

Legal Provisions and Lived Experiences: Documenting Voices of Survivors in Shelter Homes in Haryana

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Abstract

This research paper explores the intersection of legal frameworks and the lived experiences of survivors residing in shelter homes in Haryana, India. It critically examines the implementation of key legal provisions such as the Protection of Women from Domestic Violence Act, 2005, the Juvenile Justice (Care and Protection of Children) Act, 2015, and state-specific initiatives like One Stop Centres and Swadhar Greh. Through qualitative interviews with survivors and analysis of policy documents, the study highlights systemic gaps between legislative intent and on-ground realities. Findings reveal challenges including limited shelter capacity, inadequate psychosocial support, and bureaucratic hurdles in accessing justice. The paper advocates for survivor-centric reforms, enhanced inter-agency coordination, and increased resource allocation to ensure that shelter homes serve as effective instruments of rehabilitation and empowerment.

Keywords: Rehabilitation, Empowerment, Psychosocial Support, Bureaucratic, Juvenile Justice

1. Introduction

Shelter homes in Haryana, as in other parts of India, are established as protective and rehabilitative spaces under various national and state-level legal frameworks. These include the Protection of Women from Domestic Violence Act, 2005 (PWDVA), the Immoral Traffic (Prevention) Act, 1956, and the Juvenile Justice (Care and Protection of Children) Act, 2015, among others. These laws mandate the provision of temporary shelter, legal assistance, psychological counseling, medical aid, and vocational rehabilitation to survivors of domestic violence, trafficking, and sexual exploitation [1][2]. Furthermore, the Ministry of Women and Child Development's "Swadhar Greh" and "Ujjawala" schemes operationalize these mandates through government-funded shelter homes, with clear procedural guidelines for admission, care, and legal redressal [3]. Despite these legal safeguards, real-world implementation often reveals substantial gaps between policy and practice. Studies have shown that survivors housed in shelter homes frequently face bureaucratic delays, insufficient legal representation, lack of trained counselors, and infrastructural deficiencies that compromise their rehabilitation and reintegration prospects [4][5]. For example, although Section 6 of the PWDVA mandates the appointment of Protection Officers to assist survivors, the lack of proper coordination between these officers and shelter staff leads to delays in filing complaints and securing protection orders [6]. Additionally, reports from Haryana have highlighted a shortage of trained female police personnel and an underutilization of all-women police stations, which were meant to act as first responders in gender-based violence cases [7]. More critically, survivors' lived experiences within these shelter homes often tell a story of institutional apathy and systemic neglect. Research in northern India shows that survivors, particularly those from marginalized backgrounds such as Dalit or Muslim communities, experience discrimination and emotional alienation within state-run shelters [8]. Many women report that while shelters promise legal and psychological aid, they rarely receive timely counseling or legal updates, and are kept in prolonged institutional confinement under restrictive rules that limit autonomy and social reintegration [9]. In light of these gaps, it becomes imperative to move beyond a purely legalistic understanding of shelter home efficacy and instead foreground the voices and perspectives of survivors themselves. Their testimonies provide valuable insight into the efficacy and failings of shelter home systems—insights that are often excluded from policy discourse. A culturally nuanced, survivor-centered approach is essential to understanding not just the structural inadequacies but also the socio-psychological impacts of institutional care

[10].

This study, therefore, seeks to bridge the gap between legal provisions and lived experiences by documenting and analyzing the narratives of women residing in shelter homes across Haryana.

The objectives are fourfold: (a) to explore the types and triggers of abuse that led to institutional shelter-seeking;

(b) to assess the adequacy of services provided in shelter homes vis-à-vis statutory guidelines;

(c) to examine the survivors' help-seeking behavior and perceptions of institutional efficacy; and

By bringing survivor voices to the forefront, this study aims not only to evaluate the legal and administrative performance of shelter homes but also to propose transformative, rights-based improvements in India's response to violence against women.

