

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



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2025

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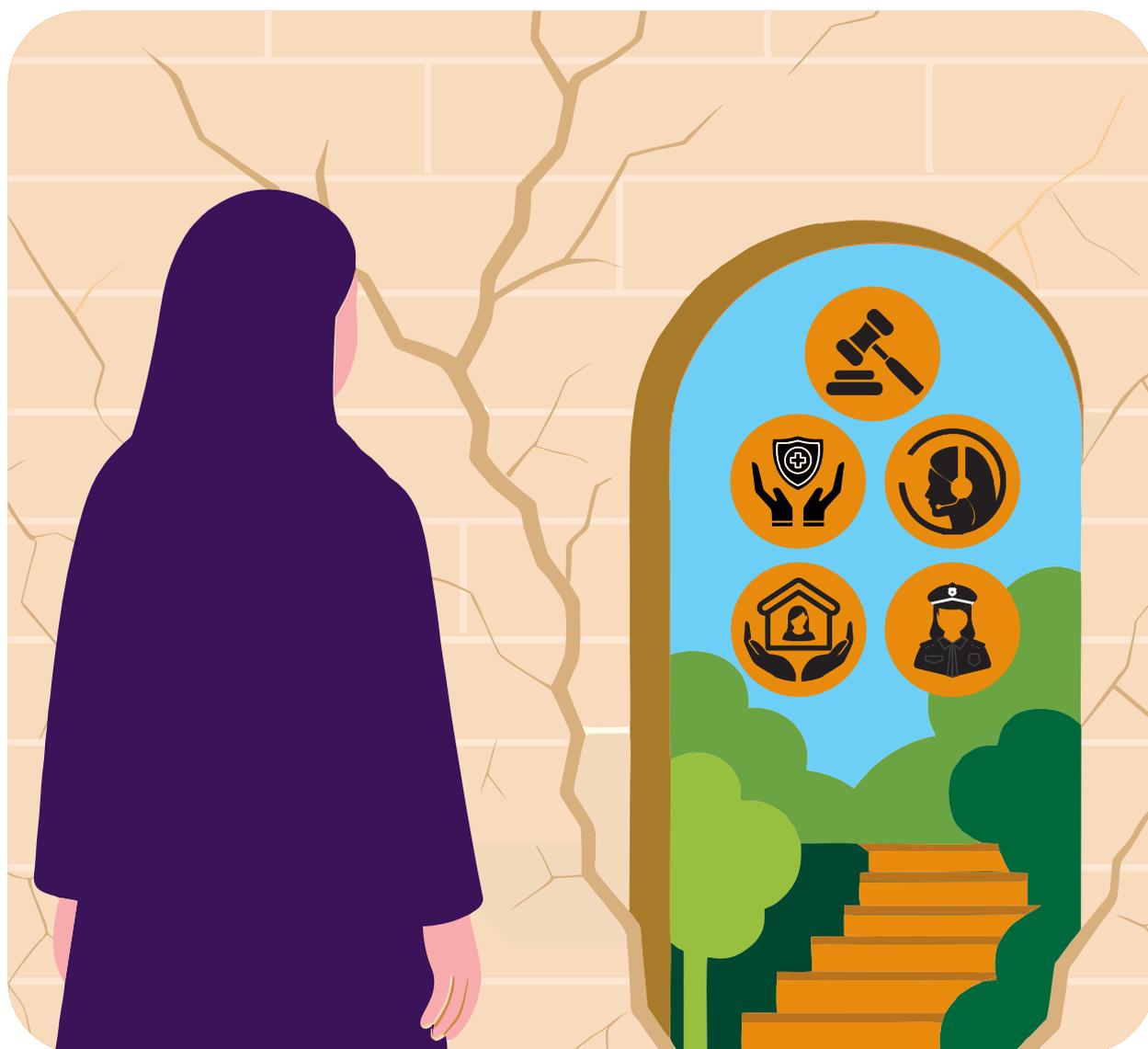
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# Barriers to Access and Uptake of Public Sector GBV Services by Women Survivors of Violence





# Acknowledgement

This research study was conducted with the invaluable support and collaboration of several key institutions committed to strengthening the response to Gender-Based Violence (GBV) in Khyber Pakhtunkhwa.

Gratitude is extended to the Planning and Development Department (P&D), Government of Khyber Pakhtunkhwa, particularly the Social Protection & Gender Mainstreaming (SP&GM) Section, for their leadership, strategic oversight, and facilitation throughout the research process. Special appreciation is due to the Ombudsperson Khyber Pakhtunkhwa for valuable guidance and continued commitment to gender justice.

This study greatly benefited from the partnership and technical support of UNFPA, Rozan, and the Foreign, Commonwealth & Development Office (FCDO). Their collaboration, review, and constructive feedback at various stages ensured the study's relevance, quality, and alignment with international best practices in GBV prevention and response.

Thanks, are also due to the Technical Advisory Group (TAG) members for their insightful recommendations, as well as to focal persons and representatives from relevant government departments, including the Social Welfare Department, Police Department, Health Department, Prosecution Department, and the Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW). Their contributions helped contextualize the findings and informed the development of practical and policy-relevant recommendations.

The efforts of field teams, data enumerators, and research facilitators are also acknowledged. Most importantly, sincere thanks are extended to all participants, whose voices, experiences, and perspectives formed the foundation of this research.

This research report is a reflection of a shared commitment to advancing coordinated, survivor-centered, and evidence-based GBV response systems in Khyber Pakhtunkhwa.





**MR. IKRAMULLAH KHAN**  
**ADDITIONAL CHIEF SECRETARY, P & D**  
**DEPARTMENT, KHYBER PAKHTUNKHWA**

Gender-Based Violence (GBV) is not only a violation of human rights but also a serious development challenge. The Government of Khyber Pakhtunkhwa is cognizant of the need to address GBV through a multi-sectoral, well-coordinated response. The Planning and Development Department has prioritized GBV within the provincial development agenda, integrating it into strategic planning, sectoral policies, and public investments. We have allocated significant resources to projects aimed at prevention, protection, and survivor support.

Our key initiatives include but not limited to establishment of Gender-Responsive Desks in police stations, supported by EU-UNDP's Deliver Justice initiative, equipping 4-stations in Peshawar and training 550+ officers (incl. 90+ women) in GBV-sensitive procedures. Launch of KP's first-ever police Gender Strategy, accompanied by SOPs for gender-sensitive handling of GBV cases, reinforcing rule-of-law priorities under the KP Roadmap 2023-28. Up-gradation of 125 industrial-training centers to offer market-driven skills for GBV survivors, along with expansion of Dar-ul-Aman shelters and boosting of the "Bolo" Helpline's outreach. Under ADB's KP Health Systems Strengthening Program, a province-wide advocacy workshop and training was conducted for 32 hospitals to strengthen GBV clinical response and referral systems. Through a collaboration led by SWD-KP, UNFPA, and Rozan, the ADP funds the institutionalization of GBV case-management training for social welfare officers, Dar-ul-Aman and helpline staff.

The Government of KP remains committed to building a safer, more just society for women and girls. Ending GBV is essential for inclusive development, and we will continue to lead through informed planning, resilient systems, and people-centered approaches.



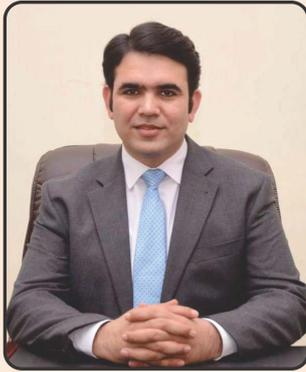
**MR. ADEEL SHAH**  
**SECRETARY P & D DEPARTMENT**  
**GOVERNMENT OF KHYBER**  
**PAKHTUNKHWA**

Addressing Gender-Based Violence (GBV) requires structured planning, targeted investment, and institutional reform. It is matter of pride that KP has moved beyond rhetoric to action by embedding GBV response within the province's Annual Development Programme (ADP).

Over recent years, we have undertaken a range of evidence-informed interventions: from the establishment of Gender Desks in police stations and upgrading Dar-ul-Aman shelters, to launching gender-sensitive training for service providers across the health and social sectors. These efforts are not standalone; they reflect the province's broader commitment to inclusive, rights-based development.

In partnership with stakeholders and development partners, our department has advanced a cross-sectoral approach – ensuring that GBV is addressed not only as a social issue, but as a governance and development priority. We're aligning our planning tools, budgets, and monitoring systems accordingly.

This publication is both timely and necessary. It serves as a reflection of our progress, and a reminder of the work ahead. As planners and policymakers, we remain committed to building resilient public systems where no woman or girl is left behind.



**MR. ARIF AWAN**  
**CHIEF ECONOMIST, PLANNING &  
DEVELOPMENT DEPARTMENT**

Policy without evidence is directionless, and this research offers vital insights into one of the most neglected areas of public service delivery—gender-based violence response. As a development economist, I view GBV not only as a human rights issue but also as a constraint to economic productivity, social cohesion, and inclusive development.

This study allows us to analyze the return on our social investments and highlight where structural inefficiencies are bleeding both public funds and human potential. Survivors of GBV face layered disadvantages: from stigma and silence to inaccessible or dysfunctional services. The findings compel us to rethink resource allocation, introduce gender-sensitive public finance, and strengthen institutional monitoring.

At a time when governments face competing development priorities, this report is a reminder that gender justice is non-negotiable. It is imperative to treat survivor-centric services as a development necessity rather than a welfare obligation. I hope this study becomes a tool for transformative change—informing planning cycles, budget frameworks, and outcome evaluations in the years to come.



**MS. SHAZIA ATTA**  
**CHIEF, SOCIAL PROTECTION & GENDER  
MAINSTREAMING SECTION, P&D  
DEPARTMENT**

This study is not merely a document—it is a testament to the courage of survivors, the commitment of our stakeholders, and the growing recognition that gender-based violence must be addressed as a cross-cutting development concern. As the Chief of the SP&GM Section, I am proud to see the provincial government take ownership of such a sensitive and critical issue in collaboration with our development partners.

The narratives in this report are powerful and painful. They reflect both the strength of women who have endured unimaginable trauma and the shortcomings of the systems that were meant to protect them. We heard their voices, and it is now our responsibility to respond—not just with sympathy but with structural reform, improved coordination, and sustained investment in gender-sensitive service delivery.

Let this report serve as a blueprint for a more compassionate, capable, and inclusive state response. We envision a Khyber Pakhtunkhwa where women do not have to choose between safety and stigma, between justice and silence. Let us build a future where every woman who seeks help is met with dignity, competence, and care. That is the promise we must strive to fulfil.



**MR. BABAR BASHIR**  
MANAGING DIRECTOR, ROZAN

A robust and coordinated mechanism for responding to gender-based violence (GBV) plays a critical role in building trust of survivors, holding perpetrators accountable, and shifting harmful societal norms and practices. However, despite constitutional protections and national laws, GBV survivors often struggle to access justice, protection, and essential services, which are recognized as their universal rights. These challenges are further complicated by socio-cultural norms, institutional weaknesses, and limited coordination among service providers. Understanding these barriers is the first step in strengthening the response mechanism, as it helps ensure that policy decisions reflect both the lived experiences of survivors and the challenges service providers face in navigating with the support system.

Over the past two decades, a major area of Rozan's work has been to strengthen institutional response on GBV. A key observation of our experience is the need for a comprehensive and accessible response mechanism for survivors of gender based violence. The research study titled "Barriers to Access and Uptake of Public Sector GBV Services by Women Survivors of Violence" reflects the real-life situations faced by survivors and explores what is necessary to ensure that services are accessible, responsive, and centered around survivors needs.

I am incredibly grateful to our partners in the SP&GM Section at the P&D Department, Government of Khyber Pakhtunkhwa for their leadership, to UNFPA for their ongoing support, and to the members of the Technical Advisory Group for their thoughtful guidance. A special thanks goes to the dedicated staff at Darulamans, and GBV service providers, who not only shared their experiences for this study but continue to do a remarkable work every day, often under challenging circumstances.

At Rozan, we remain deeply committed to building a society where survivors of violence are treated with care, respect, and justice. I hope this research study helps bring us one step closer to that vision and serves as a valuable resource for all those dedicated to preventing and responding to GBV through transforming systems into drivers of sustainable social change.



**DR. LUAY SHABANEH**  
COUNTRY REPRESENTATIVE, UNFPA

Gender-based violence (GBV) persists as one of the most widespread human rights violations worldwide. Shockingly, one in three women has endured physical or sexual violence—perpetrated either by an intimate partner or a non-partner. This alarming reality underscores the urgent need for global and local level actions to prevent, address, and ultimately eradicate GBV.

UNFPA is dedicated to the elimination of GBV and harmful practice and contributes to the prevention and response GBV cases. Ending gender-based violence and harmful practices like child marriage demands sustained, concrete action including stronger institutional capacity, systems, policies, and laws. At UNFPA, we know that robust data and evidence are essential to ensure these efforts are effective, survivor-centered, and responsive to real needs.

In this context, it is pertinent to assess the barriers faced by survivors in accessing GBV services. UNFPA, under the FCDO -funded Aawaz II program, supported the Social Protection and Gender Mainstreaming section of Planning and Development Department of Khyber Pakhtunkhwa and Rozan in this study to assess the barriers faced by the survivors and service providers. The recommendations outlined in the study offer a clear roadmap to build a more resilient, inclusive, and survivor- responsive system securing the rights of survivors and service providers. It further emphasizes the need for and importance of institutionalization of GBV Case Management training, supervision, and data systems to ensure accountability and improve service delivery. The study also provides a clear set of activities for the creation and enabling environment for women survivors, ensuring that every woman and girl who experiences violence can access safety, dignity and a pathway to healing and recovery.

I would like to express my gratitude for the leadership of the Planning and Development Department for taking the leadership for conducting the study in Khyber Pakhtunkhwa. I am confident that with consistent and collaborative efforts, we can achieve the planned objective on elimination of gender based violence.



## List of Acronyms

Acronym	Full Form
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DuA	Dar-ul-Aman (women's shelter)
FCDO	Foreign, Commonwealth & Development Office
FGD	Focus Group Discussion
FIR	First Information Report
GBV	Gender-Based Violence
IDI	In-Depth Interview
KII	Key Informant Interview
KP	Khyber Pakhtunkhwa
KPCSW	Khyber Pakhtunkhwa Commission on the Status of Women
MLC	Medical Legal Certificate
MLO	Medico-Legal Officer
NDHS	Nepal Demographic and Health Survey
NGO	Non-Governmental Organization
OSC	One Stop Centre
P&D	Planning and Development Department
PDHS	Pakistan Demographic and Health Survey
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
SP&GM	Social Protection & Gender Mainstreaming
TAG	Technical Advisory Group
UNFPA	United Nations Population Fund
VAW	Violence Against Women



## Executive Summary

Gender-Based Violence (GBV) remains one of the most pressing human rights challenges in Khyber Pakhtunkhwa (KP), Pakistan. Deeply entrenched patriarchal norms, discriminatory socio-cultural practices, and institutional barriers continue to expose women and girls to various forms of violence. GBV includes a wide spectrum of harmful acts such as physical, sexual, psychological, and economic abuse, all rooted in unequal power relations and gender discrimination. According to the Pakistan Demographic and Health Survey (PDHS) 2017-18<sup>1</sup>, approximately 28% of ever-married women aged 15-49 in Pakistan have experienced physical violence, and 6% have experienced sexual violence, underscoring the widespread nature of GBV. The prevalence is likely underreported due to stigma, social pressures, and mistrust in formal institutions.

In KP, the situation is particularly dire. In 2024 alone, the province recorded 3,397 GBV cases, including 258 rape cases (with only one conviction), 134 cases of honor killings (with just two convictions), and 943 kidnappings (with a single conviction). These figures highlight not only the magnitude of GBV but also the severe inefficiencies in the legal and justice systems, where accountability is alarmingly low.<sup>2</sup> Such gaps perpetuate a culture of impunity and discourage survivors from seeking justice. Women who survive violence often face a double burden, including physical and emotional trauma, compounded by societal stigmatization, economic dependency, and lack of access to services.

GBV Survivors in KP encounter major socio-cultural and institutional barriers<sup>3</sup>. Cultural norms in the province often discourage women from disclosing abuse or seeking support, equating help-seeking with dishonor. The idea of family and communal prestige frequently overrides individual rights, and women are taught to endure abuse for the sake of maintaining family unity. Survivors who attempt to access support services report being re-traumatized by the very institutions meant to protect them. Health facilities lack privacy and gender-sensitive protocols, police often trivialize complaints or demand bribes, and judicial processes are long, costly, and male-dominated. These dynamics create an environment where many women find it safer to remain silent than to engage with the state.

Despite some progress in legal and institutional reforms, significant implementation gaps remain. Notable laws and strategies introduced include the KP Domestic Violence Against Women (Prevention and Protection) Act, 2021, the Ghag Act 2013, the Child Marriage Restraint (Amendment) Act, the Harassment at the Workplace Act, and the KP Police Gender Strategy 2024. While these frameworks provide a foundation for GBV prevention and response, they often remain under-enforced or poorly operationalized. For instance, critical provisions such as the establishment of District Protection Committees under the Domestic Violence Act remain largely unfulfilled. Services such as Gender Desks in police stations, Dar-ul-Amans (women's shelters), helplines, gender-based violence courts, and referral mechanisms exist but are fragmented, poorly coordinated, and underutilized due to the lack of awareness, resource constraints, and weak intersectoral collaboration.

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<sup>1</sup> PDHS 2017 - 2018

<sup>2</sup> Sustainable Social Development Organization (SSDO), 2024 report

<sup>3</sup> AwazCDS, 2019. Status of Gender Based Violence and Reproductive Health & Rights in Khyber Pakhtunkhwa-2019

To understand these complex dynamics and inform evidence-based programming, this study explored the barriers to GBV services in KP through a qualitative lens. Drawing on a similar methodology used in a Punjab research study (2023), the research was conducted across five strategically selected districts, including Dera Ismail Khan, Kohat, Lower Dir, Mansehra, and Nowshera, and along with representatives of the government and commissions in Peshawar, representing diverse socio-political and geographic contexts. The study employed 10 Focus Group Discussions (FGDs) with survivors and community women (72 participants), 10 In-Depth Interviews (IDIs) with survivors and community women, and Key Informant Interviews (KIIs) with 45 institutional actors, including service providers from police, judiciary, health, , NGOs, and shelter systems abs the government. The research design was informed by a desk review, supported by a Technical Advisory Group (TAG), and guided by ethical principles such as informed consent, confidentiality, risk mitigation, and psychosocial support referrals.

Findings from the demand side (survivors and community women) reveal that women are acutely aware of abuse but feel constrained by financial dependence, mobility restrictions, and internalized patriarchal beliefs. Fear of stigma, societal blame, and reprisals from family members discourages disclosure or help-seeking. Many survivors are forced to compromise with abusers for the sake of their children or due to pressure from extended family and community elders. Survivors who attempt to seek justice report negative experiences with police (e.g., being dismissed, blamed, or extorted), delays and intimidation in courts, insensitivity in healthcare facilities, and a lack of sustained support from shelters. While some NGO services and helplines are appreciated, they are often inconsistent, inaccessible in rural areas, and not well-integrated with state systems.

From the supply side, the study identifies serious knowledge and capacity gaps among service providers. Many institutional actors hold narrow or patriarchal understandings of GBV, often focusing only on physical violence while ignoring emotional, psychological, and economic abuse. Gender sensitivity, trauma-informed approaches, and survivor-centered practices are largely missing. Institutional fragmentation, weak referral systems, and lack of coordination between departments (e.g., police, health, judiciary, social welfare) further diminish the efficacy of available services. Legal actors, including prosecutors and judges, cite political pressures, procedural flaws, and limited protection mechanisms as major obstacles to securing convictions. Health professionals report a lack of protocols or training for identifying and treating GBV survivors, especially in rural or under-resourced districts.

