% of cases (9/10 respondents).

5. **Eviction/threat of eviction** - This involves forcing or threatening to force the complainant out of their home, creating instability and fear. Women were evicted or threatened with eviction, mostly by their spouses or in-laws, as depicted in Figure 3.10 below. The precarious housing and security of women at their in-laws'/husband's homes after marriage was an observed trend. Additionally, even among four cases where natal families were listed as agents of violence, three involved eviction/threat of eviction. This highlights the importance of housing/ shelter interventions for gender-based violence, such as the One Stop Centre. The need for such centres was often reemphasised by several respondents who faced eviction/threat, especially those with limited alternative social capital or support.

It is also important to note that while these forms of economic abuse were identified based on the metadata reviewed at the Rajgurunagar GRC in Maharashtra, the field interviews and narrative analysis revealed another category of economic abuse of women - overwork. Women were forced to perform different forms of labour - at their homes and outside - often without pay or recognition, whether sick, recovering from physical abuse, or sometimes even as they wished to engage in other labour or restrict themselves to labour at home.

Figure 3.10: What is the association of eviction/threat of eviction with the agent of violence?



Box 3.7: Violence as an Impediment to Employment - Nirmala's Story

A 35-year-old woman in Khed, Nirmala (name changed) approached the counselling centre after she faced restrictions on employment, constant sexual and physical abuse, and suspicion from her husband.

“He was constantly suspicious of me - about me talking to someone while labouring in the fields, or even taking a shower and changing clothes daily. He would ask and order, “Why do you shower daily? Don't change clothes more than once/ twice a month.”

Nirmala's husband did not allow her to work even when he was unemployed. She says she went hungry even during pregnancy, and her children too suffered in that household. One instance of violent backlash since counselling started was of severe violence where he burnt her clothes and beat her brutally while naked. Such is the intensity of violence women face that act as restrictions on employment.

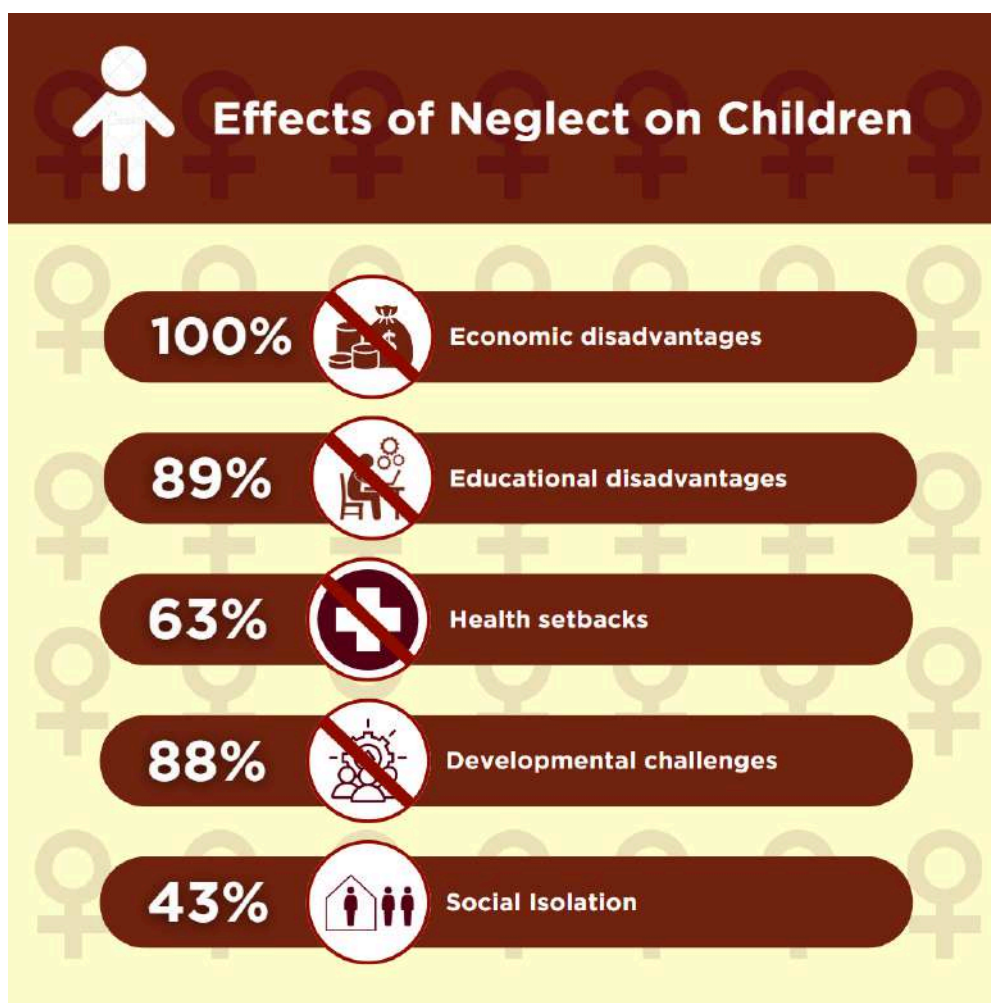
Since counselling, she has separated from her husband and has become financially independent and much happier.

Typology of cases related to children

Forms of violence categorised in this typology are defined below, along with key statistical and qualitative observations. Furthermore, data on different forms of challenges children faced due to domestic violence - economic, educational, health, development and social isolation - were also recorded, depicted in Figure 3.12.

1. **Neglect of children/family** - This form of violence involves failing to provide necessary care, supervision, or support to children or dependent family members, such as the elderly or disabled, leading to physical, emotional, and developmental harm. This category includes various complaints, such as spouses spending less time with their families and children, refusing to provide for their children and more. It was found to be strongly linked to children experiencing economic, educational, health and developmental disadvantages.

Figure 3.11: Effects of Neglect on Children



2. **Separation/alienation from children** - This refers to deliberately isolating the complainant from their children or maligning them in the eyes of their children, causing emotional distress, damaging parent-child relationships, and possibly leading to developmental setbacks for young children.
3. **Child marriage** - Out of the seventy-two women interviewed, seven reported experiencing child marriage. In addition, a field observation is that throughout the study, the GRC and its counsellors were observed to be actively involved within their communities to prevent child marriages in the present. These situations can be very complex, often with counsellors being the only ones advocating to stop the marriage. Families are usually hesitant to intervene, fearing the elopement of young couples or potential damage to their family reputations.

Figure 3.12: Frequency of Typology of cases related to children

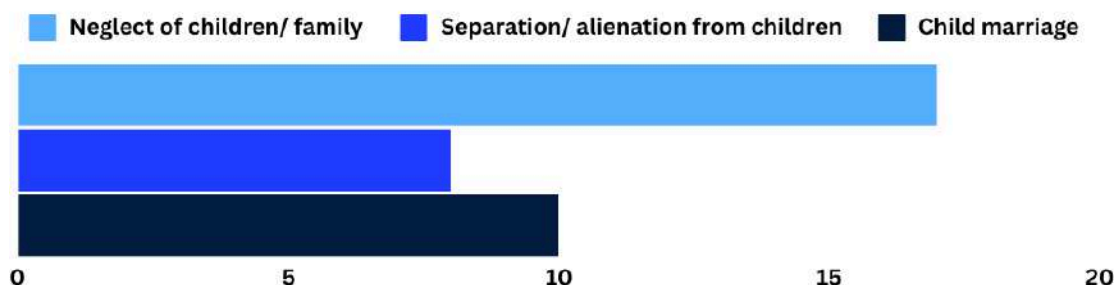


Figure 3.13: Impact on children in households with violence



Out of eight children experiencing social isolation - five were cases that involved polygamy - which is corroborated by field observations of women stating their children were teased based on their father’s extra-marital relations. Narratives also show that children experienced verbal and physical abuse alongside their mothers, which often made them distant and fearful of their fathers and, in some cases, led to illness. “After seeing the fights, the kids used to get frightened and fall ill, due to which they had to miss school,” states a woman from Junnar, Maharashtra.

Box 3.8: Negative Impacts of Neglect of Children

Brinda from Kurud, Chhattisgarh complains that the children's school uniform was not provided for by the father, which resulted in the children facing harassment in school. She complains that her husband and in-laws neglect the children, because of which they have recurring health issues.

Reasons Cited for Violence Experienced

In addition to the types of violence discussed above, the survey also compiled reasons that women perceived for the violence they experience (refer to Fig 3.14). Certain types of violence recur as reasons for the violence - such as disagreements/ misunderstandings or resentment, cited as the most common reason for violence (over 40% of cases) along with substance abuse by the accused.

Around 23% of responses recorded suspicion of illicit affairs (refer to [Typology of cases related to verbal/emotional/ mental violence](#)) and “Other reasons”, which consisted of mental health issues leading to violence, violence emanating as revenge for a previous complaint, unequal socio-economic status between the complainant and accused families, jealousy etc.

Other reasons cited include extramarital relations, neglect of children, dowry demands, theft/fraud or cheating, harassment due to death of spouse or the accused wanting a divorce, all cited by women as reasons for violence in less than 15% of cases.

However, the reasons reported by women only reflect immediate or situational triggers for violence rather than the underlying causes. These reported catalysts—disagreements, substance abuse, jealousy, or suspicions of infidelity—may indeed spark incidents of violence but do not account for the entrenched social norms and structural inequalities that perpetuate violence against women. These deeper, systemic issues are embedded within gender norms, power imbalances, and unequal opportunities for women, which continue to reinforce an environment where violence is seen as an acceptable form of control or punishment.

Each typology of violence reported in the GRC, though unique in its impact, is rooted in a broader social context that normalises women's subordination and limits their ability to challenge or escape abusive situations. Without addressing the structural causes of violence, the effectiveness of reactive measures such as counselling, though valuable, remains limited. The following section examines the role of GRCs in addressing gender-based violence, exploring the extent to which their primary tool, counselling, can mitigate not only the immediate impacts but also contribute to shifting the broader systemic structures that sustain violence against women. This analysis will provide insight into the GRCs' role in bridging the gap between immediate support and long-term empowerment for rural women.

SECTION 04: AN ASSESSMENT OF THE GENDER RESOURCE CENTRES

Introduction

As evidenced in Section 3, rural women in India face a spectrum of violence, harm and discrimination. The GRCs were established by Chaitanya over a decade ago to mitigate this violence through in-person counselling. This section attempts to understand the current impact of the GRCs and explores the institutional causes of any identified shortcomings. Towards this endeavour, we first assess the counselling process and its outcomes. We then analyse the institutional architecture of the GRC, focussing on the institutional design, its instrument of counselling, and the functionaries. This section attempts to develop a context-specific understanding of gender-transformative change (refer to Annexure 1) within the framework of the GRCs. Rather than only applying pre-existing definitions, this section attempts to derive a broad conceptualisation of gender-transformative change directly from the field.

Section Outline
<ul style="list-style-type: none"> • An Appraisal of the Current Impact of the GRC • The Process of Counselling <ul style="list-style-type: none"> ◦ Power over the Agenda ◦ Empathy and Engagement ◦ Restorative Justice • The Outcomes of Counselling <ul style="list-style-type: none"> ◦ Impact on Violence ◦ Impact on the Accused ◦ Power Within ◦ Power Over ◦ Power With ◦ Power To • Beyond Traditional Metrics: What constitutes a Gender Transformative intervention for the GRC? <ul style="list-style-type: none"> ◦ Statistics and Observations ◦ Contextual Factors • The Institutional Architecture of the GRC <ul style="list-style-type: none"> ◦ The Institution ◦ The Instrument ◦ The Functionaries • Summing Up: Towards a Definition of what constitutes Gender Transformative change in the context of the NRLM-GRCs

An Appraisal of the Current Impact of the GRC

This segment presents an assessment of counselling offered to women complainants, recording both their responses and observations from the researchers to synthesise insights gathered from the field. We attempt to

evaluate both the counselling process and its outcomes for complainants. This assessment, along with the review of literature and practices delineated later, aims to provide a foundation for future, more targeted studies and inform policy and practice in the GRC’s efforts towards ending violence against women.

The Process of Counselling

Power over the Agenda

Women reported positively on their power over the agenda during counselling, indicating a sense of control and participation. The process demonstrates a solid commitment to women's agency by prioritising their preferences. In cases where police intervention might otherwise be taken as standard, counsellors respect a complainant's desire for a restorative approach if requested. This flexibility allows for a more nuanced and survivor-centred approach to conflict resolution, as envisioned in the Advisory.

Empathy and Engagement

Over ninety per cent of respondents felt that the counselling process was empathetic and non-judgmental. The involvement of women in decision-making during the counselling process and the openness of counsellors to queries contributed to a positive experience.

Figure 4.1: Number of counselling sessions conducted per case in the GRCs in Maharashtra and Chhattisgarh

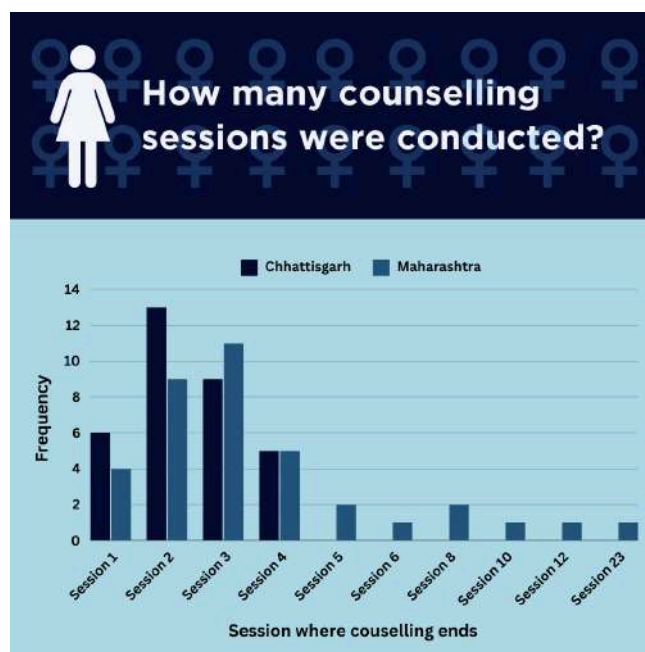


Figure 4.2: Respondent Feedback on the Counselling Process



Restorative Justice

We asked women why they chose to bring their cases to the GRC instead of other avenues like the police station, Lok Adalats, or community meetings. Many highlighted the importance of trust and confidentiality, and the comfort of sharing their problems with the counsellors in discretion. Respondents appreciated that the GRC was a women's organisation, believing it would empower and support them and that other women would better understand their issues.

Several women noted that the police and courts do not fully understand the nuances of women's issues. This lack of understanding can lead to inappropriate or ineffective interventions prioritising punishment. The women interviewed overwhelmingly sought to improve their relationships rather than end them. For instance, where the spouse was an agent of violence, 63% of interviewees expected counselling to facilitate a peaceful married life. Women viewed the GRC as a viable alternative to the criminal justice system for its restorative justice approach, which focuses on repairing harm and rebuilding relationships rather than on punishment. At the same time, many women felt that bringing their case to the GRC would strengthen their claims in courts as well.

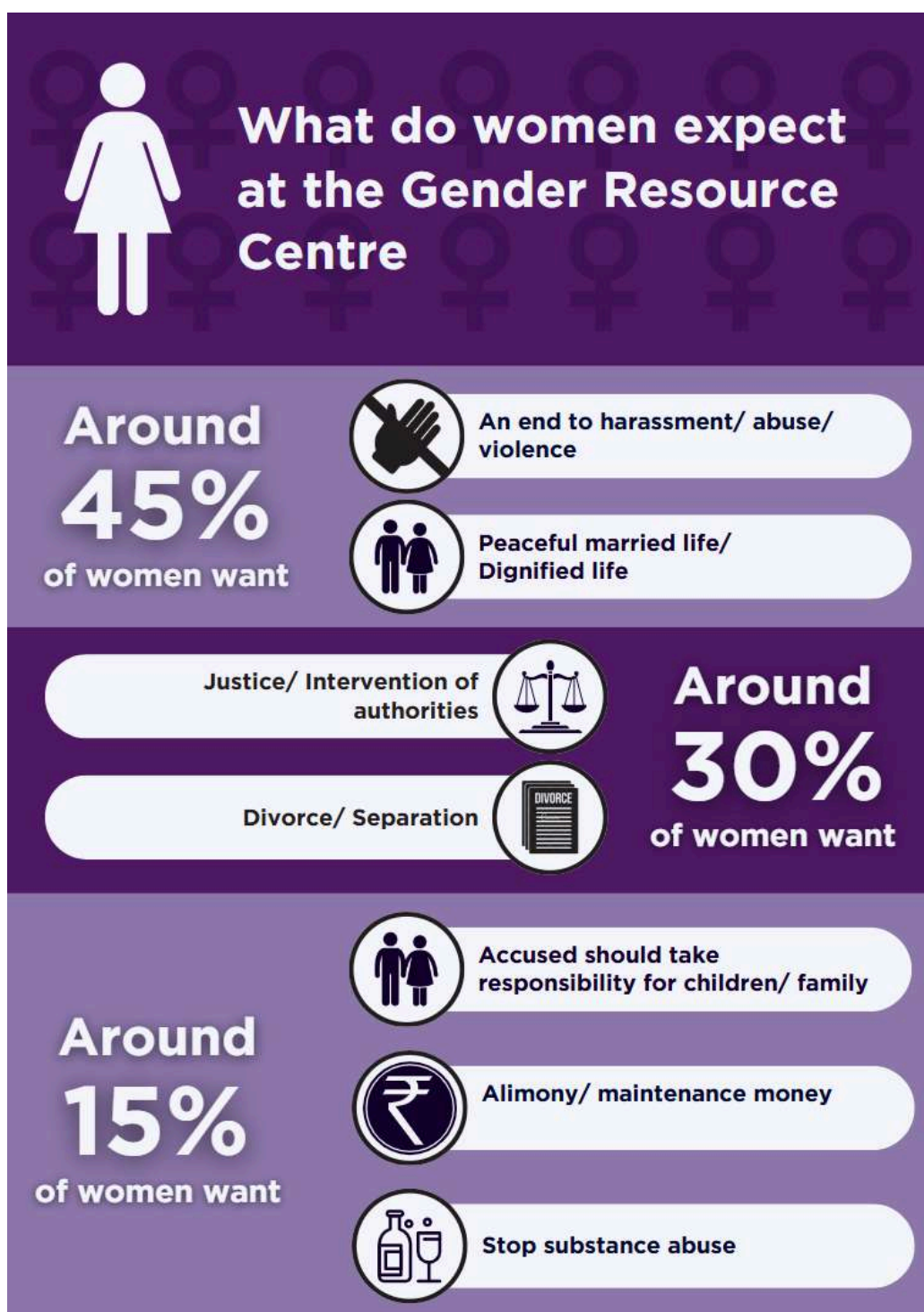
Women were also aware of the limitations of the criminal justice system. At least two reported being asked for bribes by the police. The formal justice system often penalises women seeking help, imposing financial burdens (court fees and lawyer costs, as reported by interviewees), time-consuming processes, potential public scrutiny, stigma, and the risk of retaliation from abusers.

