



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



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



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

2023

Farida Shaheed and Sohail Warraich

Design & Graphics – Sense Communications

Printed by UNFPA: Islamabad

© United Nations Fund for Population (UNFPA)

Please acknowledge the use of any material from this publication

Acknowledgements

Social Welfare Department Punjab and Shirkat Gah-Women's Resource Centre (SG) extend their gratitude to the United Nations Fund for Population (UNFPA) for their constant cooperation and support, and the Foreign, Commonwealth & Development Office (FCDO) - UK Aid who together made this important research possible. We extend our deep thanks to all the study respondents for their participation, without whose efforts and amiable readiness, this study could not have been conducted.

The research teams must be commended for their hard work, commitment and perseverance. This includes those who rolled out the study questions and diligently monitored the progress of all field-related activities; the data management teams who worked tirelessly on the coding and data analysis; all those who provided administrative and logistical support as and when needed; and finally, the Principal Investigators who put in their heart and soul into ensuring that the voices of survivors are heard and their experiences accurately represented.



Message from Mr. Mehr M. Hayat Lak, Secretary, Social Welfare Department

The Social Welfare Department Punjab is committed to providing a fully functional social protection system anchored in principles of empowerment and social inclusion for all. By mobilizing partnerships and developing organizational capacities, the department aims to ensure well-coordinated and responsive social welfare services for marginalized and poor communities, with particular focus on the most vulnerable women survivors of violence and persons with disabilities in the province.

According to the Pakistan Demographic and Health Survey (PDHS) 2017-18 in Punjab, 21% of women age 15-49 have experienced physical violence whereas 5% have experienced sexual violence since age 15. About 32% of ever-married women have experienced spousal physical, sexual, or emotional violence. The most common type of spousal violence is emotional violence (23.3%), followed by physical violence (21.2%). 43.9% of women who have experienced any type of physical or sexual violence have not sought any help or talked with anyone about resisting or stopping violence.

To further improve organizational response on gender based violence, Social Welfare Department aims at developing better understanding of multi-dimensional dynamics including contributing factors and barriers that impede women's equal access. Social Welfare Department intends to improve uptake of government led gender based violence (GBV) services for women and girl survivors of violence, including persons with disabilities in Punjab.

In this regard, it has been my immense pleasure to oversee compilation of the 'Barriers to Access and Uptake of Public Sector Services by Women Survivors of Violence Study' which has been a collaborative effort of the Social Welfare Department Punjab and Shirkat Gah - Women's Resource Center, with the support of the United Nations Population Fund (UNFPA) and Foreign, Commonwealth & Development Office (FCDO) UK Aid. The study has identified critical barriers in accessing uptake of key GBV services by women survivors of violence and has generated key recommendations for an improved, more comprehensive response for GBV survivors. There is much to be done to protect and respond to survivors of gender based violence and it is always our continued aim to improve and streamline coordination between institutions that are working under the Social Welfare Department and Women Protection Authority, and other departments working on issues related to gender based violence.

I am grateful to the Technical Advisory Group members and UNFPA for their constant cooperation and valuable technical support as well as FCDO UK Aid who made this significant research possible. I also sincerely appreciate the efforts put in by Shirkat Gah - Women's Resource Centre for meticulously producing an extremely comprehensive analysis.

I am fully committed to provide the requisite leadership and support to materialize findings of the comparative analytic study. I further look forward to working closely with all relevant partners to see the recommendations translated into actions for improvement of services and for betterment of all survivors of violence in Punjab.

Mr. Mehr M. Hayat Lak
Secretary,
Social Welfare Department
Government of Punjab.

Research team

Principal Investigator

Farida Shaheed

Lead Authors

Farida Shaheed, Namra Gilani, Bushra Shehzad, Sohail Warraich, Hiba Akbar

Editors

Farida Shaheed, Zainab Shumail

Data Collection

Sohail Akbar Warraich, Hiba Akbar, Sajida Parveen, Namra Gilani, Ahmed Raza Khan

Coding and Data analysis

Bushra Shehzad, Namra Gilani, Asim Siddiqui, Maida Saqib Butt

Administrative, Moral & Other Support

Ahmed Raza Khan, Rahat Nasreen, Afshan Naz, Mohamad Touqeer

Technical Advisory Group

Secretary Punjab Social Welfare Department

Director, Planning & Evaluation, Punjab Social Welfare Department

Programme Analyst M&E-UNFPA

Programme Analyst Gender-UNFPA

Team Lead -British Council Civil Society Component Aawaz II

Social Development Adviser /Lead Adviser Aawaz II Programme, FCDO UK Aid

Child Protection Officer, UNICEF

Executive Director, Dastak (private women's shelter)