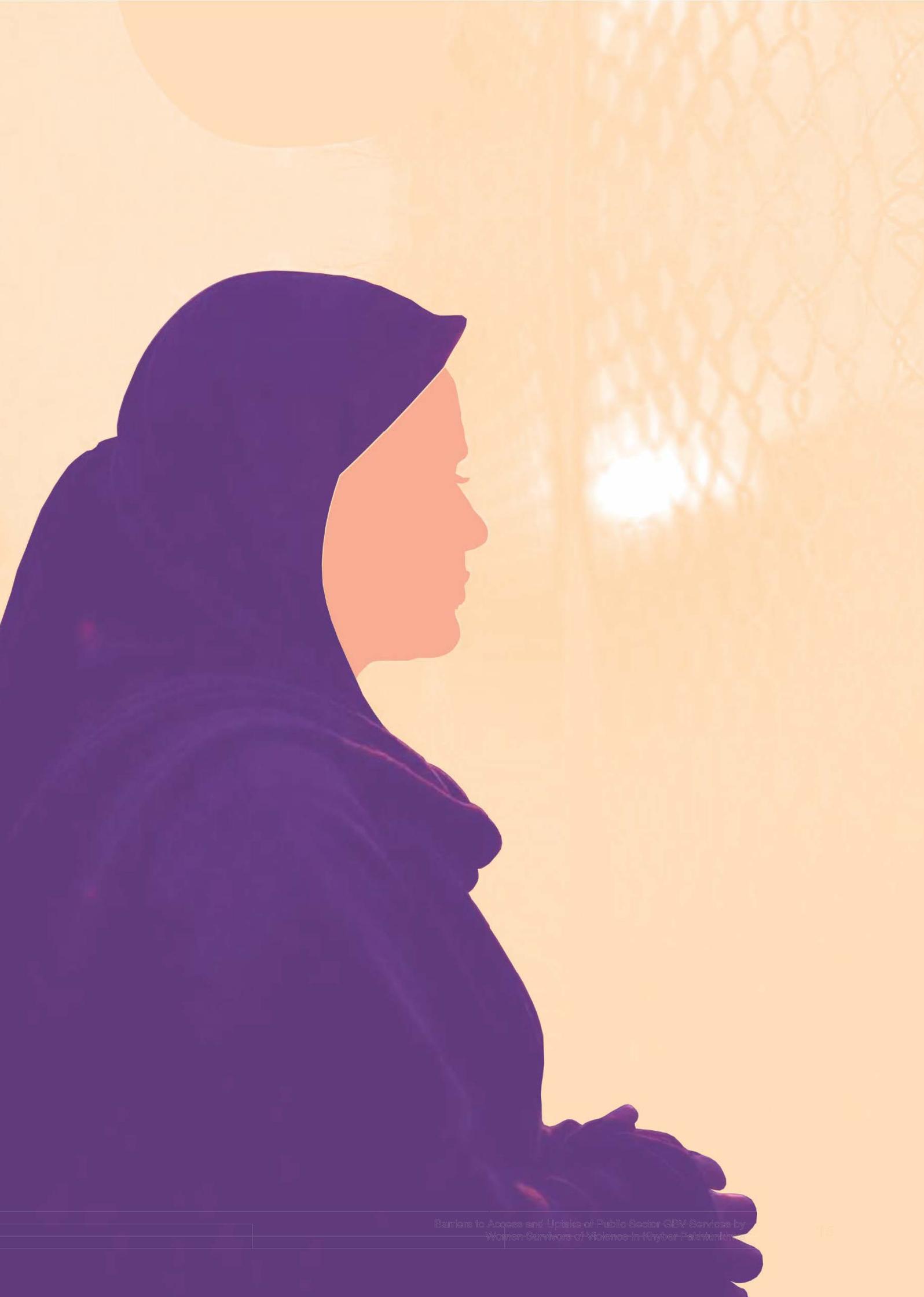
The study maps the current GBV response landscape in KP, identifying significant barriers to availability, accessibility, functionality, and coordination of services. While there is acknowledgment of existing laws and mechanisms, their implementation is severely compromised by inadequate implementation, lack of monitoring, poor budgeting, and absence of survivor feedback loops. Furthermore, the systemic normalization of violence and victim-blaming attitudes even among educated service providers exacerbates survivors' trauma and discourages institutional trust.

In conclusion, the study calls for a multi-pronged, survivor-centered response to address GBV in KP. Key recommendations include:

- Strengthening enforcement mechanisms under existing GBV laws,
- Establishing functional District Protection Committees,
- Capacity-building of institutional actors in gender and trauma-informed approaches,
- Ensuring meaningful survivor participation in service feedback and design,
- Improving coordination across sectors,
- Enhancing outreach and awareness campaigns about available services, particularly in rural areas, and
- Allocating adequate resources for GBV programming and monitoring.

This research offers a crucial evidence base for policymakers, practitioners, and civil society actors aiming to transform KP's GBV response from a fragmented, punitive, and insensitive system to a coordinated, empowering, and survivor-led ecosystem of care and justice.







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# BACKGROUND TO THE STUDY

Gender-based violence (GBV), defined by the United Nations<sup>4</sup> (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. According to the UN Declaration on the Elimination of Violence Against Women (1993)<sup>5</sup> 'Violence against women is a manifestation of historically unequal power relations between men and women.' It further states that 'violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. Violence against women, the most common form of GBV, thus becomes endemic in contexts where women have limited opportunities, resources, and exposure and where women are placed in subservient and dependent positions, both socially and economically.

Patriarchy is deeply rooted in Pakistan and manifests itself in structural discrimination against women and girls. A range of factors serving as hurdles to women's use of support services was succinctly highlighted in a 2023 study by Shirkat Gah-Women's Resource Centre, in collaboration with the Social Welfare Department, Punjab, and UNFPA. The study identified several critical barriers, such as social stigma, limited awareness of available services, and mistrust in institutional responses, as major deterrents. Survivors often faced discouragement from family members, fear of retaliation, and concerns over confidentiality, which further inhibited help-seeking. Additionally, inadequate training of frontline staff, poor inter-agency coordination, and accessibility issues in rural areas compounded the problem, particularly for women with disabilities.<sup>6</sup>

The situation in the Khyber Pakhtunkhwa (KP) province reflects this pattern, with a high prevalence of GBV, strongly entrenched social gender norms that not only perpetuate the violence but also render help-seeking and redressal challenging for its survivors. Survivors of GBV are therefore doubly disadvantaged: first, at a socio-cultural level, society accepts, tolerates and even normalises GBV to such an extent that help seeking is seen as defiance and a challenge to social norms and cultural notions of privacy, honour and family, and women face stigma and at times grave consequences for reporting their ordeal and seeking outside help. Even if they wish to seek help, they are socially disadvantaged in terms of education, awareness, access, mobility, financial constraints and other restrictions imposed on them; second, at a service level, when survivors do access support, they are often met with a lack of sensitivity and survivor-centric support and an inadequate system, fraught with inefficiencies, corruption and a lack of coordination among institutions, which not only denies them relief and justice, but may further exacerbate their situation because of stigma, mistreatment and re-traumatisation.

In recent years, the KP government has made significant efforts to change the picture and introduce laws, policies, and strategies to improve support for GBV survivors. In collaboration with UN agencies, other international organisations, and civil society, it has begun working towards aligning the provincial support and justice system with the UN Essential Services Package. It is therefore imperative that the social and service system is further explored through research that examines barriers and needs both from the survivor's personal and social lived experience, as well as barriers to delivering effective services faced by service providers. This study aims to fill this gap and builds on a similar study conducted in Punjab in 2023.

<sup>4</sup> [https://www.who.int/health-topics/violence-against-women#tab=tab\\_1](https://www.who.int/health-topics/violence-against-women#tab=tab_1)

<sup>5</sup> <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/global-norms-and-standards>

<sup>6</sup> Shirkat Gah – Women's Resource Centre, Social Welfare Department Punjab & UNFPA (2023). Barriers to Access & Uptake of Public Sector GBV Services by Women Survivors of Violence. Lahore: Shirkat Gah. Available at UNFPA Pakistan's publication archive







# THE CONTEXT

The rates of Gender-based violence (GBV) across the region, especially in South Asia, are alarmingly higher than the global average. Studies indicate that a staggering percentage of women in the region experience physical or sexual violence in their lifetime, often at the hands of intimate partners. This violence is fuelled by a complex interplay of deeply rooted patriarchal norms, socio-economic disparities, and traditional practices that often normalize violence and perpetuate gender inequality. Discriminatory gender roles, the prioritization of male interests, notions of privacy, honour, stigma, and restrictions on women's mobility and autonomy contribute significantly to this crisis, making South Asia a particularly dangerous region for women and girls.<sup>7</sup> For example, the UNFPA's 2015 Violence Against Women (VAW) survey in Bangladesh revealed that a staggering 73% of ever-married women have experienced some form of violence

by their husbands in their lifetime, with 55% reporting violence in the preceding year;<sup>8</sup> In Nepal, the 2022 Nepal Demographic and Health Survey (NDHS) indicated that approximately 23% of women aged 15-49 have experienced physical violence since the age of 15, and around 7% have experienced sexual violence in their lifetime.<sup>9</sup> Closer to home, the National Family Health Survey (NFHS)-5 (2019-21) in India indicates that 30% of women aged 15-49 have experienced domestic violence.<sup>10</sup> A 2018 survey showed that 50.8% of women aged 15-49 in Afghanistan have experienced some form of domestic violence.<sup>11</sup>

Inadequate response mechanisms remain a significant challenge across the region. Despite the growing availability of legal frameworks, institutional mechanisms, and support services, survivors face persistent barriers shaped by entrenched patriarchal norms, societal stigma, and



<sup>7</sup> UNICEF, 2019. Pathways to achieve gender equality in South Asia: Addressing Gender Norms and Barriers

<sup>8</sup> UNFPA, 2016. Report on Bangladesh Violence Against Women Survey 2015

<sup>9</sup> Ministry of Health and Population, Nepal. 2022 Nepal Demographic and Health Survey (NDHS)

<sup>10</sup> International Institute for Population Sciences (IIPS). National Family Health Survey (NFHS 5), 2019 - 2021

<sup>11</sup> Cited in the Afghanistan Gender Country Profile (2024) by UN Women

systemic inefficiencies.<sup>12</sup> Research from the region consistently emphasizes the importance of survivor-centred approaches, multi-sectoral coordination, and community-led initiatives to address these challenges effectively. In India, One Stop Centres (OSCs) have been a cornerstone of GBV response since 2015.<sup>13</sup> These centres provide a range of integrated services, including medical aid, legal assistance, and counselling, demonstrating some success in addressing survivors' immediate needs. However, studies highlight significant gaps in accessibility, particularly in rural areas, where societal norms further discourage survivors from reporting violence. Similarly, much like in Pakistan, the implementation of women-friendly laws is inconsistent across underserved regions, underscoring the need for targeted, community-based interventions. Bangladesh has established mechanisms like the National Helpline Centre for Violence Against Women and Children, launched in 2012, which has effectively connected survivors to essential support services.<sup>14</sup> However, societal stigma and financial dependence remain major barriers to service uptake, particularly among rural populations. Research emphasizes the necessity of empowering women economically and raising awareness about legal rights as critical measures to improve the accessibility and utilization of GBV services.

The Pakistan Demographic and Health Surveys (PDHS) play a crucial role in providing essential information and insights into the prevalence and patterns of violence against married women and girls in Pakistan, reflecting the deeply rooted nature of the problem in society, its norms and belief systems. According to the latest PDHS 2017-2018 data,<sup>15</sup> 28% of women and girls aged 15-49 years who have ever been married have experienced physical violence, while 6% report having experienced sexual violence. Considering the low rates of reporting, especially for sexual violence, these statistics highlight the alarming reality that a substantial number of women in Pakistan are subjected to these forms of abuse and indicate that actual statistics would be significantly higher. The survey further shows that a significant proportion - 34% - of ever-married women in Pakistan report being subjected to physical, sexual,

or emotional violence by their husbands and that 7% of ever-married women to violence during pregnancy, a particularly vulnerable time for women. Thus, according to reported data alone, domestic violence is present in every third household in Pakistan.

While the overall picture of remains concerning, the PDHS 2017-2018 data does indicate a slight positive shift in that there is a reported 4% decline in the physical and spousal physical violence experienced by women aged 15-49 years between 2013-14 and 2017-2018, with spousal emotional violence declining the most significantly during this period (from 32% to 26%), offering some hope in the efforts being made by governments and other groups in addressing the issue. However, it is crucial to emphasize that despite these positive trends, the overall prevalence of VAW remains high.

The PDHS data provides insights into the perpetrators of violence against women in Pakistan. While husbands are the primary perpetrators, accounting for 80% of violence against ever-married women, other family members are also implicated in these acts of abuse. The survey reveals that 17% of women reported experiencing violence at the hands of their mothers or stepmothers, highlighting the role of female family members in perpetuating violence. Additionally, 11% of women reported violence by their fathers, stepfathers, brothers, or sisters, indicating that violence can occur within the broader family network. These findings underscore the complex dynamics of violence within families and the need to address the issue holistically.

Addressing GBV requires not only legal and policy interventions but also a concerted effort to tackle the underlying sociocultural factors and attitudes that contribute to the problem. Pakistan has acknowledged the need to address these structural, socioeconomic, and cultural factors that disadvantage women and increase their vulnerability to violence, aligning with international commitments such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)<sup>16</sup> and Sustainable Development

<sup>12</sup> World Economic Forum, 2023

<sup>13</sup> The OSC initiative, launched in 2015 under the Nirbhaya Fund, provides integrated services for GBV survivors. Details on its implementation and challenges are available through the Press Information Bureau and other analyses

<sup>14</sup> The helpline, established in 2012, connects survivors to essential services. Information on its operations and barriers is provided by BRAC and The Daily Star

<sup>15</sup> PDHS 2017 - 2018

<sup>16</sup> Pakistan's commitments under CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) are outlined in its Fifth Periodic Report to the UN CEDAW Committee as well as UN Women Pakistan page

Goal (SDG) 5,<sup>17</sup> Which aims to achieve gender equality and empower all women and girls. However, sociocultural norms continue to play a significant role in perpetuating the issue in Pakistan.

One of the most concerning aspects of the sociocultural context in Pakistan is the normalization of violence, which is evident in the high rates of child discipline involving violence. The PDHS data reveals that 80.1% of children in Pakistan experience violent discipline, including 67.5% of children aged 1-2 years. This widespread acceptance of violence as a means of discipline contributes to a culture where violence is seen as an acceptable way to resolve conflict and exert control. Furthermore, patriarchal cultural norms, which emphasize male dominance and female subservience, contribute to a sense of entitlement among men and the acceptance of women's subordinate role. In this context, women's non-compliance with expected behaviours is often met with violence as a means of enforcing control and maintaining the existing power structure.

Disturbingly, a significant proportion of women in Pakistan internalize these patriarchal norms and attitudes, which can contribute to their acceptance of violence. The PDHS 2017-2018 data reveals that more women than men (42% vs. 40%) believe that wife-beating is justified in certain situations. This finding highlights the complex interplay between societal norms and individual attitudes, and how women may come to accept violence as a normal or even justifiable part of their lives. While the percentage of women justifying wife-beating remained relatively stable between 2012-13 and 2017-18, the percentage of men justifying it increased from 34% to 40%, indicating a potential worsening of attitudes among men.

The PDHS data also provides insights into the specific justifications that women and men give for wife-beating. Arguing with the husband or leaving the house without permission were cited as justifiable reasons for wife-beating by 32% of women and 20-28% of men, respectively. These justifications reflect patriarchal norms that restrict women's autonomy and freedom of movement. While less accepted, a notable proportion of women (almost one-fifth) believed that burning food justified wife-beating, compared to only 4% of men. These findings highlight how domestic

responsibilities and expectations can be used to justify violence against women.

## The KP Landscape

### Prevalence of GBV

While a reliable official estimate of GBV does not exist, the reported incidence of GBV in KP provides a glimpse of the problem's severity. In 2024, the province recorded 3,397 GBV cases, encompassing a range of violent crimes:<sup>18</sup>

- **Rape:** 258 cases were reported, with a disturbingly low conviction rate of only one conviction.
- **Honor Killings:** 134 cases of honour killings occurred, resulting in a mere two convictions.
- **Kidnapping/Abduction:** 943 cases of kidnapping or abduction were documented, with only one conviction.
- **Domestic Violence:** 446 cases of domestic violence were reported, and alarmingly, none resulted in convictions.

These statistics paint a concerning picture of the justice system's capacity and effectiveness in addressing GBV. The vast disparity between reported cases and convictions highlights significant challenges in investigation, prosecution, and adjudication, which can further discourage survivors from reporting violence and seeking legal recourse.

### Gender Norms and Attitudes

Deep-rooted patriarchal, traditional practices and discriminatory attitudes towards women's roles significantly contribute to the prevalence and perpetuation of GBV in KP. A 2019 study conducted by Awaz CDS explored community knowledge, attitudes, and behaviours related to reproductive health rights and GBV within the province.<sup>19</sup> The findings of this study revealed that conservative views on women's rights and roles are widespread, with limited awareness and understanding of reproductive health rights and GBV issues. Customs like "Ghag" (forced marriage demand) and "Badl-e-Sulha/wani" (exchange marriages) perpetuate GBV. These prevailing

<sup>17</sup> Sustainable Development Report 2024

<sup>18</sup> Sustainable Social Development Organization (SSDO), 2024 report

<sup>19</sup> AwazCDS, 2019. Status of Gender Based Violence and Reproductive Health & Rights in Khyber Pakhtunkhwa-2019

attitudes and norms often normalize violence against women, restrict their mobility and autonomy, and create an environment where GBV is tolerated or even justified.

## Survivor Help-Seeking Behaviour

Over 56% of GBV survivors in Pakistan never report their experiences or seek assistance.<sup>20</sup> In KP, additional challenges such as security concerns and more restrictive socio-cultural norms further hinder women's access to justice. Social attitudes towards seeking external help serve as a barrier for GBV survivors. Social stigma, fear of disgrace, shame, and victim blaming all combine to create an environment where women are reluctant and afraid to seek outside support, often internalising the shame and social disapproval.<sup>21</sup> Instead, survivors tend to turn to informal support mechanisms such as family or friends, with less than 10% seeking help from police.<sup>22</sup> Those who do choose to and are able to report face considerable systemic barriers such as a slow-moving legal process, mistreatment by service providers, and a lack of sensitization among staff. Cultural norms frequently place the blame on victims of GBV, fostering a sense of shame. Women may fear social ostracization, family dishonour, and further victimization if they disclose their experiences.

The impact of social attitudes is further compounded by the overall social disadvantage faced by women and girls in economic dependence and limited education and awareness. Economic dependence on perpetrators or male family members further limits women's options to leave abusive situations. Lack of financial resources can prevent women from accessing legal aid, transportation, or safe shelter, trapping them in cycles of violence. Many women in KP are also unaware of the available support services, legal rights, and protection mechanisms. This lack of awareness can stem from limited access to education, information, and public discourse on GBV, leading to limited access.<sup>23</sup> Access may be further restricted in rural and remote areas of KP, which often have fewer facilities and resources available to GBV survivors, making it difficult for them to obtain timely and appropriate help. Distance, transportation

challenges, and lack of specialized services further exacerbate these challenges. As a result, conviction rates remain below 5%.<sup>24</sup> These barriers create a climate of fear and silence, leading to significant underreporting of incidents and leaving survivors without adequate support, protection, and access to justice.

## Legal Framework and Policies

After the 18th Amendment, GBV is a provincial subject, and KP is mandated to develop legislation, policy, and programs accordingly. The provincial government has recently taken steps to establish a legal framework to address domestic violence:

- **Khyber Pakhtunkhwa Domestic Violence Against Women (Prevention and Protection) Act, 2021:**<sup>25</sup> This landmark legislation defines domestic violence comprehensively, including physical, sexual, emotional, psychological, and economic abuse. The Act mandates the establishment of District Protection Committees, which are intended to provide coordinated support services to victims, including medical treatment, legal assistance, and shelter. The Act specifies imprisonment ranging from one to five years, along with fines, for those found guilty of domestic violence. The existence of a specific law and established mechanisms like helplines (mandated under the Act) could potentially lead to an increase in the reporting of domestic violence cases over time, as women become more aware of their rights and available legal resources.
- **Implementation Rules (2022):**<sup>26</sup> These rules provide the operational guidelines for the 2021 Act, detailing the procedures for obtaining protection orders, accessing shelter provisions, and facilitating coordination among relevant government departments and agencies. While the enactment of this legislation and its implementation rules represent a positive step, effective enforcement and implementation remain critical challenges. Khyber Pakhtunkhwa Elimination of Custom of Ghag Act, 2013: This legislation criminalizes the traditional practice of 'Ghag', where men unilaterally claim women

<sup>20</sup> UNDP, 2024. Pakistan Gender Strategy Report

<sup>21</sup> World Bank, 2021. South Asia GBV Response Study

<sup>22</sup> UN Women, 2023. Pakistan GBV Assessment

<sup>23</sup> World Bank, 2022. Khyber Pakhtunkhwa Rural Accessibility Project

<sup>24</sup> UNDP 2025. Strengthening Justice: How UNDP's Core Funding Contributed to Transforming GBV Response in Pakistan, May 2025

<sup>25</sup> Khyber Pakhtunkhwa Assembly, Khyber Pakhtunkhwa Domestic Violence Against Women (Prevention and Protection) Act, 2021

<sup>26</sup> Khyber Pakhtunkhwa Government. (2022). Khyber Pakhtunkhwa Domestic Violence Against Women (Prevention and Protection) Rules, 2022

for marriage, often leading to forced or child marriages.<sup>27</sup>

- **Khyber Pakhtunkhwa Commission on the Status of Women Act, 2016:** This act established a statutory body to monitor the implementation of women's rights laws, review policies, and advocate for gender equality in the province.<sup>28</sup>
- **Khyber Pakhtunkhwa Police Gender Strategy and SOPs (2024):** The KP Police introduced a gender-responsive policing policy, including the establishment of Gender Desks and Standard Operating Procedures (SOPs) to handle GBV cases sensitively and effectively.<sup>29</sup>

While the enactment of this legislation and its implementation rules represent a positive step, effective enforcement and implementation remain critical challenges.