A significant advantage of the counselling approach taken at the GRCs is the direct engagement with the accused, who are often close relatives of the complainant. This allows for restorative justice, with the survivor and the accused able to attempt a compromise on a neutral platform.

However, a significant lacuna here is that the engagement with men or perpetrators is often pedantic and limited to dictums on improving their conduct. In one case in Rajgurunagar, the accused, the mother-in-law of the complainant, revealed in an interview that her daughter-in-law had a tendency to exaggerate grievances, calling upon the GRC for minor issues. The accused had not been meaningfully engaged by the counsellors in this case, resulting in a lack of mutual understanding, as sessions were limited to instructions rather than open dialogue. In cases where the accused also need support, such as instances of poverty and unemployment and, majorly, alcohol addiction, they were not able to benefit from the counselling process.

It is also noteworthy that the GRCs have seen a significant number of complaints filed by men involving disputes with spouses, in-laws, and even community members. While the GRCs are designed with a gender-sensitive focus, both the GRC as an institution and the counselling instrument used by Chaitanya GRCs are amenable to being gender-neutral. Men were noted to approach the GRCs seeking restorative justice. In our macro data set that we collected from the case files, out of the total 203 cases from Khed and Junnar, 52 were from men. Out of these, a maximum, i.e. 26, were desertion as the type of case, followed by 20 cases of psychological harassment/abuse.

Figure 4.3: What do women expect at the GRC?



Other Expectations



Custody of children

Repay debts/ Work regularly



Return home to family

Rightful ownership/ return of assets, finances, property



Stop extramarital relations

Stop interference of kin



Figure 4.4: Complainants' Suggestions for Improvements at the GRC



Complainant's Suggestions for Improvements at the Gender Resource Centre

- 6** Create a helpline number
- 7** Spread awareness about the GRC and counselling
- 8** Information and guidance for availing government schemes
- 9** Better transport facilities for both complainants and counsellors
- 10** Skill development and jobs especially for divorced or widowed women

The Outcomes of Counselling

Impact on Violence

A significant 60% of women interviewed reported that violence did not repeat itself post-counselling. This represents a high success rate for interventions aimed at addressing violence against women.¹² Recidivism was reported at a low 35% (See Figure 4.5). The high success rate could indicate that the GRCs provide effective counselling services, including to the accused, which successfully empower women to change, resist or escape violent situations. Women's increased access to support networks or resources post-counselling also reinforces the positive outcomes.

While our survey showed that recidivism reduced significantly, with over 60% of women saying violence did not repeat, this was not necessarily always empowering for the women. The counselling process often emphasised private strategies of placating and appeasing the abuser to reduce social/familial norm transgression and preserving financial security, rather than aiming for a change in the causes of violence, transforming power relations, making community support available, or empowering women in material terms. This may have had the unwanted impact of women blaming themselves for the violence they experience and the continuation of a broader social attitude of excusing abusers, thereby increasing the psychological toll on women. Gender norms are reinforced, with women encouraged to resort to passivity, the appearance of subordination and accommodating in their marital homes and relationships. This may protect women from escalated physical violence but expose them to intensified control and surveillance. Counselling, thus, often places the responsibility back on the women facing the violence. In this sense, it fails to address the wider social structures that cause and maintain VAW. It also fails to adequately enable women with healthy coping mechanisms, such as emergency safety plans and social support. Here it is important to note that a focus on adopting an emergency safety plan and empowering women financially should not be at the expense of stigmatising 'passive' strategies. In many cases, so-called passive strategies may in fact protect women and children from increased risk, where staying in a violent household is not necessarily riskier than leaving in all cases. While it is essential to recognise that 'passive' strategies can sometimes offer immediate protection for women and children, particularly where leaving the household may present heightened risks, the issue is when such strategies are promoted by counsellors as the primary solution, reflecting deeper, unchallenged social assumptions that limit broader solutions.

¹² McCormick, A. V., Cohen, I. M., & Plecas, D. (2011b). *Reducing Recidivism in Domestic Violence Cases*. https://www.ufv.ca/media/assets/ccjr/reports-and-publications/Reducing_Recidivism_in_Domestic_Violence_2011.pdf

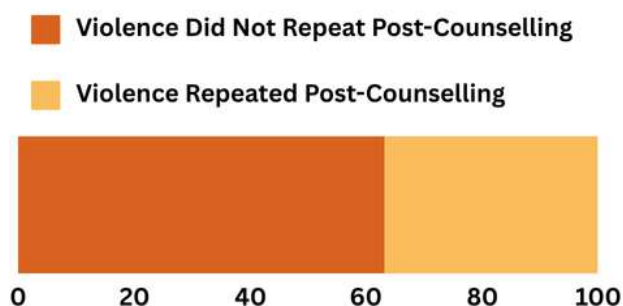
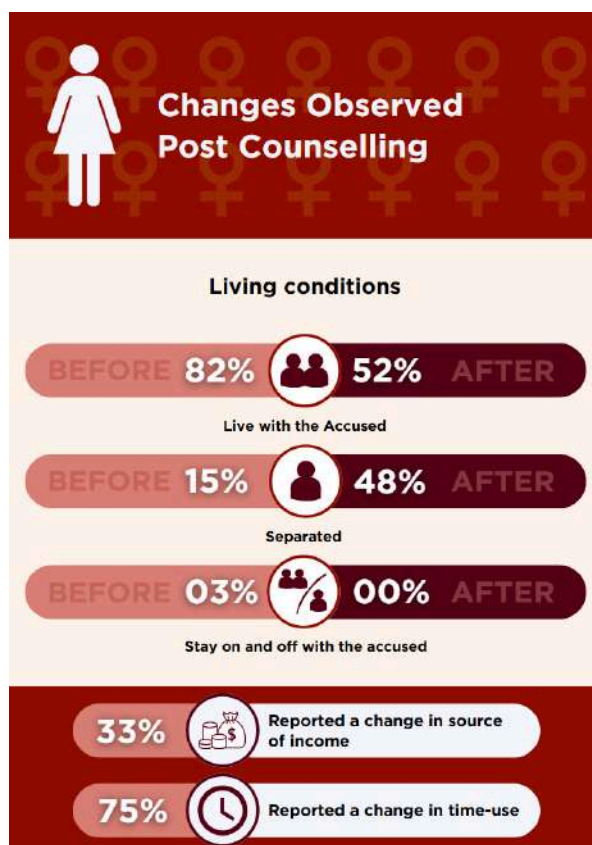


Figure 4.5: Recidivism post-counselling

Notably, a large number of women reported that they were able to experience an end to violence because of a fundamental change in their lives facilitated by counselling, such as separation from a violent partner, a change in employment status, time-use or living situation (See Figure 4.6). However, it must be noted here that the data reflects a selection bias, where those who benefitted from the counselling services were more likely to participate in the first place. Longitudinal studies may be valuable in understanding the long-term impact of counselling and what works to prevent recidivism.

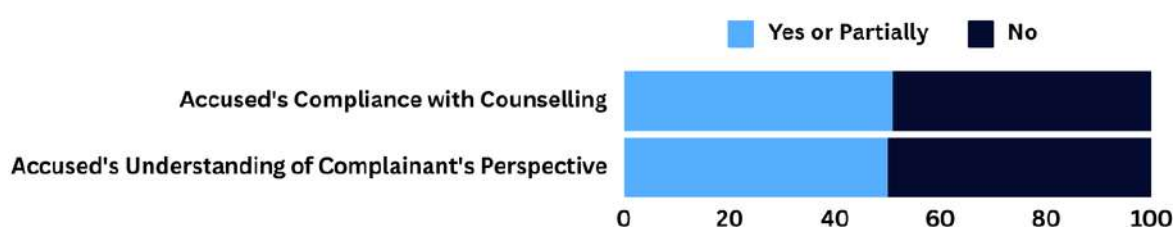
Figure 4.6: Changes in Complainants' Lives Post-Counselling



Impact on the Accused

The data shows mixed results regarding the impact of counselling on the accused. Women respondents reported that the responses of the accused range from complete refusal to participate in counselling to genuine efforts to change. In several cases, the accused initially showed improvement but later reverted to concerning behaviours and attitudes. Some cases indicate strong resistance from the accused, with continued harassment or violence even after counselling. Only about half of the complainants felt that the accused listened to or complied with the counsellors at least partially. Similarly, only half of the accused showed some understanding of the complainant's point of view (See Figure 4.7). These findings suggest that while counselling can have a positive impact on the behaviour of some perpetrators, its effectiveness is limited and often temporary, especially when it comes to attitudinal changes.

Figure 4.7: Impact of Counselling on the Accused (as reported by Complainants)



Power Within

Empowerment

The "power within" dimension, which encompasses internal and psychological resources, showed significant positive outcomes. Women respondents reported increased self-efficacy, self-esteem, self-confidence, and higher aspirations post-counselling, suggesting that the process contributes to personal empowerment and psychological well-being.

Many women articulate aspirations for independence and self-sufficiency, often linked to financial and emotional freedom. They frequently mention wanting to take care of themselves and their families—especially their children—and pursue education or employment. There is a notable aspiration to break out of traditional gender roles that kept them dependent on men. For instance, Meera said that after separating from her abusive husband as a result of counselling, she wants to “study further and get a job so she can take care of her parents and herself.”

Several women talk about becoming independent, either financially or emotionally. For example, one woman from Maharashtra, Vimla, said she “learned to be independent” and even advises her child and the youngsters to be educated and independent.

Some women have transitioned into leadership and other roles with greater community engagement, underscoring their enhanced sense of efficacy. Hema from Rajgurunagar, reported that she is heading an SHG and is also a counsellor today. She is a provider to her child and can freely make decisions for herself, whereas earlier, she lived fearfully.

Several women mentioned a newfound desire or conviction to achieve financial independence or had already taken steps towards it. Additionally, they reported being able to make decisions for themselves and assert their rights more effectively. Others highlighted their success in overcoming negative experiences and focusing on the future. Furthermore, there was a strong expression of interest in prioritising their children’s education and future prospects.

Increased self-esteem is another recurring theme, with several women expressing that they now feel more capable and worthy. Before the counselling, some felt trapped or powerless, but through their experiences, they now see themselves in a new light. Lata from Chhattisgarh testified how she used to be scared and under-confident in her own home, but now she knows how to converse and conduct herself confidently.

It is important to note that while the majority of responses indicate positive outcomes from counselling, there were a few instances where women reported no change or were unable to articulate the impact. This suggests that while counselling is generally beneficial, its effectiveness may vary based on individual circumstances.

Figure 4.8: Post counselling psychological state

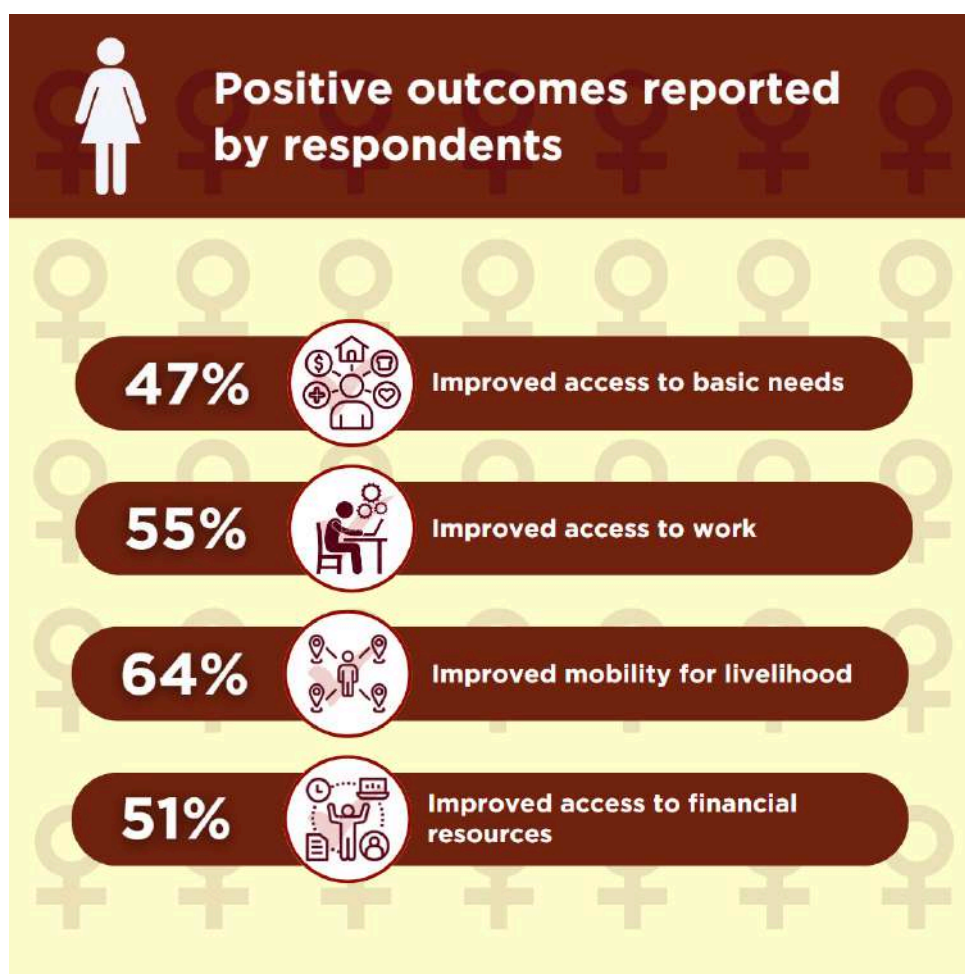


Power Over

Resources

Many respondents reported improvements in accessing basic needs like food and healthcare, financial resources, and overall empowerment. However, many did not. This disparity was exemplified in several cases. In Chhattisgarh, an instance of aggravated sexual assault was reported where the survivor did not receive adequate professional support, and perpetrators faced minimal consequences. Additionally, there were accounts of women facing extreme vulnerability due to factors such as low educational attainment and health issues, hindering their ability to secure employment and support themselves and their dependents. Furthermore, a case was observed where a woman with chronic mental illness faced homelessness following marital separation, highlighting the complex challenges faced by some respondents.

Fig 4.9: Positive Outcomes Reported by Respondents



Power With

Collective Empowerment

An analysis of survey data reveals insights into women's participation in Self-Help Groups (SHGs) and their impact. The majority of women, at nearly 70 per cent, did not have a pre-counselling SHG membership. Among those not previously in an SHG, over 20 per cent joined one after counselling, indicating a modest increase in collective participation. A significant 60% of new SHG members rated them as "Very important" for financial security and independence, while 70% considered them "Very important" for providing information, support, and care post-counselling. The economic impact is significant, with 70% of new SHG members reporting a significant increase in credit or savings after joining. These findings suggest that for those who did join them, the SHGs play a crucial role in both financial empowerment and support networks.

It may be noted here that a significant reason that the counselling process and networks are more robust in Maharashtra as compared to Chhatisgarh is the embeddedness of the GRCs in strong SHG networks. These SHGs are firmly rooted in the social fabric, fostering local support and resource sharing networks. They are not only a platform for financial assistance but also act as vital channels for disseminating information and facilitating access to various services. The GRCs in Maharashtra are thus able to leverage the trust, communication channels, and community connections that SHGs provide.

Figure 4.10: Perceptions on SHG Membership



Power To

Knowledge and Skills

The dissemination of information regarding welfare schemes, skill development initiatives, and other supportive programmes potentially beneficial to women complainants was found to be inadequate and inconsistent. Contrary to the explicit directives of the GRC Advisory, which mandates improved access to rights and entitlements for rural women, it was noted that women were rarely provided with these crucial details. The provision of this information appeared to be the exception rather than the standard practice despite its potential to support vulnerable women across various aspects of their lives. This oversight represents a significant gap in the functioning of the GRC.

Awareness and Conscientization of Gender Norms among Complainants

Despite positive feedback on empowerment and counselling, respondents continue to hold on to traditionalist gender norms. This reflects a partial success in challenging systemic gender biases and highlights the need for more profound capacity-building within the GRC, as well as community engagement and advocacy efforts beyond individual counselling. Such efforts should focus on fostering deeper awareness and conscientization of gender norms, empowering women to question and transform the societal expectations that limit their autonomy and well-being. Expanding these initiatives could enable a cultural shift toward greater gender equity within the broader community."

Beyond Traditional Metrics: What Constitutes a Gender-Transformative Intervention for the GRC?

In evaluating the efficacy of the GRCs in addressing violence against women, it is crucial to consider both quantitative outcomes and qualitative experiences. Despite potentially unresolved cases or suboptimal material outcomes, the majority of women interviewed report finding GRC interventions highly helpful. This apparent discrepancy warrants closer examination.

Statistical Analysis

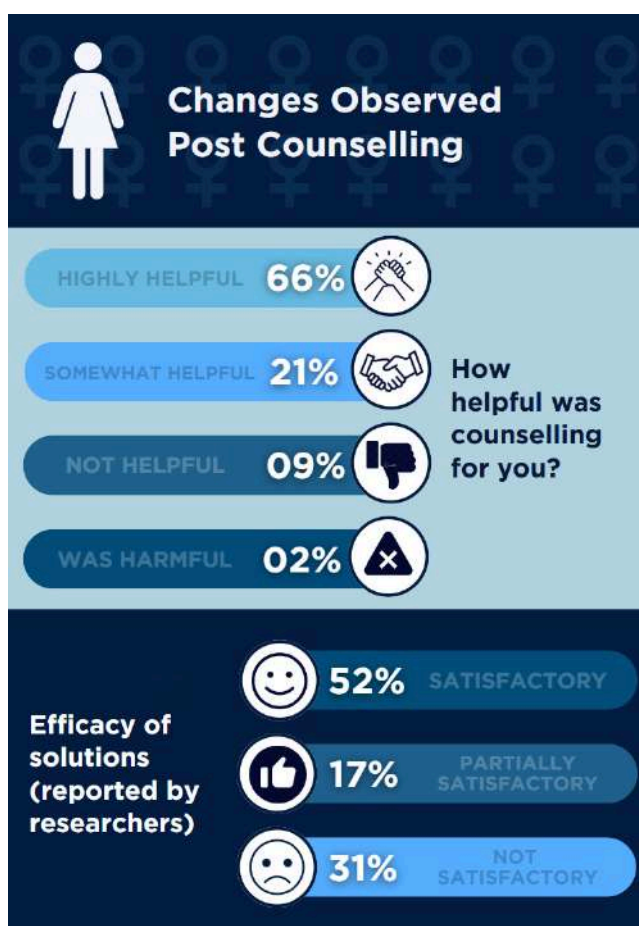
A majority (76%) of women reported that the solutions offered were highly helpful, with an additional 16% finding them somewhat helpful. Only 8% reported that the solutions were not helpful or were harmful. In terms of case resolution, 60% of the cases have been logged by the researchers as satisfactory, while 20% were partially satisfactory, and 20% were not satisfactory. These categories were based on empirically observed material conditions of the women, such as an end to violence, improved freedoms and rights, stable economic conditions, the implementation of norms of natural justice such as apprehending a violent perpetrator, alimony and maintenance money for children. In short, the criteria varied from case to case while focussing on material conditions. Our findings indicated that for women facing multiple, intersecting layers of marginalisation—such

as belonging to a backward caste, chronic health issues or disabilities, experiences of child marriage, lack of reproductive autonomy, illiteracy, and unemployment—counseling had limited impact on advancing their well-being.