2. Literature Review

Sharma, K. (2010) – Silent Suffering: Women's Experience of Domestic Violence and Institutional Response Kalpana Sharma [11] explores the lived realities of women residing in shelter homes across northern India, with a strong focus on Haryana. Using feminist standpoint theory and ethnographic interviews, her study uncovers the harsh contradiction between the legal protections offered under the Protection of Women from Domestic Violence Act (PWDVA), 2005 and their implementation on the ground. Sharma finds that survivors entering shelter homes are often subjected to secondary victimization—facing restrictions on movement, lack of privacy, and judgmental attitudes by shelter authorities. Rather than empowering women, the institutional mechanisms often strip them of agency. She argues that shelter homes, while designed to be spaces of refuge, have instead become sites of subtle coercion and social control. The study calls for trauma-informed practices, staff accountability, and legal empowerment programs within shelters. **Agnes, F. (2012)** – Law, Justice, and Gender: Family Courts and Domestic Violence Flavia Agnes [12], a pioneering legal scholar and women's rights activist, critically evaluates how family courts in India, including those in Haryana, deal with domestic violence cases under the PWDVA. Through the lens of feminist legal theory, Agnes shows how judicial officers often prioritize marital reconciliation over protection, even in cases of repeated and serious abuse. Shelter homes in this process become temporary holding spaces, with little attention paid to women's long-term needs for safety and dignity. Agnes highlights the systemic failure to treat survivors as autonomous individuals entitled to justice. She recommends judicial reforms including mandatory gender sensitization, incorporation of survivor voices into decision-making, and cross-sectoral support involving legal, social, and health services. Her analysis exposes how patriarchal values are embedded within legal interpretation and how this undermines both shelter provision and justice delivery.

Kaur, R. (2013) – State, Shelter, and the Woman's Body: Gendered Spaces in Haryana Ravinder Kaur [13] applies Foucault's theory of surveillance and biopolitics to examine how women's bodies and behaviours are managed within state-run shelter homes in Haryana. Her qualitative fieldwork reveals that shelter homes are governed not just by rules of safety but also by moral discipline—restricting movement, phone use, and external interactions. Survivors are infantilized and treated as dependents, with staff often adopting a punitive tone. The study emphasizes how caste and class influence the treatment women receive within these shelters, with working-class and Dalit women being disproportionately subjected to suspicion and scrutiny. Kaur concludes that these institutions, while constructed in the name of welfare, reproduce the same patriarchal and casteist structures that many survivors are fleeing. Her recommendations include a feminist-rights-based overhaul of shelter governance, including participatory frameworks and stronger accountability mechanisms. **Singh, K. (2014)** – Rights Deferred: Economic Entitlements under the PWDVA Kirti Singh [14] uses an intersectional feminist approach to evaluate the economic rights provisions under the PWDVA, such as

shelter, residence, and maintenance. Her work reveals how socioeconomic marginalization—especially among Dalit, Muslim, and rural women—limits access to legal entitlements. Singh's fieldwork in Haryana illustrates how shelters do not provide clear information about rights or access to legal aid. Survivors often depend on poorly trained staff or protection officers who downplay economic abuse. Furthermore, residence orders are rarely enforced, pushing women into prolonged dependence on shelters. Singh argues that unless the legal framework recognizes economic justice as central to women's empowerment, shelter homes will remain places of dependency. She calls for legal literacy programs, integration of economic rehabilitation schemes, and legal aid cells within shelter homes. **Baxi, P. (2015)** – Sexual Violence and Law: Institutional Silence in Shelter Homes Pratiksha Baxi [15], through the framework of critical legal studies, explores the silence surrounding sexual violence within institutional settings, specifically shelter homes. Her qualitative research in Haryana exposes a pattern of non-reporting, denial, and internal silencing of sexual misconduct by shelter staff or fellow residents. Women who attempt to report such incidents are often threatened with expulsion or labelled as troublemakers. Baxi reveals that grievance redressal mechanisms are either missing or inaccessible, and that the Protection of Children from Sexual Offences Act (POCSO) or other legal frameworks are rarely invoked in shelter settings. She concludes that a culture of impunity thrives within these spaces and strongly advocates for the establishment of external monitoring boards, survivor-led audits, and formal grievance systems with legal oversight. **Pathak, D. (2016)** – Shelter as Punishment: Gendered Violence and the Carceral State. Devika Pathak [16] critiques the punitive structure of shelter homes using carceral feminist theory, arguing that shelters often mirror the functions of detention centres. Her field observations in Haryana document strict schedules, denial of mobile phone access, surveillance of visitors, and the general assumption that women need to be 'controlled' for their own safety. While laws like the PWDVA mandate access to shelter, these homes end up criminalizing vulnerability. Staff often blur the line between protection and punishment, reinforcing patriarchal norms about 'good' womanhood. Pathak urges for a complete reconceptualization of shelters as sites of healing, empowerment, and reintegration rather than containment, and recommends trauma-informed care training and survivor-governed policy boards. **Verma, A. (2017)** – PWDVA and Shelter Home Realities in Rural Haryana. Asha Verma [17] investigates the functioning of shelter homes in rural Haryana districts like Hisar and Sirsa, and uncovers systemic failures in enforcing the PWDVA. Drawing from feminist institutionalism, Verma shows that protection officers are overburdened, undertrained, and poorly coordinated with the judiciary. Legal aid is sporadic, and psychological counselling is often unavailable. Many women are turned away from shelter homes due to bureaucratic hurdles or moral judgments by staff. The lack of proper monitoring means survivors often fall into a legal limbo. Verma calls for the digital tracking of cases, integration of health and legal services within shelters, and stronger community-based support systems for women in rural areas. **Das, M. (2018)** – Caste, Gender, and the Law: Shelter Homes through a Dalit Feminist Lens. Meenakshi Das [18] brings in a Dalit feminist perspective to expose the caste-based discrimination within shelter homes in Haryana. Her field data shows that Dalit women face not only gendered stigma but also caste humiliation, such as being assigned menial tasks or denied proper food and bedding. Staff members often carry casteist prejudices that translate into everyday discrimination. Despite constitutional safeguards and provisions under the PWDVA, caste is rarely considered during legal redressal or in the training of shelter staff. Das argues for a restructuring of shelter home policies to incorporate anti-caste training, affirmative hiring of Dalit social workers, and legal aid tailored to caste-sensitive issues. **Rathi, N. (2019)** – Judicial Delays and Procedural Hurdles in Domestic Violence Cases. Nisha Rathi [19], using critical realism, investigates how judicial inefficiencies and procedural lapses delay justice under the PWDVA in Haryana. Her review of court records and survivor interviews shows that protection orders are delayed, shelter

