

Barriers to Access and Uptake of Public Sector GBV Services by Women Survivors of Violence



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BARRIERS TO ACCESS AND UPTAKE OF PUBLIC SECTOR GBV SERVICES BY WOMEN SURVIVORS OF VIOLENCE

Introduction

Gender-based violence (GBV), defined by the United Nations (UN) as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" is a pervasive problem worldwide, transcending geographical boundaries and cultural contexts.

Gender-based violence (GBV) continues to endanger the safety, dignity, and rights of women and girls in Khyber Pakhtunkhwa (KP), undermining progress toward Sustainable Development Goal (SDG) 5 on gender equality. According to the Pakistan Demographic and Health Survey (PDHS) 2017–18, 28% of ever-married women aged 15–49 in KP have experienced physical violence, 6% sexual violence, and 30% emotional violence¹. Despite this the prevalence is likely underreported due to stigma, social pressures, and mistrust in formal institutions.

The Government of KP has taken important legislative and institutional steps such as the Domestic Violence Act (2021), the Ghag Act (2013), and the KP Police Gender Strategy (2024) along with shelters, GBV courts, Gender Desks, and helplines. Yet, public GBV services remain underutilized and survivors frequently navigate a maze of disconnected systems with limited information, untrained frontline staff, and weak linkages and accountability mechanisms.

To understand these complex dynamics and inform evidence-based programming, this study examined the barriers to GBV services, aiming to explore the barriers that GBV survivors face, both on the demand and supply sides, so that targeted, survivor-centric measures can be taken and strengthened to provide quality support.



¹ PDHS 2017 - 2018

Methodology and Design

Qualitative methods were employed to gather rich data from five districts of Khyber Pakhtunkhwa—D.I. Khan, Lower Dir, Kohat, Mansehra, and Nowshera—selected for their geographic, socio-political, and cultural diversity. A purposive sampling approach was used to capture a range of survivor experiences and institutional perspectives.

Data collection included: **10 Focus Group Discussions (FGDs)** with 72 women, comprising both survivors residing in *Dar-ul-Amans* and community women with lived or observed experiences of GBV; **10 In-Depth Interviews (IDIs)** with survivors and community women to document personal narratives and help-seeking experiences; and **45 Key Informant Interviews (KIIs)** with frontline service providers, including police officials, healthcare workers, shelter managers, prosecution, judicial personnel, and provincial-level stakeholders.

Data was thematically analyzed using inductive and deductive coding to identify barriers, gaps, and promising practices across sectors. The research was overseen by a Technical Advisory Group and included safeguards for confidentiality, emotional well-being, and referral support.



