



From Marginalization to Empowerment: A Historical Perspective on Advancing Women's Protection and Combating Gender-Based Violence

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ABSTRACT

This study explores the evolution of women's rights since the early 20th century and examines the development of One Stop Centres (OSCs) as pivotal mechanisms for addressing gender-based violence and promoting state accountability. Over the past century, shifts in societal perceptions and legal frameworks have progressively acknowledged gender-based violence as both a public concern and a human rights issue. International conventions, such as the United Nations Declaration on the Elimination of Violence Against Women, have encouraged states to adopt comprehensive approaches to prevent, address, and redress violence against women.

In this context, OSCs have emerged as integrated support centers that provide essential services, including medical care, psychological support, legal aid, and temporary shelter. This study situates OSCs within the historical trajectory of women's rights advancements, assessing their alignment with international human rights standards and their effectiveness as instruments of state accountability. Through qualitative analysis of policy documents, case studies, and stakeholder insights, the study identifies operational strengths and gaps within OSCs, offering recommendations to enhance their impact. The findings underscore OSCs' critical role in fulfilling state responsibilities and advancing the global agenda for women's rights and safety.

Keywords: *Women; Rights; Empowerment; Policy; Gender-Based Violence; One Stop Centres OSCs*

1. Introduction

The last century has witnessed profound advancements in women's rights, shaping societal perceptions and state responsibilities regarding gender-based violence (GBV). Early movements in the 1900s, such as the women's suffrage and legal rights campaigns, laid foundational changes for women's role in society. However, issues of domestic violence and sexual assault were often relegated to the private sphere, receiving minimal attention from formal institutions. It wasn't until the rise of second-wave feminism in the 1960s and 1970s that gender-based violence became a public concern, prompting the establishment of crisis centers, shelters, and advocacy organizations dedicated to supporting survivors and challenging societal norms around GBV.

A significant shift occurred with the United Nations' 1993 Declaration on the Elimination of Violence Against Women, which recognized GBV as a human rights violation, holding states accountable for preventing and addressing such violence. This global acknowledgment spurred governments worldwide to create more coordinated and accessible support systems for survivors. Among these initiatives, One Stop Centres (OSCs) emerged as critical mechanisms, providing an integrated model of support for women, including medical care, psychological counseling, legal aid, and safe shelter—all under one roof. OSCs were designed not only to offer immediate assistance but also to reduce re-traumatization and systemic barriers faced by survivors when navigating multiple agencies.

This study examines the historical and theoretical foundation of OSCs, analyzing their role in advancing women's rights and aligning with international human rights standards. By assessing OSCs as mechanisms of state accountability, the study seeks to evaluate their effectiveness in fulfilling state obligations to protect and empower women affected by violence. This research aims to provide insights into the progress and challenges associated with OSCs, highlighting their importance in the ongoing global effort to enhance safety, dignity, and justice for women.

2. Historical Context

2.1 Early 1900s–1960s: Women's Suffrage and Early Rights Movements

The early 20th century marked a pivotal shift as women began organizing for suffrage and other civil rights, ultimately achieving the right to vote in the United States in 1920 with the passage of the 19th Amendment and in other regions following suit (McCammon et al., 2001). However, despite these advancements, state intervention in gender-based violence (GBV) remained minimal. The suffrage movement largely focused on establishing a public presence for women, often bypassing issues related to private violence and oppression within family structures (DuBois, 1975). Feminist theorists argue that this early activism laid the groundwork for later challenges to GBV by establishing a foundation of political empowerment and increased visibility for women's issues (Smith, 2019).

2.2 Second-Wave Feminism (1960s–1980s): Rising Awareness of Gender-Based Violence

The emergence of second-wave feminism during the 1960s and 1970s brought renewed attention to GBV as activists began addressing violence as both a social and systemic issue. The movement broadened its scope from political rights to include issues like workplace discrimination, reproductive rights, and sexual violence. The establishment of crisis centers and shelters in this era represented some of the first organized resources for survivors, highlighting the need for community support and institutional change (Omvedt, 2021). Scholars note that the discourse around GBV became increasingly prevalent due to second-wave efforts, with activism expanding globally and linking to various other human rights issues (Khan, 2015).

2.3 Global Recognition of GBV as a Human Rights Issue (1990s–2000s)

The recognition of GBV as a human rights violation became solidified with international policy initiatives, such as the 1993 United Nations Declaration on the Elimination of Violence Against Women, which explicitly framed GBV as a fundamental human rights issue and called for increased state accountability (Jameel, A., & Ahmed, W.2021; Pickup et al., 2001). This period saw a global surge in advocacy for laws that mandate state responsibility in protecting women from violence and ensuring access to justice. Researchers identify this era as transformative, as states were now expected to implement legal frameworks to combat GBV effectively, establishing the groundwork for One Stop Centres (OSCs) and similar institutions focused on holistic survivor support (Bryson, 1992).