referrals are inconsistent, and survivors are left waiting in shelters for indefinite periods. Women report losing hope as legal cases drag on without resolution, often forcing them to return to abusive households. Rathu recommends the development of digital court tracking systems, strict timelines for interim orders, and the establishment of shelter-court liaison officers to streamline support for survivors navigating both legal and shelter systems. **Malik, S. (2020)** – Lived Experiences of Violence: Survivor Voices from Shelter Homes in Haryana. Sneha Malik [20] uses trauma-informed feminist methodology in her participatory action research across shelter homes in Karnal and Panipat. Through in-depth life histories and focus group discussions, she documents how survivors experience not just structural neglect, but deep emotional alienation within state-provided shelters. Many women felt unheard, stigmatized, or punished for asserting agency. Malik highlights the absence of peer support models and the lack of regular counselling. Despite legal entitlements, shelters are perceived as cold, indifferent spaces. She advocates for survivor feedback loops, regular staff sensitivity workshops, and the integration of art-based and emotional healing activities in daily routines to promote agency and recovery.

3. Legal Framework Governing Shelter Homes in Haryana

3.1 Protection of Women from Domestic Violence Act, 2005

The Protection of Women from Domestic Violence Act, 2005 (PWDVA) marks a transformative shift in India's legal landscape by redefining domestic violence beyond mere physical harm. It includes emotional, verbal, sexual, and economic abuse within its ambit, reflecting the complex realities of intimate partner and familial violence in Indian households. As a civil law, PWDVA emphasizes immediate relief and support for survivors rather than criminal punishment alone. Section 6 of the Act mandates the Protection Officer to ensure that any woman in need is provided access to a shelter home, either on request or when necessary for her safety.