Key Findings

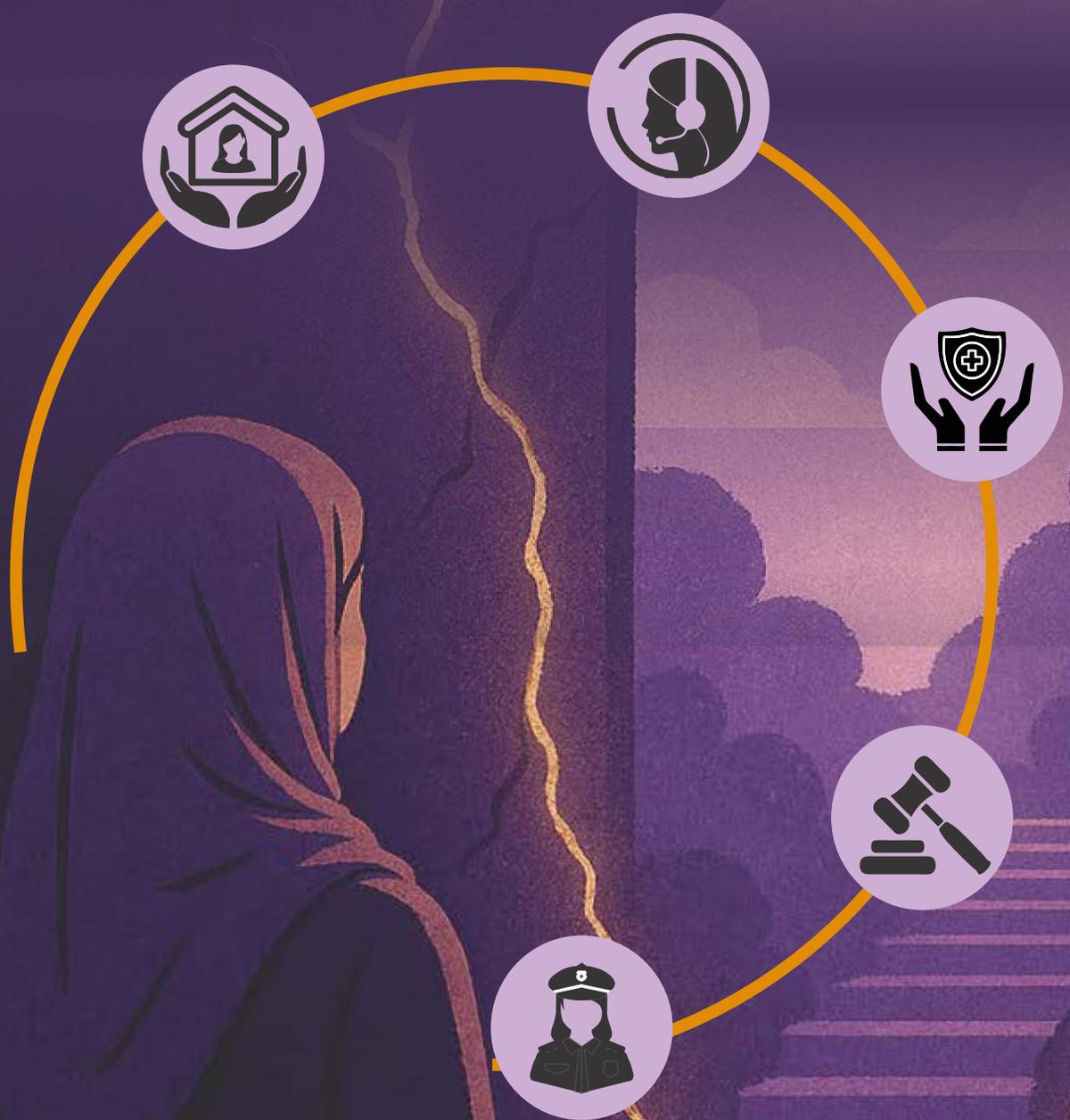
Demand-side barriers highlighted in the study include: stigma and fear of social sanction, which discourage help-seeking, especially in cases involving marital or familial violence; limited awareness of available services, protection laws, and legal rights; mistrust in institutions, (especially police and courts) due to past experiences of blame, extortion, or inaction; logistical barriers like financial dependence, mobility restrictions, and lack of transport particularly affect rural and marginalized women; and intersectional disadvantage (e.g. disability, minority status, divorce) which deepens exclusion from services.

Supply-side barriers that emerged the study include: an insufficient understanding among services of GBV and survivor needs; work in institutional silos as services demonstrate weak coordination and lack of standardized referral pathways; training and protocol inadequacies, such as inconsistent use of SOPs and a lack of trauma-informed training, especially outside urban areas; gender and access disparities, including few female staff in police and health and poor GBV service coverage in rural districts; and finally legal and procedural weaknesses, with DPCs being largely inactive; under-enforcement of laws and minimal survivor feedback.

Key Insights and Discussion Points

- **Perception and delivery gaps mirror one another:** Survivors avoid services they don't trust, while providers remain disconnected from survivor realities.
- **Service readiness:** Even where infrastructure exists (helplines, shelters, courts), uptake remains low due to social, cultural, and procedural barriers.
- **Survivor voice is absent** from system design, undermining both relevance and effectiveness.
- **Policy instruments are underleveraged:** Implementation of existing frameworks (e.g., DV Act, Police Gender Strategy) is weak due to lack of institutional ownership and cross-sector accountability.