<sup>27</sup> Khyber Pakhtunkhwa Elimination of Custom of Ghag Act, 2013: This legislation criminalizes the traditional practice of 'Ghag', where men unilaterally claim women for marriage, often leading to forced or child marriages.

<sup>28</sup> Government of Khyber Pakhtunkhwa. (2016). *The Khyber Pakhtunkhwa Commission on the Status of Women Act, 2016 (Act No. XXVIII of 2016)*

<sup>29</sup> United Nations Development Programme (UNDP). (2024, December 10). Khyber Pakhtunkhwa Police launches its first-ever Gender Strategy, Gender-Responsive Policing Policy, and SOPs for Gender-Responsive Desks.

## Support Services for Survivors

A range of support services has been made available to GBV survivors in KP, although access and quality vary:

- **The Police**

Efforts have been made to improve the responsiveness of the police through Gender-Responsive Policing. In December 2024, the KP Police launched its first-ever Gender Strategy, introducing gender-responsive policing policies and Standard Operating Procedures (SOPs) for Gender-Responsive Desks. As part of this, KP police have undergone training to enhance their capacity to respond to the needs of vulnerable groups, including women and marginalized communities, focusing on GBV survivors. This initiative, funded by the EU, aims to create safer, more inclusive police stations for women. The United Nations Development Program (UNDP) supported the KP Police in training over 550 officers, including over 90 women.<sup>30</sup>



- **Specialized GBV Courts**

Recognizing the need for specialized handling of GBV cases, KP has established specialized GBV courts to expedite the legal process and provide a more victim-friendly environment. The "Deliver Justice Project,"<sup>31</sup> implemented by UNDP Pakistan, has played a role in this effort by providing training. UNDP equipped over 270 court staff and 250 women lawyers with the knowledge and skills necessary to understand and adopt survivor-centric approaches to providing legal services. In collaboration with civil society, awareness-raising sessions on legal aid and community access to justice for nearly 4800 participants were also conducted.



- **Health services**

Survivors often encounter systemic barriers, including inadequate forensic procedures and a lack of sensitization. Significant difficulties also arise due to a lack of equipment and personnel, causing unnecessary hurdles.<sup>32</sup>



- **Social services**

**Dar-ul-Amans (Women's Shelters):**<sup>33</sup> KP has established Dar-ul-Amans (DuA) across various districts to provide safe accommodation, food, clothing, healthcare, and legal assistance to women in distress. Currently, ten DuAs are operating in KP in the following districts: Peshawar, Abbottabad, Swat, Mardan, Haripur, Mansehra, Chitral, Lower Dir, Kohat, and Buner. Important services like legal aid, counselling, and vocational training are often missing or inadequate. These shelters offer a crucial refuge for women fleeing violence, providing them with a safe space to recover and access essential support. A needs assessment of Dar-ul-Amans in Pakistan, including KP, revealed that shelters are often under-resourced, with limited



<sup>30</sup> KP Police and UNDP Pakistan 2024. KP Police Gender Strategy Launch: Advancing Gender-Responsive Policing Policies and SOPs for GBV Survivors; Gender Strategy & SOPs for Gender-Responsive Policing Desks. Retrieved from <https://www.kppolice.gov.pk>.

<sup>31</sup> UNDP Pakistan, 2024. Deliver Justice Project: Strengthening GBV Court Systems and Survivor-Centric Legal Approaches in KP.

<sup>32</sup> UNDP 2025 and UNFPA. Gender Based Violence Pakistan

<sup>33</sup> UN Women and National Commission for Human Rights (NCHR). 2023 report titled More than Shelter - Needs Assessment of Dar-ul-Amans and Shelters in Pakistan; Rozan. 2018. Against All Odds: Post-Shelter Lives of Women Survivors of Violence.

capacity to meet survivors' varied needs. Khyber Pakhtunkhwa Government **Referral Directory**:<sup>34</sup> A Referral Directory has been developed to provide GBV survivors with comprehensive information on essential resources and support services. This directory aims to empower women with the knowledge they need to access justice and begin the healing process.

- **Bolo Helpline**

The Bolo Helpline 0800-22227 is a toll-free service established at the provincial level to assist GBV victims and persons with disabilities.<sup>35</sup> It is managed by the Directorate of Social Welfare and Women Empowerment, KP. The helpline provides a centralized database of GBV victims and persons with disabilities across KP, integrated services, immediate psychological support, referral services, awareness of basic rights, and legal aid in consultation with a panel of lawyers. It operates 24/7. The pilot phase of the program is accessible in Peshawar, Mardan, Swat, Nowshera, Swabi, and Abbottabad districts.



- **Research and Assessments**

Ongoing research and assessments play a crucial role in understanding the complexities of GBV and informing effective interventions. The Multi-Sectoral Referral Pathways Study (2021),<sup>36</sup> For instance, identified the need for improved coordination among service providers and enhanced training for staff involved in handling GBV cases. The study also highlighted the gaps in reliable data on the number and types of GBV cases, emphasizing the importance of developing robust data collection and referral systems.

It is important to note that while KP has made notable strides in establishing legal frameworks and support services to address GBV, significant challenges persist. To create a safer and more equitable environment for women and marginalized groups in the province, a multi-faceted approach is required.

### Right to Reach: Access to GBV Support Services



<sup>34</sup> Ombudsperson's Office for Protection of Women Against Harassment at the Workplace and Khwendo Kor, 2024

<sup>35</sup> Victim Service Directory. (2024). *Bolo Helpline 0800-22227: GBV and Disability Support Services*.

<sup>36</sup> World Health Organization. (2021). *Multi-Sectoral Referral Pathways for GBV Survivors in Punjab and Khyber Pakhtunkhwa, Pakistan*.







# THE STUDY

## Rationale

The study was conceptualized 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. On the demand side, the study explores the range of socio-cultural and logistical obstacles to accessing and acquiring quality support from essential services such as the police, social services such as shelters, health services, as well as legal support. On the supply side, it interrogates the barriers faced by services such as the police, medicolegal services, shelters, and courts, especially GBV courts, in providing adequate support to survivors.

Specifically, the study aimed to:

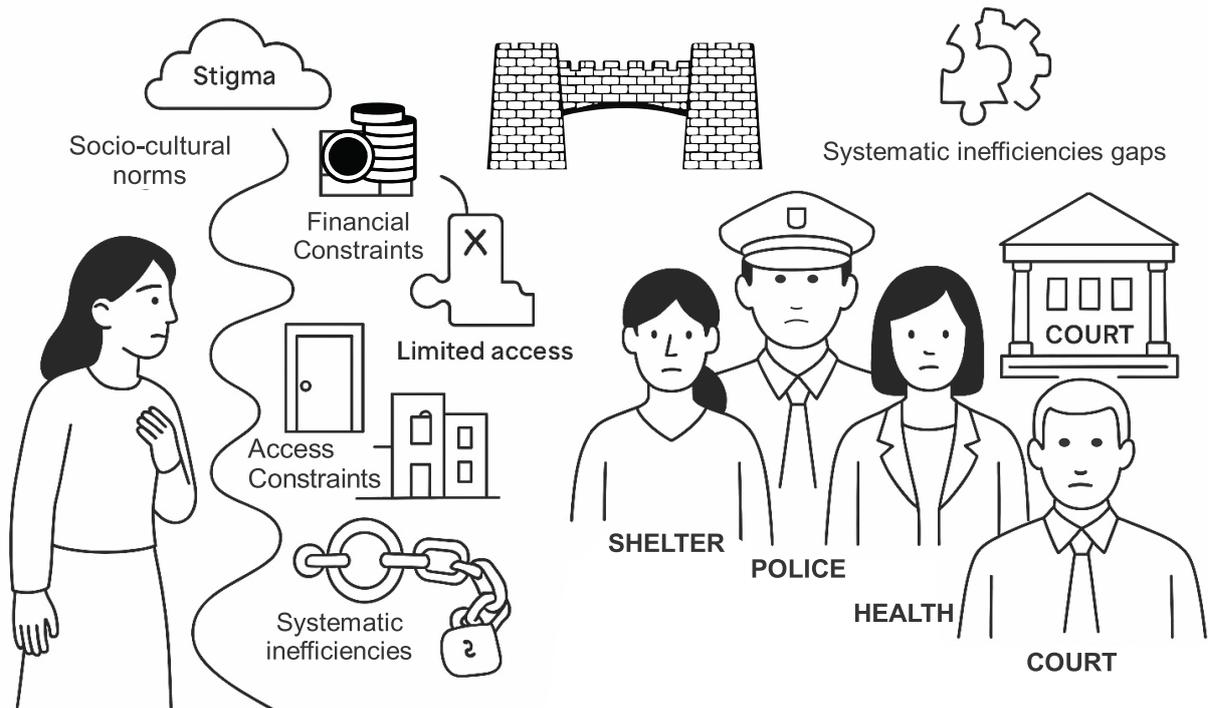
- Investigate factors that prevent or discourage survivors from seeking institutional support and identify their experiences from home to the judicial sector and across various services, for example, gender norms and attitudes that perpetuate and normalise domestic violence,

stigma, financial constraints, mobility limitations, lack of availability of adequate support, etc.

- Examine barriers faced by services, particularly systemic inefficiencies and gaps, lack of coordination, management issues, insufficient training for frontline workers in providing survivor-centric care, limited resources, etc.
- Map the availability, functionality, and survivor-friendliness of GBV-re sponse services and identify gaps.
- Explore and provide insights on survivor-centric improvements and hurdles, providing evidence-based, actionable recommendations to enhance the quality and accessibility of GBV services.

## Limitations

GBV is a vast and multi-faceted area, which cannot be fully addressed in a single study. This study was therefore limited to essential service responses to survivors of only physical and sexual violence experienced by women, excluding survivors of



other systemic forms of violence, such as child early age and forced marriages, as well as emotional and economic violence. Focused on survivors rather than victims, the study also excluded violence resulting in death. Further, the study was not intended to be a survey assessing prevalence. Rather, it aimed to understand the dynamics entailed in both the demand and supply sides of GBV response measures and services for women and girls' survivors of GBV from a survivor-centric perspective.

Finally, KP is a vast geographic area and has a diverse population. It was not possible to reach all districts; therefore, only 5 were selected, based on a certain criterion (see Location selection below), most relevant to the study, to provide a snapshot of the key realities of the province. While this helped better manage the data collection process, it may have limited the representativeness of the findings. Certain societal or systemic nuances unique to unexamined districts may not have been fully addressed. Interviewing provincial officials, commissions and Bolo Helpline was introduced to mitigate these gaps, but it is possible that some district-specific realities may not have been identified.

This study's findings are based on the perspectives and experiences shared by participants who were available and willing to participate, and as such, the scope of information was limited to who participated and what emerged during the interviews. Certain areas may not have been covered in depth, or at all, due to the variability in participant responses and the extent to which they chose to share specific details. This includes GBV courts, legal awareness (of survivors and services), and support for minorities and other vulnerable groups in particular.

## Design

The study contains three components:

- I. Setting up a Technical Advisory Group (TAG) with experts to guide and review the study from beginning to end (Annexure: List of TAG members attached at the end). The primary role of TAG was to provide strategic and technical support at key stages of the study, including planning, implementation, contextual findings, and dissemination. The TAG ensured that the research framework was robust, ethically sound, and contextually relevant by reviewing methodologies, tools,

and the selection of geographical areas. It offered critical feedback on the analysis framework and preliminary findings, helped formulate evidence-based policy options, and identified key stakeholders for effective dissemination of results. Through its advisory function, the TAG enhanced the quality, relevance, and impact of the research, ensuring that the findings contributed meaningfully to strengthening survivor-centred GBV response systems in the province. The TAG convened four times during the research to provide guidance and facilitate timely decision-making.

- II. Setting the context through a review of existing data on GBV-response mechanisms and services, with a focus on KP, but including other national and international key research on GBV-oriented services;
- III. Field-based data: Key Informant Interviews with services, government departments, and commissions were conducted to better understand the supply-side barriers to women's access to services. Also conducted the FGDs and IDIs to identify demand-side barriers to survivors' help-seeking behaviour and survivors' psychosocial, economic, and logistical constraints to their access and uptake of support services.

## Methodology

The study employed qualitative data collection methods to explore barriers and gather rich data through Focus Group Discussions (FGDs), In-depth Interviews (IDIs) and Key Informant Interviews (KIIs). The decision to employ a qualitative research method was driven by the need to obtain a deep and comprehensive understanding of the complex barriers that GBV survivors face when attempting to access public sector services in Khyber



Pakhtunkhwa (KP). Given the sensitivity and complexity of the topic, the qualitative methods used allowed for capturing the nuances of individual experiences and institutional realities, thus providing a holistic understanding of the situation. Through this, the study explored in-depth experiences; identified contextual factors and nuances; uncovered subtle barriers and built in flexibility and sensitivity in data collection, particularly because of the nature of the topic.

## Location selection

Five districts selected for this research were DI Khan, Lower Dir, Kohat, Mansehra, and Nowshera. Some officials based in Peshawar were also selected for KIIs to provide a provincial perspective. The selection of districts for this research study was finalized and approved during the second Technical Advisory Group (TAG) meeting. The decision was made after in-depth deliberations, taking into account geographic representation, socio-cultural dynamics, service availability, and feasibility of data collection. A total of five districts from different administrative zones of Khyber Pakhtunkhwa (KP) were selected based on the following key factors:

1. **Kohat (Zone 4):** Identified as a central administrative hub for southern KP, Kohat possesses a relatively strong institutional framework. However, prevailing cultural norms restrict women's mobility and access to services. This district was selected to explore

how such cultural barriers affect GBV reporting and service-seeking behavior among survivors.

2. **Mansehra (Zone 5):** Representing a diverse mix of urban and rural populations, Mansehra was chosen for its dual characteristics of available services and persistent gaps. This makes it an ideal site for investigating both access to GBV response services and the challenges women face in navigating them.
3. **Dera Ismail Khan (DI Khan) (Zone 4):** DI Khan was selected due to the presence of strong cultural barriers that hinder women from seeking help. The district presents an urgent need for localized understanding of GBV-related stigma, fear, and limitations in service access.
4. **Nowshera (Zone 2):** Nowshera was included based on statistical data from the **BOLO Helpline**, which indicated a higher number of GBV-related calls from the district. TAG members also noted that compared to other areas like Swabi, logistical challenges for data collection in Nowshera are lower, making it a practical and data-rich site for research.
5. **Lower Dir (Zone 3):** Lower Dir was selected due to its pronounced socio-economic challenges and the presence of significant gaps in services for women and GBV survivors. The district offers insight into how structural limitations and poverty intersect with gender-based violence and access to justice and care.



This zonal representation ensured that the research captures a wide spectrum of social, cultural, and institutional contexts from across KP, thereby enhancing the relevance and applicability of the findings for policy and programmatic interventions.

## Sample

This study employed purposive sampling, drawing on existing networks of government and civil society organizations in Khyber Pakhtunkhwa (KP) to reach women survivors of gender-based violence (GBV), women from the community with either direct or indirect experience of public sector support services, and those who had never accessed such services. The objective was to capture a diverse range of perspectives related to the availability, accessibility, and functionality of GBV response mechanisms.

A total of ten Focus Group Discussions (FGDs) were conducted, two in each of the five selected districts mentioned above. One FGD in each district was held with women identified as survivors residing in shelters, while the other was conducted with women from the community, who may or may not have sought institutional support. A total of 72 women participated in FGDs. Additionally, ten in-depth interviews (IDIs) were conducted, two per district, targeting both survivors and community

women. Of the five community participants, four disclosed having experienced physical or sexual violence, though they had not necessarily accessed formal services.

The demographic profile of these participants reflected KP's ethnic, educational, and socio-economic diversity. The participants' ages ranged from 20 to 47 years, mostly belonging to rural areas, with marital status varying across single, married, and divorced. Educational backgrounds included individuals with no formal education to those who had completed up to the FA-level (higher secondary). Ethnicities represented included Baloch, Afghan (Madzai), Hazarawal, Kohistani, Pashtun (Khattak and Afridi), and Pathan.

In parallel, 47 Key Informant Interviews (KIIs) were conducted with personnel from key institutions involved in GBV service provision, including police officials, medico-legal officers, shelter staff, and representatives of regular and GBV-designated courts. An additional five KIIs were conducted in Peshawar with senior government officials and members of relevant commissions, thus helping to uncover barriers from both demand and supply perspectives across varied geographic and institutional contexts.

**Table 1: Details of Data Collection Activities by District**

District	Total KIIs	No. of FGDs	Total FGD Participants	FGD Age Range	Total IDIs	IDI Age Range	Total Participants Per District
D.I. Khan	8	2	14	20-45 years	2	30-38 years	24
Mansehra	8	2	11	22-38 years	2	23-24 years	21
Lower Dir	9	2	19	18-52 years	2	20-47 years	30
Kohat	9	2	14	29-50 years	2	40 years	25
Nowshera	8	2	14	30-49 years	2	22-47 years	22
Peshawar	5	--	–	–	0	–	5
<b>KP (Total)</b>	<b>47</b>	<b>10</b>	<b>72</b>	–	<b>10</b>	–	<b>129</b>

## Ethical considerations

- **Access and safety**

Field research was carried out in districts where civil society and government collaboration allowed for easy and safe access to survivors, where their safety could be ensured through proper channels, such as DuAs and civil society organisations. Interviews and FGDs were conducted in safe places acquired through these networks.

- **Confidentiality and privacy**

All data was secured; no names of women survivors have, nor will be shared in any report or in the public domain (e.g., media coverage). Care was taken at every level to conduct groups and interviews in safe places. No names or identifying data of the survivors were shared with either the data transcriber, or the research analysts. All data transcripts, recordings and coded text will be stored safely at the Rozan premises.

- **Voluntary participation and consent**

Prioritising survivor safety and wellbeing, all participants were given full information about the research, an opportunity to ask questions and to give their informed consent for participating in the study in written or recorded form. They were also told that their participation was entirely voluntary, and that they were free to withdraw, refuse to answer any questions, take breaks, leave the research process and retract their data at any time without any consequences, questions or giving a reason. At the same time, all efforts were made to ensure that GBV survivors felt comfortable and safe. No pressure was exerted on the participants and data were only collected from those who consented.

- **Survivors' distress**

Survivors may experience some distress as they recount their stories. The research team was prepared for this and had mechanism in place. First, all participants were accessed through organisations with existing support systems; second, referrals for counselling were readily available and were offered to all, and finally, field staff were also trained in GBV, basic emotional support and referral mechanisms.

## Data Management & Analysis

All the audio recordings of the interviews collected during data collection were transcribed by the research team. Analysis followed a systematic process to identify emerging themes, patterns and insights. A combination of the software MAXQDA and manual coding was used to categorize data by assigning thematic codes to relevant segments of text. Themes were generated using both inductive coding to identify new themes and deductive coding to align with predefined frameworks. Working with two different participant groups and a desk review allowed for all emerging themes to be triangulated. The research analysis team worked together to identify and verify all themes and insights. Initially, a wide-ranging set of broad themes were identified (relevant themes from the are presented in the table below). Later these were further coded into subthemes and divided into demand and supply side barriers.