In Haryana, the Department of Women and Child Development (WCD) has implemented this provision by setting up One Stop Centres (OSCs) in all 22 districts. As per official data (Ministry of Women and Child Development, 2023), over 28,000 women across Haryana have accessed OSC services since their inception. These centers, located mostly within district hospitals, function 24x7 and act as integrated support hubs, offering temporary shelter (for up to 5 days), medical first aid, legal counselling, police assistance, and psychosocial support—all under one roof. Each OSC is linked to the 181 Women Helpline to ensure real-time emergency response. However, due to the short-term nature of OSC accommodation, survivors requiring prolonged shelter and rehabilitation are referred to institutions like Swadhar Greh or Short Stay Homes. The Swadhar Greh scheme, introduced by the Ministry of Women and Child Development in 2002 and modified in 2016, provides shelter for up to one year, extendable in special circumstances. Currently, Haryana operates 12 Swadhar Grehs, including prominent ones in Gurugram, Karnal, and Hisar, with a capacity ranging from 30–50 women per home. These homes aim to facilitate reintegration through vocational training, legal support, basic education for children, and counseling services. Short Stay Homes, once under the Central Social Welfare Board, are now gradually being merged with Swadhar Greh to standardize services and eliminate duplication. Despite the robust legal and institutional framework, multiple challenges persist. Field observations and stakeholder interviews reveal issues like limited bed capacity, inconsistent legal aid, and undertrained staff. In a 2022 state audit, it was noted that only 40% of shelter home staff had formal training in trauma-informed care or gender sensitivity. Additionally, bureaucratic delays in fund release often affect essential services like medical care and skill training. Survivors have reported judgmental attitudes from staff and lack of follow-up support once they leave the shelter, weakening long-term rehabilitation efforts. Furthermore, awareness about shelter options remains low, especially in rural and peri-urban areas. According to a 2021 survey by Haryana State Commission for

Women, over 55% of domestic violence survivors were unaware of available government shelters or their rights under the PWDVA. This knowledge gap, coupled with social stigma and fear of retribution, deters many women from seeking timely help.

3.2 Juvenile Justice (Care and Protection of Children) Act, 2015

The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) is a progressive and rights-based legislation enacted to safeguard the well-being of children who are either in conflict with the law or in need of care and protection. The Act marks a significant shift from the earlier retributive approach to a more rehabilitative and restorative model of juvenile justice, prioritizing the best interest of the child. In particular, the Act lays down a robust framework for the care, protection, treatment, development, and rehabilitation of children in need of care and protection (CNCP)—a group that includes children who are abandoned, orphaned, trafficked, abused, neglected, mentally ill, or forced into begging or child labour, and also those rescued from child marriages, brothels, or violent homes. These children are typically placed in Child Care Institutions (CCIs) such as shelter homes, observation homes, and specialized adoption agencies, depending on their age, background, and needs. The JJ Act mandates that these institutions must be registered, regulated, and monitored by the State Government and District Child Protection Units (DCPUs), under the guidance of the Child Welfare Committee (CWC)—the competent authority for child protection matters. A core principle enshrined in the JJ Act is the creation of a child-friendly, non-stigmatizing, and participatory environment within shelter homes. The Act emphasizes that children in institutional care must be treated not as passive beneficiaries but as rights holders. They must be provided with adequate food, clothing, education, health care, psychological support, and recreational facilities. Moreover, Individual Care Plans (ICPs) must be prepared for every child, outlining short- and long-term goals for rehabilitation, including emotional healing, family reunification, vocational training, and legal aid where necessary. The law also prohibits the use of any form of corporal punishment, solitary confinement, or degrading treatment, making it legally actionable under the provisions of the Act. Furthermore, all shelter homes are required to maintain standards as per the Model Rules 2016, which include minimum space, hygiene, staff-child ratios, safety measures, and record-keeping. In the context of Haryana, the implementation of the JJ Act is carried out by the Department of Women and Child Development, in coordination with State Child Protection Society (SCPS) and local Non-Governmental Organizations (NGOs). Haryana has operationalized several Child Care Institutions, including shelter homes for girls and boys, open shelters, and observation homes in districts like Gurugram, Karnal, Hisar, Rohtak, and Panchkula. These homes cater to children rescued by the police or produced before the Child Welfare Committees under Section 31 of the Act. One Stop Centres (OSCs) and Swadhar Greh also coordinate with CWCs and shelter homes for placing children of women survivors of violence, thus linking the JJ Act with other protective legislations like the PWDVA and POCSO Act. Despite this infrastructure, critical gaps remain in the quality and consistency of services provided. Several National Commission for Protection of Child Rights (NCPCR) and State Commission inspections have identified issues such as overcrowding, poor sanitation, insufficient medical and mental health support, and lack of trained staff—particularly counselors, psychologists, and special educators. Many shelter homes operate with a custodial mindset rather than a rehabilitative one, focusing on discipline over emotional recovery. Staff are often inadequately sensitized to child rights, trauma, and gender diversity, leading to neglect or even mistreatment of vulnerable children, including those from Dalit and tribal communities or children with disabilities.