Recommendations

I. Policy Recommendations

To address these challenges and improve survivor-centered access to GBV services in KP, the following strategies are proposed:

1. Strengthening Legal and Protection Frameworks and Enhancing Implementation

The focus is on enforcing and fully implementing GBV-related and pro-women laws, particularly the KP Domestic Violence Act, 2021. Key actions include

- Mandating strict legal enforcement and operationalization,
- Developing an implementation framework with timelines,
- Institutionalizing survivor protection policies with confidentiality protocols and anonymous reporting
- Activating District Protection Committees (DPCs) through clear plans, budget allocation, and strong monitoring systems.
- Develop implementation checklists and regular progress tracking tools.

2. Institutionalizing Mandatory Gender-Responsive Training and Sensitization:

- Training across key sectors (police, judiciary, healthcare, etc.), focusing on gender attitudes, trauma-informed care, and survivor-centered practices.
- Trainings focus extensively on knowledge (laws, best practices, types of GBV, impact); specific technical skills combined with survivor-centric and trauma informed approach; and attitudes (addressing gender norms, bias, victim-blaming)
- Establishing assessments and incentives for effective learning,
- Scheduling regular refresher sessions,
- Promoting workplace equity through targeted awareness programs, particularly within Public Service Commissions.

3. Coordinated and Integrated GBV Policies Across Government Departments

The goal is to ensure coordinated, efficient, and comprehensive support for GBV survivors through

- Creating integrated GBV policies across all relevant government departments in KP, ensuring mandates and procedures are survivor-centered.
- Establishing formal inter-departmental linkages and Multi-Sectoral Referral Mechanisms (MSRMs) via MOUs and clear SOPs among departments, commissions, shelters, hospitals, and NGOs
- Implement centralized case tracking to improve accountability and reduce duplication.

4. Trauma-Informed Governance and Service Delivery

- Establish a trauma-informed care framework and institutionalize protocols across all service points (police, health, judiciary, shelters) to reduce survivor re-traumatization.
- Provide specialized guidelines for trauma-sensitive case handling
- Create a dedicated cadre of Medico-Legal Officers (MLOs) for GBV cases.

5. Provincial GBV Action Plan

Develop and implement a clear system for training on and executing existing GBV Action Plans, with defined objectives, measurable targets, timelines, and institutional responsibilities.

6. Inclusive Research on Persons with Disabilities (PWDs)

Promote government-funded, collaborative research on GBV experiences of PWDs, ensuring regular reviews (e.g., every three years) to inform responsive policy and service delivery.

II. Implementation Recommendations

1. Expanding Geographic Accessibility of GBV Services

- Establish and activate shelters, legal aid centers, GBV courts, and healthcare facilities in rural areas.
- Deploy mobile service units and set up integrated one-stop centers in priority districts to provide comprehensive, accessible support to survivors.

2. Strengthening District-Level Coordination Bodies

- Empower district coordination teams to oversee referrals and unified service delivery.
- Establish district-level Human Rights offices and ensure regular monitoring and community feedback for District Protection Committees (DPCs).

3. Increasing Dedicated Resources for GBV Response

- Allocate increased budgets for GBV services, staff, shelter, and transport.
- Enhance local financing with accountability indicators, invest in digital case-management systems,
- Construct purpose-built GBV courts to ensure survivor privacy and dignity.

4. Enhancing Training and Capacity Building

- Deliver comprehensive, survivor-centered training, collaborate with key police, judicial, and medical institutions for curriculum improvement, and promote trauma-informed practices.
- Strengthen the role of local leaders and influencers as GBV advocates.

III. Procedural Recommendations

Improving Access, Oversight, Ethical Standards, and Coordination in GBV Services

1. Streamlining Access to Services

- Establish integrated one-window service centers to consolidate police, healthcare, shelter, and counseling services.
- Remove bureaucratic barriers and restrictions on shelter access, and enhance access to free, quality legal aid—including pro-bono legal departments and incentives for female prosecutors.