This historical trajectory demonstrates a progressive development in the recognition and response to GBV, evolving from minimal engagement in the early 1900s to an internationally recognized human rights issue by the 1990s. The creation of OSCs reflects this ongoing evolution, serving as modern manifestations of these earlier movements by integrating survivor support and state accountability into their operational framework.

3. The Role of One Stop Centres in Addressing Gender-Based Violence

One Stop Centres (OSCs) provide integrated, comprehensive services for survivors of gender-based violence (GBV), combining medical, legal, and psychological support under one roof to reduce trauma and simplify access to assistance. By centralizing resources, OSCs streamline survivors' journeys toward recovery while promoting state accountability in protecting women's rights. This model aligns with international human rights standards, reinforcing the state's commitment to preventing and addressing GBV.

3.1 Development and Objectives of OSCs

One Stop Centres (OSCs) emerged as critical institutions designed to provide integrated support for survivors of gender-based violence (GBV). These centers follow a multidisciplinary model that consolidates medical, legal, and psychological services in one location, ensuring survivors do not have to navigate multiple agencies independently. This integrated approach aims to mitigate further trauma by reducing the number of times survivors must recount their experiences (Undie et al., 2019). In countries like Bangladesh, OSCs have become essential for survivors of spousal violence and child abuse, providing comprehensive care and emphasizing the importance of community involvement to encourage help-seeking behavior (Newaz et al., 2023).

3.2 Case Examples of OSCs in Different Countries

South Africa: The Thuthuzela Care Centres in South Africa serve as prominent examples of OSCs tailored to local needs, addressing the country's high rates of GBV through holistic service provision. Research on Thuthuzela Centres indicates positive feedback from survivors, with many reporting that the single-location model eased their access to essential support services and facilitated better communication with healthcare and law enforcement professionals (Bougard & Booyens, 2015). However, socio-economic challenges such as poverty and infrastructural limitations can impact service accessibility, particularly in rural regions (Mosavel et al., 2012).

Bangladesh: In Bangladesh, OSCs are largely concentrated in urban hospitals, such as those in Dhaka, where they provide legal and medical services to survivors of domestic violence. A study conducted at Dhaka Medical College's OSC showed that the majority of cases involved domestic violence,

highlighting the prevalence of spousal abuse in rural areas. While the OSC model aids survivors, the reliance on informal support networks often delays help-seeking behaviors, revealing a need for increased community-based awareness programs (Khanom et al., 2011).

India: India established OSCs following national policy reforms in response to public outcry over sexual violence. The centers aim to provide survivors with all necessary services in a single location. Despite their potential, studies show that resource limitations and strained law enforcement systems have affected the effectiveness of these OSCs. Survivors often face delays in accessing legal assistance, underscoring a gap between policy intentions and practical implementation (Agarwal & Sharma, 2022).

3.3 Alignment with International Human Rights Standards

OSCs align closely with international human rights standards by fulfilling state obligations under conventions like the United Nations Declaration on the Elimination of Violence Against Women. This framework obligates states to protect survivors, prevent future violence, and provide accessible services (Bishwajit et al., 2016). By integrating support services, OSCs promote a survivor-centric approach that recognizes GBV as a violation of fundamental human rights. This alignment reinforces the OSC's role in helping states meet their international commitments, particularly in contexts where state response has historically been minimal.

4. Impact of OSCs on Women's Rights and State Accountability

One Stop Centres (OSCs) significantly enhance state accountability and promote women's rights by providing critical, comprehensive services to survivors of gender-based violence (GBV) while ensuring adherence to legal obligations. OSCs establish a centralized platform that enables states to monitor and assess the effectiveness of GBV interventions, thus reinforcing their commitment to protecting women's rights and fulfilling international human rights obligations (Colombini et al., 2012). For instance, in Malaysia, the OSC model was scaled up nationally to support survivors, reflecting the government's commitment to public health responses to GBV, although challenges related to limited resources and staff training persist (Olson et al., 2020).

The centralized nature of OSCs also facilitates coordinated support from multiple sectors, minimizing retraumatization for survivors who would otherwise navigate fragmented services. In India, OSCs streamline the justice process for survivors, directly addressing delays in access to services, although inconsistent implementation due to limited resources remains a barrier (Agarwal & Sharma, 2022). Moreover, the integrated approach aligns with international human rights standards, reinforcing accountability frameworks, as OSCs require states to address structural barriers impacting survivors' access to justice and protection (Sikder et al., 2021).