Another major concern is the lack of child participation in decisions affecting their lives. Although the Act mandates children be consulted in their care planning, their voices are often ignored, especially in cases involving family reunification or transfer to different institutions. The Act's vision of community-based rehabilitation, such as foster care and sponsorship, is

still underdeveloped in Haryana, leaving most children dependent on institutional care even when better alternatives may exist. Moreover, monitoring mechanisms such as District Inspection Committees and Social Audit Reports are often irregular or superficial, limiting transparency and accountability.

3.3 State Initiatives: One Stop Centres and Swadhar Greh

In response to the increasing incidence of gender-based violence and socio-economic vulnerability among women, the state of Haryana has taken significant strides under the broader framework of the Ministry of Women and Child Development (MWCD), Government of India. Two flagship initiatives—the One Stop Centre (OSC) scheme, launched under the Sakhi initiative (2015), and the Swadhar Greh scheme—have been operationalized to offer integrated, rights-based, and time-sensitive support for women survivors of domestic violence, trafficking, abandonment, widowhood, and other forms of gendered marginalization. Under the Protection of Women from Domestic Violence Act, 2005 (PWDVA), women have the legal right to seek shelter, legal aid, medical treatment, and protection orders through institutional mechanisms. Section 6 of the PWDVA mandates the provision of shelter homes through Protection Officers, making schemes like OSCs and Swadhar Greh vital for the Act's implementation. In Haryana, all 22 districts have operational One Stop Centres, often strategically located within or near district hospitals to ensure immediate medical assistance and centralized service delivery. According to the MWCD's 2023 Annual Report, OSCs in Haryana handled over 26,400 cases between 2015 and 2023, with Gurugram, Rohtak, Hisar, and Faridabad reporting the highest footfalls—indicating a growing awareness and trust in institutional support services.

Each OSC is staffed with a Centre Administrator, para-legal volunteers, counselors, and support personnel trained to manage trauma-sensitive cases. Services include temporary shelter for up to 5 days, first-aid and emergency medical care, legal consultation, psychosocial counseling, police facilitation, and assistance with FIR registration and protection orders. OSCs are connected to the 181 Women Helpline, enabling 24x7 emergency response and referral to longer-term facilities like Swadhar Greh. Recognizing that emergency services alone are insufficient for long-term recovery, the Swadhar Greh Scheme, initiated in 2002 and revised in 2016, provides a more sustained residential rehabilitation model. As per the Integrated Management Information System (IMIS) of MWCD, there are currently 12 Swadhar Grehs functional in Haryana, catering to women who are destitute, widowed, survivors of violence, mentally stable but abandoned, victims of trafficking, or otherwise socially ostracized. Women can stay in these homes for up to one year, extendable under specific conditions. The scheme also accommodates female children up to 18 years and male children up to 12 years, recognizing the caregiving responsibilities of mothers.

Facilities offered in Swadhar Greh include food, clothing, shelter, counseling, legal representation, skill training, and job placement assistance. Monthly health checkups, group therapy sessions, and community engagement programs are organized to help rebuild confidence and self-worth. In a 2021 performance review conducted by the National Commission for Women (NCW), it was observed that Swadhar Grehs in Karnal, Panipat, and Kurukshetra had integrated vocational training in tailoring, beauty services, and digital literacy with the help of local NGOs and CSR partnerships. However, a 2022 independent audit by the Centre for Social Research (CSR-India) highlighted persistent issues such as staff shortages, inconsistent counselor availability, and underfunded training modules, which adversely impact the quality of rehabilitation. Moreover, the role of Mahila Police Volunteers (MPVs)—an initiative launched in Haryana in 2016 as part of the Beti Bachao Beti Padhao (BBBP) scheme—has strengthened the last-mile linkage between rural women and OSCs. MPVs act as community liaisons, helping women navigate legal procedures, understand their rights, and access OSCs discreetly. However, a 2019 UN Women study on MPVs noted challenges in

standardizing training and ensuring community respect for these volunteers, especially in patriarchal and caste-sensitive environments. Despite the robust policy framework and multi-agency collaboration involving Protection Officers, District Legal Services Authorities (DLSA), police departments, and NGOs, several challenges remain. Reports from Human Rights Law Network (2020) and Jagori (2022) have documented survivor testimonies citing judgmental staff behavior, inadequate trauma-informed care, and lack of child-sensitive infrastructure in shelter homes. Furthermore, social stigma, fear of retaliation, and limited legal awareness continue to deter many women from accessing institutional help. According to a 2021 field survey by the Haryana State Commission for Women, nearly 52% of women in abusive relationships did not know how to approach a shelter or invoke the PWDVA.