2. Strengthening Monitoring and Evaluation

- Implement regular audits and survivor feedback systems to uphold survivor-centered standards.
- Define a clear monitoring structure, consider third-party oversight, and ensure transparency and accountability in service delivery.

3. Enforcing Ethical Standards and Confidentiality

- Strictly enforce confidentiality protocols, across all GBV services
- Impose Swift Disciplinary Actions against any unethical, dismissive, or harmful behavior towards survivors.
- Accelerate the functioning of dedicated GBV courts with trained, especially female, staff.
- Strengthen case management through standardized tools, multi-sectoral coordination, tailored safety plans, trauma-informed support, and specialized training.
- Adopt secure digital case-management systems like GBVIMS+ with strong data protection and information-sharing protocols ensuring survivors safety, privacy and informed consent.

4. Strengthening Case Management and Systems for GBV Survivors

- Ensure a high standard of care, case management, coordination, and protection for survivors of Gender-Based Violence through
- Standardizing intake and risk assessment processes,
- Maintaining updated multi-sectoral referral pathways,
- Structured follow-up plans and safeguarding survivor anonymity
- Case conferencing for complex cases,
- Individualized safety plans including relocation and emergency support.
- Provision of Psychological First Aid (PFA), and timely referrals to counselors.
- Specialized training on,
- Training of Caseworkers for tracking systemic barriers for advocacy, and working with marginalized groups
- Mandatory supervision, training, and debriefing to maintain ethical and effective support while preventing burnout.

5. Enhancing Coordination, Case Continuity

- Strengthen inter-agency communication and implement standardized referral protocols to ensure survivors receive uninterrupted, coordinated support across all services(healthcare, legal aid, counseling, and shelter)..

6. Strengthening Shelter Protocols (Dar-ul-Amans)

- Align shelter services with the UN Essential Services Package (ESP) and related SOPs, ensuring access to legal, medical, counseling, and reintegration support.
- Train shelter staff accordingly, guarantee privacy, counseling spaces, and safe transport,
- Establish systems for long-term reintegration, including skills development and post-discharge follow-up.

IV. Awareness and Advocacy Recommendations

1. Public Awareness Campaigns

- Launch multimedia GBV awareness campaigns in collaboration with civil society, using local languages relevant to KP's diverse communities.
- Assign clear roles, designate responsible departments (e.g., Directorate of Information) for implementation, and oversight of these public awareness campaigns across all media channels (TV, radio, print, and social media)
- Grassroots outreach to challenge patriarchal norms and normalizing survivor empowerment.

2. Economic Empowerment for Survivors

Offer tailored vocational training and microfinance support to help survivors achieve financial independence, with a focus on rural and underserved districts like DI Khan, Kohat, and Lower Dir.

3. Engaging Local Stakeholders

- Partner with religious leaders, elders, and NGOs to challenge harmful norms and support survivor reintegration.
- Promote advocacy through community dialogues, workshops, and survivor-led support networks.

4. GBV Education in Formal and Informal Settings

- Integrate GBV education into school and college curricula,
- Conduct community workshops to reduce stigma, encourage dialogue, and promote gender equality and survivor support.



Conclusion

This study highlights the significant barriers women survivors of GBV face in accessing public sector services in Khyber Pakhtunkhwa. Despite important policy efforts, such as the KP Domestic Violence Act (2021), the establishment of shelters, gender desks, and helplines implementation remains inconsistent and survivor access limited.

Survivors are held back by stigma, lack of information, social and financial constraints, and deep mistrust in state systems. On the service side, providers often have limited understanding of GBV, receive minimal gender or trauma-informed training, and work in siloed systems with weak coordination and oversight. Even where services exist, they are fragmented, under-resourced, and difficult to access especially for women in rural and marginalized communities.

This research, suggests that stronger coordination, better training, and survivor-centered approaches are urgently needed. The policy and implementation recommendations developed from this study aim to support the Government of KP and its partners in closing these gaps and moving toward a more integrated, responsive, and equitable GBV service system.



(Scan for full Research Report)



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