5. Conclusion

In summary, One Stop Centres (OSCs) play a pivotal role in advancing women's rights and ensuring state accountability in addressing gender-based violence (GBV). Through integrated, multidisciplinary services, OSCs not only provide critical support to survivors but also reinforce the state's legal obligations to protect women's rights. However, the success of these centers varies by location, often influenced by factors like staffing, training, and resources, which can hinder optimal service delivery (Olson et al., 2020; Colombini et al., 2012). Future research should focus on evaluating these centers' long-term impact on survivors' outcomes and examining how consistent funding and policy support can enhance their alignment with human rights standards. Improvements in infrastructure and tailored mental health support could significantly strengthen the OSC model's effectiveness (Dangal et al., 2021).

References

- Agarwal, S., & Sharma, D. (2022). One Stop Crisis Centres for the redress of sexual offenses in India: Addressing gaps between policy, execution, and implementation. *International Journal of Legal Information*, 50, 113-120.
- Bishwajit, G., Sarker, S., & Yaya, S. (2016). Socio-cultural aspects of gender-based violence and its impacts on women's health in South Asia. *F1000Research*, 5, 802.
- Bougard, N. B., & Booyens, K. (2015). Adult female rape victims' views about the Thuthuzela Care Centres: A South African multi-disciplinary service delivery model. *Acta Criminologica: Southern African Journal of Criminology*, 2015, 19-33.
- Bryson, V. (1992). *Feminist political theory: An introduction*.
- Colombini, M., Mayhew, S., Ali, S. H., Shuib, R., & Watts, C. (2012). *An integrated health sector response to violence against women in Malaysia: lessons for supporting scale up*. BMC Public Health, 12, 548.
- Colombini, M., Mayhew, S., Ali, S. H., Shuib, R., & Watts, C. (2012). *An integrated health sector response to violence against women in Malaysia: lessons for supporting scale up*. BMC Public Health, 12, 548.
- Dangal, B., Khadka, M., Moktan, S., Khadka, S., Ghimire, R., Dahal, R., Dong Tamang, D., Kayastha, S., Jirel, S., & Bajagain, G. (2021). *Addressing Gender Based Violence in rural Nepal with One Stop Crisis Management approach*. Journal of General Practice and Emergency Medicine of Nepal.

- DuBois, E. C. (1975). The radicalism of the woman suffrage movement: Notes toward the reconstruction of nineteenth-century feminism. *Feminist Studies*, 3(1), 63–75.
- Jameel, A., & Ahmed, W. (2021). Sustainable Development Goals and India's Commitment to Gender Justice. *Society & Sustainability*, 3(2), 68-86. DOI: <https://doi.org/10.38157/societysustainability.v3i2.347>
- Khan, A. (2015). A chronicle of the global movement to combat violence against women: The role of the second-wave feminist movement and the United Nations. *Journal of International Women's Studies*, 16(2), 213–244.
- Khanom, R., Saha, D., Begum, K., Nur, J., & Tanira, S. (2011). Violence against women - A study done in the One-Stop Crisis Centre of Dhaka Medical College Hospital, Dhaka, Bangladesh. *Journal of Dhaka Medical College*, 19(2), 98-101.
- McCammon, H. J., Campbell, K., Granberg, E., & Mowery, C. (2001). How movements win: Gendered opportunity structures and U.S. women's suffrage movements, 1866 to 1919. *American Sociological Review*, 66(1), 49–70.
- Mosavel, M., Ahmed, R., & Simon, C. (2012). Perceptions of gender-based violence among South African youth: Implications for health promotion interventions. *Health Promotion International*, 27(3), 323-330.
- Newaz, M., Saha, S., Salekuzzaman, K., & Sultana, S. (2023). Victims of gender-based violence at one-stop crisis centers of Bangladesh. *International Journal of Social Science Research and Review*.
- Olson, R., García-Moreno, C., & Colombini, M. (2020). *The implementation and effectiveness of the one stop centre model for intimate partner and sexual violence in low- and middle-income countries: a systematic review of barriers and enablers*. *BMJ Global Health*, 5.
- Omvedt, G. (2021). The women's movement. *Reinventing Revolution*.
- Pickup, F., Williams, S., & Sweetman, C. (2001). *Ending violence against women: A challenge for development and humanitarian work*. Oxford: Oxfam GB.
- Sikder, S., Ghoshal, R., Bhate-Deosthali, P., Jaishwal, C., & Roy, N. (2021). *Mapping the health systems response to violence against women: key learnings from five LMIC settings (2015–2020)*. *BMC Women's Health*, 21.
- Smith, M. A. (2019). Critical dialogue. *Perspectives on Politics*, 17(1), 253–255.
- Undie, C., Ngebeh, J., Namwebya, J., & Karugaba, J. (2019). Practice-based learning: Observations on one-stop centers in refugee settings.