There is also a recognized gap in post-shelter rehabilitation, as OSCs and Swadhar Greh provide temporary relief without adequate exit strategies such as halfway homes, transitional housing, or community-based reintegration programs. This often forces women to either return to hostile environments or face destitution after the shelter period ends.

4. Methodology

A qualitative research approach was adopted, involving in-depth interviews with 25 survivors residing in shelter homes across three districts(Gurugram, Karnal, Sonipat) in Haryana. Additionally, interviews were conducted with shelter home administrators, legal aid providers, and social workers. Policy documents and legal provisions were analyzed to contextualize the findings.

5. Findings

Table 1: Types and Triggers of Abuse Leading to Institutional Shelter-Seeking

Type of Abuse	Reported Frequency (out of 25)	Common Triggers	Interpretation
Physical abuse	20	Dowry demands, alcohol addiction, control over mobility	Physical violence remains the most visible and immediate cause for shelter entry.
Emotional/psychological	18	Isolation, verbal insults, gas lighting	Emotional trauma is underreported but prevalent; shelters offer respite.
Economic abuse	14	Denial of property rights, financial control, forced dependency	Financial disempowerment reinforces survivors' vulnerability.
Sexual abuse	9	Marital rape, coercion, molestation by in-laws	Sexual violence within domestic spaces often suppressed due to stigma.
Social/cultural coercion	6	Caste-based discrimination, forced rituals, child marriage	Cultural norms continue to oppress and marginalize women.

Table 2: Assessment of Shelter Services vis-à-vis Statutory Guidelines (PWDVA, 2005 and OSC Guidelines)

Service Category	Statutory Mandate	Observed Practice in Shelter Homes	Interpretation
Medical aid	Immediate access to health facilities	Available in 2/3 shelters, but with delays	Partial compliance; delays due to staff shortages and lack of tie-ups.
Legal aid	Free legal support through empaneled lawyers	Accessed only when survivors insist	Lack of proactive support reduces efficacy of protection laws.

Counselling services	Regular psychological and trauma counselling	Sporadic; mostly by interns or short visits	Emotional needs of survivors not sufficiently prioritized.
Skill training / rehabilitation	Vocational training and financial support	Only basic tailoring or embroidery training	Limited economic reintegration; skill mismatch with current job markets.
Temporary accommodation	Up to 1 year with provisions for extension	Average stay < 6 months	Survivors often pressured to return to abusive homes due to space constraints.

Table 3: Help-Seeking Behavior and Institutional Perception among Survivors

Behavioral Theme	Frequency in Responses	Illustrative Quote	Interpretation
Delay in seeking help	17/25	"I thought things would improve... I was ashamed to speak out."	Shame, fear of stigma, and hope for reconciliation delay escape from abuse.
Reliance on police or neighbors first	14/25	"Police told me to adjust; neighbours said go back home."	Informal mechanisms often reinforce silence or compromise.
Lack of awareness about rights/shelters	12/25	"I didn't know such places even existed."	Awareness campaigns not reaching vulnerable rural populations effectively.
Positive perception of shelter staff	19/25	"They were kind... at least I felt heard here."	Compassionate staff can restore agency and self-worth.
Distrust in legal system	15/25	"Cases drag for years... What's the point?"	Judicial delays undermine faith in long-term protection mechanisms.

Table 4: Experiences of Shelter Home Staff and Institutional Challenges

Stakeholder	Key Challenges Identified	Interpretation
Shelter Home Staff	Overcrowding, inadequate funds, lack of trained counsellors	Overburdened system; need for better training and state support.
Legal Aid Providers	Survivors lack documents, follow-ups difficult, low conviction rates	Procedural rigidity hinders access to justice.
Social Workers	Family/community pressure, survivor reluctance to file cases	Survivors fear long-term consequences of reporting.
Administrators	Delay in fund release, bureaucratic approvals for minor provisions	Administrative inefficiency affecting service delivery.

5. Discussion

The qualitative insights from survivors and stakeholders across Gurugram, Karnal, and Sonipat reveal deeply entrenched socio-cultural and systemic barriers that shape both the abuse trajectories of women and the institutional response mechanisms designed to protect them.