This analysis highlights a significant discrepancy between the perceived effectiveness of the solutions and the actual satisfaction with the case outcomes. While 92% of women found the counselling itself at least somewhat helpful, with 76% finding it highly helpful, only 60% of the cases were logged by researchers as having satisfactory outcomes. In several cases, women also report feeling "Well" or "Okay" at home and at work (See Figure 4.7), even when their material conditions had not significantly improved. In most cases, women also reported that the counselling process was seen through, regardless of whether all their expectations from the GRC were fulfilled.

At the same time, we cannot rule out cognitive dissonance: women might unconsciously adjust their perceptions to align with the effort they have invested in the counselling process, leading to higher reported helpfulness. There is also a self-selection bias: more women who experienced positive outcomes were likely to remain in touch with the GRC and its functionaries, and therefore more accessible for this study.

Figure 4.11: Helpfulness of the counselling process



Contextual Factors

Societal norms often trivialise violence against women, categorising it as a private matter undeserving of public or institutional attention. Traditional support systems frequently fail to address such concerns in this environment. GRCs fill this gap by providing critical services:

1. **Validation of Experiences:** By actively listening to women's stories and acknowledging their problems, GRCs validate experiences that are often dismissed or minimised elsewhere. Simply having someone listen to their concerns and offer support is a significant change for women who previously felt isolated in their struggles. The simple act of being heard and taken seriously can be profoundly empowering for women who have been systematically silenced.

Box 4.1: Nancy Fraser: The Politics of Redistribution, the Politics of Recognition, & Violence Against Women

Nancy Fraser's conceptualisation of the politics of redistribution and the politics of recognition help understand two distinct but interconnected approaches to achieving social justice. In her view, social justice requires addressing both economic inequalities (redistribution) and cultural or social invalidation (recognition).

The politics of redistribution focuses on correcting economic injustices, such as wealth disparities, class oppression, and unequal access to resources. This is essential for addressing material inequalities that perpetuate systemic disadvantages, especially for marginalised groups. Redistribution aims to change the economic structures that contribute to inequality by redistributing wealth, resources, and opportunities to create a more equitable society.

The politics of recognition, on the other hand, deals with the symbolic and cultural dimensions of injustice. It emphasises the need to recognise and respect the identities, experiences, and contributions of marginalised groups who are often misrepresented or rendered invisible in dominant cultural narratives. This form of justice is about affirming the dignity and worth of marginalised identities—such as gender, race, or sexuality—and challenging the cultural norms and societal attitudes that stigmatise them.

Fraser argues that both redistribution and recognition are interrelated because economic injustices often go hand in hand with cultural misrecognition. For instance, violence against women is not only an economic issue - affecting women's financial independence and livelihood opportunities - but also a cultural one, where patriarchal norms devalue women's experiences. Addressing one without the other leaves the broader system of oppression intact. For social justice to be realised, both the material and symbolic dimensions of inequality must be addressed, ensuring that marginalised groups receive both economic fairness and cultural respect.

Source: Interview with Nancy Fraser: Justice as Redistribution, Recognition and Representation | MR Online. (2017, February 11). MR Online. Retrieved May 27, 2024, from <https://mronline.org/2009/05/16/interview-with-nancy-fraser-justice-as-redistribution-recognition-and-representation/>

2. **Safe Space:** The GRCs offer a rare environment where women can freely express their concerns without fear of exposure, judgement or reprisal. This sense of safety encourages them to share experiences they might otherwise suppress.
3. **Connecting women to a community:** The GRCs also provide women with a vital sense of community, helping them break the isolation that often accompanies violence. Beyond offering solutions to immediate problems, the GRC connects women to others facing similar struggles and, potentially, to SHGs. This community not only offers emotional support but also helps build solidarity, giving women the strength to confront their situations and fostering a sense of shared resilience.

The value of the GRC's interventions extends beyond material improvements or case resolutions. While those outcomes are important, they don't fully capture the intangible benefits women derive, such as increased emotional support, awareness of welfare schemes, and the assurance that they have advocates on their side. Sumita, a respondent from Khed, shared that even after experiencing further violence, she felt reassured knowing she could contact the GRC counsellors for support—something she lacked before.

A more comprehensive evaluation of GRCs must go beyond traditional cost-benefit analysis. It should centre women's experiences and consider not only tangible outcomes but also intangible gains like self-efficacy and improved mental health. This holistic approach allows for a deeper understanding of the transformative potential of GRCs in reshaping gender dynamics and societal attitudes towards violence against women.

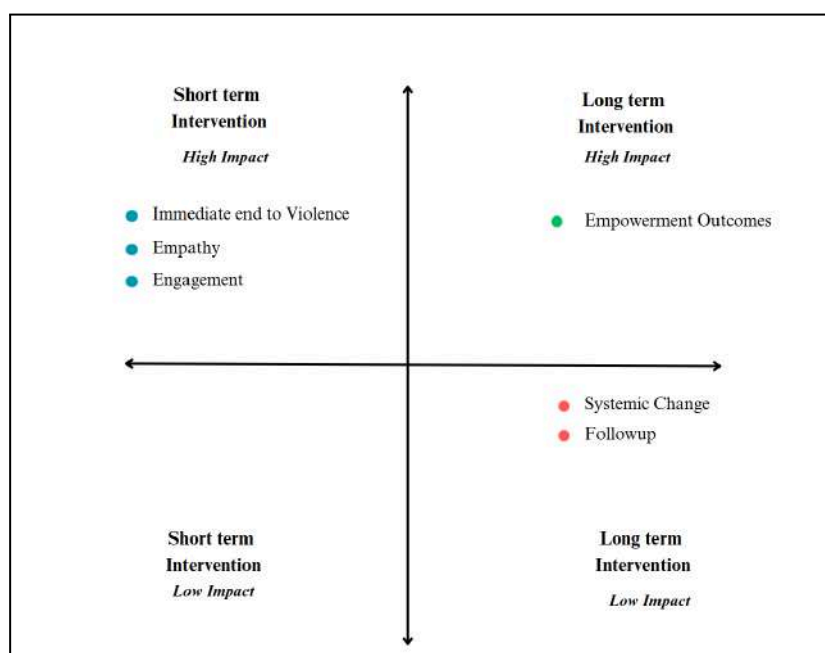
The counselling process provides emotional support, validation, access to a social network, increased awareness of welfare schemes, and other intangible benefits that women value highly, even if it doesn't always lead to immediate, concrete changes in their situation.

At the same time, we cannot rule out cognitive dissonance: women might unconsciously adjust their perceptions to align with the effort they have invested in the counselling process, leading to higher reported helpfulness. Nevertheless, the overall impact of the GRCs in providing a vital support system in a challenging societal context cannot be understated.

The Institutional Architecture of the GRC

To fully understand the challenges in the functioning of the GRC, the following section studies the institutional architecture of the GRC, including its design, the instrument of counselling itself, and the functionaries who deliver this instrument - the counsellors.

Figure 4.12: Mapping the Impact of the GRCs' Interventions on the Ground



The Institution

Transformative Vision

The NRLM, through the establishment of the GRCs, has evolved from a gender-blind to a gender-aware approach. This shift recognises the complex interplay between large-scale development policies, existing gender relations, and social norms, potentially leading to improved developmental outcomes. It integrates relief from violence against women and addresses its deep-rooted causes with the broader aim of economic and social development, positioning the interventions as both a reactive and proactive measure.

The NRLM's approach also breaks new ground by reconceptualising the relationship between privatised violence and the public sphere, moving beyond the enforced differentiation of public and private domains. This aligns with Nancy Fraser's framework of social justice, which emphasises both redistribution and recognition.¹³ The GRCs operate within a paradigm that recognises the differential needs of women while facilitating a politics

¹³ Interview with Nancy Fraser: Justice as Redistribution, Recognition and Representation | MR Online. (2017, February 11). *MR Online*. <https://mronline.org/2009/05/16/interview-with-nancy-fraser-justice-as-redistribution-recognition-and-representation/>

of redistribution through the broader NRLM framework, thus promoting a more comprehensive approach to justice. By taking a case to the GRC, women bring what is often considered a private issue into the public sphere. This is in itself a radical step for someone like Kirti, who suffered in silence for the better part of a decade. In bringing her case to the GRC, Kirti not only gave words to her experiences but also grasped that she is not alone in what she has experienced. Though she still lives in financial hardship, she found a sense of community and encouragement through the GRC.

Unpaid Labour of the Functionaries

Despite the GRC's transformative goal, a critical contradiction undermines its institutional integrity. The primary functionaries—the counsellors—operate essentially as unpaid workers, receiving only a nominal honorarium. This arrangement inadvertently perpetuates the very gender-based economic disparities the GRC aims to address, mirroring the broader societal issue of undervalued and unpaid care work (Figure 4.11) predominantly performed by women. Such work, while crucial, often goes unrecognised in formal economic structures. Consequently, although the NRLM demonstrates laudable intentions in establishing GRCs, it falls short of creating a genuinely transformative ecosystem. This not only impacts the counsellors' economic empowerment but also potentially compromises the long-term sustainability and effectiveness of the GRC model in achieving comprehensive gender justice. In effect, the GRC leverages the unpaid care labour of women—much like numerous other government programmes—ostensibly to empower women, while paradoxically, this approach ends up subverting its own intended objectives.

Challenges in Addressing Intersectional Violence

While the GRC Advisory acknowledges intersectionality, the institution itself falls short in addressing caste and identity-based violence, particularly against women who are from marginalised social groups or are migrants and workers. Evidence from Maharashtra and Chhattisgarh underscores the prevalence of such violence. In Maharashtra, an ILO study revealed that migrant workers faced significant discrimination and violence based on their gender, caste or regional identity.¹⁴ Similarly, in Chhattisgarh, the National Family Health Survey highlighted significantly higher rates of violence experienced by tribal women.¹⁵ However, it is noteworthy that women do report disability-based discrimination and violence at the GRCs.

The limited capacity of the GRCs to address intersectional violence stems from a lack of comprehensive understanding among both the general public and GRC functionaries about the intersectional nature of gender-based violence. This knowledge gap hinders the recognition and appropriate handling of cases where

¹⁴ Bosc, I., Lerche, J., Shah, A., Fajerman, M., Wadhawan, N., & Vanhuynegem, P. (2022). *Understanding patterns of structural discrimination against migrant and other workers in some countries of South and West Asia*.

https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_844072.pdf

¹⁵ International Institute for Population Sciences & ICF. (2021). National Family Health Survey (NFHS-5), India, 2019-21: Chhattisgarh. In *DHS*. Retrieved May 27, 2024, from https://dhsprogram.com/pubs/pdf/FR374/FR374_Chhattisgarh.pdf

gender-based violence intersects with other forms of discrimination based on caste, ethnicity, migration status, or other social identities.

The Instrument

In-person counselling at the GRCs involves collaborative, participatory sessions. Initial steps include the disclosure of grievances, recording of the complainant's expectations, and, where possible, conducting joint sessions with the perpetrator and the aggrieved party. Support from various allied services, including legal aid and mental health professionals, may be availed at later stages where necessary. Usually, the complainant and the accused both sign letters stating their current position or future intent, as mediated by the counsellors.

The Draft SOP also envisions long-term support for complainants in navigating a post-violence life through holistic empowerment. While not fleshed out in the document, this could mean financial empowerment, facilitating self-reliance and even therapeutic interventions where necessary. This is where the GRCs face challenges in delivering effectively.

Lack of Specific SOPs

The absence of case-type specific SOPs often leads to inadequate handling of unique cases, such as financial hardships post-divorce. The different typologies of cases do not presently have unique or well-defined redressal processes.

Process Inconsistencies

Cases frequently experience perfunctory processes, with limited referrals to external support services and poorly defined follow-up procedures. The GRCs also do not have a roster of referral services offered or the option for complainants to choose a referral service.

The referral procedure for cases was also found to be arbitrary, with women who had experienced complex and long-term violence not able to receive mental health support. Referral to schemes and supportive ecosystems is also lacking.

Counselling is, in sum, primarily guidance-based rather than therapeutic, although referrals to mental health and other professionals are available in theory. This approach is designed to address the immediate needs of women. There is a need to foster a long-term approach by helping survivors rebuild social networks, offering psychosocial support, and facilitating skill-building to empower survivors and bring about deeper, transformative change.

Technology and Documentation

The GRCs were observed to have poor uptake of technological aids. Documentation was largely manual, from registration of the case to follow-up. This has led to poor quality of data and analytics, inconsistencies in records and an inability to pull up all available information about a case in a single go. The GRCs rely heavily on the memories of the functionaries and their human relationships with the complainants. Cases were seen to languish

in the absence or non-availability of the original point-of-contact functionary. This also impedes the GRCs' capacity to comprehensively engage with other support services and to effectively assess the long-term impact of interventions.

Social Norms

There is a tension that underscores the critical role the GRCs play in addressing violence. Despite an admirably transformative vision, the counselling process often plays out such that long-standing social norms, such as the preservation of gendered roles and family structures, are reflected and reinforced. This underscores the need to address better the deep-rooted drivers and social norms perpetuating violence against women.

Instances where the GRC's mediation efforts prioritised social norms, such as preserving relationships rather than fully addressing the survivor's needs, illustrate a need for a more survivor-centric approach, as envisioned in the Draft SOP. This is critical to avoid accommodating extant power imbalances and hierarchies and may help build institutional capacity to challenge entrenched gender norms.

Addressing the Typologies of Violence

The counselling services at the GRCs address a plethora of typologies of violence faced by rural women, which have been examined in detail in Section 3. There was little variation in process while addressing the wide variety of cases, with counsellors proceeding according to usual practice, along with some discretionary changes depending on individual cases, such as involving the police where a perpetrator reacts violently. Immediate intervention aims to halt ongoing violence and prevent further abuse.

Interviews with complainants indicated that this is an effective measure, often resulting in an end to immediate or aggravated forms of violence. In this way, the GRC acts as a deterrent to violence. While the GRC is equipped to halt acute violence, the systemic nature of gender-based violence requires more holistic approaches that integrate both immediate intervention and long-term social change.

At the GRCs in Chhattisgarh, this initial counselling process is often brief and is quickly followed by the submission of letters, leading to the dismissal of the case. In contrast, in Maharashtra, where the GRCs have been operational longer, the counselling process is less procedural and more comprehensive, usually involving multiple sessions to address the issue at its root. For instance, in cases of economic violence, the GRCs in Maharashtra were found to actively engage with the cases to facilitate understanding and corrective actions. However, in Chhattisgarh, the approach again appears more procedural and lacks depth. An exception to this was cases where the complainant was highly aware of their rights - i.e. the effectiveness of counselling in matters related to economic abuse was highly dependent on the consciousness of the complainant.

In cases of desertion, counsellors strive to understand the situation and facilitate a compromise, resulting in a majority of cases where the couples remain married. If a compromise cannot be reached, counsellors work to secure compensation and maintenance for the complainant to help her meet her financial obligations.

Box 4.2: A Trade-Off: Balancing Conflict Resolution and Economic Freedom

Counselling at GRCs often leads to incremental improvements rather than radical changes in the complainants' situations. A case from Kurud, Chhattisgarh, highlights this dynamic. Here, the counsellors advised a Mona, the complainant, to comply with her husband's "unreasonable demand" to temporarily close her beauty parlour while they negotiated a monthly maintenance arrangement. After agreeing on a maintenance amount, which had been paid consistently for three months by the time of the interview, the woman was able to reopen her shop, thereby avoiding further conflict with her husband.

In this instance, the counsellors employed a conciliatory strategy that temporarily worsened Mona's economic situation in exchange for longer-term financial stability. Rather than directly challenging the husband's behavior or working towards a more equitable solution, the focus was on maintaining peace and ensuring a secure future for Mona. This case illustrates how counsellors, at times, in complex cases, prioritise immediate conflict resolution. Often, addressing deeper issues, such as the attitudes and power imbalances that underlie domestic disputes, takes a backseat in the process of ensuring the safety of the complainant.

The Functionaries

The counsellors are predominantly local women, many affiliated with the Chaitanya Self-Help Groups (SHGs). A significant number of these counsellors have personal experiences with gender-based violence and have navigated various coping and resolution strategies. These women undergo a comprehensive training program, which will be delineated in a subsequent section. Upon completing a set of assessments, they become eligible for counsellor positions. These local women gain new skills, knowledge, and a sense of purpose by becoming counsellors. They report increased self-esteem and self-efficacy and the transformation of their experiences into a force for positive change.

The localised recruitment approach presents both advantages and challenges. As community members, the counsellors possess an intricate understanding of vernacular customs and social dynamics, facilitating effective communication and rapport-building with complainants.

However, this embeddedness within the community may also perpetuate existing biases and social norms prevalent in the broader society. Consequently, the GRC may inadvertently replicate societal prejudices, potentially limiting its capacity to effect transformative change. So, personal empowerment may or may not transmute into collective change.

Towards an understanding of Gender-Transformative Change in the Context of the NRLM-GRCs

The Gender Resource Centres (GRCs) under the National Rural Livelihood Mission (NRLM) represent a promising model for fostering gender-transformative change in rural India. By offering immediate support to women affected by violence and marginalisation, GRCs provide an institutional mechanism that empowers women and affirms their right to seek justice. In contexts where women often lack access to spaces that validate their experiences, the GRCs fill a crucial void, actively engaging with women and working towards practical solutions to immediate issues. Nevertheless, their role remains limited due to inconsistencies in procedural execution, weak follow-up mechanisms, and a lack of focus on the structural drivers of gender inequality and violence. To truly transform gender relations, the GRCs need an expanded institutional framework that addresses not only the immediate impacts of violence against women but also the entrenched, systemic inequalities that fuel it.

Currently, GRCs function largely as first responders or ‘troubleshooting’ institutions. They offer immediate support yet are constrained in their capacity to address the deeper, systemic roots of gender inequality. For these centres to fulfil their transformative mandate, it is essential that they adopt a relational and systemic gender lens. This approach requires viewing gender inequality not just as a problem for individual women but as an issue interwoven with broader social norms, economic disparities, and structural deprivations like caste and poverty. Without addressing these foundational inequalities, the NRLM may risk perpetuating what critics call “gender-washing,” wherein institutions adopt the language of gender equality without fundamentally challenging the power structures that sustain gender-based violence and discrimination.