**Table 2: Level 1 Themes**

Theme	Description
GBV awareness (to gauge gender bias)	Participants' perceptions of Gender-Based Violence (GBV)
Gender bias specifically	Societal and institutional biases rooted in patriarchal norms influence how survivors are viewed, treated and supported.
Survivor profile (to gauge gender bias)	Perceptions of women who experience GBV or those who report it (to assess gender biases and stereotypes)
Decision making and motivation	Factors that influence survivors' decisions to report GBV or seek help including personal, familial, and societal triggers.
First action and point of contact	The initial steps survivors take after experiencing GBV and the first individuals or organizations they reach out to for support.
Social and family support	The role of family, friends, and social networks in either enabling or discouraging survivors from seeking services or reporting.
First support services approaches	Survivors' experiences with the initial services they contact, such as helplines, police, or shelters.
Available services	The range of support mechanisms, including psychosocial counselling, legal aid, shelters, and medical support available to survivors.
Access to services	Factors impacting survivors' ability to access GBV services including logistical, social, and financial barriers.
Experience and view of services	Survivors' perceptions and evaluations of the services they utilize, focusing on effectiveness, accessibility, and sensitivity.
Service mandate/personnel roles	The defined responsibilities of various service providers, including helplines, shelters, police, prosecutors and courts
Protocols, procedures and policies the helpline follows	Documented guidelines for handling GBV cases, ensuring consistency, confidentiality, and efficiency.
Kinds of facilitation and support offered	Types of assistance provided to survivors include legal aid, counselling, housing, and emergency interventions.
Coordination among services	Collaboration and communication between different GBV-related services, such as police, shelters, and helplines.
Governance	The administrative structures, policy frameworks guiding GBV service delivery and their effectiveness
Staff retention	Trends in staff turnover and long-term retention in GBV-related services, highlighting challenges in sustainability.
Staff capacity and training	Development programs and training efforts aimed at enhancing the knowledge and skills of personnel in handling GBV cases.
Case documentation process	Methods for recording and tracking cases, including maintaining confidentiality and ensuring accuracy.
Resource availability/gaps	Their assessment of funding, staff, facilities, and infrastructure in GBV services, highlighting shortages and needs.
Service strengths	Positive aspects of GBV services, such as survivor-centric approaches, quick responses, and successful outcomes.
Overall challenges faced by service	Persistent obstacles, including resource constraints, societal stigma, coordination gaps, and governance issues.
Barriers to justice	Survivors' perceptions of challenges encountered in seeking legal recourse, such as patriarchal norms, stigma, and weak enforcement of laws.
Suggestions for improvement	Proposed actions to address gaps and strengthen GBV service delivery, based on survivor experiences and institutional assessments.

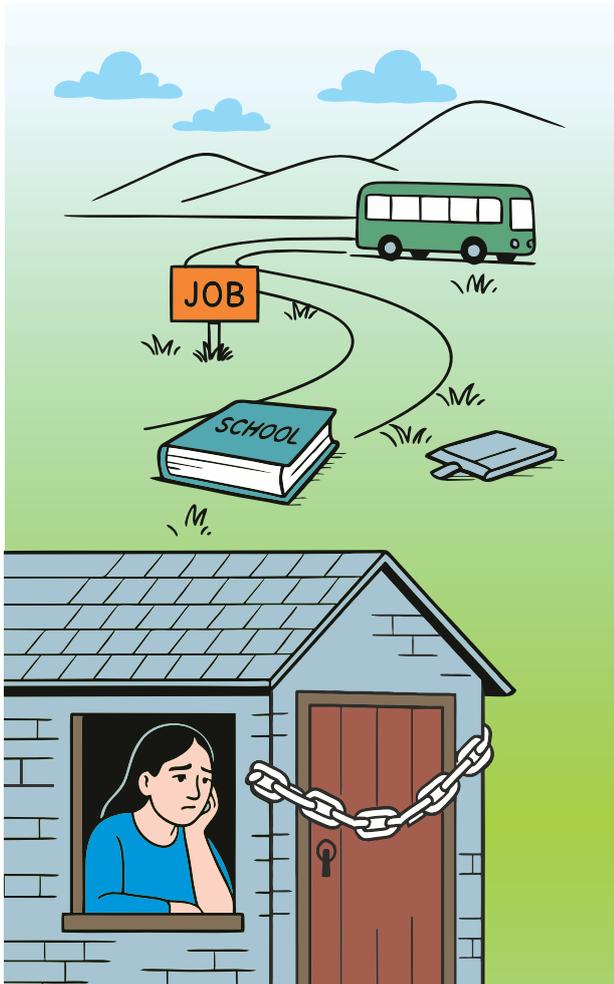




# FINDINGS

The wide range of tools and participants allowed for diverse data sets presenting a rich picture of survivors' struggles as they navigated the system, and of the functioning of service providers tasked with supporting them and providing justice, both from the demand and the supply sides, across the five districts. Broadly, themes include community attitudes and perceptions, behaviours and norms, access to services, logistical difficulties, service quality, functionality, governance issues, and coordination.

All participants recognised the abuse as being problematic, even as they felt at times helpless and frustrated in seeking redressal for it. This was echoed by further reinforced by representatives of government departments and commissions, and from civil society. The findings section presents the synthesised findings of all the participants.



## A: Demand-Side barriers to seeking support

### A-1: Socio-Cultural Barriers to Seeking Support

#### Patriarchal Control

Patriarchal control is a pervasive issue reflected in various forms of restrictions on women's rights and autonomy, and abuse. It is in this context, where girls and women already face immense control in their private and public lives, that they face abuse. As one survivor lamented:

***"Our Pashtun traditions dictate that women have to follow certain rules, but those rules are often twisted to harm women."***

Male dominance is normalized, and women and girls are typically denied autonomy in making important decisions regarding their own lives, including marriage, reproductive health, and daily activities. Conceptually, survivors recognise their rights, are aware of the discrimination they face and give clear examples of ways in which their needs and safety are neglected. This recognition does not, however, translate into an ability to assert their agency in meaningful ways. The control is all encompassing, exercised in both subtle and overt ways, over all their experiences and domains, education, awareness, exposure, careers, life, and marriage decisions. It directs and hinders their mobility and choices, and curtails their ability to attain basic human rights, to seek help or improve their circumstances, reinforcing their dependency on men. Some participants spoke about having had hopes for education, for employment and improving their lives, but being unable to do so because of restrictions at every level. In this environment, awareness of support services and seeking help for abuse was beyond many women's capacity. How this control affects mobility, awareness, and ultimate action was summed up by a survivor in these words:

***"If we are not even allowed to leave the house, how would we know?"***

***"Early marriage is very common here, and girls are married off at a young age, which stops them from getting an education".***

***"We cannot even step out."***

***"Only their wishes matter, not ours. Then, when we go to another house, we face forceful behaviour".***

***"A woman cannot argue, even when she is right."***

The denial of women's right to refuse marriage with a man chosen by her family, or sex with their husbands, was a common theme. Women who refuse sexual advances face accusations of unfaithfulness and threats of, or actual violence. This reflects a societal expectation that women must submit to their husbands' desires. A survivor describes in depth how she encountered marital rape time and again, and was abused when she resisted, continuously made to feel worthless.

***"A woman cannot say no to her husband. If she does, he will force her anyway and call her disrespectful."***

The failure to bear male children continued to be a trigger for violence and the threat of being replaced by another wife. Mothers of 'just daughters' spoke about the perpetual sense of vulnerability and lack of value they faced. This deeply ingrained patriarchal control across various aspects of women's lives significantly increases their risk of experiencing GBV.

## The "Good" Woman

The deeply gendered notion of being good wives and daughters is incompatible with women's agency. Good women are expected to silently obey and conform to social expectations and traditional gender roles, with marriage and motherhood being the ultimate life goal. To this end, good women must adjust, compromise, endure and sacrifice no matter what the cost. The pressure to preserve marriages, even abusive ones and to always be mindful of family honour are central tenets of this cultural code. If they are seen as deviating from this, there are consequences; they are labelled as 'bad women, blamed for disrupting the family system and may face severe repercussions. Survivors' stories reflected a constant tension between the social pressure to be 'good' women and the basic human right to dignity and safety.

***"Most of us were taught that it's normal for husbands to be dominant and for us to stay silent."***

A prosecutor explained that ***"most of the time, when women demand their rights or reject male authority, violence occurs. Dominance exists in society—even within households, one person holds dominance over others"***, reflecting that societal response to women challenging rigid gender roles. A strong sense of shame and stigma is associated with women stepping beyond, or disclosing information about, the private sphere. If personal difficulties are to be addressed, informal systems, such as elders in the family or jirgas, are the preferred channel. Seeking help from services is met with severe disapproval, which may warrant severe consequences. An MLO observed that

***"Out of five women, only one will come forward. The other four remain silent due to societal respect or family restrictions."***

Survivor testimonies strongly reflected the impact of words like shame and honour on their behaviours:

***"The family says, 'You'll bring shame to us if you go outside for help.' So, they endure the abuse."***

***"My father says that women must accept their role. If they complain, they're dishonouring the family."***

***"She wanted to leave her husband, but her parents said she would ruin their family honour."***

When women do report abuse and especially if they leave, they face immense stigma and may be ostracized. This expectation to stay silent and endure abuse as 'a woman's fate' is deeply rooted



in traditional gender roles and the belief that women must preserve the marriage and the family's honour.

**'My father says that women must accept their role. If they complain, they're dishonouring the family.'**

**"She wanted to leave her husband, but her parents said she would ruin their family honour."**

### Men will be men - the normalization and acceptance of violence

There is a pervasive normalization and acceptance of violence in studied communities, even as it is recognised and identified as abuse by the women. Participants frequently express the belief that domestic violence is commonplace accepted around them, including their own families. Participants recognise also that this acceptance is a product of cultural conditioning and express their frustration; however, they feel helpless in challenging what they see as the norm. This acceptance by all creates an environment where abuse is often unchallenged and victims are less likely to seek help.

**'Beating, fighting, physical abuse... it happens all the time, sometimes over trivial things.'**

**'People say it's normal for men to be angry, that's just how they are, so women should adjust.'**



When abuse is normalised, standing up against it is positioned as deviant. In cases where women do report abuse, they often encounter victim-blaming attitudes. This can range from implying that the woman provoked the violence to suggesting that she should have tolerated it. Such attitudes shift the responsibility away from the perpetrator and further discourage women from seeking help.

**'A girl was assaulted by her employer, but when she reported it, people said she had encouraged him.'**

**'The police don't show sympathy at all. They make you feel like it's your fault.'**

**'People start saying, 'Why did she leave her home? She should have endured.'**

### Financial Dependence and Lack of Resources

Women's financial dependence is a significant factor that keeps them tied to violent relationships. Most women do not have the means to support themselves or their children, making it difficult to leave abusive situations. This dependence is often exacerbated by limited education and employment opportunities.

**'They say things like, 'Who will take care of you if I leave?' It keeps you silent.'**

**'For the children, they stay quiet.'**

**'They say, 'If I leave, who will feed my children?''**

Financial constraints also prevent women from accessing transport to get to services, acquire information and for basic help. In addition, women often fear and are threatened by abandonment by their families or the loss of their children if they leave a violent relationship. Poverty consistently plays a role in exacerbating women's vulnerability to violence and limiting their ability to escape abusive situations. It leaves women with nowhere to turn and further limit their options. Some participants did reach out to family members for help, and a few did receive support in varying forms, but overwhelmingly family members advised them to stay silent and refused to take on the 'burden' of their care. This reality is a powerful deterrent, preventing women from seeking help or taking steps to protect themselves.



***'Even if no one else helps, my children, my family, are the most precious to me, and I live for them'.  
'I have scars on my arms from when he threw hot water on me, but I never went to the hospital because I couldn't afford it'.  
'We face more difficulties due to poverty'.  
'Transportation costs to reach hospitals are so high that we can't even think of going'.***

### **Lack of Awareness, Exposure, and Confidence**

Some survivors were able to name available services, especially the police, NGOs and some shelters, but others reported that they were not aware of any available services. Many complained that they were too remote for any services to make an effort to reach. Women's limited exposure, often tied to restrictions on their mobility and basic rights, contributes to their lack of awareness and confidence. Women's lack of knowledge of services was identified as a significant barrier in all Key Informant Interviews. Whether shelters, the Bolo Helpline or laws, women were largely unaware of these services unless they were specifically directed to them by their first point of contact, usually the police.

***'So far, there is nothing like that.  
No one has given us any information.'  
'Our village is in the mountains. We just live there.'  
'Even if shelters exist, we don't know where they are or how to access them'***

### **Limited Social Capital**

Women often lack adequate support from their family, friends, and society, which significantly impedes their ability to seek help and protection from gender-based violence. Social norms and expectations can discourage women from disclosing abuse or seeking assistance outside the family. Some women who reached out to their families did receive support in varying forms, as a participant explained:

***'In our village, many women have taken divorce because they had the support of their fathers and brothers',***

But overwhelmingly, family member advised them to stay silent either because of stigma, fear or acceptance of violence. Both family and social responses are often unsupportive, prioritizing

family honour and urging women to endure abuse silently. There is a strong discouragement from seeking external help, with families sometimes becoming hostile.

***'The family says, 'You'll bring shame to us if you go outside for help.' So, they endure the abuse.  
"There are many difficulties from the family; no one supports us. After being beaten, we silently cry in the room. It is very difficult to even go for medical treatment; sometimes, they take us with great difficulty."***

The absence of a supportive social network can force women to make difficult decisions. The expectations to preserve the family honour, protect the family's reputation and show patience regularly overpower women's safety and wellbeing by limiting their access to resources and support services.

***'She went to her neighbour because her family wasn't supportive, they listened to her and gave her suggestions'.  
'When I told my father, he said, 'Be patient, things will improve.' But they never got better.***

The lack of social support can lead to a profound sense of isolation among women, making them more vulnerable to further abuse, exploitation and social disadvantage and health issues, both mental and physical. Even among service providers, there is an understanding among all services that not only do survivors rarely receive family support, but that families sometimes hinder the process of support seeking.

***"In many cases, families tell women not to approach us, saying it will bring dishonour to them - Police"***

***"When women file cases, they are seen as troublemakers, even by their own relatives. - Prosecutor"***

***"Women in shelters are often ostracized by their communities, treated as though they are at fault for leaving their homes. - Shelter"***

***"Many times, families bring women for treatment but disappear when it's time to report the abuse. - MLO"***

### **Physical Impact of GBV**

GBV often leads to significant health issues for women. These can range from immediate injuries to long-term chronic conditions, which can impair

women's ability to function independently and make it more difficult to leave abusive situations.

***'I am an Afghan woman, and my husband hits me on the head and body, and he subjects me to such extreme violence that I end up lying on the cot for several days, and it has a very negative impact on my health'.***

Women's mental health issues featured significantly, showing how severely survivors can be impacted, with symptoms of depression, anxiety and trauma. Continued abuse can also erode a woman's sense of self-worth and her belief in her ability to change her situation.

***'Every day, I hear that I am useless and should be grateful I have a roof over my head'.***  
***'Even after the hitting stops, the words stick with you'.***  
***'You feel like you deserve nothing'.***

The combination of physical and emotional abuse, coupled with societal pressures and a lack of support, can lead to a state of learned helplessness. Women may come to believe that they have no control over their lives and that escape from the abusive situation is impossible. This lack of confidence can be a significant barrier to taking action.

## Potential Repercussions

The fear or 'something worse' happening in response to reporting or help seeking was expressed by many of the participants. Reporting violence can lead to a cascade of negative consequences, including further aggravation of already tense situations, the loss of support systems and loved ones and being pushed into poverty. Women may fear being ostracized by their families and communities and their children being taken away from them. This fear is a significant deterrent for many women who choose to stay in abusive homes. More common however, was the fear that the violence would lead to increased or more severe violence from the perpetrator, including the possibility of being killed. This fear is grounded in the reality of serious risks involved in challenging power structures.

## A-2: Women's access to and experience of essential services

Yet despite the odds, many survivors did not stay silent, spoke out, reported the violence and

pursued their cases. At times, this was to protect their children, but in most cases, it was in response to severe physical violence, which was "too much to bear". Service providers, government and commission representatives also observed that for many women, the decision to take action is taken when the violence has escalated to a level that is beyond her capacity.

***"So, I decided that I must take support for myself. I'm not relying on anyone else now."***

***"She finally left when he broke her arm—it was too much to handle anymore"***

***"They come when there is nothing left, they cannot fight and have nowhere to go - shelter staff."***

Even when the decision has been taken, accessing support is no easy task. The hurdles kick in from the first step - where to go, how to get there? Lack of awareness, support and money are the first challenges women must resolve. Services in many areas are far away and transport costs high. Survivors reported that access was often difficult to navigate, especially for women without male support or financial resources. While some participants turned to family, friends, neighbours or in some cases informal mechanisms such as jirgas, overwhelmingly for most, the first point of contact was the police. Access was relatively easier, and it is the service most associated with immediate help. In a few cases, where severe injuries had been incurred, women also approached health services directly, though in some cases, health services did not treat them until the police was involved. Key informant interviews confirmed this, reflecting the importance of a robust police response. After the police, other services, such as hospitals, shelters, NGOs and courts are approached, depending on need. Word of mouth is also a channel for referral to services.

## Police

The police were seen by all participants who reported or considered reporting the violence as the right place to go for help first. The first actions taken by service providers following survivor contact are critical in shaping survivor trust in the system and determining how effectively the case progresses. Police across all districts generally begin by recording the survivor's statement and evaluating the severity of the case before filing an FIR. Where physical violence is involved, survivors are immediately referred for medical attention. In some places, police have taken a proactive

approach by visiting survivors at home when they are reluctant to report. This outreach helps overcome initial hesitation and builds trust. However, many of the survivors reported problematic interactions with the police.

**Mistrust** of the police was a common theme in all groups and interviews with both survivors and community women. For some this was based on actual experiences they had had with the police and at other times because of their reputation or based on others' experiences.

*I told him that I did not want to go to the police station, and if they wanted to kill me, they should just do it, but I won't go to the police."*

*"They tell everyone about your complaint, and soon the whole village knows"*



Most police stations **lack female officers or dedicated gender desks**, making it intimidating and unsafe for women to report GBV. Survivors entering male-dominated police spaces often feel immediately judged. Even where female desks exist, they are inconsistently staffed or absent during critical hours. Survivors may avoid reporting altogether due to discomfort with speaking to male officers about intimate or traumatic experiences.

*"I was scared to go to the thana... What if there were only men there? How would I tell them what happened?"*

*"We reminded the DC and DPOs that there must be gender/female desks in the police stations. However, it was not fully implemented." – Government Official*

Survivors frequently report being **dismissed or blamed** for the violence they experienced. Police

officers often suggest reconciliation rather than legal action, especially in domestic cases, citing family honour or community pressure. In cases of sexual violence, disbelief or downplaying of the incident is common, particularly when visible injuries are absent. This deeply discourages survivors from seeking further support or justice.

*"The police asked me if I had provoked him. They said maybe it was a family matter, and I should think twice before filing anything."*

*"Police officers discourage women from filing complaints, telling them that reporting would bring shame to their families." – Shelter Staff*

*"The police don't show sympathy at all. They make you feel like it's your fault -*

*"They treat you like a nuisance instead of someone who needs help"*

The process for registering a case or accessing services is **complicated and bureaucratic**. Survivors are often told to return with documentation, go to another station, or get prior approvals, delaying immediate protection or care. FIRs, even in serious cases, are frequently denied or delayed, particularly when the officer does not view the complaint as "serious." This is compounded by **inefficiency and a lack of coordination** between services.

*"I had to wait for a long time before I could speak to someone at the police station."*

*"The process is so long, so confusing. If a woman doesn't know someone inside, she gives up." – Commission Staff*

*"They said I needed my brother or father to file it, or else they couldn't proceed." – Survivor, Lower Dir*

*"They sent me to the hospital, but when I got there, no one knew I was coming."*

Many police stations are **uncomfortable**, lack private interview rooms, clean bathrooms, or seating for women. Survivors are often forced to wait in open, male-dominated spaces or sit on the ground. Transport facilities are either unavailable or inappropriate—some women reported being transported in police vans without any regard for their safety or dignity.

*"They asked me to sit and wait, but there was nowhere to sit. I stood outside in the sun for two hours."*

**Gender stereotypes and victim blaming** attitudes were also reflected in the views of some police officials. Some of them prefer resolving GBV cases “within the family” rather than pursuing FIRs or legal proceedings. Others implied that mobile phone use or being “too outspoken” might provoke violence, suggesting women’s behaviour could be to blame or that they may not be telling the truth.

*“Sometimes these girls talk on phones too much or go outside too often, and then they come to us when things go wrong.”*

*“When women come alone, it’s difficult. We don’t know who they are or if they’re telling the full story.”*

Officers are aware of the Domestic Violence Act, but some admitted to not using it regularly, often because they **prefer informal resolutions** or feel legal consequences are “too harsh. This reluctance to apply the law, particularly in domestic settings, shows how gender bias intersects with legal discretion, disadvantaging women seeking protection.

Some survivors also reported corruption, ridicule and even instances of harassment, adding to their reluctance to work with the police and pursue their cases. While many survivors encountered barriers, several described instances of respectful and supportive police conduct that helped them access protection and justice. In some cases, police intervened to remove survivors from violent homes and ensured safe transfer to shelters, with one woman noting,

*“The police brought me to Dar-ul-Aman... here, the madam has filed a case through a government lawyer, and now my case will be over soon.”*

Survivors appreciated when police included female officers in the response, as one recalled, *“They picked up a female constable and then took us to court,” which made the process less intimidating. Others reported feeling safe at police stations, with an officer reassuring one survivor, “No one can say anything to you here. This is government property.”* In a rare but powerful instance, a female constable apologized after initially dismissing a survivor’s complaint, saying she had misunderstood the situation. These examples underscore that when gender-sensitive practices are applied such as respectful transport, involving female staff, and clear legal guidance survivors feel safer and more empowered to pursue justice. Some of the survivors who accessed

the women’s front desks introduced by the KP government as part of gender-sensitive measures to encourage reporting and improve survivors’ interactions reported better treatment and a greater sense of safety.