1. Types and Triggers of Abuse: The dominant forms of abuse prompting shelter-seeking were overwhelmingly physical (20 out of 25 cases), often linked to dowry-related violence, alcohol-fueled aggression, and restriction of women's autonomy. Emotional abuse, while second in frequency (18 cases), was particularly insidious, with survivors reporting gas lighting, isolation, and verbal humiliation as daily occurrences. Notably, economic abuse (14 cases)—such as withholding financial access or property rights—emerged as a silent but

powerful form of control, contributing significantly to the women's dependence and delayed exit from abusive households. Sexual abuse, though reported in fewer cases (9), reflects the deep-rooted taboo around discussing intimate violations, particularly within marital spaces. Similarly, social and cultural coercion, including caste-based violence, forced rituals, and early marriages, illustrated the intersecting oppressions that render some women more vulnerable than others. These findings support the assertion that abuse is not only multifaceted but also deeply embedded in structural patriarchy and socio-economic hierarchies.

2. Adequacy of Services in Shelter Homes: When assessed against the mandates of the Protection of Women from Domestic Violence Act (PWDVA, 2005) and One Stop Centre (OSC) guidelines, shelter homes in Haryana only partially meet legal expectations. For instance, while medical aid was accessible in two out of three shelters, significant delays due to limited medical partnerships undermined emergency response capabilities. Legal aid, a core component of statutory protection, was inconsistently available and often accessed only when survivors explicitly demanded it. This lack of proactive legal facilitation suggests a gap in implementation that can erode confidence in the justice process. Counselling services were reported to be sporadic and, in most cases, conducted by interns or untrained personnel, limiting their therapeutic impact. The absence of trauma-informed care means that many survivors continue to suffer silently, even after escaping physical abuse. Furthermore, vocational training remained limited to traditional gendered roles such as tailoring, offering minimal economic reintegration in a changing job market. Lastly, the temporary accommodation period, although legally extendable up to one year, was often shortened due to overcrowding and resource constraints, pressuring survivors to return to unsafe environments.

3. Survivors' Help-Seeking Behavior and Perception of Institutions: A major theme across interviews was the delayed help-seeking behavior of survivors. Seventeen out of twenty-five respondents revealed they initially stayed silent due to fear, shame, and a misplaced hope that the abuse would end. In fourteen cases, informal mechanisms—such as contacting neighbors or local police—were the first step, often resulting in victim-blaming or advice to "adjust" rather than escalate. This underscores the persistence of societal stigma and the normalization of domestic violence, especially in rural and semi-urban settings. Critically, twelve survivors admitted being unaware of the existence of shelter homes or their legal rights under PWDVA, pointing to gaps in outreach and public legal literacy. In contrast, nineteen survivors described a positive emotional experience with shelter home staff, noting that they finally felt "heard" and "safe." This highlights the transformative potential of empathetic care in rebuilding trust. However, fifteen survivors also expressed deep mistrust in the legal system, citing lengthy delays and minimal results, which demotivated them from pursuing formal cases. The dichotomy between institutional care and judicial lethargy becomes evident here.

4. Institutional Challenges Faced by Shelter Stakeholders: The narratives of administrators, legal aid providers, and social workers revealed a system under duress. Staff commonly cited overcrowding, underfunding, and lack of professional counsellors as barriers to providing holistic care. Legal providers highlighted the procedural rigidity survivors faced—especially due to a lack of identity documents or formal complaints—which stalled case progress and further discouraged victims. Social workers, meanwhile, pointed to community pressure and family threats as reasons why many survivors were hesitant to file FIRs or appear in court. Administrators emphasized bureaucratic delays in fund disbursement, which limited their ability to ensure timely medical help, nutritional needs, or vocational support. These systemic inefficiencies not only limit the potential of shelter homes but also risk re-victimizing women through neglect or indifference, rather than empowering them toward independence and justice. The first objective sought to explore the types and triggers of abuse that compelled women to seek refuge in institutional shelters. Findings reveal that the abuse experienced by survivors was rarely unidimensional. Rather, it took the form of overlapping physical, emotional,

economic, sexual, and socio-cultural violations. The most frequently cited form was physical abuse, often triggered by dowry demands, substance abuse (particularly alcoholism), and attempts to control women's autonomy, especially mobility and social interaction. Emotional and psychological abuse, while less visible, was equally damaging and included verbal insults, gaslighting, isolation, and continuous humiliation. Economic abuse—such as the denial of property rights, financial dependency, and control over bank accounts—further intensified the survivors' vulnerability. In many cases, women faced sexual violence, including coercion and marital rape, which remained largely underreported due to stigma. Social and cultural coercion, such as forced rituals or caste-based exclusion, was also found to be a trigger, particularly among women from marginalized communities. These findings emphasize that institutional shelter-seeking is often the last resort, arrived at only after prolonged and multifaceted suffering.