Beyond Immediate Response: Systemic Empowerment and Holistic Change

A critical component of gender-transformative change lies in recognising that development should benefit women rather than simply treating women as a means to achieve development goals. This requires going beyond economic mobilisation to support a comprehensive approach to women’s rights and social empowerment. While NRLM’s focus on economic empowerment has long been seen as a pathway to broader empowerment, based on the premise that financial independence would foster social and personal freedoms, studies increasingly show that economic empowerment alone does not protect women from violence or social control. Financial independence can even lead to increased surveillance, suspicion, or backlash from families and communities, as seen in Section 3.

To achieve genuine empowerment, economic initiatives under the NRLM should be paired with rights-based action, social capital building, and community programmes aimed at transforming unjust social norms. The Social Action Committees in Telangana illustrate this approach effectively; through collective action, they have negotiated the transfer of property deeds to women’s names, a step that enhances both economic security and

symbolic value. Property ownership for rural women not only provides financial stability but also reconfigures power relations and promotes restorative justice.¹⁶

For GRCs to fully realise their gender-transformative potential, they must shift from a reactive model to one that encourages preventive and proactive interventions. By fostering a holistic approach that integrates economic empowerment with rights-based mobilisation and social capital building, GRCs can help create a social foundation for gender equality. This involves not only responding to instances of violence but also cultivating a deeper understanding of gender justice within communities. Social norms and gendered expectations need to be directly challenged through community dialogues and gender awareness campaigns.

The Importance of Addressing Unjust Social Norms

Transformative change requires early intervention through gender training and awareness programs. Instead of focusing exclusively on individual cases of violence after the fact, there is a need to address harmful social norms before they manifest as abuse or violence. This proactive approach, focusing on gender sensitivity training for both women and men, can reshape community attitudes, fostering an environment where gender equality is embedded in the social fabric. As studies by Undurti and Lingam have shown, interventions that focus on systemic causes of violence against women, including power relations and social norms, are key to reducing violence against women over the long term.

The following sections will explore immediate, practical ways that GRCs can advance this gender-transformative vision, moving from immediate relief work towards a more comprehensive and sustainable framework for gender equality and women's rights in rural India.

¹⁶ Vindhya, U., & Lingam, L. (2019). Social Action Committees: Community Intervention to Reduce Gender-based Violence. *Indian Journal of Gender Studies*, 26(3), 263–287. <https://doi.org/10.1177/0971521519861160>

Box 4.3: Elinor Ostrom: Social Norms, Institutions and Institutional Change

A telling example illustrates the approach of the counselors at a GRC in Maharashtra, where societal norms took precedence over individual rights. In this case, a man approached the GRC as the complainant, expressing dissatisfaction with his wife for spending excessive time with her mother and refusing to relocate with him to another town. The wife, in this case the accused, demanded a 'nikahnama'—a formal marriage contract. However, her husband declined, claiming that such matters should be negotiated between him and her male relatives. Despite the wife's legitimate request, the counselors sided with the husband, asserting that it was her duty as a wife to support him and move with him. This incident underscores how institutional practices can reinforce prevailing social norms, often at the expense of individual liberties.

Elinor Ostrom's work on institutions and social norms is instructive here. Ostrom highlights the complex interplay between formal rules and informal societal practices and argues that institutions often reflect and reinforce existing social norms rather than imposing entirely new structures from the top down. This occurs because institutions are ultimately created and maintained by individuals who are already embedded in their social and cultural contexts.

Ostrom observed that attempts at top-down institutional change frequently fail when they conflict with deeply ingrained societal norms. Imposed institutions struggle to gain legitimacy and compliance if they do not align with local norms and values, leading to their ineffectiveness or outright failure in bringing about desired changes. Instead, successful institutions tend to evolve gradually, through a bottom-up approach, where local knowledge and existing social capital are leveraged. They incorporate and formalise existing practices that have proven effective within a community. This process can sometimes perpetuate backward or inefficient norms, as institutions may codify practices that are familiar and accepted, even if they are not optimal.

Source: Ostrom, E. (1990). *Governing the Commons*. <https://doi.org/10.1017/cbo9780511807763>

Box 4.4: The Limits of Counselling - Rekha's Journey

Rekha is a 21-year-old agricultural worker in Khed, Maharashtra. She had a love marriage 3 years ago, out of which a son was born to her and her husband. The family resided in a small tenement with Rekha's mother-in-law, Seema. Seema never liked Rekha, saying that since she had a love marriage, she is probably the 'clever' type, able to control a man and take over her son's life and decisions. Rekha wants to work, but being in a rural area and under the charge of her mother-in-law, she is not able to pursue her dreams.

Meanwhile, Amit took to alcohol. Rekha started to experience tensions with her husband Amit, who wanted her to be more accommodative of Seema. Household animosity among the three adults increased to an extent where the couple decided to move out, leaving their son behind in the care of Seema.

Rekha is able to find work in the nearby town. Amit struggles for a while, searching for employment, but is unsuccessful. Rekha comes to the counselling centre, hoping for improved relationships with her husband and mother-in-law. The couple attends several joint sessions, where they try to work out how they can live together amicably. Amit gives up alcohol. However, Amit is unable to find employment in the town and ends up returning to his village to work in agriculture. His alcohol consumption increases again, and the family discord worsens.

Soon after a joint counselling session, Amit dies by suicide. Rekha says the reason is that he could not live amicably with both his wife and his mother.

Rekha is all praises for the counselling process. She felt the counsellors did an excellent job in persuading Amit to give up alcohol. However, she does not feel that the counsellors could have prevented her husband's suicide.

SECTION 05: ACTIONABLE RECOMMENDATIONS FOR MORE EFFECTIVE GRCs

Introduction

Building on the current status and functioning of GRCs in handling cases, along with the mechanisms of the institution- GRCs, instruments, and functionaries discussed in the previous section, this section provides recommendations to improve the efficiency and effectiveness of GRCs. The recommendations are organised into three key areas. The section begins by emphasising the need for a standardised protocol to streamline the handling of a typical case at GRCs, ensuring consistency and effectiveness in addressing diverse case types. The section then moves on to highlight the possible ways toward capacity-building for GRC staff and other stakeholders, including education departments, police, legal aid providers, shelter and rehabilitation services, and health departments. It also discusses the possible role of nodal educational institutes in ending violence against women.

Basic Protocol for a Typical case

General Guidelines

The GRCs should have a set of standard guidelines in handling cases of violence against women. While individual counsellors or GRCs may be successfully following these guidelines in their own respective methods, it is important to institutionalise them. These guidelines can be a framework for effective and ethical counselling that ensures respect, privacy, and support for all complainants. Some indicative guidelines for the process of counselling, based on the Advisory, are as follows¹⁷:

1) **Non-Discrimination**

Provide services without bias, respecting all identities (caste, religion, sexual orientation, etc.)

2) **Referral Linkages and Information Sharing**

Maintain a roster of institutions and professionals for referral of cases (e.g., healthcare, legal aid, psychological support). Inform complainants about these referral services and ensure they have access to relevant information.

3) **Confidentiality and Privacy**

Maintain strict confidentiality of complainant information, secure storage of records, and private counselling spaces to protect client dignity.

¹⁷ Ministry of Rural Development. (2023). Advisory on Establishment of Gender Resource Centre under DAY-NRLM. Delhi: Ministry of Rural Development.

4) **Survivor-Centric Approach**

Prioritise the complainants' autonomy, respecting their choices about the process and intended outcomes of counselling, and involve them in their care decisions.

5) **Transparency and Accountability**

Maintain transparent financial and operational records, providing clarity on available services and resources to build trust.

6) **Safe Counselling Space**

Offer private, comfortable rooms away from high-traffic areas to create a safe environment for sensitive discussions (See [Annexure 2](#) for design of the physical space of the GRC).

7) **Active Listening and Empathy**

Practise non-judgmental, empathetic listening, allowing complainants to share at their own pace and validating their feelings.

8) Adjust the number and frequency of sessions based on complainants' needs, allowing adequate time for healing and change.

9) **Counselling for Survivors and Accused**

Provide non-judgmental counselling for both survivors and accused individuals, focusing on constructive support.

10) **Case Management and Documentation**

Keep organised case records, updating case status and referral details regularly, for continuity and effective monitoring.

11) **Regular Training and Supervision**

Ensure ongoing training in trauma-informed care and provide supervision to support counsellors in managing complex cases.

Table 5.1: A step-by-step SOP for GRCs for cases of domestic violence

1. Initial Case Reception and Assessment		
<p>Protocol:</p> <ul style="list-style-type: none"> ● Greet the complainant warmly and ensure they are comfortable ● Offer water and basic amenities ● Conduct initial screening in a private area ● Use a standardised intake form to gather basic information ● Assess immediate safety concerns ● If case identified through Legal Jaankaar didi, document referral source 	<p>Documentation:</p> <ul style="list-style-type: none"> ● Fill out the standardised intake form with the date, time, and GRC location ● Assign a unique case number ● Record the complainant's basic details (name, age, contact information) ● Note presenting issue and immediate concerns ● Document referring Panchayat member/Legal Jaankaar didi contact information if applicable 	<p>Confidentiality:</p> <ul style="list-style-type: none"> ● Explain the confidentiality policy to the complainant ● Have the complainant sign a confidentiality agreement ● Store intake forms in a locked cabinet or password-protected digital system
2. Immediate Danger Assessment		
<p>Protocol:</p> <ul style="list-style-type: none"> ● Use a validated danger assessment tool (e.g., Danger Assessment Scale) ● If immediate danger is identified, activate emergency protocol 	<p>Emergency Protocol:</p> <ul style="list-style-type: none"> ● Contact local police (General Emergency: 112, Women Helpline: 1091) ● Arrange safe transport to medical facility if needed ● Contact the nearest One Stop Centre (OSC) for immediate shelter ● Activate OSC emergency referral protocol if 	<p>Documentation:</p> <ul style="list-style-type: none"> ● Record danger assessment score ● Log all actions taken, including time of calls and names of officials contacted ● Document OSC coordination details and Protection Officer involvement

	<p>applicable</p> <ul style="list-style-type: none"> • Coordinate with OSC for Protection Officer dispatch 	
3. Type and Severity of Violence Assessment		
<p>Protocol:</p> <ul style="list-style-type: none"> • Conduct a detailed interview using a structured assessment form • Categorise the type of violence (physical, sexual, economic, etc.) • Assess severity using a standardised scale 	<p>Documentation:</p> <ul style="list-style-type: none"> • Complete the detailed assessment form • Record the type and severity of violence • Note any visible injuries or signs of distress 	
4. Specialised Referrals		
<p>Based on the assessment, refer to appropriate services:</p> <p>a) Severe Physical Violence:</p> <ul style="list-style-type: none"> • Refer to the nearest government hospital for medical examination • Contact police for filing First Information Report (FIR) • Coordinate with OSC for integrated medical and legal support <p>b) Sexual Assault/Rape:</p> <ul style="list-style-type: none"> • Refer to a designated hospital for medico-legal examination • Contact NALSA (National Legal Services 	<p>Documentation:</p> <ul style="list-style-type: none"> • Record all referrals made, including date, time, and contact person • Note any immediate actions taken by referral agencies 	<p>Confidentiality:</p> <ul style="list-style-type: none"> • Obtain written consent before sharing information with referral agencies • Use secure methods (encrypted emails, sealed envelopes) for information transfer

<p>Authority) for free legal aid</p> <p>c) Substance Abuse Related:</p> <ul style="list-style-type: none"> • Refer to the nearest government de-addiction centre • Provide information on Narcotics Anonymous India helpline <p>d) Mental Health Concerns:</p> <ul style="list-style-type: none"> • Refer to the district mental health program • Provide contact for NIMHANS (National Institute of Mental Health and Neurosciences) helpline <p>e) Complex Legal Issues:</p> <ul style="list-style-type: none"> • Refer to District Legal Services Authority (DLSA) • Provide information on nearby legal aid clinic • Connect with Nari Adalat for alternative dispute resolution at Gram Panchayat level • Facilitate coordination with Legal Jaankaar didis <p>f) Child-Related Cases:</p> <ul style="list-style-type: none"> • Contact the local Child Welfare Committee (CWC) • Provide Childline (1098) information to the complainant <p>g) Severe Economic Abuse:</p> <ul style="list-style-type: none"> • Refer to the nearest bank's financial literacy 		
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<p>centre</p> <ul style="list-style-type: none"> • Connect with the local NRLM (National Rural Livelihoods Mission) office for livelihood support 		
5. Ongoing Counselling Sessions		
<p>Protocol:</p> <ul style="list-style-type: none"> • Develop an individualised safety plan with the complainant • Schedule regular counselling sessions • Provide information on local support groups • Establish coordination mechanism with local PRI representative • Establish coordination mechanism with local PRI representative • Set up joint case management system with OSC if applicable 	<p>Documentation:</p> <ul style="list-style-type: none"> • Create a case file with all assessments, referrals, and action plans • Log each interaction and counselling session • Record progress and any new developments 	
6. Monitoring for Persistence/Escalation of Violence		
<p>Protocol:</p> <ul style="list-style-type: none"> • Conduct follow-up assessments at 1, 3, and 6 months • Use a standardised questionnaire to measure changes in violence and well-being • Reassess the danger level 	<p>Documentation:</p> <ul style="list-style-type: none"> • Update case file with follow-up assessments • Record any new incidents or changes in circumstances 	

at each follow-up		
7. Re-evaluation and Higher-Level Referral		
<p>Protocol:</p> <ul style="list-style-type: none"> • If violence persists or escalates, Review the case for referral to higher-level services (e.g., state women's commission) 	<p>Documentation:</p> <ul style="list-style-type: none"> • Record decision of case review meeting • Log any higher-level referrals made 	
8. Ongoing Support and Monitoring		
<p>Protocol:</p> <ul style="list-style-type: none"> • Continue regular check-ins as needed • Provide ongoing counselling and support services • Assist with accessing long-term support (e.g., skill development, job placement) 	<p>Documentation:</p> <ul style="list-style-type: none"> • Maintain updated case notes • Record long-term outcomes and milestones 	
9. Follow-up		
<p>Protocol:</p> <p>As needed, the Jaankaars and counsellors may take the following steps:</p> <ul style="list-style-type: none"> • Phone call • Home visit • Meeting with Panchayat member/SHG/Protection officer? Jaankaar • Regular check-ins with Panchayat for case progress 	<p>Documentation:</p> <ul style="list-style-type: none"> • Maintain updated case notes • Record long-term outcomes and milestones • Document inter-agency coordination efforts and outcomes 	

<ul style="list-style-type: none"> • Joint monitoring with OSC for transferred cases 		
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This expanded SOP provides a more comprehensive framework for GRCs, in general, to handle cases of gender-based violence. It emphasises the importance of standardised assessment, proper documentation, confidentiality, and appropriate referrals. The SOP should be reviewed and updated regularly based on feedback, changing laws, and best practices in the field of gender-based violence intervention.

Nodal Educational Institutes in Gender Sensitisation

Nodal educational institutes, particularly those focused on gender studies, social work, and law, have the capacity to design and deliver high-quality gender sensitisation programs. Their academic expertise, combined with practical insights into gender dynamics and GBV, makes them ideal partners for GRCs in improving the response to GBV cases. The key contributions of Educational Institutes include:

1. **Development of Gender Sensitisation Modules:** Nodal educational institutes can work with GRCs to create comprehensive, research-based training modules tailored to the needs of local communities and institutional actors like police officers and healthcare workers. Additionally, modules for community awareness are also to be developed, since community also forms the ecosystem of gender sensitisation.
2. **Fostering Long-Term Partnerships with Law Enforcement:** Educational institutes can collaborate with law enforcement agencies to institutionalise gender training as part of the police curriculum, ensuring that gender sensitivity becomes a core component of police training and operations. Gender cells in universities can work with the local police for development of training modules, specially for emergency responses and sensitive cases.
3. **Research-Based Interventions:** By leveraging research, educational institutions can address local gender dynamics and cultural barriers to gender equality, offering evidence-based insights into the nuances of handling GBV cases.

As mentioned in the previous section on how cases should be handled by the police and how sensitisation is important, other stakeholders such as healthcare workers, legal aid professionals, and social workers also need gender sensitisation. Nodal educational institutes can facilitate targeted training for these groups in partnership with GRCs. Medical professionals, for example, often lack the skills to provide trauma-informed care for GBV survivors. Educational institutes with medical schools can offer training on handling sexual assault cases, collecting forensic evidence, and providing mental health support. Similarly, law schools and social work schools can offer specialised training on GBV laws, legal counselling, and the proper handling of survivors' cases with confidentiality and professionalism.

One key advantage of involving educational institutes in this model is their capacity for monitoring and evaluation (M&E). Nodal institutes can assess the effectiveness of gender sensitisation training programs,

collect data on how stakeholders handle GBV cases, and provide recommendations for improvement. They can also conduct longitudinal studies to assess the long-term impact of gender sensitisation on police behaviour and community attitudes.

Capacity Building of Gender Resource Centers (GRCs)

Building the capacity of GRC staff through extensive training programs is crucial to ensure they provide survivor-centred, trauma-informed support. These programs should aim to enhance the staff's understanding of trauma and the complexities surrounding risk assessment. Training sessions would cover how to recognise various forms and causes of violence, from domestic abuse to workplace harassment, equipping the staff to assess immediate and long-term safety concerns. The following are some ways to ensure that GRCs are effectively and efficiently utilising its maximum capacity:

Structured Training Curriculum for Trauma-Informed Care and Survivor Support

To begin with, GRCs should establish a structured training curriculum that covers the core competencies required for trauma-related care, risk assessment, and complainant support. This curriculum should be designed as a modular program with regular sessions on critical areas, such as identifying and understanding different forms of violence, assessing risk and providing initial psychological support. For example, TISS Mumbai has a short certification course in trauma-informed care, which the staff members could take part in or the GRCs could collaborate with. Such training should occur quarterly to ensure that staff remain current with best practices in complainant support.

Building Partnerships with Local Authorities and Organisations

Partnerships with local organisations can enhance such training efforts by bringing in specialised expertise. Collaborations with educational institutions, women's rights groups, legal aid providers, mental health professionals, and local law enforcement offer access to training on subjects like gender sensitivity, legal documentation, handling high-risk cases, and providing needed support.

Developing a Resource Manual for Quick Reference

A valuable complement to training is the development of a comprehensive resource manual for staff. This handbook would contain essential information on GRC protocols, legal procedures, trauma-sensitive practices, and emergency contacts. In the event that a GRC staff member needs to refer a survivor to a mental health professional or file a complaint on their behalf, the manual would provide step-by-step guidance, reducing response time and ensuring consistent service delivery. Regular updates to this resource manual based on evolving legal and procedural changes would keep it relevant and useful as a quick-reference tool.