## Legal aid and courts

Once the case is in court, survivors are connected to public prosecutors or legal advisors. Survivors’ accounts regarding prosecutors, lawyers, and courts reveal a complex and often discouraging picture of the legal system’s role in addressing GBV. While survivors occasionally reported positive outcomes, such as favourable court rulings, especially in GBV courts or the assistance of committed public prosecutors, these experiences were overshadowed by systemic barriers. Corruption, inefficiency, financial challenges, and a lack of adequate legal support left many survivors feeling disillusioned with the legal process and system.



**Corruption** in the form of bribery was a major concern, with survivors alleging that abusers could influence outcomes by paying off officials. This undermined their trust in the legal system.

*“Even if a woman files a complaint, the abuser can easily get out of trouble by paying a bribe.”*

Proceedings are often **prolonged** due to case overload, limited judicial staff, and delaying tactics by defence lawyers. Survivors report frustration and disillusionment with the slow pace of justice, with many cases taking months or years to resolve.

A prosecutor noted, *“Public prosecutors in court deal with around 50 cases daily... Sometimes, lawyers intentionally delay the case”*, emphasizing systemic inefficiencies. This exhausts survivors physically, mentally and financially. The high costs of pursuing cases and navigating the judicial

/system often with minimal support were a major obstacle for many survivors.

The court environment offers **no privacy** or even appropriate space for consultations. Survivors often must wait or speak in open court spaces with little privacy.

One prosecutor shared, ***“If a victim comes to a public prosecutor for advice... she has to sit on the ground because there are no proper facilities”***.

Women face **hostile cross-examinations** and are often retraumatized during trial. Describing sexual violence in open court is deeply distressing for many survivors, particularly when questioned aggressively by male defence counsel.

***“Physical and sexual violence cases are difficult... cross-examinations are traumatic, and the community doesn’t encourage women to speak up,”*** said one lawyer.

With the **absence of a trauma-informed approach** to dealing with survivors in court and no mental health counselling or support mechanism, the potential for re-traumatisation is high.

***“When we go to court, it feels like everyone is judging us, and that adds to the stress.”***

Survivors expressed **low trust** in the judicial system, often believing that only the rich or well-connected get justice.

One survivor stated, ***“The court has not served justice. The criminal is out... there is no support for the poor”***.

This perception is compounded by experiences of delays, lack of follow-up, or dismissive treatment. An important point worth noting is also how frustrations with the justice system forces many survivors back into abusive homes.

***“Even if they go to court, the legal system does not always provide justice. In many cases, the issue is forgotten, and the woman is forced to return to the abusive situation”***

There are few but encouraging mentions of the **specialised GBV courts**. Yes, first I went to the police, and then they presented me in court. Their attitude was very good. The court people also treated me very well and took my statement properly.

They listened to my experience and asked, ***“What happened? Where do you want to go? What do you want to say?”***

***“In regular courts, they don’t understand our situation, but the GBV court was better—at least they listened to me properly.”***

A prosecutor also mentioned that the court, designed to expedite cases and improve survivors’ experiences in seeking justice, was ‘working very well.’ This suggests that where GBV courts exist and are well-resourced, they can function well and potentially improve access to justice for survivors.

## Health services

Health and medico-legal services focus first on forensic evidence collection during medical evaluations. Injuries are documented in Medical Legal Certificates (MLCs), a vital component in court cases. In some places, female doctors typically handle sensitive cases to protect survivors’ privacy, but most districts struggle with a shortage of female medical staff, which affects service delivery. Experiences with and views of MLOs, hospitals and health services in general are by and large, seen as inadequate and



uncomfortable.

Many perceived medical responses to be conditional. Women may be **denied medical care unless they report the violence to the police first**. This requirement places an additional burden on survivors and creates a barrier to accessing urgent treatment, especially for those who fear police

interaction or are not ready to file a formal complaint.

Participants raised concerns that medical professionals may **not always maintain confidentiality**, and that survivors sometimes feel judged or blamed during the medical-legal process. This deters women from sharing their full experiences or returning for follow-up care.

Survivors reported feeling dismissed, **judged and blamed**. Staff displayed gender biases, asking irrelevant questions reflecting their gender stereotypes.

The lady doctor said, **“No, a grown-up girl cannot be kidnapped; she must have gone willingly”**.

**“When I tried to explain my injuries, they kept asking irrelevant questions. It felt like they didn’t want to help.”**

Access to medical services was also difficult because of **distances and high transport costs**. Many medical services are in urban areas, making it difficult for survivors to reach on their own, especially when mobility is restricted and family support is often unavailable.

**“Transportation costs to reach hospitals are so high that we can’t even think of going.”**

**“Without men, it is not possible for a woman. It is difficult, meaning that she cannot go alone.”**

The medico-legal process is described as **lengthy and bureaucratic**, often involving multiple steps and delays. There were no special considerations or specialised services for survivors at hospitals, and staff were **not equipped to deal with sensitive issues or trauma**. A participant recognised the lack of emotional support and psychological assessment:

**“They treated her wounds but didn’t ask how she was feeling or offer counselling.”**

This causes additional distress and retraumatising in already traumatic situation and can also undermine the usefulness of medical evidence if not handled promptly and sensitively.

**“There should be a dedicated women’s hospital. Regular hospitals don’t feel safe”**

The hospitals are not equipped to deal with abuse cases. They treat you like any other patient. Survivors also mentioned a general air of discomfort in doctors dealing with abuse, especially sexual violence. While some doctors

were described as providing care and encouraging survivors to report abuse, they also **expressed hesitation to be named or involved**, perhaps due to fear of legal entanglement or institutional pressure.

**“Doctors, who examine women who have faced abuse, they usually treat them well. They provide medicine and tell them to report the incident... but they also say, ‘Don’t mention my name,’ and encourage them to go to the police.”**

There were some mentions of corruption in hospitals too, of doctors being bribed to dismiss GBV injuries, adding to women’s mistrust of services.

**“When a woman goes to a doctor with physical injuries, the husband or in-laws often bribe the doctor to dismiss the matter quietly”**

In certain cases, survivors received prompt treatment for injuries, particularly in trauma or emergency settings. This immediate response, though not universally guaranteed, was appreciated when it occurred. Some medical staff encouraged survivors to report their cases to the police, which survivors viewed as a sign that they were being believed and supported. Even though doctors were sometimes hesitant to be formally involved, the verbal encouragement helped build the survivor’s confidence.

## Social services

Social services, particularly shelters, play a pivotal role in providing refuge for survivors of GBV, offering them a secure and supportive environment away from abusive settings. For many survivors, these spaces serve as critical lifelines, enabling them to regain a sense of security and stability. Entry into a shelter is typically followed by an intake assessment to understand survivor’s needs. Survivor perceptions of how these needs are managed are mixed, reflecting both their vital benefits and the challenges associated with accessing and utilizing them. While survivors often praise shelters for their protective atmosphere and supportive staff, societal stigma, limited awareness, and logistical barriers can deter women from seeking their assistance. Survivors’ insights illuminate the complexities surrounding shelters, highlighting their importance as well as the reforms needed to make them more accessible, empowering, and survivor-centred. Some survivors from more remote areas reported that they did not even know shelters/Dar-UI-Amans existed. No outreach mechanisms exist to inform

women about shelters, leaving many unaware that such options are available.

***"We don't even know if there are shelters nearby. No one has told us about them."***

Distance and access were factors for many. Survivors pointed out that shelters are often located far from rural areas, making them difficult to access. There are also too few shelters across the province, especially in rural areas, forcing survivors to travel long distances for safety.

***"They are in the city, so it is not always easy to go to them."***

***"There are so few shelters, and they are so far that most women don't even consider them an option"***

In some places, the facilities were seen as unsafe and uncomfortable. For some, this is based on their experience but for others, it is the reputation that the Dar-ul-amans carry and the stigma attached to it as a place for runaway, immoral women, or where women are engaged or forced to engage in immoral activities.

***"When women go to Dar-ul-Aman, they still don't trust the place, and they fear that something bad might happen there too, like sexual violence or something else."***

People are afraid of these institutions because they don't know what will happen to them. Many women prefer to stay in their homes, even though they are living a difficult life, rather than going to

these shelters. When people hear about Darul Aman, they get scared.

Limited capacity, overcrowding and a lack of privacy were recurring concerns. Yet despite being around so many other women, survivors often also experience emotional isolation and depressive symptoms, especially those from tribal or rural backgrounds. One key informant noted that these women

***"Do not accept the idea of leaving their homes... there is a long process of counselling to help them accept the shelter option."***

Shelters sometimes also lack robust security infrastructure, leaving residents vulnerable to retaliation. In some cases, shelter staff have leaked survivor information, leading to abusers locating and threatening survivors. At the same time, it is worth noting that shelters were seen more positively in terms of the services they provide than any other support service. Some women reported positive experiences and described the shelter as being 'safer than at home' and a secure environment to escape abuse.

***"The shelter home (Dar-ul-Aman) is safer than the police station. Women can be helped there."***

***"Dar-ul-Amans help us get out of a troubled life, even if it is for a short time."***

Survivors noted that some shelters had compassionate staff who provided encouragement during difficult times, showing the impact that a supportive worker can have.



***“A certain Madam at the shelter checked on me every day, which gave me hope for the future.”***

***“Here in Dar-ul-Aman, the madam has filed a case through a government lawyer.”***

***“They provide legal and medical assistance, and they offer shelters as well as counselling and advice.”***

Services at shelters had mixed reviews. Many women reported that while counselling and income generation support were there in theory but practically, there was no such regular quality support. Psychologists were engaged at some shelters but rarely trained in dealing with complex issues and trauma. Other services were also limited but functional. Most shelters also lack trained GBV-specific staff, including psychosocial professionals and legal advisors.

**The Bolo Helpline** can also be a first port of support and conduct risk assessments and provide direct referrals to police, hospitals, and shelters, but it was barely mentioned by any woman and few survivors appear to have accessed them directly.

This reflects a major awareness and outreach gap, particularly in rural or underserved communities. Service providers and KII respondent note that women neither know about, nor possess the digital literacy to use helplines. Survivors are often unaware of how to access help or fear that their calls won't lead to actual support. Outreach campaigns have largely failed to penetrate remote areas, and there is a lack of localized, language-appropriate communication about how to access or trust these services. Even when women do call, survivors often encounter male operators or untrained staff, leading to impersonal or insensitive responses that discourage disclosure. A major issue is the lack of follow-up—helplines frequently refer women to other services without coordination or case tracking, leaving survivors to navigate complex systems alone. Delays in emergency response, weak ties with shelters and police, and the perception that helplines offer only generic advice have further eroded public trust. As a result, the helpline remains underutilized, particularly among the most vulnerable women it is intended to serve.

**Table 3: Summary of Demand Side Barriers**

Barrier	Brief Description	Example / Quote
<b>Patriarchal Control</b>	Women’s lives are tightly controlled by male family members, limiting their autonomy, mobility, and ability to seek help.	“If we are not even allowed to leave the house, how would we know?”
<b>Denial of Consent and Sexual Autonomy</b>	Women are expected to comply with marital sex; refusal often leads to abuse.	“A woman cannot say no to her husband. If she does, he will force her anyway and call her disrespectful.”
<b>Pressure to Be a 'Good Woman'</b>	Cultural expectations pressure women to stay silent, endure abuse, and preserve family honour.	“The family says, ‘You’ll bring shame to us if you go outside for help.’ So, they endure the abuse.”
<b>Normalization of Violence</b>	Domestic violence is seen as common or acceptable, discouraging women from challenging it.	“People say it’s normal for men to be angry—that’s just how they are, so women should adjust.”
<b>Victim-Blaming Attitudes</b>	Survivors are blamed for the violence or questioned about their behaviour.	“A girl was assaulted by her employer, but people said she had encouraged him.”
<b>Financial Dependence</b>	Lack of income and economic dependence trap women in abusive relationships.	“If I leave, who will feed my children?”
<b>Poverty and Lack of Resources</b>	Survivors cannot afford transport, shelter, legal aid, or medical treatment.	“I couldn’t afford to go to the hospital.”
<b>Lack of Awareness of Services</b>	Many women don’t know about shelters, helplines, or legal support.	“Even if shelters exist, we don’t know where they are or how to access them.”

<b>Limited Exposure and Confidence</b>	Due to social restrictions and lack of education, women feel unprepared to seek help.	"So far, there is nothing like that. No one has given us any information."
<b>Lack of Family or Social Support</b>	Families often discourage reporting and prioritize honour over safety.	"My father said women must accept their role. If they complain, they're dishonouring the family."
<b>Social Isolation</b>	Without support networks, women feel trapped and unable to act.	"There are many difficulties from the family, no one supports us."
<b>Fear of Retaliation</b>	Reporting violence may lead to increased abuse, social ostracism, or even death.	"If I speak out, I fear he will kill me."
<b>Health-Related Barriers</b>	Abuse causes mental and physical health issues, affecting women's ability to act.	"Every day, I hear that I am useless... You feel like you deserve nothing."
<b>Conditional Medical Access</b>	Hospitals may require police involvement before providing treatment.	"They said I needed a police report before they could treat me."
<b>Bureaucratic Police Procedures</b>	FIRs and legal processes are delayed, complex, and retraumatizing.	"The process is so long, so confusing. If a woman doesn't know someone inside, she gives up."
<b>Male-Dominated Police Spaces</b>	Lack of female staff makes police stations intimidating and unsafe.	"What if there were only men there? How would I tell them what happened?"
<b>Police Victim-Blaming</b>	Officers discourage reporting or suggest survivors provoked the abuse.	"The police asked if I had provoked him."
<b>Lack of Privacy in Courts</b>	Survivors face hostile environments and cross-examinations without privacy.	"When we go to court, it feels like everyone is judging us."
<b>Legal Delays and Corruption</b>	Bribery, case backlog, and court delays discourage pursuit of justice.	"Even if she files a complaint, the abuser can get out of trouble by paying a bribe."
<b>Stigma Around Shelters</b>	Shelters are seen as immoral or unsafe, deterring access.	"When people hear about Dar-ul-Aman, they get scared."
<b>Shelter Access and Capacity Issues</b>	Shelters are few, far, overcrowded, and lack privacy or long-term support.	"There are so few shelters, and they are so far that most women don't even consider them an option."
<b>Lack of Support Services in Shelters</b>	Shelters lack trained staff, psychological care, and vocational support.	"They provide counselling in theory, but practically there is no such regular quality support."
<b>Mistrust and Underuse of Helplines</b>	Survivors are unaware of or don't trust helplines due to poor follow-up or male staff.	"Helplines offer only general advice. They don't follow up or help directly."

## B: Supply Side Barriers: Service functionality and Governance

### B-1: Mandates - as stated by the service providers, departments and commissions

#### Police - Investigation and Mediation

Mandate: Police are required to facilitate GBV survivors by lodging FIRs (First Information Reports) and providing protection. Recent initiatives, such as integrating the Bolo Helpline with the police emergency helpline, have aimed to streamline services for survivors. Notifications mandate immediate handling of GBV cases referred by helplines.

*"We can provide immediate legal action and restraining orders to protect survivors."*



#### Prosecutors/Courts - Legal Representation and Justice

Mandate: Prosecutors are responsible for representing the state in legal proceedings against perpetrators of GBV. Their role involves ensuring cases are effectively presented in court.



*"Our role is to ensure justice for survivors through effective prosecution and legal advocacy."*

#### MLOs - medical assessment and documentation of evidence for the case

Mandate: MLOs are tasked with conducting medical examinations of survivors to collect forensic evidence for GBV cases. They play a critical role in supporting prosecutions

*"Our main role is to assess the physical injuries sustained by survivors and compile medico-legal reports for court proceedings."*



#### Shelters - Safety, legal support and Rehabilitation:

Mandate: Shelters operate under the Social Welfare Department and provide temporary safe housing and psychosocial support. Their mandate includes safe accommodation, counselling, referrals for legal aid and vocational training.

*"Darul Amans are primarily responsible for temporary housing and connecting women with further services, such as counselling and vocational support."*



***“Survivors feel safe and supported here, which is the first step in their recovery journey.”***

***“We offer survivors the tools to seek justice and hold perpetrators accountable.”***

#### **Helplines, such as the Bolo Helpline:**

These are designed to serve as first points of contact for survivors, offering direct referrals, legal advice, psychosocial support, and emergency intervention services.

***“We provide compact services, including legal aid, psychologists, and service delivery from police, medical, and shelter as we are connected with these services.”***



Each service plays a distinct role in addressing GBV: police investigate and mediate, shelters provide emotional and legal support, courts focus on representation and justice, and NGOs advocate for awareness and empowerment. Each service brings unique strengths, from police enforcement to shelter safety, legal representation, and NGO advocacy. Together, these strengths form a critical support network for survivors.

### **B-2: Barriers, gaps and bottlenecks**

Effective governance and structured implementation are critical for addressing Gender-Based Violence (GBV). While acts and policy frameworks such as the Domestic Violence Act are in place, substantial challenges remain in translating these provisions into actionable outcomes. Survivors often encounter systemic gaps that hinder their access to services, safety, and justice. Governance challenges severely undermine the effectiveness of GBV response mechanisms across multiple sectors. Law enforcement struggles with accountability, as the Law and Human Rights Department lacks summoning power, making it difficult to hold perpetrators responsible. Police coordination with other agencies remains weak, delaying justice and survivor protection. In the health sector, hospitals

and legal institutions fail to collaborate effectively, causing significant delays in survivor referrals and forensic documentation. Shelters suffer from institutional isolation, forcing survivors to navigate disconnected services alone instead of being guided through an integrated support system. Similarly, helplines lack structured coordination with police, shelters, and hospitals, reducing their ability to offer real-time crisis intervention. Finally, judicial mechanisms remain inadequate, with courts lacking specialized GBV units and failing to enforce restraining orders or protective measures, leaving survivors exposed to continued harm.

### **B-3: Inadequate understanding of GBV**

GBV is understood broadly across services to encompass physical, verbal, psychological, sexual, and economic abuse. Triggers like jealousy, economic dependency, and societal norms exacerbate the problem. All service providers identified a range of GBV types, with domestic violence being the most common. There is a recognition of control and psychological abuse, but most cases that come to them are of physical violence. At the same time, the data also revealed critical gaps in awareness, recognition and value of all types of GBV.

For example, many police interviewees define GBV narrowly, focusing primarily on physical violence and overlooking other forms, such as emotional or economic abuse. A police official from said:

***“We usually deal with cases of hitting and beating; that’s what GBV is mostly about.”***

This limited perspective excludes the broader spectrum of violence women face. Sometimes this is a practical decision. As a police respondent in said:

***“We focus on physical injuries because they’re easier to prove.”***

This gap was also identified by the Director General (DG) Law and Human Rights who pointed out that service providers tend to focus primarily focus on physical violence, often overlooking emotional, economic, and systemic abuse. The DG emphasized the need for clarity and consistency across institutions, noting, ***“some departments narrowly interpret GBV as physical harm, neglecting economic and psychological abuse.”***

Police and healthcare services typically prioritize visible injuries, while commissions recognize deeper systemic factors, such as patriarchal norms and financial abuse. The DG advocates for cross-departmental training to align definitions, warning that **"misinterpretation of survivor experiences leads to biases in service delivery."**

Commissions take a broader approach, acknowledging GBV's long-term effects on families and communities. The National Commission on Human Rights (NCHR) highlights that **"when women suffer violence, the entire family dynamic is disrupted, affecting children and societal harmony."** The KPCSW expands GBV definitions to include workplace harassment, emotional manipulation, and systemic discrimination, stating, **"GBV isn't just about physical harm—it includes the economic and emotional control exerted over women."** Despite their comprehensive perspective, commissions struggle to translate their understanding into actionable policies due to resource constraints.

Health professionals too often focus exclusively on physical injuries, neglecting the psychological and emotional impacts of abuse. As one of them stated during the interview:

**"Our role is to document physical injuries; the rest is for social workers to handle."**

There was little to no recognition of either psychological abuse or trauma and how they could hinder investigations. Shelter workers, at times, also expressed disbelief about violence:

**"Most women who come here are just looking for a roof over their heads, not help for other issues."**

This inadequate and biased GBV knowledge leads to a fragmented and limited approach to addressing the issue, leaving survivors' broader needs unmet. There is a glaring gap in the understanding of the psychological and emotional aspects of GBV, leading to a narrow focus on physical abuse.

#### **B-4: Training gaps**

Police (SHO and IO) officers often have significant experience handling domestic violence cases, providing them with operational insights. However, the data reveals a critical gap in specialized training for addressing GBV survivors. Many officers rely on instinct or general guideline and have little understanding of the laws, as noted by a respondent.