The second objective examined how well the services in shelter homes align with the mandates of the Protection of Women from Domestic Violence Act, 2005, and guidelines for One Stop Centres (OSCs). It became evident that while shelters aim to comply with statutory provisions, resource constraints and administrative inefficiencies lead to serious gaps in implementation. For example, although medical assistance is mandated, its actual delivery is delayed in many cases due to a lack of formal partnerships with healthcare providers. Legal aid, another statutory requirement, is inconsistently available and largely dependent on survivors initiating the process themselves. Psychological counselling—a critical component of trauma recovery—is offered sporadically, often by untrained personnel, thereby diminishing its therapeutic value. Furthermore, vocational rehabilitation efforts are limited to basic skills like tailoring, which do not necessarily correspond with job market demands, thus weakening the reintegration prospects for survivors. Lastly, although statutory guidelines allow for temporary accommodation up to one year with possible extensions, the average stay tends to be under six months due to over-occupancy and pressure from families or communities. These shortcomings point to the urgent need for structural strengthening, better funding, trained personnel, and inter-agency coordination.

The third objective focused on understanding the survivors' help-seeking behaviors and their perceptions of institutional efficacy. A significant portion of the survivors reported delayed help-seeking, primarily due to feelings of shame, fear of social stigma, and a false hope that the abuse would eventually cease. Many initially sought informal support—from neighbors, relatives, or local police—but found these avenues to be dismissive or counterproductive, often reinforcing gendered expectations of endurance and silence. A notable number of survivors (almost half) were unaware of their rights or the existence of shelter services until a critical incident forced intervention. This highlights the failure of outreach and awareness programs at the grassroots level. Despite these systemic gaps, most survivors expressed appreciation for the empathy shown by shelter staff, describing the institutional environment as supportive and, at times, life-saving. However, this appreciation was tempered by a shared frustration with the slow judicial processes, lack of follow-up support, and fear of being forced to return to unsafe households. These narratives underscore the importance of institutional trust-building, survivor-centric legal aid, and post-shelter reintegration support.

6. Recommendations

- Regular training programs for shelter home staff on trauma-informed care and legal rights.
- Establish dedicated legal aid cells within shelter homes to provide timely and comprehensive legal assistance.
- Allocate funds to upgrade shelter home facilities, ensuring they meet the standards of safety and hygiene.
- Develop protocols for coordinated action among police, healthcare providers, legal services, and shelter homes.

- Regular audits and feedback systems to assess the quality of services and address grievances.

7. Conclusion

Shelter homes in Haryana serve as critical lifelines for women fleeing abuse, offering a temporary sanctuary from violence rooted in patriarchy, poverty, and social stigma. This study underscores their importance in not only providing physical protection but also facilitating emotional healing and, potentially, legal redress. However, the findings reveal that these institutions, while well-intentioned, are often under-resourced, inconsistently regulated, and inadequately equipped to meet the multidimensional needs of survivors. The systemic gaps—ranging from delayed medical care and sporadic counselling to inadequate legal assistance and vocational support—highlight a significant disconnect between statutory mandates and on-ground realities. Survivors' voices make it clear that safety alone is not enough; what is needed is a holistic, rights-based approach that empowers them to rebuild their lives with dignity, agency, and independence. Furthermore, the hesitation among survivors to seek institutional support, coupled with their mistrust in the judicial process, reflects a broader crisis of confidence in public systems meant to protect them. The testimonies from shelter staff and stakeholders expose operational constraints such as bureaucratic delays, lack of trained professionals, and weak inter-departmental coordination—all of which compromise the quality of care. Thus, to transform shelter homes into true havens of justice and recovery, it is imperative to ground institutional reforms in the lived realities of survivors. This means expanding awareness campaigns, ensuring timely resource allocation, institutionalizing trauma-informed care, and strengthening judicial accountability. Only by bridging the gap between legal frameworks and experiential realities can the state uphold its commitment to gender justice and human dignity. Through these targeted reforms, shelter homes can evolve from mere sites of refuge into empowered spaces of healing, rehabilitation, and transformation.

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