Implementing Effective Case Management and Documentation Protocols

Effective case management protocols are essential for GRCs to provide tailored support for each survivor (refer to [Section 06](#)). Establishing clear guidelines for segmenting cases based on urgency, type of violence, and specific survivor needs ensures that staff can prioritise high-risk cases and follow systematic tracking processes.

A standardised case documentation form can further ensure that staff collect and record critical information consistently, making it easier to track each case from intake through to resolution and follow-up.

Collecting Survivor Feedback for Continuous Improvement

In addition to internal monitoring, collecting feedback from survivors can help GRCs assess the quality of their services. Simple, anonymous feedback forms can provide insights into how well survivors feel supported, allowing GRCs to identify areas for improvement. Conducting quarterly reviews based on this feedback and implementing these findings in training helps create a responsive, survivor-centred support system.

Establishing a Monitoring and Evaluation (M&E) Framework

An extensive monitoring and evaluation (M&E) framework is crucial for assessing the effectiveness of GRC training and case management. Regular audits of case documentation and staff performance would help ensure adherence to protocols and allow GRCs to identify areas for improvement. An annual report summarising the impact of training and service delivery could be instrumental in refining strategies and setting achievable goals for the next year.

Prioritising Staff Wellness

Since working with survivors of violence can be emotionally taxing, GRCs should prioritise staff wellness as part of capacity building. Monthly social meet-ups, peer support groups, and access to mental health services for staff members can help with burnout and promote resilience. Prioritising staff wellness ensures that GRC personnel remain motivated and equipped to provide the highest quality of care.

Community Awareness and Outreach for Greater Impact

Finally, community outreach and awareness are crucial in increasing the visibility of GRC services and educating the public on gender-based violence. Outreach activities, such as workshops on legal rights, health awareness, or collaboration with local schools, build trust within the community and encourage survivors to seek help. By educating people on recognizing signs of abuse and the importance of support systems, GRCs help develop a community that is proactive in addressing violence. Incorporating these steps into their operations can enable GRCs to provide compassionate, efficient, and survivor-centred support to women facing violence.

SECTION 06: CASE ESCALATION SOP: RECOMMENDATIONS FOR REFERRAL PROTOCOLS AND INTERVENTIONS

Introduction

This section outlines the development of a Standard Operating Procedure (SOP) for case escalation and referral as an institutionalised mechanism in the Gender Resource Centers (GRCs). The section starts the discussion by identifying the various types of cases requiring escalation or referral, including severe physical violence, cases needing legal intervention, and so on. The section then outlines the importance of establishing clear protocols for referring severe cases and creating partnerships with local services. Further, the section underscores the urgent need for improvements to the GRC to make more comfortable and inclusive environments to ensure survivors receive appropriate and timely care while maintaining the community-based support that GRCs provide.

Section Outline

- Escalation and Referral Criteria for cases reported in the GRCs
 - Severe Physical Violence, Sexual Assault and Rape
 - Substance Abuse
 - Mental Health Concerns
 - Cases Requiring Legal Professional Interventions
 - Economic Abuse Requiring Professional Intervention
 - Persistent or Escalating Violence
- Summing Up: A Standard Operating Procedure (SOP) For Case Referral

Escalation and Referral Criteria for cases reported in the GRCs

The GRCs play a crucial role in addressing gender-based violence in rural communities. However, the complexity and severity of cases often require a structured approach to escalation and referral. As discussed in Section 4 earlier, it is clear that the GRCs need Standard Operating Procedures (SOPs) based on the typology of cases. These SOPs should include a comprehensive framework to determine when and how to escalate cases or refer them to specialised professionals.

Severe Physical Violence, Sexual Assault and Rape

Cases involving severe physical violence, including attempts or threats to murder, require immediate escalation. The present study reveals that over 70% of respondents reported physical abuse, with the 19-30 age group being

particularly vulnerable. For instance, one respondent from Awri, Chhattisgarh, faced extreme physical violence, which resulted in a miscarriage. She was beaten with sticks and brutally assaulted at home, where one of her eyes got permanently damaged, highlighting the urgent need for intervention in such cases. GRCs should establish clear protocols for identifying severe physical violence.

Steps:

1. Establish clear protocols for identifying severe physical violence using a checklist (e.g., visible injuries, threats to life, violence during pregnancy, and psychological impact such as PTSD and depression). Guidelines should also be maintained to provide immediate medical, legal, financial or psychological support to make the victim comfortable (See [Annexure 2](#)).
2. Set up a direct hotline for swift action.
 - a. Our research covered ten cases where complainants reported sexual assault, sexual abuse, or rape, with eight involving spouses as perpetrators. These cases demand immediate referral to specialised services and legal authorities.
3. Train GRC staff to recognise signs of sexual violence and trauma and establish clear referral pathways for psychological, medical and police support where needed.
4. Provide specialised care, especially attuned to dealing with traumatic incidents (see [Mental Health Concerns](#) section below).
5. Facilitate immediate medical care and set up a referral system with Primary Health Centres (PHCs) for emergency medical aid.
6. Proper collection of forensic evidence and examination by appropriate authorities
7. Train staff in basic first aid.
8. Develop protocols for GRCs to assist medical centres/hospitals in making the victim comfortable, and provide ongoing health support. Continuous follow-ups and in-person check-ins should be conducted from time to time.
9. Police referrals are essential in cases of severe physical violence, sexual assault, threats to life, attempts at murder, child abuse, or trafficking.
10. Establish direct communication with local law enforcement.
11. Train staff on legal procedures and police report documentation.
12. Develop emergency protocols for clear interventions and survivor accompaniment. Interventions can range from legal aid to community-based support like panchayats or police involvement, according to the suitability of the people involved in the cases.
13. Conduct regular meetings with local police to sensitise them to gender-based violence issues and work in tandem with them to address each case according to its nature.

Substance Abuse

The study identified that women reported substance abuse as a significant factor in violence in about 29 out of 72 cases. Notably, in 96.55% of these cases, the violence corresponds with physical violence, and in 75.86%,

with psychological violence. This high correlation between substance abuse and severe forms of violence necessitates professional intervention.

Steps:

1. Referral to de-addiction centres is essential when substance abuse is correlated with or cited as a cause for episodes of violence.
2. Establish strong linkages with local de-addiction centres and addiction specialists.
3. Train GRC staff to recognise signs of substance abuse and its connection to violence.
4. Organise regular awareness programs on substance abuse and domestic violence involving community members and local health authorities.
5. Develop support groups for families affected by substance abuse within the GRC framework.

Mental Health Concerns

As stated in section 3, the study reported an alarming 25% of cases of self-harm or attempted self-harm among the total respondents, indicating significant mental health concerns. Although abuse, whether one-time or continuous, has a psychological impact on women in varying levels, the psychological impact of prolonged abuse was evident in many cases, such as the woman from Kurud who struggled to articulate her experiences due to trauma. Mental health referrals are crucial for women who are at high risk of self-harm, experiencing suicidal thoughts, severe anxiety, depression, PTSD symptoms, or persistent emotional distress affecting daily functioning.

Steps:

1. Establish partnerships for referrals to mental health facilities.
2. Remote Counselling
 - a. Partner with trauma specialists and psychologists in urban centres who can provide telehealth services such as trauma counselling. The GRC can arrange private, secure spaces for virtual counselling sessions.
3. Regularly train for GRC staff on recognising mental health distress and offering basic psychological first aid.
4. Include regular mental health evaluations and a checklist of common symptoms in the intake procedure to identify individuals needing professional assistance.
5. Provision of specific safety procedures to address complainants at high risk.
6. Develop support groups within the GRC and offer teletherapy options for ongoing emotional support, especially in areas with limited mental health resources.

Cases Requiring Legal Professional Interventions

Legal aid referrals are crucial for cases involving property disputes, economic abuse, divorce, child custody issues, or the need for protective orders. Many cases in the study involved complex legal matters, such as

property disputes and threats of eviction. More than 50% of respondents faced eviction or threats of eviction, often tied to complex family dynamics and property rights.

Steps:

1. Partner with local legal aid organisations and pro bono lawyers.
2. Provide basic legal literacy training for GRC staff.
3. Maintain updated information in the form of training modules and conduct workshops on legal rights and procedures.
4. Create a protocol for accompanying survivors to legal proceedings.
5. Organise regular community legal awareness camps on women’s property rights and family law.
6. Develop clear protocols for identifying and reporting child-related cases to the correct authorities.
7. Partner with local child welfare committees and NGOs specialising in child rights.
8. Train GRC staff on child protection laws and the unique needs of children in abusive households.

The study also touched upon issues like child marriage and neglect of children, which require interventions aligning with the Women and Child Development Department (WCD). These cases often intersect with other forms of abuse and require a multi-faceted approach.

Economic Abuse Requiring Professional Intervention

As mentioned in section 3, the study revealed various forms of economic abuse, including denial of basic resources and restrictions on employment. Severe cases, particularly those involving the alienation of legal documents or significant assets, may require professional intervention.

Steps:

1. Partner with counsellors and legal experts specialising in economic rights.
2. Develop a screening tool to identify severe economic abuse cases needing professional intervention.
3. Liaise with local banks and financial institutions to offer financial literacy and awareness programs.
4. Support women seeking economic independence through these programs.

Table 6.1: Types of Economic Abuse and Recommended Interventions

Type of Economic Abuse	Frequency of Cases (as per this study)	Recommended Intervention
Alienation/destruction/misuse of property/assets	22.22%	Legal aid, property rights counselling
Denial of basic resources	30.56%	Social welfare referrals, livelihood programs

Restricting access to employment	19.44%	Job skills training, employment assistance
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Persistent or Escalating Violence

The study indicates that about 35 percent of respondents experienced recidivism, as indicated in section 4, which highlights the need for a system to identify and escalate cases where violence persists or escalates.

Steps:

1. Implement regular check-ins (physical checks or telephonic follow-ups, whichever is appropriate as per the severity of the case and the need at that point of time) at 1, 3, and 6 months post-intervention for all cases.
2. Develop a risk assessment tool to identify cases at high risk of escalation.
3. Establish a protocol for rapid escalation to higher authorities or specialised services for high-risk cases.

Summing Up: A Standard Operating Procedure (SOP) For Case Referral

The GRCs encounter many cases, from minor disputes to severe violence. In complex areas requiring specialised interventions beyond their immediate capabilities, it is crucial to establish a comprehensive Standard Operating Procedure (SOP) for case escalation and referral. An institutionalised SOP will ensure that survivors receive appropriate, timely, and specialised care and also guide GRC staff in determining when and how to refer cases to professional services such as medical care, mental health support, de-addiction centres, law enforcement, and legal aid.

To implement these referral systems effectively, GRCs should adhere to general principles of escalation. Cases involving severe violence, immediate danger, or complex legal issues should be escalated quickly. If violence continues despite GRC interventions, cases should be referred to relevant authorities. GRCs should also recognise when specialised skills beyond their counsellors' training are required and make appropriate referrals. Throughout the referral process, obtaining informed consent from the complainant is crucial, as is maintaining follow-up contact to ensure continuity of support.

GRCs can implement points such as:

1. Developing comprehensive training programs for their staff, covering risk assessment, trauma-responsive care, and referral protocols.
2. Detailed resource directories of local service providers and establish formal partnerships with these organisations.
3. Conducting regular case review meetings can help identify cases that require escalation or specialised support.

4. Leverage technology by implementing secure case management systems to track referrals and follow-ups.
5. A tiered response system, where cases are categorised based on severity and urgency, allowing for appropriate allocation of resources and timely interventions. This could be structured as a colour-coded system (e.g., red for immediate danger, yellow for ongoing risk, and green for lower-risk cases requiring support), helping staff quickly identify the level of response needed.

The SOP should be tailored to address each type of violence effectively. A survivor-centric approach can be maintained throughout all these processes, ensuring confidentiality and providing holistic support. By adopting these comprehensive strategies and continually refining them based on ongoing experiences and feedback, GRCs can significantly enhance their ability to support victims of gender-based violence effectively, ensuring that each case receives the appropriate level of care and intervention needed for the best possible outcomes. This approach not only ensures that survivors receive specialised care when needed but also strengthens the overall response to gender-based violence in rural India by fostering collaboration between various stakeholders and service providers. As GRCs continue to evolve and adapt to the changing needs of the communities they serve, an SOP will serve as a crucial tool in their efforts to promote gender equality and combat violence against women and girls.

SECTION 07: CONVERGENCE OF EXISTING RESOURCES & INSTITUTIONS FOR STRENGTHENING GRCs

Introduction

The preceding sections discussed the need for Standard Operating Procedures (SOPs) to streamline case escalation and enhance internal processes within the Gender Resource Centres (GRCs). Given that these GRCs operate within a broader state-led development framework, it is crucial to leverage existing governance structures and resources rather than creating additional, resource-intensive systems. This section examines how key departments can collaborate with the GRCs to prevent violence against women more effectively by utilising resources already available at various levels of government.

In line with SDG 5.2.1, which aims to eliminate all forms of violence against women and girls, existing governance institutions can work alongside GRCs to achieve this shared goal. Situated within the state-led developmental framework, GRCs can align their efforts with institutions such as Panchayati Raj Institutions (PRIs), the police, and the Departments of Health and Women & Child Development. This alignment can ensure that violence prevention is embedded in ongoing developmental and governance efforts and foster a coordinated, grassroots-level response to VAW.

As institutional collaboration improves, accountability mechanisms will also strengthen, raising women's expectations of justice and support. Increased awareness of their rights and available government schemes can empower women to demand better services and effectively articulate their needs. This convergence of institutions is not solely about service delivery; it is also about creating a system where women can confidently expect and access justice and support when facing violence.

A key to this approach is avoiding duplication of efforts and focusing instead on capacity-building and training within existing structures. It is also important that each GRC maintain a roster of referral services for professional and higher level case follow-ups and for survivor support, since not all available services may be active in every area. Based on this, we propose implementing straightforward, actionable interventions that integrate violence prevention efforts across district, block, and village levels of governance, effectively augment the work of ending violence against women.

Section Outline
<ul style="list-style-type: none"> • Ministry of Women & Child Development • Ministry of Health & Family Welfare • Ministry of Home Affairs • Skill Development and Related Ministries • Legal Services and Justice • Other Institutions

Ministry of Women & Child Development

Table 7.1: Key Programmes and Institutions for VAW Prevention and Survivor Assistance – Potential Collaborations with GRCs

Program/Institution	Level of Governance	Relevance in Violence Prevention	Proposed Alignment with GRC
Support to Training and Employment Programme (STEP)	District and state levels (via NGOs)	Funds NGOs for women's training, reducing economic vulnerability that can lead to abuse	GRCs can maintain a roster of STEP-funded NGOs for skill and employment support
One Stop Centres (OSCs)	District level	Integrated support services (legal, medical, psychological) for violence survivors	GRCs can coordinate with OSCs to ensure survivors receive emergency support and counselling Enhanced mechanism: <ul style="list-style-type: none"> • GRC as first responder • OSC dispatch of Protection Officers • Coordinated transportation services from GRC to OSC and vice versa
Swadhar Greh	District level	Shelter and rehabilitation for destitute or abused women	GRCs can refer women to Swadhar Grehs for shelter and long-term rehabilitation
UJJAWALA Scheme	District level	Rehabilitation and reintegration for trafficked women	GRCs can refer trafficking survivors to UJJAWALA-supported rehabilitation centres
Mahila Shakti Kendra (MSK)	District level, some presence at block level	Convergence of welfare schemes, assisting in scheme awareness for survivors	GRCs can coordinate with MSKs for information and access to women-centric schemes

Child Welfare Committees (CWC)	District level	Ensures child protection, with focus on abuse cases, via rehabilitative and legal interventions	GRCs can engage CWCs for cases involving children affected by domestic violence
Mahila Police Volunteer (MPV)	Village and district levels	Serves as a link between the community and police, supporting women in distress	GRCs can coordinate with MPVs for immediate, community-based assistance and information sharing
Protection Officer (PWDVA)	District level	Develops protection plans, safety guidelines, and provides legal aid under the PWDVA	GRCs can work with Protection Officers for safety planning and legal aid for complainants who are in high-risk situations
Fast Track Courts (Nirbhaya Fund)	District level	Expedites legal proceedings, ensuring quicker redressal for survivors	GRCs can refer cases to fast track courts for timely justice and support survivors in navigating legal processes

Ministry of Health & Family Welfare

Program/Institution	Level of Governance	Relevance in Violence Prevention	Proposed Alignment with GRC
Health & Wellness Centres (HWCs)	Village (sub-centres), block, and district levels	Provides health services, including mental health and substance abuse support	GRCs can refer survivors for physical and mental health support
DDAP (De-addiction Programme)	District level hospitals	De-addiction support in select government hospitals, aiding recovery in substance abuse cases	GRCs can connect survivors/accused affected by substance abuse with de-addiction services
District Mental Health Programme	District level	Offers mental health services, training for community health workers, and public awareness	GRCs can link survivors to mental health services and local mental health awareness programs. Counsellors can also receive training on mental health SoS, first aid, and active listening

Ministry of Home Affairs

Program/Institution	Level of Governance	Relevance in Violence Prevention	Proposed Alignment with GRC
Women Help Desk Scheme	Police stations (village, block, and district levels)	Help desks at police stations provide initial support for women in distress	GRCs can refer women to local help desks at police stations for immediate assistance in cases requiring legal recourse
Central Victim Compensation Fund	District and state levels	Provides financial assistance to violence survivors, facilitating economic stability	GRCs can assist survivors in applying for compensation through local legal authorities (DLSA, SALSA)

Skill Development and Related Ministries

Program/Institution & Ministry/Dept	Level of Governance	Relevance in Violence Prevention	Proposed Alignment with GRC
Kaushal Vikas (PM Kaushal Vikas Kendras) - Ministry of MSME	District level, some centres at block level	Provides vocational training, promoting economic empowerment to reduce dependence on abusive relationships	GRCs can refer survivors to local skill centres to support financial independence
Skill India - Ministry of Skill Development & Entrepreneurship	District and block level	Offers long-term skill development and apprenticeships, with exclusive batches for women	GRCs can connect women to Skill India centres to improve job prospects

Deen Dayal Upadhyay Grameen Kaushal Yojana (DDU-GKY) - Ministry of Rural Development	Block and district levels, PRI support at village level	Skill development for rural youth, including women, with PRIs' support	GRCs can collaborate with PRIs to ensure rural women access job training through DDU-GKY
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Legal Services and Justice

Program/Institution & Ministry/Dept	Level of Governance	Relevance in Violence Prevention	Proposed Alignment with GRC
DLSA and TLSC - NALSA	District (DLSA) and block (TLSC) levels	Provides free legal aid, essential for survivors seeking legal support	GRCs can refer survivors to DLSA/TLSC for timely legal assistance
Pariwarik Mahila Lok Adalat - NCW	District and block levels	Offers alternative dispute resolution in domestic issues, reducing litigation needs	GRCs can direct women to Lok Adalats for mediation and family counselling
Family Courts - Ministry of Law and Justice	District level	Provides legal avenues for resolving family disputes, including divorce cases	GRCs can guide women through family court processes, easing their access to legal support
Nari Adalat (under Mission Shakti) - Ministry of Women & Child Development	Gram Panchayat level	Alternative Dispute Resolution (ADR) system for resolving cases of harassment, violence and curtailment of rights/entitlements through community participation; Strategy derived from Mahila	GRCs can collaborate with Nari Adalats for local-level dispute resolution and justice delivery; Alignment follows Gender Samvaad (Sept 2023) recommendations for

		Samakhya program for community-based justice	convergence between Nari Adalat and GRCs ¹⁸
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Other Institutions

Program/Institution & Ministry/Dept	Level of Governance	Relevance in Violence Prevention	Proposed Alignment with GRC
NCFA Financial Literacy Courses - NCFE	Village (SHG focus), block, and district levels	Financial literacy training, empowering women in financial decision-making	GRCs can facilitate financial literacy sessions to boost independence
Immediate Shelter via PRIs (Kudumbashree Model) - Local Governance	Village and panchayat levels	A proposed community-driven shelter model offering immediate support to women in crisis, inspired by the Kudumbasree model.	GRCs can collaborate with PRIs to provide emergency shelter and community-based assistance Enhanced mechanism: <ul style="list-style-type: none"> • Systematic collaboration with Legal Jaankaar didis for case identification and referrals • Regular check-ins with Panchayats • Leveraging local influence for immediate relief and awareness

¹⁸ PIB. (2023, September 23). Press Release Ifirma Page: Press Information Bureau. Press Release Ifirma Page: Press Information Bureau. <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1959837>

Conclusion

Our analysis explores the deep interconnection between violence against women (VAW) and its role in hindering the inclusivity and gender justice aims of the National Rural Livelihoods Mission (NRLM). By focusing on the Gender Resource Centres (GRCs) established by Chaitanya, we examine how deeply rooted VAW undermines women's capacity to engage in livelihood programmes, perpetuating cycles of poverty and economic dependence. Drawing on field surveys, case reviews, and interviews, this study highlights the various forms of violence—physical, emotional, sexual, and economic—that rural women experience and the profound consequences for their health, dignity, and economic empowerment.