**"We haven't received detailed training on how to approach survivors. Most of us rely on instinct or general guidelines."**

**"We don't have detailed training on how to handle these cases. We approach them like any other complaint."**

Though there have been efforts to improve behaviour through basic training, these programs fail to incorporate trauma-informed approaches or gender sensitivity comprehensively. Trainings do help, however, as police officers consistently report.

Police officers in districts equipped with gender desks, such as Peshawar and Kohat, demonstrate better case handling; however, these desks are not universally present. Furthermore, helpline integration training has not been consistently implemented, limiting coordination between emergency services and police interventions. Prosecutors/Courts Prosecutors and legal representatives also lack training in trauma-informed questioning, creating significant challenges. Survivors often feel retraumatized by intensive, insensitive court questioning, as highlighted by a prosecutor: Survivors must provide strong evidence, and our questioning can be difficult for them. Training programs fail to equip prosecutors and court staff to approach survivors empathetically, exacerbating survivors' distress during trials. Complex legal procedures further discourage survivors from engaging fully with the court system, particularly in areas lacking GBV-specific courts.

Health professionals and medical Legal Officers (MLOs), often the on-call doctor, understand the importance of their medico-legal reports as evidence, asserting that their detailed documentation is pivotal for court proceedings. However, most of them are not trained in the evidence collection and reporting formats for legal proceedings. Significant training gaps remain in recognizing the psychological and emotional impacts of GBV. MLOs are not trained assess or document these effects, nor do they possess skills to offer basic emotional support to survivors during examinations. Consequently, survivors often feel neglected, particularly in remote areas with male-dominated medical staff, such as DI Khan and Lower Dir. This oversight limits the holistic nature of survivor care.

Shelters (Dar-ul-Aman, Crisis Centres) Shelters provide physical refuge and a sense of safety for survivors fleeing abusive environments. Some

shelters offer very basic mental health support, but the majority lack adequate training in complex cases and trauma-informed care.

***“While we help women with legal and logistical needs, dealing with trauma requires more training than we have.”***

Staff members are often ill-equipped to handle survivors' mental health needs, leaving these unaddressed or worsening existing psychological issues. Training remains focused on operational tasks rather than trauma-informed practices, leaving survivors underserved, particularly in overburdened shelters.

## B-5: Implementation Challenges

Despite the presence of legal frameworks and policies aimed at addressing Gender-Based Violence (GBV), their execution remains inconsistent and fragmented across various institutions. Survivors often struggle to access police, healthcare, shelter, helpline, and judicial services due to weak enforcement mechanisms, resource shortages, and coordination failures. While laws such as the Domestic Violence Act, Anti-Rape Act, and Pakistan Penal Code (PPC) provisions exist to protect survivors, their implementation remains weak, leaving many survivors without effective legal protection.

### District Protection Committees and Legal Oversight

One of the major implementation failures lies in the absence of District Protection Committees, which are central to enforcing the Domestic Violence Act at the grassroots level. These committees were envisioned as a survivor-centered mechanism to coordinate responses between police, shelters, healthcare providers, and legal services, ensuring protection and support for GBV survivors. However, these committees have not been established, leaving survivors unaware of their legal rights and available protections. As a legal professional pointed out, ***“The government has passed the Domestic Violence Act, but protection committees haven't been properly set up. Without enforcement, laws don't work.”***

Additionally, anti-rape committees, which were mandated under the Anti-Rape Act, are non-functional, further weakening the law's ability to protect survivors. A respondent noted, ***“Few cases are registered under the Anti-Rape Act, and the committees meant to oversee its implementation***

***are not operational.”*** Similarly, laws such as the Workplace Harassment Act and Child Marriage Act remain poorly enforced, particularly in rural areas, leaving women in informal sectors and young girls vulnerable to abuse.

### Service Delivery Gaps Across Different Regions

The availability and quality of GBV response services vary significantly by region, depending on local leadership, institutional capacity, and funding. Survivors in urban areas may have access to gender desks within police stations, trained medical personnel, and established NGO referral systems, while rural areas often lack female police officers, qualified medical staff, and specialized shelters.

- **Police Stations:** In urban areas like Peshawar and Kohat, some stations have female officers and gender desks, making case reporting safer and more survivor friendly. However, rural areas frequently lack female staff, discouraging women from seeking help due to fear of male-dominated environments. Furthermore, police often fail to register cases properly, and survivors must obtain police referrals before accessing shelters or legal aid, delaying interventions. A police officer admitted,

***“Laws exist, but survivors don't know how to access them, and officials fail to enforce them.”***

- **Hospitals & MLOs:** In cities, hospitals provide timely trauma care for GBV survivors, but staff shortages in rural districts result in delays in forensic examinations, reducing survivors' ability to pursue legal action. The lack of forensic labs in KP further weakens investigations, as survivors must rely on circumstantial evidence, leading to case dismissals. A medical professional noted,

***“We lack proper forensic facilities, making it difficult to collect and preserve evidence for court proceedings.”***

- **NGOs & Shelters:** NGOs play a key role as first responders, providing legal aid, psychosocial support, and shelter assistance, sometimes through home visits in remote areas. However, urban shelters have better resources and referral systems, whereas rural shelters are often overcrowded and underfunded. Shelters also lack long-term solutions, such as employment programs or housing assistance, leaving survivors without a clear path to independence.

- **Helplines:** Services like the Bolo Helpline offer anonymous crisis support in cities, but limited awareness and outreach in rural areas prevent survivors from accessing immediate assistance. Survivors frequently report that helplines provide generic responses, failing to guide them through legal and protection services.

- **Courts & Prosecutors:** Urban courts typically handle GBV cases more efficiently, whereas rural courts suffer from personnel shortages and case backlog, delaying legal proceedings. Survivors often face insensitive questioning and pressure to reconcile with abusers, discouraging them from pursuing justice. A prosecutor noted, ***“Cases drag on for years, and survivors must recount their trauma multiple times, causing emotional distress and disengagement from legal processes.”***

### Systemic Failures in GBV Case Handling

While protocols and SOPs exist across sectors, their inconsistent application and lack of enforcement reduce their effectiveness. Police in urban areas generally follow formal complaint procedures, but rural facilities struggle with infrastructural constraints and poor coordination with shelters and hospitals. Hospitals often mishandle forensic documentation, leading to weak cases in court.

- **Police Investigations:** The absence of forensic labs forces officers to rely on circumstantial evidence, resulting in case dismissals due to insufficient proof. A police officer admitted, *“We don’t have detailed training on how to handle these cases. We approach them like any other complaint.”*

- **Health Services:** Lack of standardized forensic examination protocols weakens rape and assault investigations, making GBV cases hard to prosecute.

- **Shelters:** Chronic underfunding and overcrowding limit their ability to provide holistic survivor support, including employment programs and housing assistance.

- **Helplines:** Many provide generic responses, failing to guide survivors through legal and protection services. Delays in emergency interventions further reduce their effectiveness.

- **Prosecutor & Court Systems:** Cases drag on for years, discouraging survivors from pursuing legal justice. Survivors must recount their trauma

multiple times, causing emotional exhaustion and disengagement from legal processes

### Gaps in Legal Enforcement

Although laws criminalizing domestic violence, sexual assault, and workplace harassment exist, poor implementation makes justice inaccessible for many survivors. For example, the Pakistan Penal Code (PPC) criminalizes honour killings, acid attacks, and sexual violence, but survivors still face institutional barriers in legal proceedings. Amendments to honour killing laws have made them non-compoundable, meaning perpetrators cannot be released even if families reach a settlement. However, weak enforcement and lack of awareness mean that many survivors do not benefit from these protections.

Similarly, the Workplace Harassment Act provides protections for women in formal workplaces, but women in informal sectors remain vulnerable due to limited oversight and enforcement. A respondent noted, ***“We have signed international treaties on women’s rights, but implementation remains weak. Policies are created, but without budget allocation, nothing happens.”***

### Case Documentation and Resolution

Documentation and the ability to resolve cases vary significantly by district, often determined by coordination quality and the availability of resources. Police maintain FIRs and daily registers to record case activity. In some districts regular review of these records ensures that serious cases are prioritized. Manual documentation remains the norm, and while some stations are diligent in tracking cases, others lack systematic review processes. Courts compile detailed case files including police reports, medical evidence, and survivor testimony. An effort is made to bridge coordination gaps through quarterly meetings with police and prosecutors. However, resource shortages—like a lack of judges and legal staff—slow trial progression in some districts. Health services rely heavily on MLCs as core evidence. In some districts, the lack of digital systems and delays in reporting compromise the integration of this evidence into legal cases, weakening prosecution efforts. Shelters document survivor intake, progress, and service history, but resource constraints in some districts impact the depth and quality of documentation and individual survivor cases may not be appropriately documented due to overcrowding and limited staff. Operational

challenges are faced in the functioning of the Bolo helpline functioning in some districts, such as staffing shortages and network issues—this can disrupt comprehensive documentation and referral tracking.

## B-6: Coordination Barriers

Weak inter-agency coordination severely hampers the effectiveness of GBV response services, creating fragmented systems where survivors struggle to access timely and comprehensive support. Across police departments, delays in FIR registration and poor collaboration with forensic units lead to evidence deterioration, weakening legal cases against perpetrators. When survivors report violence, officers frequently refer them to shelters or medical facilities without clear follow-up mechanisms, forcing them to navigate services alone. Restraining orders, meant to protect survivors from repeat abuse, are rarely enforced, leaving women vulnerable to retaliation.

Legal and judicial systems further reflect coordination failures. GBV cases often take years to process, as courts lack specialized units dedicated to fast-tracking cases. Prosecutors struggle due to limited forensic evidence, exacerbated by weak coordination with police and hospitals. Survivors must recount their trauma multiple times, leading to emotional exhaustion and eventual withdrawal from the legal process.

Hospitals face similar coordination challenges. Limited inter-agency collaboration between medical staff and legal institutions slows forensic processing and case registration. Many survivors fail to receive timely medico-legal certificates (MLCs) due to bureaucratic inefficiencies, making prosecutions difficult. In regions where no female MLOs are available, male ward staff handle forensic exams, causing discomfort and discouraging women from pursuing legal action.

Shelters, designed as safe spaces for survivors, struggle with limited follow-up mechanisms once women leave their facilities. Survivors are often referred to legal aid offices without structured pathways, making it harder for them to secure legal protection or reintegration support. Vocational training and financial assistance programs remain underfunded, preventing women from gaining long-term stability after escaping abuse.

Helplines intended as accessible crisis support systems often operate in isolation from shelters, police, and legal services, reducing their

effectiveness. Survivors frequently complain that helpline operators provide generic responses instead of immediate intervention, delaying critical assistance. Referrals between helplines and law enforcement remain inconsistent, meaning women in urgent danger often do not receive the protection they need in time.

Government officials and NGOs have recognized these inefficiencies, with the departments acknowledging, ***“Departments operate in silos, making it harder to align resources with survivor needs.”***

Commissions echo similar concerns, stating, ***“Shelters struggle to maintain connections with other departments, slowing response times.”***

Strengthening multi-sector collaboration, establishing district-level coordination bodies, and implementing survivor-centric case management systems could significantly improve the GBV response framework. Survivors need structured pathways—not isolated referrals—to access justice, protection, and long-term recovery support.

## B-7: Resources

Resource limitations significantly weaken GBV response services, restricting survivors' access to protection, justice, and recovery support. Across police departments, logistical constraints—such as insufficient vehicles, understaffing, and limited investigative tools—hinder timely responses to GBV cases. Many stations lack female officers, making it intimidating and unsafe for survivors to report violence. In some regions, survivors must travel long distances to reach police stations, further discouraging legal action. A police official noted, ***“We don’t have enough vehicles or staff to respond to every GBV case promptly.”***

Shelters face severe funding constraints, leading to overcrowding and inadequate survivor care. With budgets stretched thin, shelters struggle to provide comprehensive support, including legal assistance, vocational training, and psychological counselling. Many shelters lack space and personnel, making individualized care difficult. Survivors frequently report that staff are overwhelmed, reducing the quality of attention they receive. Additionally, limited geographic access means many rural women cannot reach shelter services, leaving them with no safe alternatives when fleeing abuse.

A shelter administrator explained, ***"We are often overburdened, which limits the attention we can give to each survivor."***

Healthcare services experience similar resource gaps. Few female medical officers (MLOs) are available, forcing survivors to undergo examinations by male staff, which discourages forensic reporting. The absence of forensic labs, particularly DNA testing facilities, weakens investigations. These resource constraints hinder the effectiveness of governance systems, particularly in ensuring survivor-centric care and support.

### **B-8: Women's Access constraints**

Survivors across all districts face significant barriers to accessing GBV services in part due to institutional limitations. Survivors encounter numerous challenges accessing services due to long distances and poor transportation infrastructure, highlighting the need for outreach programs. Courts and shelters in some districts often require survivors to travel long distances, deterring many from seeking help. Survivors in remote areas struggle to afford transport to shelters or police stations. Social norms and constraints combined with both logistical issues and service gaps hinder women's access to support services when they need them most. Government officials including DG highlight geographic limitations, financial constraints, and stigma as key barriers to access.

The Planning and Development Department notes, ***"insufficient resources prevent the expansion of shelters and helplines into remote areas."***

The Social Welfare Department emphasizes transportation difficulties, stating, ***"survivors in rural districts struggle to afford travel to shelters."***

### **B-9: Gender bias in services**

Gender biases, stereotypes, and misogyny remain pervasive within GBV support services in KP, undermining the quality and accessibility of care for survivors. Service providers, including police officers, healthcare workers, and shelter staff, often perpetuate patriarchal attitudes that blame survivors for their experiences or trivialize their trauma. Survivors report being questioned about their clothing, behaviour, or motives, suggesting a culture of judgment rather than support. Additionally, systemic biases, such as dismissing

certain forms of GBV as "domestic disputes," further discourage survivors from seeking formal help. These attitudes reflect broader societal norms and institutionalize the very biases that support systems are designed to combat, creating an environment where survivors feel alienated and re-traumatized. Addressing these issues requires targeted gender-sensitivity training and accountability mechanisms to foster survivor-centred practices.

Several officers display implicit victim-blaming attitudes. ***Many women come forward with complaints after provoking their husbands. We try to mediate between them.*** This comment suggests the responsibility for violence may be partially placed on survivors. Some officers reflect patriarchal views about men's authority over women. Another officer commented:

***"In our culture, a man has the right to discipline his wife, but it shouldn't cross the line into beating."***

Such statements normalize controlling behaviour as acceptable. Patriarchal views among some officers result in victim-blaming:

***"Sometimes, women exaggerate the abuse. It's difficult to filter out genuine cases."***

Health professionals sometimes demonstrate judgmental attitudes and scepticism toward survivors. ***In some cases, the injuries seem exaggerated. Women know how to play the victim.*** This kind of bias undermines survivor credibility. Some shelter staff also describe survivors in derogatory terms.

***"Many of these women wouldn't be here if they had been better wives or managed their homes properly"***.

Even legal professionals occasionally dismiss survivors' cases as trivial.

***"We get so many domestic disputes. If we pursued them all seriously, the courts would be overwhelmed."***

Such attitudes diminish the gravity of GBV cases. These deep-rooted systemic biases perpetuate patriarchal norms and diminish survivors' dignity and agency. They hinder the effectiveness of services and contribute. Survivors face obstacles when interacting with services influenced by biases or inadequate knowledge. For example:

***"If the case doesn't seem serious, we recommend mediation instead of legal action."***

Gender bias affects survivor outcomes, often leading to underreporting or withdrawal from the legal process. As a shelter participant observed:

***"Women leave shelters early because they feel unsupported or judged."***

Gender norms perpetuate victim-blaming and the stigmatization of survivors, both within service provision and broader societal contexts. The service KIs reveal concerning gaps in GBV

knowledge and entrenched biases across law enforcement, healthcare, shelter services, legal systems, and even NGOs. These biases and knowledge gaps limit service effectiveness, perpetuate patriarchal mindsets, and negatively impact survivors' access to justice and care. Addressing these issues through comprehensive training, awareness campaigns, and systemic reforms is essential to improve survivor experiences and outcomes.

**Table 4: Summary of Supply Side Barriers**

Barrier	Brief Description	Example/Quote
<b>Governance Failures</b>	Weak enforcement mechanisms and poor institutional coordination hinder policy execution.	<i>"The government has passed the Domestic Violence Act, but protection committees haven't been properly set up. Without enforcement, laws don't work."</i>
<b>Inadequate Understanding of GBV and DV law</b>	Many service providers focus only on physical violence, neglecting emotional, economic, and psychological abuse.	<i>"We usually deal with cases of hitting and beating; that's what GBV is mostly about."</i>
<b>Training Gaps</b>	Lack of trauma-informed and gender-sensitive training results in insensitive survivor interactions.	<i>"We haven't received detailed training on how to approach survivors. Most of us rely on instinct or general guidelines."</i>
<b>Coordination Barriers</b>	Poor inter-agency coordination creates fragmented survivor pathways, delaying access to justice.	<i>"Departments operate in silos, making it harder to align resources with survivor needs."</i>
<b>Service Delivery Gaps</b>	Regional disparities affect access to police, shelters, health services, and helplines.	<i>"Hospitals provide timely trauma care for GBV survivors in cities, but staff shortages in rural districts result in delays in forensic examinations."</i>
<b>Resource Constraints</b>	Limited funding, personnel shortages, and lack of infrastructure weaken GBV response systems.	<i>"We don't have enough vehicles or staff to respond to every GBV case promptly."</i>
<b>Legal Implementation Failures</b>	Poor enforcement of laws such as Anti-Rape Act, Workplace Harassment Act, and Child Marriage Act.	<i>"Few cases are registered under the Anti-Rape Act, and the committees meant to oversee its implementation are not operational."</i>
<b>Gender Bias in Services</b>	Stereotypes and victim-blaming attitudes among police, healthcare workers, and shelter staff.	<i>"In our culture, a man has the right to discipline his wife, but it shouldn't cross the line into beating."</i>
<b>Survivor Access Issues</b>	Geographic distance, transport limitations, and social stigma prevent survivors from seeking help.	<i>"Survivors in rural districts struggle to afford travel to shelters."</i>

## District-Specific Supply-Side Barriers

### Police

- **Peshawar:** Police stations are equipped with gender desks, making access slightly easier for women.
- **Lower Dir:** Accessibility remains a challenge due to limited female staff and societal barriers. Survivors face stigma and often fear backlash from families or communities.
- **Kohat:** Some cases are referred directly through helplines, reducing barriers compared to direct police visits.
- **Nowshera:** Survivors report hesitation due to societal pressures, but proactive efforts by police, such as home visits, encourage reporting. Female staff are present but limited, affecting sensitivity in case handling.
- **DI Khan:** Police face logistical constraints such as insufficient vehicles and staff, which impact timely responses and survivor follow-ups.
- **Lower Dir and Kohat Districts:** Dir and Kohat have implemented gender desks at police stations, creating safer environments for survivors to report GBV cases, although their effectiveness is contingent on staff training and coordination.
- **Peshawar and Kohat Districts:** Districts like Chitral, Peshawar, and Kohat have implemented female desks in police stations, improving GBV case handling, while in other districts, such as DI Khan and Nowshera, traditional male-dominated investigative approaches persist.

### Courts/Prosecutors

- **Peshawar and Kohat:** Survivors are more likely to approach courts due to higher levels of awareness and resources. Public prosecutors are generally available. GBV courts exist in Peshawar, ensuring faster and more survivor-centric case processing.
- **Lower Dir:** Limited awareness among women and complex legal processes deter survivors from seeking help.
- **Nowshera:** Quarterly meetings between police and prosecutors help address gaps in investigation processes and prepare cases for trial. Survivors often interact with public prosecutors when they cannot afford private legal representation.
- **DI Khan:** Delays in court proceedings and limited infrastructure, such as a shortage of

public prosecutors and judges, create barriers for survivors seeking justice. GBV courts are absent, forcing survivors to rely on general legal systems.

- **Process and Protocol Differences:** While GBV courts in urban areas, like in Peshawar, maintain more structured case handling processes, rural areas such as Dir and DI Khan struggle with delays and weak implementation of survivor-centric legal procedures.

### Shelters/Dar ul Aman

- **Mansehra:** Funding shortages and overcrowding limit individualized attention to survivors.
- **Lower Dir:** Shelters struggle with public knowledge of their locations, compromising survivor safety.
- **Peshawar:** Better coordination exists with referral systems like the Bolo Helpline, but survivors often stay long-term due to societal constraints.
- **Nowshera:** Non-presence of shelters face results in overcrowding and funding constraints in nearby districts shelters like Peshawar and Mardan along with the limiting long-term support options for survivors.
- **Process and Protocol Differences:** Shelters in urban areas like Peshawar have committees that review survivor cases systematically, while in rural districts such as Dir, the coordination and enforcement of ToRs (Terms of Reference) may be weaker.