A key finding is that violence against women is not only pervasive but systemic, significantly affecting women's capacity to contribute economically. The socio-economic forms of violence, such as property-grabbing, have particularly devastating consequences, leading to the loss of financial capital and restricting access to livelihood opportunities. While the NRLM's gender mandate acknowledges the intersection of gender and violence, the current interventions fall short of addressing the full scope of VAW that rural women face. It is within this gap that GRCs assume an essential role, offering in-person counselling, support, and advocacy for women affected by violence.

Despite their significant contributions, GRCs face numerous challenges that limit their capacity to bring about transformative gender justice. One prominent issue is the unpaid and unrecognised labour of the counsellors. These counsellors, often volunteers, are overworked and lack the resources to effectively manage the growing number of complex cases. In addition, the approach to counselling at the GRCs is not fully standardised, leading to inconsistencies in handling cases. This is particularly challenging in the absence of clear Standard Operating Procedures (SOPs) for escalating cases that require professional services, such as legal aid, medical care, or mental health support. Moreover, while the GRCs have made progress in addressing violence, their approach to intersectional forms of violence, particularly against marginalised women, remains insufficient.

Another critical challenge is the widespread normalisation of violence within rural communities. Patriarchal norms and social stigma often discourage women from seeking help, and even when they do, societal acceptance of violence as a private or familial matter undermines the effectiveness of interventions. Although the GRCs provide a vital safe space for women to seek support, these broader social and institutional barriers constrain their ability to effect lasting change.

This study emphasises the need for several key reforms to enable the GRCs to fulfil their transformative potential. First, developing and implementing standardised counselling and case management protocols would ensure that all survivors receive consistent and equitable support. Recognising and compensating the unpaid work of the counsellors is essential, not only to improve service quality but also to acknowledge the critical role these women play in empowering their communities. Additionally, adopting a more intersectional approach to gender-based violence is crucial to making GRCs more inclusive and responsive to the specific needs of

marginalised groups. Furthermore, long-term efforts to change societal attitudes towards violence are necessary, with a particular emphasis on engaging men and boys in addressing VAW, thereby shifting the responsibility from individual women to the broader community.

In conclusion, our study demonstrates the complex and multifaceted ways in which violence against women impedes the success of livelihood programmes like the NRLM. Although the GRCs have significantly contributed to addressing VAW, their efforts are hindered by social, institutional, and structural challenges. Achieving transformative and gender-just outcomes requires comprehensive reforms, including institutionalising procedures, recognising the labour of counsellors, addressing intersectional violence, and challenging the patriarchal norms that perpetuate violence. Only through such reforms can GRCs contribute more effectively to the broader goal of poverty alleviation and gender justice in rural India.

ANNEXURE 01: GENDER TRANSFORMATIVE CHANGE: A BRIEF REVIEW OF LITERATURE AND PRACTICES

Gender transformative change refers to interventions and approaches that seek to address the root causes of gender inequality by challenging and changing harmful gender norms, roles, and power dynamics.¹⁹ This concept goes beyond merely including women in development initiatives or addressing surface-level symptoms of inequality. Instead, it aims to alter the structures and systems that perpetuate gender disparities fundamentally.

In the context of livelihoods, gender transformative change may include the following characteristics:

1. **Women's economic empowerment:** This includes increased access to and control over productive resources, improved income-generating opportunities, and enhanced decision-making power over household finances.²⁰
2. **Shifts in gender norms and roles:** Transformative change is evident when there are observable changes in societal expectations regarding gender roles, particularly in relation to paid and unpaid work.²¹
3. **Men's engagement and behavioural change:** Indicators of this include increased male participation in household responsibilities and childcare, as well as support for women's economic activities.²²
4. **Institutional and policy reforms:** Changes in laws, policies, and organisational practices that promote gender equality in economic spheres are crucial indicators of transformative change.²³
5. **Women's leadership and collective action:** The emergence of women's groups and cooperatives and their increased representation in decision-making bodies within the livelihoods sector signify transformative processes.²⁴
6. **Reduction in gender-based violence:** As economic power dynamics shift, a decrease in intimate partner violence and other forms of gender-based violence can be an important indicator of transformative change.²⁵

¹⁹ Hillenbrand, E., Karim, N., Mohanraj, P., & Wu, D. (2015). *Measuring gender-transformative change: A review of literature and promising practices*.

²⁰ Kabeer, N., Seguino, Mitra-Kahn, Mitra-Kahn, Quisumbing, Dwyer, & Bruce. (2012). Women's economic empowerment and inclusive growth: labour markets and enterprise development. In *SIG WORKING PAPER 2012/1*.

²¹ Marcus, R., & Somji, A. (2024). *Transforming gender norms for women's economic rights and empowerment*. ODI. Retrieved May 27, 2024, from

https://www.alignplatform.org/sites/default/files/2024-01/align_-_report-wee-digital.pdf

²² Barker, G., Ricardo, C., & Nascimento, M. (2007). *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. World Health Organization.

²³ UN Women. (2013). *A Transformative Stand-Alone Goal on Achieving Gender Equality, Women's Rights and Women's Empowerment: Imperatives and Key Components*.

²⁴ Cornwall, A., & Sardenberg, C. (2014). Participatory pathways: Researching women's empowerment in Salvador, Brazil. *Women's Studies International Forum*, 45, 72–80. <https://doi.org/10.1016/j.wsif.2014.01.006>

²⁵ Fulu, E., Jewkes, R., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN Multi-country Cross-sectional Study on Men

7. **Intergenerational change:** Long-term transformative change is reflected in shifts in attitudes and behaviours among younger generations, particularly regarding education, career choices, and household dynamics.²⁶

Gender-transformative change in major development organisations

The United Nations (UN), Oxfam, CARE, and other major development organisations have increasingly embraced gender-transformative approaches in their programming, particularly in the livelihoods sector. These organisations recognise that addressing gender inequalities is crucial for sustainable development and poverty reduction. They aim to bring about gender-transformative change in livelihoods through various strategies:

1. **Gender-responsive value chain interventions:** Identifying and addressing gender-based constraints in agricultural and non-agricultural value chains.²⁷
2. **Women's collective action:** Supporting the formation and strengthening of women's groups, cooperatives, and associations to enhance their bargaining power and access to resources.²⁸
3. **Financial inclusion:** Developing tailored financial products and services that address women's specific needs and constraints.²⁹
4. **Skills development and capacity building:** Providing training and mentorship programs that equip women with technical and soft skills needed for economic advancement.³⁰
5. **Policy advocacy:** Working with governments to reform discriminatory laws and policies that hinder women's economic participation.³¹
6. **Engaging men and boys:** Implementing programs that challenge harmful gender norms and promote men's support for women's empowerment.³²
7. **Addressing unpaid care work:** Recognising, reducing, and redistributing women's unpaid care responsibilities to enable their participation in economic activities.³³

and Violence in Asia and the Pacific. *The Lancet Global Health*, 1(4), e187–e207. [https://doi.org/10.1016/s2214-109x\(13\)70074-3](https://doi.org/10.1016/s2214-109x(13)70074-3)

²⁶ Marcus, R., Samuels, F., Jalal, S., & Belachew, H. (2022). Gender-Transformative Programming. In *Background Paper Series, UNICEF Gender Policy and Action Plan 2022-2025*. UNICEF.

²⁷ Food and Agriculture Organization of the United Nations. (2018). *Developing gender-sensitive value chains*. <http://www.fao.org/3/i9212en/i9212en.pdf>

²⁸ IFAD. (2015). *Gender equality and women's empowerment: Scaling Up Note*.

²⁹ Vossenbergh, S., Rappoldt, A., & D'Anjou, J. (2018). *Beyond Access Exploring gender-transformative approaches to financial inclusion*. International Development Research Centre.

³⁰ UN Women. (2017). *UN Women Training Centre Catalogue 2017*.

³¹ UN Women. (2022a). *Corporate Evaluation on UN Women's Policy Advocacy Work*.

³² Ruane-McAteer, E., Gillespie, K., Amin, A., Aventin, I., Robinson, M., Hanratty, J., Khosla, R., & Lohan, M. (2020). Gender-transformative programming with men and boys to improve sexual and reproductive health and rights: a systematic review of intervention studies. *BMJ Global Health*, 5(10), e002997. <https://doi.org/10.1136/bmjgh-2020-002997>

³³ Nandy, A., & Dutta, D. (2020). Unpaid Care Work and Violence Against Women and Girls at a Crossroads: A Case for Behaviour Change of Dominant Social Norms. In *Oxfam*. Oxfam.

Measurement approaches

Measuring gender-transformative change in livelihoods is complex and often requires a combination of quantitative and qualitative methods. Some key measurement approaches include:

1. **Economic empowerment:** Developing and tracking indicators that capture changes in women's economic status, decision-making power, and control over resources.³⁴
2. **Time-use surveys:** Assessing changes in the distribution of paid and unpaid work between men and women.³⁵
3. **Attitude and norm change assessments:** Using tools like the Gender Equitable Men (GEM) scale to measure shifts in gender attitudes and norms.³⁶
4. **Participatory methods:** Employing techniques like Most Significant Change (MSC) stories to capture qualitative aspects of transformation.³⁷
5. **Intersectional analysis:** Considering how gender intersects with other factors like age, ethnicity, and socioeconomic status in shaping livelihood outcomes.³⁸
6. **Long-term impact evaluations:** Conducting longitudinal studies to assess sustained changes in gender relations and economic outcomes over time.³⁹
7. **Gender audits:** Regularly assessing organisational policies, practices, and culture to ensure they support gender-transformative approaches.⁴⁰

It's important to note that measuring gender transformative change can be challenging due to its complex and long-term nature. Hillenbrand et al. (2015) emphasise the need for mixed-method approaches that combine quantitative indicators with qualitative assessments to capture the nuanced and context-specific aspects of such change.

In conclusion, gender transformative change involves a comprehensive approach to addressing gender inequalities at multiple levels. Major development organisations have made significant strides in conceptualising

³⁴ UNDP. (2022). *UNDP Gender Equality Strategy 2018-2021*.

³⁵ Hedman, Perucci, Sundström, & Berevoescu, I. (2016). Integrating a Gender Perspective into Statistics. In *Studies in Methods, Series F*. United Nations.

<https://unstats.un.org/unsd/demographic-social/Standards-and-Methods/files/Handbooks/gender/Integrating-a-Gender-Perspective-into-Statistics-E.pdf>

³⁶ IndiKit. (n.d.). IndiKit. <https://www.indikit.net/indicator/325-gender-equitable-men-gem-scale>

³⁷ Morgan, M. (2014). Measuring gender transformative change. In *CGIAR Research Program on Aquatic Agricultural Systems*.

³⁸ UN Women. (2022b). Intersectionality Resource Guide and Toolkit. In *Intersectionality Resource Guide and Toolkit*.

<https://www.unwomen.org/sites/default/files/2022-01/Intersectionality-resource-guide-and-toolkit-en.pdf>

³⁹ Nandi, R. (2016). Designing Gender Transformative Evaluations: Methods and Tools. In S. Chigateri & S. Saha (Eds.), *A Resource Pack on Gender Transformative Evaluations* (1st ed., pp. 38–58). Institute of Social Studies Trust.

⁴⁰ ILO. (2012). *A Manual for Gender Audit Facilitators: The ILO Participatory Gender Audit Methodology*.

and implementing gender-transformative approaches in the livelihoods sector. However, challenges remain in measuring long-term transformative change and scaling up successful interventions. By focusing on indicators that reflect changes in economic power, social norms, institutional practices, and individual behaviours, practitioners and researchers can better assess progress towards more equitable and inclusive livelihood systems.

ANNEXURE 02: DESIGN OF THE GENDER RESOURCE CENTRE: CRITICAL ANALYSIS OF THE CURRENT STRUCTURES AND RECOMMENDATIONS FOR IMPROVED DESIGN AS A LONG-TERM INTERVENTION

Introduction

The Gender Resource Centre (GRC) is a pivotal intervention within the Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM), a flagship program of India's Ministry of Rural Development. Designed to address gender issues at the block level, GRCs play a crucial role in the mission's broader goal of poverty alleviation through women's empowerment and livelihood enhancement. The DAY-NRLM recognises poverty as a multi-dimensional issue influenced by intersectional vulnerabilities based on gender, caste, class, and ethnicity. In response, it has established a comprehensive gender architecture, with GRCs as a cornerstone of this structure. GRCs are envisioned as integrated support centres and advocacy platforms, and they are tasked with addressing systemic and social barriers that perpetuate violence and discrimination against women and marginalised sections of society. By providing a range of services from counselling to legal aid and by facilitating access to rights and entitlements, GRCs aim to uplift the condition and position of women in society.

However, the effectiveness of GRCs in fulfilling this mandate depends heavily on their physical design and operational structure. The environment in which these services are delivered can significantly impact women's comfort, confidence, and willingness to seek and engage with the support offered. Building on this analysis, it proposes an improved design for GRCs, aligning with the principles outlined in the DAY-NRLM advisory and incorporating best practices in creating supportive environments for survivors of gender-based violence and discrimination.

This redesign fundamentally rethinks how physical spaces can be optimised to empower, heal, and support women in their journey towards equality and justice. By addressing the physical and operational barriers identified in current centres and by integrating the core principles of the DAY-NRLM's vision for GRCs, this improved design aims to create spaces that are not only functional but also transformative in their impact on the women they serve.

Analysis of Current Counselling Centres



Due to Lack of Waiting Room, Overcrowdedness in Counselling Rooms is a Recurrent Sight

The structure of the existing counselling centres reveals several aspects that do not align well with the principles of creating compelling and welcoming counselling environments. These observations highlight the need for significant improvements to better serve the complainants who rely on these services.



Most of the Counselling Rooms are Isolated Single Rooms Without Access to Essential Services

One major issue is that the centres are isolated, without integration into the larger community or connection with other supportive services. This isolation can foster feelings of loneliness and abandonment in complainants who

may already feel vulnerable, making them less comfortable and supported during their visits. Another significant shortcoming is the lack of attached washrooms. Complainants and staff must leave the building to access restrooms, which is inconvenient and can disrupt the flow of counselling sessions. The absence of dedicated waiting areas exacerbates this issue, as complainants might have to wait outside or in cramped, uncomfortable spaces. This lack of accommodation can increase their anxiety and stress before they even enter the counselling session.

Furthermore, the centres do not provide basic amenities such as drinking water. This oversight makes the environment less hospitable, as complainants cannot easily meet their fundamental needs while waiting or during their sessions. The rooms themselves are often overcrowded and congested, creating a stressful atmosphere that can hinder the effectiveness of counselling. Such environments are far from conducive to the open, relaxed communication essential for effective counselling.



Devoid of Welcoming Elements, The Insides of a Counselling Room Resemble Interrogation Room

The sparse furnishing and layout of the rooms, which resemble interrogation rooms more than welcoming counselling spaces, add to this discomfort. Complainants might feel intimidated or stressed, which can significantly impede their willingness to open up and engage fully in the counselling process.

Additionally, the walls' lack of informational and decorative elements makes the spaces feel cold and uninviting. Complainants miss out on important information about the services offered and their rights. The absence of decorative elements, such as inspirational local art or murals, also means that the centres do not provide a sense of warmth or comfort to help complainants feel more at ease. The centres also appear to lack accommodations for disabled individuals, making it difficult for them to access the necessary services. This exclusion is a significant barrier to providing inclusive support to all complainants.

Table A.2: Design Implications for GRCs as per Counselling Principles

KEY COUNSELLING PRINCIPLE	DESIGN IMPLICATION	CURRENT STATUS	EXAMPLE OF INTERVENTION
Confidentiality	Private, soundproof spaces.	Crowded spaces with little to no privacy	Having separate space for counselling and waiting.
Safety and comfort	Welcoming and non-threatening environment.	Rooms resemble interrogative spaces, unwelcoming and uncomfortable.	Spacious rooms, Furniture that is comfortable and easy to rearrange, walls painted with light shades, etc.
Accessibility	Physically accessible for disabled and specially-abled.	Accessibility is not inclusive, and there are no ramps for higher-placed rooms or elevators for GRCs on the upper floors.	Installing braille signage, elevators, etc., for inclusive accessibility.
Respect and Empowerment	Spaces should reflect respect and dignity for the complainant	No imagery or artwork was displayed that could foster feelings of dignity and respect.	Displaying positive imagery and messages.
Cultural Sensitivity	Incorporating culturally relevant symbols of the local community.	GRCs do not incorporate local cultural practices and seem alien.	Using local art and motifs in design elements.
Supportive Environment	Promoting healing through natural elements such as fresh air, plenty of sunlight, and greenery.	Little to no greenery, lack of fresh air, sunlight, etc.	Putting houseplants in the room, keeping large windows for fresh air and sunlight.

Improved Design of the GRC

The improved design of the Gender Resource Centre (GRC) should prioritise creating a supportive, accessible, and empowering environment for women seeking assistance. This redesign is informed by the principles of effective counselling, an analysis of existing centres, and the conceptual framework of the GRC. The goal is to transform GRCs into safe spaces that promote healing, dignity, and community integration.

A2.1: A Safe Space

A safe space is an environment intentionally designed to provide emotional, physical, and psychological safety, enabling individuals to share and process experiences without fear of judgment, harm, or intimidation. In the context of Gender Resource Centres, a safe space fosters trust and comfort, encouraging victims of violence to engage in open, honest self-disclosure. Key characteristics include privacy, soundproofing, and a calming atmosphere that reduces anxiety. Safe spaces are also marked by inclusivity and accessibility, with adjustable seating, welcoming decor, and natural elements that promote well-being (Pearson & Wilson, 2012; Liddicoat, 2016).

Studies have shown that a safe space's design can significantly influence therapeutic outcomes, with features like natural lighting, soft furnishings, and flexible layouts supporting emotional healing (Dijkstra et al., 2008). By creating a safe, supportive environment, GRCs can empower individuals to begin the recovery process in a setting that respects their dignity and emotional needs (Pressly & Heesacker, 2001).

First and foremost, the principle of confidentiality must be upheld in the design of GRCs. Counselling rooms should be private and soundproof to ensure that conversations between counsellors and complainants remain confidential. This can be achieved by placing the counselling room so that the conversations cannot be overheard from the waiting room and common area. The physical layout should avoid placing counselling rooms near usually crowded areas to further protect the complainant's privacy.

A2.2: Self-Disclosure

Self-disclosure refers to the process in which clients share personal, often sensitive, information with their counselor. This openness is critical in therapeutic settings, as it allows the counselor to understand the complainant's experiences, emotions, and challenges deeply, forming a foundation for effective treatment. A welcoming and secure environment, characterised by privacy, comfortable seating, and calming aesthetics, fosters greater levels of self-disclosure by helping clients feel safe and respected (Pressly & Heesacker, 2001). Studies show that self-disclosure is more likely in non-intimidating spaces with natural lighting, soundproofing, and flexible seating arrangements, which reduce anxiety and enhance trust between client and counselor (Pearson & Wilson, 2012). This design approach empowers clients to open up organically, allowing the counseling process to progress effectively.

Creating a safe and comfortable environment is essential for comfortable self-disclosure and thereby leading to effective counselling. The GRC should be designed to be welcoming and non-threatening, incorporating comfortable seating, calming colours, and ample natural light. Research indicates that natural light and soothing

colours like blues and greens can reduce anxiety and promote a sense of calm.⁴¹ Ample natural lighting, calming colours, and the addition of greenery, as recommended in therapeutic design literature, can significantly reduce complainants' stress and promote a calm environment conducive to healing.⁴² To ensure the same, installing larger windows on the walls and adding indoor plants in the counselling room could help create a soothing ambience. Furniture should be comfortable and easily rearranged to accommodate different counselling needs. Movable seating arrangements and choice of seating type offer complainants a sense of control, enhancing therapeutic outcomes by fostering comfort and autonomy.⁴³ For instance, the layout used by the Family Justice Centres in the United States emphasises comfort and flexibility, allowing the space to adapt to various activities and group sizes.⁴⁴

Accessibility is another crucial aspect of the GRC design. The facility must be accessible to individuals with disabilities, including wheelchair ramps, braille signage, and wide doorways. If the GRC has multiple floors, elevators should be installed to ensure easy access. Restrooms must be accessible and equipped with the necessary accommodations. The Guidelines for Making Spaces Inclusive and Accessible to Disabled and Differently Abled People in India by the Ministry of Social Justice and Empowerment, Government of India. (2021) can serve as a benchmark, ensuring that all individuals can access the services they need regardless of their physical abilities.⁴⁵

Respect and empowerment should be reflected in the physical spaces of the GRC. The environment should foster a sense of dignity and worth, helping complainants feel valued and empowered. This can be achieved by displaying positive imagery and messages that promote self-worth and resilience. Inspirational posters, artwork depicting strong and empowered women, and messages of hope and recovery can create an uplifting atmosphere.

Cultural sensitivity must be integrated into the GRC design. The facility should incorporate culturally relevant symbols, artwork, and design elements that resonate with the local community. Local art and design motifs can make the space feel familiar and welcoming. For instance, using traditional Indian motifs and artworks in

⁴¹ Heschong, Lisa & Saxena, Mudit. (2003). Windows and Offices: A Study of Office Worker Performance and the Indoor Environment.

https://www.researchgate.net/publication/328416566_Windows_and_Offices_A_Study_of_Office_Worker_Performance_and_the_Indoor_Environment

⁴² Pearson, M., & Wilson, H. (2012). Soothing spaces and healing places: Is there an ideal counselling room design? *Psychotherapy in Australia*, 18(3), 46–53. <https://www.researchgate.net/publication/254724357>

⁴³ Liddicoat, S. (2016). Counselling workspace design and therapeutic practice. In J. Zuo, L. Daniel, & V. Soebarto (Eds.), *Fifty years later: Revisiting the role of architectural science in design and practice: 50th International Conference of the Architectural Science Association* (pp. 69–78). The Architectural Science Association and The University of Adelaide.

⁴⁴ Family Justice Centre Alliance

<https://www.familyjusticecenter.org/resources/what-is-a-family-justice-center-part-1/>

⁴⁵ Ministry of Social Justice and Empowerment, Government of India. (2021). Guidelines for Making Spaces Inclusive and Accessible to Disabled and Differently Abled People in India. https://divyangjan.depwd.gov.in/content/upload/uploadfiles/files/HG2021_MOHUAN_merged.pdf

designing women's shelters in India has helped create a culturally resonant environment that feels safe and familiar to complainants.

A supportive environment that promotes healing is crucial for the effectiveness of counselling services. Elements such as greenery, calming scents, and soft lighting should be included in the GRC design. Indoor plants enhance air quality and create a soothing ambience, while essential oil diffusers provide calming scents.⁴⁶ Soft, dimmable lighting can create a warm and inviting atmosphere. The therapeutic environments designed by Maggie's Centres for cancer care in the UK, which emphasise using natural elements and a home-like atmosphere, can serve as a model for creating supportive GRC environments.⁴⁷

The analysis of current counselling centres revealed several areas needing improvement. Many centres are isolated, lack attached washrooms, and do not provide basic amenities such as drinking water. The GRC design should integrate community spaces to foster a sense of belonging and reduce feelings of isolation to address these issues. Attached washrooms and comfortable waiting areas with ample seating and amenities are essential to enhance the overall complainant-counsellor experience.⁴⁸ Drinking water facilities, such as dispensers or fountains, should be readily available.

The layout of the counselling rooms should be optimised to reduce overcrowding and create a relaxed atmosphere. This can be achieved by using modular furniture and expanding the space where possible. Comfortable chairs, tables, and calming decor are essential to make complainants feel more at ease. Informational and decorative elements on the walls, such as posters about services, complainants' rights, and inspirational art, can make the space more engaging and informative.

Finally, ensuring accessibility for disabled individuals is critical. Installing ramps, wide doorways, and accessible restroom facilities ensures all complainants can access the necessary services. The design of the GRC should prioritise inclusivity and accessibility to serve all complainants effectively.

The improved design of the GRC should focus on confidentiality, safety, comfort, accessibility, respect, empowerment, cultural sensitivity, and supportiveness. By integrating these principles and addressing the shortcomings of current centres, the GRC can become a more effective and welcoming environment for women seeking support. The examples and references demonstrate how these design elements can be successfully implemented, ensuring that the GRC promotes gender equality and women's empowerment.

⁴⁶ Pressly, P. K., & Heesacker, M. (2001). The physical environment and counseling: A review of theory and research. *Journal of Counseling & Development*, 79(2), 148–160.

<https://doi.org/10.1002/j.1556-6676.2001.tb01954.x>

⁴⁷ <https://www.maggies.org/>

⁴⁸ Pearson, Mark & Wilson, Helen. (2012). Soothing spaces and healing spaces: Is there an ideal counselling room?

https://www.researchgate.net/publication/254724357_Soothing_spaces_and_healing_spaces_Is_there_an_ideal_counselling_room

Key Counselling Principles

1. Confidentiality

Design Implication: Ensure private, soundproof counselling rooms where conversations cannot be overheard

2. Safety and Comfort

Design Implication: Create a welcoming and non-threatening environment with comfortable seating, calming colours, and natural light.

Example: Use furniture that is both comfortable and easy to rearrange for different counselling needs.

3. Accessibility

Design Implication: Ensure the GRC is physically accessible, including ramps for wheelchairs, braille signage, and wide doorways.

Example: Install elevators if the facility has multiple floors, and ensure accessible restrooms.

4. Respect and Empowerment

Design Implication: Spaces should reflect dignity and respect for the users, fostering an environment where they feel valued and empowered.

Example: Display positive imagery and messages that promote self-worth and resilience.

5. Cultural Sensitivity

Design Implication: Incorporate culturally relevant symbols, artwork, and design elements that resonate with the local community.

Example: Use local art and design motifs in decor to make the space feel familiar and welcoming.

6. Supportive Environment

Design Implication: The environment should promote healing and support through elements like greenery, fresh air, and natural light.

ANNEXURE 03: SCHEDULE FOR COMPLAINANTS

SCHOOL OF PUBLIC POLICY AND GOVERNANCE
TATA INSTITUTE OF SOCIAL SCIENCES, HYDERABAD OFF-CAMPUS

CAPSTONE PROJECT - Making Livelihood-Based Interventions Gender-Just:
Counselling in the NRLM- Gender Resource Centres to Address Violence Against Women

[0] 1. Complainant profile
1.1. Case number
1.2. Date
1.3. State
1.4. Block
1.5. Age
1.6. Gender
1.7. Religion (code)
1.8. Caste
1.9. Any disability? (code)
1.10. Marital Status (code)
1.11. Education (code)
1.12. Occupation
1.13. What is/ was the main source of income for your household?
1.13.1. Before case registration/ while staying together
1.13.2. After case resolution/ separation

1.14. Dependents, if any: minor children, elderly, disabled
1.14.1: Specify details
1.15. Number of children - report the educational attainment/ occupation where applicable of each child. (Male, Female or Children from other marriages for either partner)
1.16. Do you have all your basic documents, such as Aadhar card, ration card? (Note: for ration card, is your name on the ration card?)
1.16.1. If not, which ones(s)? Specify
1.16.2. Ration Card where she is currently availing provisions (Note colour and type. In case of PHH/NPHH card, just mention type)
1.16.2.1. Type
1.16.2.2. Colour
2. Please help us understand the kind of violence you have faced - <i>Physical, economic, verbal etc.</i> (code)
2.a. Specify if other:
2.b. Detailed description of above:
2.1. Who were/ are the agents of this violence?
2.1.1. (codes)
2.2. Why do you think they engage(d) in such actions?
2.2.1. (codes)
2.3. How many times did you face this violence (if quantifiable)?
2.4. How long after you were married/ started this relationship or transaction did the violence start?
3. In case of children/ dependents, were they affected by this violence? (Qualitative)
4. For children: (code)
4.1. Economic disadvantages
4.2. Educational setbacks

4.3. Health setbacks
4.4. Developmental challenges
4.5. Social isolation
4.6. Any other disadvantages (Qualitative)

Codes for Block 0:

1.6. **Gender:** 1- Male, 2- Female, 3- Transgender, 9- Others

1.7. **Religion:** 1- Hinduism, 2- Islam, 3- Christianity, 4- Sikhism, 5- Jainism, 6- Buddhism, 7- Zoroastrianism, 9- Others

1.9. **Any disability:** 1- not disabled, 2- locomotor, 3- visual, 4- hearing, 5- speech and language, 6- intellectual disability, 7- mental illness, 8- other disabilities

1.10. **Marital Status:** 1- Never Married, 2- Currently Married, 3- Widow/Widower, 4- Divorced/Separated

1.11. **Education:** 1- illiterate, 2- literate without formal schooling, 3- below primary, 4- primary [1st- 5th], 5- middle [6th- 8th], 6- secondary [9th-10th], 7- higher secondary [11th-12th], 8- diploma/certificate course, 9- graduate, 10- postgraduate and above

1.16. **Do you have all your basic documents, such as Aadhar card, ration card?:** 1- Yes, 2- No

2. Please help us understand the kind of violence you have faced - Physical, economic, verbal etc.:

1- Attempt/ threat to murder, 2- Character assassination/ false allegations/ humiliation, 3- Child marriage, 4- Desertion, 5- Dowry demands, 61- Economic abuse: alienation/ destruction/ misuse of property/ assets, 62- Economic abuse: denial of basic resources, 63- Economic abuse: restricting access to employment, 7- Eviction/ threat of eviction, 8- Intrusive kin, 9- Disagreement/ misunderstanding/ resentment, 10- Neglect of children/ family 11- Physical violence/ abuse, 12- Polygamy/ more than one partner, 13- Psychological harassment/ abuse, 14- Restricting basic freedoms/ documents, 15- Self-harm, 16- Separation/ alienation from children, 17- Sexual assault/ abuse/ Rape, 18- Son preference violence, 19- Superstition/ Black magic, 20- Suspicion of illicit activities/ relations, 21- Theft/ fraud/ cheating, 22- Verbal harassment/ abuse, 99- Other

2.1.1. **Who were/ are the agents of this violence?:** 1- Spouse/ Partner, 2- In-laws, 3- Relatives, 4- Natal family, 5-Children/their spouse, 6- Market agents, 7- Person involved in extramarital relations with partner, 8- Neighbour/Community, 9- State Agents

2.2.1. **Why do you think they engage(d) in such actions?:**

1- Accused having more than one partner, 2- Accused wants divorce/ end of relationship/ eviction of spouse/ complainant, 3- Child marriage, 4- Complainant's demand for rightful finances/ property/ assets, 5- Discrimination based on caste, identity, gender, body, belief, 6- Dowry demands, 7- Harrassment due to death of spouse, 8- Inter-caste/inter-religious relations/ marriage, 9- Intrusive kin, 10- Disagreement/ misunderstanding/ resentment, 11- Neglect of children/ family, 12- Spouse refuses to move in/ stay together, 13- Substance abuse leading to violence, 14- Suspicion of illicit activities/ relations, 15- Theft/ Fraud/ Cheating, 16- Superstition/Black magic, 99- Other

4. **For children:** 1- Yes, 2- No, 3- Can't say, 4- N/A

[1] Effect of VAW on Livelihood
5. Impact of violence against women on Livelihoods: What were the effects of this violence?
5.1. Did it affect your economic situation?
5.1.1 If yes, how?
5.2. Did it affect your earning capacity (income and productivity)?
5.2.1. If yes, how?
5.3. Did you have to quit your work? Or stop going to work for any number of days?
5.4. Did you relocate your place of residence/ work?
5.4.1. If yes, did that affect your work?
5.5. Did it affect your mobility?
5.5.1. If yes, did that affect your work?
5.6. Did it affect your education/ skill acquisition?
5.6.1. If yes, how

5.7. Did you face any physical injuries or mental instability/trauma because of this violence? (code)
5.7.1. If yes, describe
5.8. Did you incur health, legal or other expenses because of this violence? (code)
5.8.1. In case of other, specify:
5.9. Did it affect your self-confidence/ self-belief?
5.10. Did you face setbacks, such as loss of opportunities or loss of assets (jewellery, finances, property, etc)?
5.11. Did it strain any of your social connections, friends, groups, contacts? Did you face social isolation?
6. How did you cope with this violence? (code)
6.1. Did you focus more on work?
6.2. Did you focus more on family?
6.3. Did you confide in friends and/or family?
6.4. Did you go to your natal home?
6.5. Did you isolate/disengage yourself?
6.6. Did you lean towards religion?
6.7. Did you engage in substance use?

Codes for Block 1:

5. Impact of violence against women on Livelihoods: 1- Yes, 2- No, 3- Can't say, 4- N/A

5.4. Did you relocate your place of residence/ work?: 1- Relocated work 2- Relocated residence, 3- No relocation

5.7. Did you face any physical injuries or mental instability/trauma because of this violence?: 1- Physical, 2- Mental, 3- Both, 4- N/A

6. How did you cope with this violence?: 1- Yes, 2- No, 3- Can't say, 4- N/A

[2] Understanding the process and experience of counselling:
7. Did you approach anyone else: (code)
7.1. Before coming to the counselling centre?
7.2. After coming to the counselling centre?
8. How did you hear about the counselling centre at Chaitanya? (code)
8.1. If other, specify:
9. Why did you choose to come to the counselling centre?
10. How many counselling sessions were conducted?
10.1. Was the counselling process seen through?
10.2. What happened in each session?
11. What outcomes did you expect? (code)
12. Were the sessions conducted promptly and punctually? (code)
13. Did you feel dignified at all times?:
13.1. Do you feel the counsellors gave you the chance to talk? Did they understand your experience and point of view?
13.2. Were the counsellors empathetic and nonjudgmental? (did not make you question your character, intelligence, beliefs, decisions or preferences, or judge based on your identity, background, beliefs in a way that causes shame - check victim blaming as well)
13.3. Did the counsellor explain the counselling process, goals, or potential outcomes clearly? Did the counsellor make you aware about any government schemes/benefits regarding skills training, pension etc. that you haven't availed already? (code)
13.4. Were you involved in decision-making for your counselling outcome? - Did the counsellors discuss treatment options and allow you to make an informed choice?
13.5. Were you allowed to ask questions and provide consent? (code)
13.6. Did the counsellors maintain confidentiality (Not revealing any information, no third party

discussions, unless there were safety concerns)? (code)
14. Did the solutions they offer help you? (code)
15. How do you feel after counselling? (code)
15.1. At home
15.2. At work
16. Did the accused listen to (obey) the counsellors?
17. Did the accused understand you/ your problem/ point of view better? (code)
18. What is your understanding of gender norms and attitudes - in terms of division of labour? What activities/ decisions they can and cannot participate in society? What are the roles that men and women can and cannot assume in the house?
18.1 Did counselling change your point of view (Do they have an improved understanding of gender, gender based violence, gendered obstacles to livelihoods)?
19. Would you refer the counselling process to anyone based on your experience? (code)
20. What do you think could improve in the counselling process?