### Health services

- **Peshawar:** Survivors have access to better-equipped facilities for forensic testing and examinations, albeit with resource constraints.
- **Lower Dir & Kohat:** Lack of female staff and forensic facilities often leads to suboptimal case handling, with survivors reliant on male staff for examinations.
- **Nowshera:** Trauma departments ensure timely response, but resource shortages such as inadequate forensic tools, hinder thorough case handling.
- **DI Khan:** Delays in medical evidence submission affect case progression, coupled with limited availability of female MLOs, impacting survivor trust.
- **Process and Protocol Differences:** In urban districts like Peshawar, MLOs follow documented protocols more effectively.

Remote districts such as DI Khan and Lower Dir face challenges like inadequate technology, absence of DNA labs, and delayed forensic reporting, affecting case resolution.

### Bolo Helpline

- **Peshawar:** High awareness of helpline services leads to increased utilization.
- **Lower Dir & Mansehra:** Awareness campaigns are less effective, and survivors rely more on word-of-mouth to access the helpline.
- **Nowshera:** Limited awareness campaigns reduce helpline engagement; survivors often learn about services through referrals.
- **DI Khan:** Operational delays and lack of staffing hinder the helpline's ability to provide timely referrals and follow-ups.
- **Process and Protocol Differences:** Peshawar's helpline functions efficiently with proper referrals and follow-ups, while rural areas such as DI Khan, Dir, and Nowshera face delays and lower accessibility due to limited staff and resources.



**Table 5: Mandates, Progress and Gaps**

Service	Mandate	Met Mandate	Gaps/Challenges
<b>Police</b>	Investigate GBV cases, lodge FIRs, protect survivors.	FIRs lodged; restraining orders issued.	Limited female staff, societal stigma, delays in investigations, logistical constraints.
<b>MLOs</b>	Medical assessments, forensic evidence.	Timely reports in urban centres.	Female staff shortages, limited forensic tools, delays in evidence submission, and psychological trauma overlooked.
<b>Shelters</b>	Safe housing, counselling, legal aid.	Survivors feel safe; good coordination exists.	Overcrowding, funding constraints, lack of reintegration solutions, low public awareness of shelters.
<b>Courts/Prosecutors</b>	Represent survivors in legal proceedings.	GBV courts exist; proactive prosecutors.	Awareness gaps, resource shortages, delayed trials, survivors' reluctance due to societal backlash.
<b>NGOs</b>	Education, training, empowerment.	Robust programs exist.	Outreach barriers, societal resistance, funding constraints, and limited scale of training programs.
<b>Bolo Helpline</b>	First contact for survivors, referrals.	High utilization in urban areas.	Weak awareness campaigns, staff shortages, inconsistent follow-ups, and reliance on word-of-mouth access.





# DISCUSSION AND CONCLUSION

The discussion of barriers faced by survivors of gender-based violence (GBV) in Khyber Pakhtunkhwa (KP) underscores the deeply rooted interplay between personal, societal, and systemic challenges that perpetuate cycles of abuse and hinder access to critical support services. On the demand side, survivors often face immense cultural and societal pressures, including rigid gender norms, patriarchal mindsets, stigmatization, which discourage them from reporting abuse or seeking help. Fear of retaliation, familial opposition, and financial dependency further compound their vulnerability, creating an environment where survivors are silenced and trapped in abusive relationships. These barriers are exacerbated by a pervasive lack of awareness regarding what constitutes GBV and the resources and capacity available to address it adequately.

On the supply side, systemic inefficiencies continue to undermine the ability of survivors to access meaningful support. The limited outreach and capacity of services such as shelters, women's desks, and legal aid programs fail to meet the needs of survivors, who face logistical hurdles like transport costs and long travel distances. Moreover, survivors encounter institutional biases, bureaucratic delays, and poor interdepartmental coordination and weak governance, which not only diminish their trust in formal systems but also prolong their cycles of victimization. Even within existing structures, ethical lapses, including breaches of confidentiality and dismissive attitudes from service providers, re-traumatize survivors and deter them from seeking further help.

It is important to note that the data also shows that some progress has been made in pockets and is indeed possible. Some survivors reported police officers demonstrating sensitivity, especially at women-specific police desks, where they felt heard and treated with dignity. Law enforcement was also praised in some places for swift action in high-risk cases, which helped protect survivors and hold perpetrators accountable. Shelters were valued for providing immediate safety, food, and healthcare, particularly in urban areas with better resources. Survivors appreciated staff who offered emotional comfort during crises, reinforcing the importance of trauma-informed support. Some court

experiences and specialized lawyers received positive feedback, with trained legal professionals advocating for survivors and ensuring fair trial processes. Courts with GBV-specific judges were more effective, expediting case resolution. Hospital staff and Medico-Legal Officers (MLOs) were appreciated when they provided timely medical care and empathetic support, particularly in facilities with designated GBV units. These positive experiences highlight the potential of survivor-centric practices in building trust and delivering meaningful assistance when professionalism and empathy are prioritized.

However, overall, these efforts remain concentrated in urban areas and lack the inclusivity needed to reach marginalized populations. This section critically examines these interconnected barriers, incorporating survivor narratives to highlight the urgent need for a more equitable, survivor-centred approach. It argues for comprehensive reforms that prioritize accessibility, sensitivity, and relevance, ensuring that support systems effectively address the diverse and complex needs of survivors across KP.

## Demand-Side Barriers

### Gender Attitudes, Biases, and Patriarchal Views

Deeply entrenched patriarchal norms in KP create a cultural environment where all forms of control and GBV are normalized, accepted, and justified. Male dominance within families and communities is reinforced by societal and religious interpretations, leaving survivors feeling obligated to endure abuse for the sake of family harmony or marital stability. This mindset fosters dependency, reduces the likelihood of survivors reporting abuse, and sustains a social framework where GBV remains invisible and unchecked. Efforts to challenge such attitudes often encounter resistance. As a result, help is only sought when the situation becomes life-threatening. This delay reduces the efficacy of interventions, leaving survivors more entrenched in abusive environments and less likely to access the services they need.

## **Social Constraints, Gender Norms, and Roles**

Rigid gender norms place immense pressure on women to conform to societal expectations of obedience and submission. These roles often force survivors to prioritize the reputation and honour of their families over their safety and well-being. Women who attempt to leave abusive relationships face intense societal judgment, often being blamed for the failure of the marriage, while perpetrators are absolved of accountability. Such social constraints create a climate of fear and stigma, where survivors feel isolated and unsupported. For many, the thought of seeking help is overshadowed by the risk of being ostracized from their communities, leaving them trapped in abusive environments.

### **Lack of awareness and support**

Many survivors in KP lack awareness, not only of their rights but also of available services in their areas. This limited awareness is a product of patriarchal restrictions on education and mobility, preventing women from accessing fundamental rights information. Survivors frequently reported that they had never heard of shelters or helplines, reflecting the complete absence of outreach in some, especially remote areas.

Families, which should ideally serve as the first line of support for survivors, often become barriers due to a lack of awareness about the dynamics and consequences of GBV. In many instances, families discourage survivors from reporting violence, not out of malice, but to protect their social standing or avoid perceived shame associated with public disclosure. This limited understanding leads to pressure on survivors to reconcile with abusers, with the focus on preserving family honor and marital ties rather than prioritizing the survivor's safety and well-being. Such uninformed responses leave survivors feeling isolated and unsupported, severely limiting their options for seeking protection or healing.

### **Fear of Retaliation from Perpetrators**

The fear of violent retaliation from abusers is a significant psychological barrier preventing survivors from seeking help. Perpetrators in KP often wield considerable social or economic influence, particularly in close-knit rural communities, which amplifies survivors' sense of vulnerability. Survivors are frequently threatened with further harm, including violence against themselves or their children, if they attempt to leave or report the abuse. This fear is exacerbated by survivors' limited trust in formal support

systems, as they perceive these institutions as incapable of offering sufficient protection from their abusers. The result is a pervasive sense of powerlessness that leaves many survivors paralyzed and unable to act.

### **Dependency and mobility restrictions**

Economic dependency and financial barriers further restrict survivors' ability to seek help. In rural areas of KP, the high costs associated with accessing medical care, legal services, or shelters are often insurmountable for survivors, particularly those without independent income. Transportation costs alone can deter survivors from reaching urban-centric services, while fees for legal documentation, medical treatment, or court proceedings add to the burden. Many survivors are financially reliant on their abusers, leaving them with no means to escape or access formal systems. This financial dependency reinforces cycles of abuse by limiting survivors' options and forcing them to remain in unsafe environments. The geographical layout of KP creates significant logistical challenges for survivors, especially those in remote or mountainous regions. Most essential services, including shelters, police stations, and hospitals, are concentrated in urban areas, making them inaccessible for women in rural communities. The lack of reliable public transport infrastructure further compounds this issue, leaving survivors with no practical way to access help even when their lives are at risk. These logistical barriers disproportionately affect survivors from low-income backgrounds, as they are unable to afford private transport options. The physical isolation of rural areas not only delays critical interventions but also perpetuates survivors' reliance on informal networks, which may not always provide adequate support.

### **Inadequate support and from essential services**

From lack of sensitivity to exploitation, to general inefficiencies, misgovernance and weak implementation, all too often GBV survivors in KP become doubly victimized and are often retraumatized by the inadequate and subpar services available to them. Their basic rights to survivor centric care - encompassing empathy, respect, non-discrimination, self-determination, safety trauma informed care and access to essential services remain a distant demand.

## Supply-Side Barriers

### Urban-Centric Accessibility

One of the most glaring disparities in KP's GBV response systems is the heavy concentration of services—such as shelters, legal aid, and police desks—in urban centres, leaving rural and remote populations severely underserved. Survivors from rural areas face extraordinary challenges in accessing these resources, primarily due to geographic isolation. The absence of adequate transportation infrastructure compounds this issue. For example, in districts like Lower Dir and D.I. Khan, survivors report that the nearest police stations, hospitals, or shelters can be hours away on foot or by costly private transport. For many women in remote areas, accessing urban services is simply not feasible, particularly in emergencies where timely intervention is critical. Additionally, urban-centric service models often fail to consider the cultural and logistical realities of rural life, such as the need for mobile support units or decentralized service hubs. This neglect creates systemic inequities, leaving rural survivors without meaningful avenues for assistance and intensifying their sense of isolation and vulnerability.

### Procedural Complexity and Bureaucracy

Navigating the GBV support system in KP is fraught with procedural inefficiencies and bureaucratic delays, making it overwhelming for survivors to access timely help. Survivors must often obtain police referrals before accessing shelters or legal aid, and they are required to produce documentation—such as medical reports, identity documents, or proof of abuse—that many find impossible to acquire under their circumstances. For instance, survivors in Kohat and Nowshera report being redirected from one department to another without clear guidance on the steps they need to follow. This lack of streamlined processes wastes valuable time, exacerbating survivors' trauma and leaving them feeling abandoned by the very systems meant to protect them. Furthermore, these bureaucratic hurdles disproportionately disadvantage rural and less-educated survivors, who may lack the knowledge or resources to navigate these labyrinthine structures. Without significant procedural reform, survivors are left vulnerable to systemic failure.

### Coordination Challenges

The fragmented nature of inter-agency coordination in KP's GBV response services creates

severe gaps in care. Survivors often encounter a lack of communication between key stakeholders, such as police, healthcare providers, social welfare departments, and legal aid services. For example, after leaving a shelter, a survivor may find that there is no mechanism in place to connect her to counselling services or legal representation. Each department operates in silos, requiring survivors to piece together their support networks, which is a near-impossible task for most. Survivors frequently describe having to recount their traumatic experiences multiple times to different agencies, causing emotional re-traumatization while still not receiving comprehensive care. This lack of continuity not only diminishes the effectiveness of support systems but also undermines survivors' trust in formal mechanisms, leading many to disengage entirely from the process.

### Gender Bias, Misogyny, and Patriarchal Mindsets in Services

Institutional services in KP often mirror the patriarchal attitudes prevalent in broader society, leaving survivors to face judgmental and dismissive behaviour from service providers. Police officers, for example, may trivialize cases of domestic violence, questioning survivors' credibility or motives. Similarly, survivors report being met with apathy or outright hostility from healthcare professionals, who sometimes label injuries as exaggerated or unrelated to GBV. These biases are not limited to individual attitudes; they are systemic, reflecting an institutional culture that implicitly condones or minimizes GBV. Such experiences deter survivors from continuing to engage with formal systems, reinforcing the perception that these services are untrustworthy or ineffective.

### Substandard Service Quality and Ethical Issues

The quality of existing GBV services in KP is frequently compromised by overcrowding, resource shortages, and ethical lapses. Shelters operate under significant strain, often lacking the capacity to accommodate all survivors who seek refuge. Survivors report being turned away from full shelters or being pressured to leave after just a few days to make room for others, forcing them to return to unsafe environments. Breaches of confidentiality, such as disclosing survivors' locations to law enforcement or community members without their consent, further compromise their safety and trust in the system. These issues are exacerbated by inadequate training and oversight, which contribute to service providers' failure to uphold ethical and

professional standards. For survivors, this substandard care amounts to a secondary victimization, where the very institutions designed to protect them instead inflict further harm.

### **Lack of Inclusivity of Services**

Although GBV services in KP aim to be universal, significant gaps in inclusivity leave marginalized populations without adequate support. Women in rural areas, for instance, face unique barriers stemming from cultural norms, language differences, and geographical isolation. Ethnic minorities often encounter prejudice or linguistic barriers when attempting to access services, while economically disadvantaged survivors are deterred by costs or logistical challenges. Additionally, existing services rarely address the needs of transgenders, persons with disabilities or other vulnerable groups who face compounded forms of discrimination. The absence of specialized programs or accommodations—such as accessible shelters for disabled survivors or non-discriminatory helpline support—limits the reach and efficacy of GBV interventions. Efforts to promote inclusivity remain piecemeal and are

often focused on urban centres, leaving systemic inequities unaddressed.

### **Resource Constraints**

Chronic underfunding is a fundamental barrier to the effectiveness of GBV services in KP. Shelters, hospitals, and police stations frequently operate at full capacity, unable to accommodate the growing demand for their services. For instance, shelters often lack sufficient beds, trained personnel, or financial resources to expand their facilities or provide extended stays for survivors. Hospitals face shortages of medico-legal officers (MLOs), counsellors, and essential supplies, further diminishing their ability to offer holistic care. Specialized services for vulnerable populations are almost absent due to budgetary constraints. Additionally, outreach programs that could bridge the urban-rural divide remain underdeveloped, leaving rural survivors entirely dependent on their immediate networks. Without significant investment, these resource limitations will continue to undermine the overall impact and accessibility of GBV services.

## **Insights**

### **The Critical Role of Survivor Agency and Decision-Making**

The findings highlight that survivors navigate complex internal conflicts when deciding whether to seek help, often weighing social norms, economic constraints, and fear of retaliation against their right to safety. Many women delay or altogether avoid accessing services due to family discouragement and societal pressure to endure abuse rather than disrupt household stability or reputation. However, survivors who exercise agency and seek support frequently do so in moments of extreme crisis, demonstrating the need for early intervention mechanisms rather than waiting for escalation. Future interventions must centre empowerment strategies, ensuring that survivors have the awareness, financial independence, and community backing necessary to seek assistance without fear or hesitation.

### **The Need for Holistic and Survivor-Centered Services**

Service fragmentation continues to limit survivors' ability to navigate support systems effectively. Many institutions—police, shelters, hospitals, legal aid—operate in silos, creating gaps in coordination and referral pathways. Survivors frequently report frustration at being redirected between departments without clear guidance or follow-up. Despite the introduction of gender desks and GBV courts, systemic inefficiencies persist, making the process slow, retraumatizing, and bureaucratic. Future improvements must prioritize one-window service models, where survivors can access legal, medical, psychosocial, and shelter support seamlessly. This should be paired with trauma-informed care training across all frontline institutions to reduce judgmental attitudes and procedural barriers.

## **The Persistent Influence of Societal Norms on Service Accessibility**

Deeply entrenched gender norms and patriarchal attitudes shape not only survivor responses but also the attitudes of service providers. The findings reveal that police officers, healthcare workers, and even legal professionals often dismiss or diminish GBV complaints, reinforcing victim-blaming and the trivialization of survivors' experiences. This systemic bias within institutions discourages reporting, fuels distrust in formal mechanisms, and keeps survivors reliant on informal networks rather than structured services. Future interventions must focus on mandatory gender-sensitivity training for all GBV-related personnel, addressing implicit biases, harmful stereotypes, and survivor-centric engagement. Public campaigns targeting community leaders, religious figures, and traditional elders can also help shift deep-rooted attitudes that prevent survivors from accessing justice.

## **Financial Independence and Survivor Decision-Making**

Economic dependence is consistently cited as one of the primary reasons survivors remain in abusive environments. Many women refrain from seeking legal action or shelter because they lack income, property rights, or financial resources to support themselves and their children outside of abusive households. This demonstrates that economic empowerment programs, including vocational training, microfinance access, and survivor-friendly employment opportunities, are critical for breaking cycles of violence. Future policies must prioritize financial literacy training and direct economic assistance within GBV support frameworks, ensuring survivors do not have to choose between safety and survival.

## **The Need for Survivor-Centric Processes**

The findings reveal that judicial inefficiencies, lengthy case processes, and legal loopholes discourage survivors from pursuing justice. Survivors often experience years of court delays, while perpetrators exploit corruption and weak legal protections to evade consequences. Fear of re-traumatization, financial strain, and lack of procedural guidance further reduce survivor engagement with legal systems. Future reforms must focus on expediting GBV cases through specialized courts, reducing bureaucratic complexity, and ensuring free legal aid for survivors. Additionally, enhanced legal protections, such as stricter penalties for interference, intimidation, and bribery are essential to building survivor trust in formal justice mechanisms.

## **Service Governance and Implementation for Effective GBV Response**

Despite the presence of policy frameworks such as the Domestic Violence Act, implementation remains fragmented and inconsistent, particularly at the district level. Survivors frequently encounter bureaucratic inefficiencies, weak coordination among agencies, and gaps in oversight that hinder their access to timely and survivor-sensitive support. District Protection Committees, intended to facilitate service delivery, have not been effectively institutionalized, leaving many survivors unaware of their rights and available services. Additionally, a lack of inter-agency coordination between police, shelters, healthcare providers, and judicial bodies results in delays, re-traumatization, and procedural hurdles for survivors. Future interventions must focus on institutionalizing structured oversight mechanisms, improving inter-departmental collaboration, and ensuring regular audits and accountability frameworks. Standardized protocols, resource allocation, and governance reforms are crucial to translating existing policies into tangible, survivor-centred action.







# RECOMMENDATIONS

To decisively address the pervasive human rights challenge of Gender-Based Violence across KP, the following multi-faceted recommendations are presented to ensure a more effective, coordinated, and survivor-centered national response.

## Policy Recommendations

### 1. Strengthening Legal and Protection Frameworks, and Enhancing Implementation:

- **Mandate Stricter Enforcement:** Mandate stricter enforcement of all existing GBV-related laws to address prevalent delays in the legal process and ensure swift justice for survivors.
- **Ensure Full Implementation of Pro-Women Laws:** Secure the full and comprehensive implementation of all pro-women laws, including the KP Domestic Violence Against Women (Prevention and Protection) Act, 2021, and vigorously support the operationalization of Domestic Violence Committees as explicitly mandated under the law.
- **Develop an Implementation Framework, Plan, and Timelines:** Through a consultative process with relevant departments, develop a comprehensive system with firm timelines for implementation of existing laws, especially the Domestic Violence Against Women (Prevention and Protection) Act, 2021.
- **Institutionalize Survivor Protection Policies:** Institutionalize robust survivor protection policies, incorporating strict confidentiality protocols, to safeguard survivor privacy during all interactions with police, courts, and shelters.
- **Include Anonymous Reporting Mechanisms:** Formally include anonymous reporting mechanisms to profoundly protect survivors' identities and actively encourage their access to critical support services.
- **Activating and Operationalizing District Protection Committees (DPCs):** Develop a detailed plan for operationalizing inactive DPCs in all districts, including specific steps for their establishment and sustained functioning. Ensure adequate budget allocations, clearly defined Terms of Reference (TORs), and robust monitoring mechanisms for all DPCs.