Codes for Block 2:

7. **Did you approach anyone else:** 1- Social Meeting/Community, 2-Police Station, 3- Lawyer/Court, 4- Family/Friends, 5- Not Discussed

8. **How did you hear about the counselling centre at Chaitanya?:** 1- Counsellor/Jaankar, 2- Police, 3- SHG/VO/CLF, 4- Sarpanch/Gram panchayat member, 5- Staff, 6- Advocate, 7- Internet, 8- Case to case (word of mouth), 9- Other

11. **What outcomes did you expect?:** 1- Accused should take responsibility for children/ family, 2- Alimony/ maintenance money, 3- Custody of child(ren), 4- Divorce/ separation, 5- Peaceful married life/ Dignified life, 6- Repay debts/ Work regularly, 7- Return home/ to family, 8- Rightful ownership of assets/ property/ Financial reparations/ reimbursement, 9- Stop extramarital relations, 10- Stop harassment/ abuse/ violence, 11- Stop interference of kin, 12- Stop substance abuse, 13- Justice/ intervention of authorities, 99- Other

12. **Were the sessions conducted promptly and punctually?:** 1- Yes, 2- No, 3- Can't say

13.3. **Did the counsellor explain the counselling process, goals, or potential outcomes clearly? Did the counsellor make you aware about any government schemes/benefits regarding skills training, pension etc. that you haven't availed already?:** 1- Yes, 2- No Partially, 3- Can't say

13.5. **Were you allowed to ask questions and provide consent?:** 1- Yes, 2- No, 3- Partially, 4- Can't say

13.6. **Did the counsellors maintain confidentiality (Not revealing any information, no third party discussions, unless there were safety concerns)?:** 1- Yes, 2- No, 3- Not sure

14. **Did the solutions they offer help you?:** 1- Highly helpful, 2- Somewhat helpful, 3- Not helpful, 4- Deleterious

15. **How do you feel after counselling?:** 1- Distressed, 2- Okay, 3- Well, 4- N/A

17. **Did the accused understand you/ your problem/ point of view better?:** 1- Yes, 2- No, 3- Partially, 4- Can't say

19. **Would you refer the counselling process to anyone based on your experience?:** 1- Yes, 2- No, 3- Can't say

[3] Tracking Changes Post Counselling:
21. Has the violence repeated itself? (code)
21.1. If yes, did you visit the counselling centre again? (code)
21.1.1. If no, why not and what other measures were taken?
21. Living situation: Before case/ After case.
22.1. What was your living situation during the violence/ before registration of case (with or separate from accused)?
22.2. What is your living situation after the counselling (with or separate from accused)?
23. Do you feel more included in decision-making post-counselling - regarding choices related to education, health, finances, family planning, upbringing of children and career?

24. Do you feel your routines have changed post-counselling?
24.1. If yes, do you spend more time on activities that involve payment of wages/salaries, or any leisure activities post-counselling?
25. Freedoms and rights post-counselling: (code)
25.1. Basic needs - food, water, shelter, ID documents
25.2. Access to work
25.3. Basic mobility for livelihoods
25.4. How would you rate your access to financial resources - such as emergency/buffer fund, bank accounts or stolen/regained property if any.
25.4.1. Any other details?
26. Were you part of an SHG before counselling? (code)
26.1. If yes, what role did the SHG play before counselling in dealing with violence or referring such violence to the GRC?
26.2. If not, did you join any such collective post counselling? (code)
26.2.1. If yes, have you experienced an increase in credit or savings after joining the SHG? (code)
26.2.2. If yes, how important would you rate the SHG in ensuring your financial security and independence? (code)
26.2.3. If yes, how important has the SHG been in providing information, support and care post counselling? (code)
27. How have interactions with friends and community beyond the SHG been? Have you found solidarity in times of need?
28. Do you feel more self-confident/empowered post-counselling? (Options - Yes, No, Can't say)
29. Have you demanded/asserted yourself to gain more freedoms and rights? For example, have you pushed to visit your family if you were not able to do so earlier?
30. Do you think you face any livelihood issues as a woman? (mobility, training and opportunities, finding

work, unequal pay)
31. Any other miscellaneous details:

Codes for Block 3:

21. **Has the violence repeated itself?:** *1-Yes, 2- No*

24. **Do you feel your routines have changed post-counselling?:** *1-Yes, 2- No*

25. **Freedoms and rights post-counselling:** *1- no change, 2- +ve change, 3- -ve change, 4- can't say, 5- N/A*

26. **Do you feel your routines have changed post-counselling?:** *1-Yes, 2- No*

26.2. **If not, did you join any such collective post counselling?:** *1-Yes, 2- No*

26.2.1. **If yes, have you experienced an increase in credit or savings after joining the SHG?:** *1- Significant increase, 2- Marginal increase, 3- None, 4- Marginal reduction, 5- Significant reduction*

26.2.2. **If yes, how important would you rate the SHG in ensuring your financial security and independence:** *1- Very important, 2- Moderately important, 3- Low importance, 4- Negligible*

26.2.3. **If yes, how important has the SHG been in providing information, support and care post counselling?:** *1- Very important, 2- Moderately important, 3- Low importance, 4- Negligible*

28. **Do you feel more self-confident/empowered post-counselling?:** *1- Yes, 2- No, 3- Can't say*

ANNEXURE 04: SCHEDULE FOR ACCUSED

SCHOOL OF PUBLIC POLICY AND GOVERNANCE
TATA INSTITUTE OF SOCIAL SCIENCES, HYDERABAD OFF-CAMPUS

CAPSTONE PROJECT - Making Livelihood-Based Interventions Gender-Just:
Counselling in the NRLM- Gender Resource Centres to Address Violence Against Women

[0] 1. Accused profile
1.1. Case number
1.2. Date
1.3. State
1.4. Block
1.5. Age
1.6. Gender
1.7. Religion (code)
1.8. Caste
1.9. Any disability? (code)
1.10. Marital Status (code)
1.11. Education (code)
1.12. Occupation
1.13. What is/ was the main source of income for your household?
1.13.1. Before case registration/ while staying together
1.13.2. After case resolution/ separation

1.14. Dependents, if any: minor children, elderly, disabled
1.14.1: Specify details
1.15. Number of children - report the educational attainment/ occupation where applicable of each child. (Male, Female or Children from other marriages for either partner)
1.16. Do you have all your basic documents, such as Aadhar card, ration card? (Note: for ration card, is your name on the ration card?)
1.16.1. If not, which ones(s)? Specify
1.16.2. Ration Card where she is currently availing provisions (Note colour and type. In case of PHH/NPHH card, just mention type)
1.16.2.1. Type
1.16.2.2. Colour

Codes for Block 0:

1.6. **Gender:** 1- Male, 2- Female, 3- Transgender, 9- Others

1.7. **Religion:** 1- Hinduism, 2- Islam, 3- Christianity, 4- Sikhism, 5- Jainism, 6- Buddhism, 7- Zoroastrianism, 9- Others

1.9. **Any disability:** 1- not disabled, 2- locomotor, 3- visual, 4- hearing, 5- speech and language, 6- intellectual disability, 7- mental illness, 8- other disabilities

1.10. **Marital Status:** 1- Never Married, 2- Currently Married, 3- Widow/Widower, 4- Divorced/Separated

1.11. **Education:** 1- illiterate, 2- literate without formal schooling, 3- below primary, 4- primary [1st- 5th], 5- middle [6th- 8th], 6- secondary [9th-10th], 7- higher secondary [11th-12th], 8- diploma/certificate course, 9- graduate, 10- postgraduate and above

1.16. **Do you have all your basic documents, such as Aadhar card, ration card?:** 1- Yes, 2- No

[1] Impact of Counselling on Accused
2. How many counselling sessions?
2.1. Was the counselling process seen through?
2.2. What happened in each session?
3. What outcomes did you expect?
4. Did you feel dignified at all times:
4.1. Do you feel the counsellors gave you the chance to talk? Did they understand your experience and point of view?
4.2. Were the counsellors empathetic and nonjudgmental? (did not make you question your character, intelligence, beliefs, decisions or preferences, or judge based on your identity, background, beliefs in a way that causes shame - check victim blaming as well)
4.3. Did the counsellor explain the counselling process, goals, or potential outcomes clearly? Did the counsellor make you aware about any government schemes/benefits regarding skills training, pension etc. that you haven't availed already? (code)
4.4. Were you involved in decision-making for your counselling outcome? - Did the counsellors discuss treatment options and allow you to make an informed choice?
4.5. Were you allowed to ask questions and provide consent? (code)
4.6. Did the counsellors maintain confidentiality (Not revealing any information, no third party discussions, unless there were safety concerns)? (code)
5. Why do you think things escalated and reached such a pass?
6. Did the counselling process lead you to a better understanding of your problems?
6.1. (code)
6.2. Any details:
7. Did the solutions they offer help you? (code)

8. How do you feel after counselling? (code)
8.1 At home
8.2 At work
9. Did the complainant understand you/ your problem/ point of view better? (code)
10. What is your understanding of gender norms and attitudes - in terms of division of labour? What activities/ decisions they can and cannot participate in society? What are the roles that men and women can and cannot assume in the house?
10.1 Did counselling change your point of view(Do they have an improved understanding of gender, gender-based violence, gendered obstacles to livelihoods)?
11. Would you refer the counselling process to anyone based on your experience? (code)
12. What do you think could improve in the counselling process?
13. Are there any changes that you see in yourself post counselling?
13.1. (code)
13.2. Any details:
14. Are there any changes that you see in the complainant post counselling?
14.1. (code)
14.2. Any details:

Codes for Block 1:

4.3. Did the counsellor explain the counselling process, goals, or potential outcomes clearly? Did the counsellor make you aware about any government schemes/benefits regarding skills training, pension etc. that you haven't availed already?: 1- Yes, 2- No, 3- Partially, 4- Can't say

4.5. Were you allowed to ask questions and provide consent?: 1- Yes, 2- No, 3- Partially, 4- Can't say

4.6. Did the counsellors maintain confidentiality (Not revealing any information, no third party discussions, unless there were safety concerns)?: 1- Yes, 2- No, 3- Not sure

6.1. Did the counselling process lead you to a better understanding of your problems?: 1- Yes, 2- No, 3- Can't say

7. Did the solutions they offer help you?: 1- Highly helpful, 2- Somewhat helpful, 3- Not helpful, 4- Deleterious

8. **How do you feel after counselling?:** 1- *Distressed*, 2- *Okay*, 3- *Well*, 4- *N/A*

9. **Did the complainant understand you/ your problem/ point of view better?:** 1- *Yes*, 2- *No*, 3- *Partially*, 4- *Can't say*

11. **Would you refer the counselling process to anyone based on your experience?:** 1- *Yes*, 2- *No*, 3- *Can't say*

13.1. **Are there any changes that you see in yourself post counselling?:** 1- *Yes*, 2- *No*, 3- *Partially*, 4- *Can't say*

14.1. **Are there any changes that you see in the complainant post counselling?:** 1- *Yes*, 2- *No*, 3- *Partially*, 4- *Can't say*

	Mental illness		
If other disability, specify:			
Are the accused and complainant staying under the same roof during the time of complaint?	Yes	No	Can't say
Relationship / Marital Status of the complainant	Unmarried		
	Married		
	If yes, do you have your marriage certificate?		
	Divorced		
	If yes, do you have your divorce documents?		
	Widow/Widower		
	Separated		
	Live-in Relationship		
Type of marriage	Consensual arranged marriage		
	Love marriage		
	Non-consensual marriage		
	Child marriage		
Number of children	Girls	Boys	
Number of children	Below 18	Above 18	
Number of children outside marriage	Girls	Boys	
Any other dependents			
Educational qualification of the complainant			
Financial condition of the complainant (as per ration card)	APL	BPL	AAY
Occupation of complainant			
Source of Income of Family	Complainant's occupation/ assets		Another household member's occupation/ assets
Do you have your basic documents?	Ration Card		
	Aadhar Card		
	Voter ID/ EPIC		

	Bank Passbook		
Do you own any house/asset/property either solely or jointly?	Yes	No	Can't say
If yes, do you have documents for it?	Yes	No	Can't say
Are you part of any SHG	Yes		No
Year of the marriage OR relationship/ transaction started			
Year when problem started			
Relationship with accused person/s	Spouse/ Partner		
	Parents-in-law		
	Brother-in-law/ Sister-in-law		
	Parent(s)		
	Sibling(s)		
	Relatives - Uncle/ Aunt/ Nephew/ Niece, etc.		
	Child(ren)/Grandchild(ren)		
	Person involved in extramarital relations with partner		
	Neighbour/ Community		
	Employer/ colleague/ contractor		
	SHG member		
	Panchayat/ government agent		
	Police		
	Others:		
Case Type	Acid attack		
	Attempt/ threat to murder		
	Character assassination/ False allegations/ Humiliation related to caste, complexion, disability, background, etc.		
	Child Marriage		
	Child Sexual Abuse		
	Cyber Crime		

	Desertion	
	Disagreement/ Misunderstanding/ Resentment	
	Domestic violence	
	Dowry demands	
	Emotional/ Mental/ Psychological harassment/ abuse	
	Eviction/ threat of eviction	
	Extramarital relations/ More than one partner	
	Forced marriage	
	'Honour'/shame-related violence	
	Intrusive kin	
	Missing/ Kidnapping/ Abduction	
	Neglect of children/ family	
	Physical violence/ abuse	
	Rape/ Sexual assault	
	Sexual harassment - unwanted verbal or physical advances, voyeurism, indecent exposure, etc.	
	Restricting basic freedoms - mobility, phone use, meeting friends and family, access to documents, etc.	
	Restricting basic resources - food, water, shelter, healthcare	
	Self-harm	
	Separation/ alienation from children	
	Stalking - online or offline	
	Superstition/ Black magic/ Witch-branding	
	Suspicion of illicit activities/ relations	
	Economic abuse: alienation/ destruction/ misuse of property/ income	
	Economic abuse: denial of basic resources - food, water, shelter, healthcare	
	Economic abuse: restricting access to employment	
Economic abuse: overworking/ exploiting labour		
Verbal harassment/ abuse		

	Violence during pregnancy					
	Others e.g., theft, fraud, cheating, extortion					
In case of other case types, describe						
Frequency of Violence	Daily	Once in 3 days	Once in a week	Occasionally	Never	
Physical abuse						
Verbal abuse						
Psychological abuse						
Sexual violence						
Economic abuse						
Reason for Violence	Accused having more than one partner					
	Accused wants divorce/ end of relationship/ Eviction of spouse/ complainant					
	Child marriage					
	Complainant's demand for rightful finances/ property/ assets					
	Discrimination based on caste, identity, background, body, belief, etc.					
	Dowry demands					
	Harassment due to death of spouse					
	Inter-caste/ inter-religious relations/ marriage					
	Intrusive kin					
	Disagreement/ misunderstanding/ resentment					
	Neglect/ abuse of children/ family					
	Son preference					
	Spouse refuses to move in/ stay together					
	Substance abuse leading to violence					
	Superstition/ Black magic/ Witch-branding					
	Suspicion of illicit activities/ relations					
Theft/ Fraud/ Cheating						
Work and labour-related dissatisfaction/ exploitation						

	Others	
If other, specify:		
Expectations from counselling	Accused should take responsibility for children/ family	
	Alimony/ maintenance money	
	Custody of child(ren)	
	Divorce/ separation	
	Peaceful married life/ Dignified life	
	Repay debts/ work regularly	
	Return home/ to family	
	Rightful ownership/ recovery of assets or property/ Financial reparations/ reimbursement	
	Stop extramarital relations	
	Stop abuse/ harassment/ violence	
	Stop interference of kin	
	Stop substance abuse	
	Justice/ intervention of authorities	
	Others	
Specify if other:		
Was the case previously discussed?	No discussion	
	Discussion within the family/ relatives	
	Discussion with society/community	
	Police Station	
	Lawyer/Court	
	Other counselling centre	
	SHG/ VO/ CLF	
	Protection Officer	
	Others	
If others, describe:		
Source of information	Counsellor/Jaankar	

	Staff	
	Gender Point Person	
	Police	
	SHG/VO/CLF	
	SAC	
	Sarpanch/Gram panchayat member	
	Gender Forum	
	Advocate	
	Government representative	
	Internet	
	Case-to-case (word of mouth)	
	Other	
Additional details - mention any details which have not been recorded in previous questions		

Occupation of accused		
Source of Income of Family		
Do you have your basic documents?	Ration Card	
	Aadhar Card	
	Voter ID	
	Bank Passbook	

Counselling Process Form

Filing of Application	Yes	No
Agreement to process application		
Letter/ Application sent?		
Registration fees paid for the counselling session?		

Date of Counselling Session 1	d	d	m	m	y	y	y	y
Time of Counselling Session 1								
Counselling session 1	Initial disclosure							
	Explaining the counselling process							
	Referring to other departments							
	Sending letter to respondent							
	Fixing appointment for next session							
	Any other							
If any other, please describe								

Date of Counselling Session 2	d	d	m	m	y	y	y	y
Time of Counselling Session 2								
Counselling session 2	Listening to the respondent							
	Fixing appointment for joint meeting							
	Registration of testimony of respondent							
	Referring to other department							
	Resolution of case							
	Any other							
If any other, please describe								

Date of Counselling Session 3	d	d	m	m	y	y	y	y
Time of Counselling Session 3								
Counselling session 3	Listening to both parties							
	Arrived at consensus							

	Meeting with relatives/ community heads	
	Detailed record in writing	
	Refer to other departments	
	Resolution of case	
	Any other	
If any other, please describe		

Date of Counselling Session 3	d	d	m	m	y	y	y	y
Time of Counselling Session 3								
Counselling session 3	Listening to both parties							
	Arrived at consensus							
	Meeting with relatives/ community heads							
	Detailed record in writing							
	Refer to other departments							
	Resolution of case							
Any other								
If any other, please describe								

Date of Counselling Session 4	d	d	m	m	y	y	y	y
Time of Counselling Session 4								
Counselling session 4	Live together (for couples) OR Compromise between parties							
	Divorce							
	Separation							
	Court case							
	DALSA							
	Police Station							
	Protection officer							
	Compensation / reimbursement / Maintenance money							
	Referral to any other department							

	Other							
If any other/ referral of case, please describe								
Total number of counselling sessions conducted for the case								
Number of Jaankars/ Counsellors involved								
Was the complainant/ respondent referred to any of the following?	Legal Aid/ DALSA							
	Doctor/ Medical professional							
	Psychology professional							
	Police station							
	Lawyer/ Court/ Protection officer							
	One Stop Centre							
	De-addiction centre							
	Others							
Is there any change in the residence/ living situation of the complainant after disposal of case?	Yes	No						
If compensation/ maintenance money/ reimbursement secured, mention total amount								
Case Status	Ongoing							
	Completed and resolved							
	Referred to other department/ professional							
	No response							
Date of Counselling Session 4	d	d	m	m	y	y	y	y
Time of Counselling Session 4								
Any other details								

Follow-Up Status Form

Follow-up	Phone call	
	Home visit	
	Meeting with village panchayat member/ SHG	
	Jaankar didi	
	Police station	
	Protection Officer	
	Any other	
Recurrence of the case		Yes
If yes, describe		No
Is there any change in complainant's situation?	Positive change	
	Adverse change	
	No change	
	Any new issue (new type of case)	
	Can't say	
What steps did the counsellor take in case of recurrence of case/ new issues?		
Briefly describe if complainant is facing any new issue(s)		
Any other details		

SNIPPETS *from* THE FIELD





Tata Institute of Social Sciences, Hyderabad