#### Responsible Government departments:

- Social Welfare, Special Education & Women Empowerment Department (SWD)
- Law, Parliamentary Affairs & Human Rights Department
- Home & Tribal Affairs Department
- Prosecution Directorate (under Home Dept.)
- Health Department
- Directorate General Health Services (DGHS), KP
- Police Department (Office of Inspector General of Police, KP)
- Planning & Development Department (for inter-sectoral coordination and budgeting)
- Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW)
- Office of the Ombudsperson for Protection Against Harassment of Women at the Workplace, KP
- Information Department (for awareness components)
- Local Government, Elections and Rural Development Department (LGE & RDD) (for DPCs and local implementation)

### 2. Institutionalizing Mandatory Gender-Responsive Training and Sensitization:

- **Framework and Schedule:** Develop a comprehensive framework with a rigorous system for mandatory gender-sensitivity training across all relevant sectors and stakeholders, including police, healthcare providers, the judiciary, prosecution services, and shelter staff, with a strong

- emphasis on gender attitudes, trauma-informed care, and survivor-centric practices. Include ongoing or planned mechanisms for monitoring, review, and scale-up.
- **Knowledge, Skills and Attitudes:** Ensure that trainings focus extensively on knowledge (e.g., laws, best practices, types of GBV, impact, etc), skills (specific technical skills combined with survivor-centric and trauma-informed skills), and attitudes (gender norms, attitudes, bias, victim-blaming, etc.)
  - **Assessments and Incentives:** Develop a system with built-in assessment of demonstrated learning as well as incentives for implementation and applying good practices.
  - **Regular Refresher Training:** Develop a system and schedule for regular refresher training programs to consistently reinforce evolving best practices and actively combat systemic biases prevalent within these sectors.
  - **Promote Workplace Equity through Awareness:** Implement comprehensive gender-awareness programs within Public Service Commissions to actively promote workplace equity and robustly address harassment.

#### **Responsible Government departments and institutions:**

- Social Welfare Department (for shelter staff), Public Service Commission (for awareness and equity promotion)
- Establishment Department KP (for integration into service rules and performance metrics)
- Civil Secretariat's Training Management Units
- Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW)
- Office of the Ombudsperson for Protection Against Harassment of Women at the Workplace, KP
- Police Training College Hangu & Specialized Police Schools
- Khyber Pakhtunkhwa Judicial Academy
- Federal Judicial Academy
- Postgraduate Medical Institute (PGMI), Peshawar
- Khyber Medical University (KMU), Peshawar
- Pakistan Medical & Dental Council (PMDC) (curriculum setting)

### **3. Coordinated and Integrated GBV Policies Across Government Departments:**

- **Develop Integrated Policies:** Develop truly integrated GBV policies across all pertinent government departments, particularly Social Welfare, Special Education & Women Empowerment, Health, Directorate General Health Services, Law, Parliamentary Affairs, Human Rights, Prosecution Directorate KP (under Home Department) and Home & Tribal Affairs Department, KP and Inspector General of Police. Policies must ensure that mandates and procedures are precisely tailored to survivors needs.
- **Establish Formal Inter-Departmental Links:** Establish formal, actionable links between government departments, relevant commissions, shelters, hospitals, and non-governmental organizations, through MOUs and policies, to comprehensively streamline care coordination.

#### **Responsible Government Departments, Services, and Commissions:**

- Social Welfare, Special Education & Women Empowerment Department (SWD)
- Law, Parliamentary Affairs & Human Rights Department
- Home & Tribal Affairs Department
- Prosecution Directorate (under Home Dept.)
- Health Department
- Directorate General Health Services (DGHS), KP
- Police Department (Office of Inspector General of Police, KP)
- Planning & Development Department (for inter-sectoral coordination and budgeting)
- Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW)
- Information Department (for awareness components)
- Local Government, Elections and Rural Development Department (LGE&RDD) (for DPCs and local implementation)
- Finance Department (for cross-sectoral budgeting and tracking)

- Planning & Development Department (P&DD) (for integrated policy development and M&E framework)

#### 4. Implementing Trauma-Informed Governance and Service Delivery:

- Develop trauma-informed approach framework: In collaboration with civil society and following national frameworks, develop
- **Institutionalize Trauma-Informed Care Protocols:** Institutionalize trauma-informed care protocols as a guiding principle for service delivery across all points of contact, including police interactions, hospitals, shelters, and judicial processes, thereby profoundly minimizing survivor re-traumatization.
- **Provide Specialized Guidelines for Case Handling:** Provide specialized, detailed guidelines for trauma-sensitive case handling to further minimize survivor re-traumatization during interactions.
- **Create a Dedicated Cadre of MLOs:** Establish a separate cadre of Medico-Legal Officers (MLOs) within health facilities whose sole, defined responsibility is to handle GBV cases, moving away from reliance on general duty doctors.

#### Responsible Government departments and Services:

- Social Welfare Department
- Health Department
- Home & Tribal Affairs Department
- Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW)
- Office of the Ombudsperson for Protection Against Harassment of Women at the Workplace, KP
- Judiciary (through High Court administration)
- KP Police
- Khyber Pakhtunkhwa Judicial Academy

#### 5. Developing a Provincial GBV Action Plan:

- **Mandate using and building on Action Plans:** Develop a system for training on, implementation of, and building on existing provincial GBV Action Plans and Road Maps, with a clear understanding of their objectives, measurable targets, timelines, and identified responsible institutions for their vigorous implementation.

#### 6. Fostering Inclusive Research and Data Collection on Persons with Disabilities (PWDs):

- **Government-Funded Research on GBV Experiences of PWDs:** Ensure partnership-based, collaborative research on the GBV experiences of Persons with Disabilities (PWDs), with built-in reviews conducted at regular intervals (e.g., every three years).

#### Responsible Government Departments

- Social Welfare Department (lead)
- Planning & Development Department
- Health Department
- Home & Tribal Affairs Department
- Law Department
- KPCSW (as co-lead or key advisory body)
- Office of the Ombudsperson

## Implementation Recommendations

#### 1. Expanding Geographic Accessibility of GBV Services:

- **Establish New Facilities in Underserved Areas:** Activate existing and establish new, accessible shelters, legal aid centers, specialized GBV courts, and comprehensive healthcare facilities specifically in rural and remote areas to decisively overcome existing logistical barriers to access.

- **Deploy Mobile Service Units:** Systematically deploy mobile units to directly deliver essential medical care, legal aid, counseling, and emergency assistance to survivors in currently underserved regions.
- **Establish more One-Stop Centers:** Establish integrated one-stop centers in all priority districts to fundamentally simplify and consolidate access to a full spectrum of essential services for survivors.

**Responsible Government departments:**

- Social Welfare Department
- Health Department
- Law & Parliamentary Affairs Department
- Home & Tribal Affairs Department
- Planning & Development Department
- District Administrations
- KPCSW (to monitor outreach and gender responsiveness in remote areas)
- Office of Ombudsperson

**2. Strengthening District-Level Coordination Bodies:**

- **Formulate and Empower Coordination Teams:** Formulate and significantly empower district-level coordination teams to meticulously oversee streamlined referral pathways and ensure unified service delivery across helplines, shelters, courts, and healthcare providers.
- **Establish District-Level Human Rights Offices:** Establish dedicated district-level offices for Human Rights to further support localized protection efforts.
- **Monitor DPCs:** Develop a system for the regular monitoring, review, and evaluation of the District Protection Committees. Conduct regular meetings requiring updates and progress, and feedback from the community.

**Responsible Government departments:**

- Social Welfare Department
- Human Rights Directorate
- Deputy Commissioners
- KPCSW (oversight and participation in DPCs where applicable)
- Office of the Ombudsperson

**3. Increasing Dedicated Resources for GBV Response:**

- **Allocate Substantial Additional Budgets:** Allocate substantial additional budgets specifically for GBV-specific services, including the hiring of trained personnel, the expansion of shelter capacity, transport services, helplines, GBV courts, and the continuous maintenance of critical medical resources.
- **Enhance Local Financing and Accountability:** Increase local financing directed towards GBV response across all sectors, complemented by specific departmental indicators to bolster accountability mechanisms and significantly enhance service provider capacity.
- **Invest in Advanced Case-Management Systems:** Invest in and deploy advanced case-management systems and digital tracking to ensure survivors receive efficient, ethical, and meticulously tracked support throughout their journey. Ensure that staff are sufficiently trained in using these systems.
- **Construct Purpose-Built GBV Courts:** Construct purpose-built GBV courts specifically designed to ensure the utmost privacy, dignity, and security for survivors during sensitive legal proceedings.

**Responsible Government departments:**

- Finance Department
- Social Welfare Department
- Home Department
- Health Department

- Planning & Development Department
- KPCSW (advocacy and monitoring of allocations for women's services)

#### 4. Enhancing Training and Capacity Building:

- **Comprehensive Training on Survivor-Centred Approaches:** Provide comprehensive training on survivor-centered approaches, meticulously covering privacy concerns, cultivating empathy, and fostering gender sensitivity among all staff.
- **Collaborate with existing training institutions.** Build the capacity of and work actively with Police Training Institutions in KP (e.g., Police Training College, Hangu, Police School of Investigation, Hayatabad (Peshawar), Police School of Public Disorder and Riot Management, Mardan, Police School of Intelligence, Abbottabad, Women Police Training School, etc.), Judiciary and Prosecutor Training Institutions (e.g., Khyber Pakhtunkhwa Judicial Academy, Peshawar, Federal Judicial Academy, Islamabad), Health and Medico-Legal Training Institutions (e.g., Postgraduate Medical Institute (PGMI), Peshawar
- Khyber Medical University (KMU), Peshawar, Pakistan, Medical & Dental Council (PMDC) for curriculum enhancement, The Social Welfare Department, KP (for shelters).
- **Training in Trauma-Informed Practices:** Implement extensive training programs in trauma-informed practices to profoundly strengthen survivor trust and foster dignity during all interactions.
- **Build Capacity of Local Leaders:** Build significant capacity among local leaders, influential community members, and tribal elders to become active advocates against GBV and strong supporters of survivors within their communities.

#### Responsible Training institutions and departments:

- Police Training College and specialized schools
- Judicial Academies
- PGMI and KMU
- Social Welfare Department
- Establishment Department
- KPCSW (content guidance, oversight, and advocacy)
- Office of the Ombudsperson

## Procedural Recommendations

### 1. Streamlining and Simplifying Access to Services:

- **Create One-Window Service Centres:** Create integrated "one-window" service centers that seamlessly integrate police desks, counseling units, shelters, and healthcare services under a single physical roof.
- **Eliminate Bureaucratic Hurdles:** Decisively eliminate bureaucratic hurdles, such as requiring multiple referrals or police reports, to ensure immediate and unhindered access to critical medical or shelter services.
- **Remove Limitations on Shelter Access:** Remove current limitations on the number of times or duration a survivor can access shelter, allowing for repeat or extended stays based solely on individual need and safety assessments.
- **Improve Access to Legal Aid:**
  - Provide quality free legal services for survivors, directly addressing the prohibitive cost of private legal fees.
  - Establish dedicated pro-bono legal departments within government institutions to provide direct legal support to survivors in court proceedings.
  - Offer robust incentives to attract and retain female prosecutors to ensure their consistent availability in GBV cases.

### Responsible Government departments:

- Social Welfare Department
- Health Department
- Home & Tribal Affairs Department
- Law Department (Legal Aid units)
- Planning & Development Department
- KPCSW (to monitor survivor-centered implementation)

### 2. Strengthening Monitoring, Evaluation, and Oversight of Services:

- **Establish Regular Audit and Evaluation Mechanisms:** Establish rigorous mechanisms for regular audits and evaluations to consistently ensure all services meet stringent survivor-centred quality standards.
- **Systematize Survivor Feedback:** Systematically gather survivor feedback through written and verbal methods as a core mechanism to continuously refine training programs, procedural protocols, and service delivery models.
- **Define Clear Monitoring Structure:** Clarify precisely which government department or independent body will be accountable for monitoring, and define specific indicators for success.
- **Consider Third-Party Oversight:** Actively consider the inclusion of independent third-party and community-based oversight mechanisms to significantly enhance accountability and transparency.

### Responsible Government departments and Commissions

- Planning & Development Department
- Directorate of Human Rights
- KPCSW (for independent oversight and women's rights focus)
- Office of the Ombudsperson
- Social Welfare Department
- KP Right to Services Commission (optional third-party mechanism)

### 3. Enforcing Ethical Standards and Confidentiality Protocols:

- **Rigorous Enforcement of Confidentiality:** Rigorously enforce comprehensive confidentiality measures across all GBV services and databases, meticulously safeguarding survivor records and locations.
- **Impose Swift Disciplinary Actions:** Impose clear, consistent, and swift disciplinary actions against any staff found engaging in unethical, dismissive, or harmful behavior towards survivors.
- **Accelerate GBV Court Functioning:** Accelerate the establishment and full functioning of dedicated GBV courts, ensuring they are staffed with adequately trained and sensitive personnel.
- **Prioritize Trained Female Staff:** Prioritize a significant increase in the number of trained female staff across all GBV services to enhance survivor comfort and trust.
- **Strengthen Case Management and its Systems:** Ensure a high standard of care, case management, coordination, and protection for survivors of Gender-Based Violence. This includes:
  - Implementing and standardizing intake forms and conducting thorough needs and risk assessments for each survivor.
  - Developing and maintaining updated multi-sectoral referral pathways, ensuring partners are trained on survivor-centered care and confidentiality.
  - Using coded systems for survivor anonymity and securely storing all physical and digital records.
  - Designing structured follow-up plans
  - Facilitating case conferencing for complex cases with consent, and collaboratively developing individualized safety plans, including relocation and emergency support.
  - Developing capacity for and providing Psychological First Aid (PFA) and ensuring timely referrals to trained counselors for trauma or distress.

- Providing specialized training for case managers to work effectively with marginalized populations (children, PWDs, transgender, ethnic minorities), ensuring inclusive and responsive case plans.
- Requiring caseworkers to track systemic barriers to inform advocacy and service improvement.
- Establishing regular, mandatory training, debriefing, and ongoing supervision for caseworkers, including periodic reviews, to ensure ethical, high-quality services and reduce burnout.
- **Adopt Digital Data Management Systems:** Invest in and deploy advanced case-management systems, including secure, cloud-based databases, to ensure survivors receive efficient, ethical, and meticulously tracked support throughout their journey. Mandate the use of globally recognized, safe, and ethical digital information management systems, such as the Gender-Based Violence Information Management System (GBVIMS) or Primero/GBVIMS+, for collecting, storing, analyzing, and sharing survivor data. This includes:
  - Ensuring data is collected with survivors' full informed consent, with a clear understanding of its purpose and use
  - Implementing strong data protection protocols, including password-protected, encrypted databases and strict access controls
  - Developing clear internal and inter-agency information-sharing protocols for aggregate, non-identifiable data for reporting and advocacy
  - Prohibiting the sharing of raw case numbers and direct interviews with the media to protect survivor safety and confidentiality.

#### Responsible Government departments:

- SWD
- KP Police
- Judiciary
- IT Board KP / Digital Governance Unit
- Health Department
- Home & Tribal Affairs Department
- Planning & Development Department
- KPCSW (oversight of gender-sensitive protocols, Ethical protocols, and coordination)

#### 4. Enhancing Coordination and Case Continuity:

- **Strengthen Inter-Agency Communication:** Significantly strengthen inter-agency communication to ensure survivors experience seamless and uninterrupted transitions between all support services (healthcare, legal aid, counseling, and shelter).
- **Implement Standardized Referral Protocols:** Implement standardized, clear referral protocols across all service providers to actively prevent survivors from inadvertently falling through gaps in the system.

#### 5. Strengthening Shelter Protocols (Dar-ul-Amans):

- **Align Services with UN Essential Services Package (ESP):** Ensure all Dar-ul-Amans provide services fully aligned with existing SOPs developed in collaboration with civil society, by the UN's Essential Services Package (ESP), which includes comprehensive legal, medical, counseling, and reintegration support, as well as other international standards.
- **Comprehensive Staff Training for ESP Delivery:** Ensure all shelter staff are thoroughly trained to effectively offer these comprehensive services to survivors.
- **Availability of Key Facilities:** Specifically ensure the availability of privacy, dedicated counseling rooms, and safe transport within all Dar-ul-Amans.
- **Implement Long-Term Reintegration Support:** Establish robust systems for employable and entrepreneurial skill development, long-term reintegration support, and follow-up for all residents post-discharge.

### Responsible Government Departments

- Social Welfare Department
- Health Department
- Home & Tribal Affairs Department
- IT Board KP
- Planning & Development Department
- KPCSW (oversight of gender-sensitive protocols and coordination)
- Office of the Ombudsperson

## Awareness and Advocacy Recommendations

### 1. Launching Comprehensive Public Awareness Campaigns:

- **Multimedia Campaigns on GBV:** Launch comprehensive, multi-media campaigns in collaboration with civil society to extensively educate communities about GBV, survivors' rights, and readily available services.
- **Develop Specific Roles for Implementing Stakeholders:** Clearly define and assign roles for all stakeholders involved in media campaigns, ensuring accountability and coordinated efforts.
- **Outline Required Steps and Content for IEC Material Development:** Detail the necessary steps for creating Information, Education, and Communication (IEC) materials, emphasizing the importance of developing them in local languages relevant to KP's diverse communities.
- **Designate a Responsible Department:** Identify the government department, such as the Directorate of Information, that will be ultimately responsible for the development, implementation, and oversight of these public awareness campaigns.
- **Challenge Patriarchal Norms:** Utilize diverse grassroots methods to directly challenge deeply entrenched patriarchal norms and actively normalize survivor empowerment.
- **Strategic Partnerships for Dissemination:** Partner strategically with the Directorate of Information to develop and widely disseminate impactful public awareness messages across all media channels (TV, radio, print, and social media).

### Responsible Government departments:

- Directorate of Information (lead)
- Social Welfare Department
- KPCSW (lead partner on content and rights-based messaging)
- Education Department
- Religious Affairs Department

### 2. Promoting Economic Empowerment Initiatives for Survivors:

- **Tailored Vocational Training and Microfinance:** Provide vocational training and microfinance support explicitly tailored to the needs of GBV survivors, thereby enabling financial independence and substantially reducing reliance on abusers.
- **Focus on Rural and Underserved Districts:** Strategically focus these economic initiatives on rural and underserved districts (e.g., DI Khan, Kohat, and Lower Dir) to address economic barriers more equitably.

### Responsible Government Departments

- Social Welfare, Special Education & Women Empowerment Department
- Women Empowerment Directorate, KP
- Industries, Commerce, and Technical Education Department
- Labour Department
- Small and Medium Enterprises Development Authority (SMEDA)
- Planning & Development Department
- Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW)

### 3. Engaging Local Stakeholders for Social Change:

- **Partnerships for Dismantling Harmful Norms:** Actively partner with influential religious leaders, respected community elders, and local NGOs/CSOs to collectively dismantle harmful norms and foster widespread survivor acceptance and reintegration.
- **Foster Advocacy through Community Dialogue:** Foster sustained advocacy through inclusive community discussions, interactive workshops, and empowering survivor-led support networks.

#### Responsible Government Departments:

- Social Welfare Department
- Local Government, Elections and Rural Development Department (LGE&RDD)
- Religious Affairs Department
- Directorate of Information
- Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW)

### 4. Integrating GBV Education into Formal and Informal Settings:

- **Curriculum Development:** Introduce mandatory GBV-related modules into school and college curricula, with a strong focus on gender equality, promoting healthy relationships, and offering survivor support.
- **Community Workshops:** Conduct open and accessible workshops for families and communities to effectively break down the stigma surrounding survivors and promote meaningful dialogue on GBV prevention.

#### Responsible Government Departments:

- School Education Department
- Higher Education Department
- Social Welfare Department
- Curriculum Development & Textbook Boards
- Directorate of Literacy and Non-Formal Education
- Khyber Pakhtunkhwa Commission on the Status of Women (KPCSW)







## ANNEXURE 1:

### LIST OF RESEARCH TEAM

Position	District	Name
Lead Consultant	--	Dr. Asha Bedar
Co-Consultant	-	Dr. Shaista Naz
Transcriber	--	Mr. Muhammad Jamil Afridi
Researchers	DI Khan	Sehrish Habib
	Kohat	Gul Afshan
	Lower Dir	Najma Falak
	Mansehra	Sadaf Nayab
	Nowshera	Noreen Begum
Data Enumerators	DI Khan	Sidra Khan
	Kohat	Muniba Shamim
	Lower Dir	Noor Bano
	Mansehra	Mehr Naz
	Nowshera	Shehzadi Abdullah

## ANNEXURE 2:

### ORGANIZATIONS SUPPORTED DATA COLLECTION IN SELECTED DISTRICTS

S. No.	Organization Name	District(s) Covered
1	Karwan-e-Amal	Kohat
2	Sarhad Rural Support Programme (SRSP)	Nowshera, Dera Ismail Khan (DI Khan), Mansehra
3	Association for Behavior and Knowledge Transformation (ABKT)	Lower Dir
4	Saiban	Mansehra

## ANNEXURE 3:

### LIST OF TAG MEMBERS

Category	Organization/Department
Research Partners	P&D Department KP
	UNFPA
	Rozan
TAG Members from the Government	Social Welfare Department
	Police Department
	Health Department
	Ombudsperson
	KP Commission on the Status of Women (KP CSW)
TAG Members from NGOs/INGOs	Prosecution Department
	UNICEF
	British High Commission
	ACT International
	Islamic Relief
	GD Pakistan





(Scan to view online)



Planning & Development Department  
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