GBV Policy Expert, Ms. Sarah Zaman

Acronyms

ADPP	Additional District Public Prosecutor
CSO	Civil Society Organisation
CrPC	Code of Criminal Procedure 1898
DHQ	District Head Quarter
DIG	Deputy Inspector General
DPO	District Police Officer
DPP	District Public Prosecutor
DSP	Deputy Superintendent of Police
DuA	Dar ul Aman
DWPO	District Women Protection Officer
FDG	Focus Group Discussion
FIR	First Information Report
GBV	Gender Based Violence
IDI	In-Depth Interview
IO	Investigation Officer
KII	Key Informant Interviews
KPCSW	Khyber Pakhtunkhwa Commission on the Status of Women
MDM	Médecins du Monde
MO	Medical Officer
MLC	Medico-Legal Certificate
MLO	Medico-Legal Officer
MICS	Multiple Indicator Cluster Surveys
MS	Medical Superintendent
MOU	Memorandum of Understanding
NGO	Non-Governmental Organisation
PCSW	Punjab Commission on the Status of Women
PDHS	Pakistan Demographic Household Survey
PFSA	Punjab Forensic Science Agency
PPWVA	Punjab Protection of Women Against Violence Act, 2016
PWPA	Punjab Women Protection Authority Act, 2017
PS	Police Station
RHC	Rural Health Centre
SBB HRC	Shaheed Benazir Bhutto Crisis Centre for Women
SHO	Station House Officer
SWD	Social Welfare Department
SWO	Social Welfare Officer
SOP	Standard Operating Procedure
SP	Superintendent of Police
SWD	Social Welfare Department
THQ	Tehsil Head Quarter
VAW	Violence Against Women
VAWC	Violence Against Women Centre
WMO	Women Medical Officer
WPA	Women Protection Author

Contents

Acknowledgements	i
Message from Secretary	ii
Research Team	iv
EXECUTIVE SUMMARY	1
SECTION 1- OVERVIEW OF THE STUDY	5
1.1. Research Parametres & Scope	6
1.2. Methodology	8
SECTION 2 - OVERVIEW OF THE CONTEXT	11
2.1 The Context	11
2.2. Obstacles to Help-Seeking Actions of Survivors	15
SECTION 3 - FINDINGS	25
3.1. The Barriers of Cultural and Normative Imperatives	26
3.2. Social Factors as Barriers – demand side	34
3.3. Financial Constraints as Barriers	42
3.4. Inadequacies in the Legislative Framework	50
3.5. Supply Side - Barriers impeding effective services	59
3.6. Trials & Tribulations of Using Services: Survivors’ Testimonies	70
3.6.1 Institutional reputation & experiences	70
3.6.2 Attitude of service providers and patriarchal bias towards survivors	73
3.6.3. Accessing & Navigating Services	77
3.6.4 The Hidden Costs of Services: corruption and connections	78
SECTION 4 - CONCLUSION & WAYS FORWARD	81
4.1. Lessons from the Field	81
4.2 Ways Forward: Recommended Policy Options	85
4.3 Postscript December 2022	88
BIBLIOGRAPHY	91
APPENDIX I - Profiles of Survivors.....	95
APPENDIX II - Listing of Service Providers	96

Executive Summary

The study, *Barriers to Access & Uptake of Public Sector GBV Services by Women Survivors of Violence*, was designed to understand the dynamics in both the demand and supply sides that impede access to and uptake of government services by women survivors of violence in Punjab. While there is no comprehensive data on violence against women and girls, official statistics indicate that 28 percent of women and girls aged 15-49 years have experienced physical violence and 6 percent sexual violence; with domestic violence occurring in every third household.¹ The government has put into place numerous laws and services to encourage women to report violence and seek redress. Yet, only 37 percent of survivors seek help to stop violence - of these less than 2 percent approach any formal institutions (0.6 percent lawyers or civil society institutions each to a high of 1.7 percent approaching the police).² The purpose of the study was to identify barriers so as to formulate how existing measures can be made more effective from a survivor-centric perspective for consideration by the Government of Punjab.

Research combined primary and secondary data sources, using the UN's Essential Service Package as a guiding framework. Textual analyses of laws and judgments, rules and regulations and official documents of different relevant government institutions such as Standard Operating Procedures (SOPs), reporting formats etc. were complemented by an extensive literature review. New data was generated from Lahore, Multan and Vehari and findings triangulated for analysis.

The experiences of 146 women survivors of violence were elicited using in-depth interviews and focus groups discussions from three categories of survivors: those who had opted not to approach any formal institution, those having accessed any government institution and those currently facilitated by the government's social sector services. Data was also gathered from 67 key informants of state services/response mechanisms from the Social Welfare Department, including institutional advisors; the Department of Health (medico-legal services), the police, prosecutors and judges; 41 representatives of civil society organisations working in this field and 27 individual community male facilitators of survivors. The bulk of data was collected between July and August 2021.

Field research pinpointed the nature of barriers that survivors encounter in accessing particular services at specific points in their journeys, and the nature of obstacles and challenges survivors face once they do seek help that impact uptake. This enabled an understanding of the demand-side impediments to help-seeking behavior amongst women survivors.

On the supply side, social sector services were the prime focus of empirical research, that is, the Dar ul Aman shelter homes (DuA), Shaheed Benazir Bhutto Human Rights Centres (better known by the former name of Crisis Centres) and the Violence Against Women Centre (VAWC) in Multan. Services of the health, police, legal and judicial sectors were reviewed as ancillary services; the study collected data from the field but also reviewed legal provisions and practices as well as medico-legal procedures and practices to identify gaps. In tandem, the study considered management issues impeding optimal survivor-centric services.

¹SOPs working group - GBV sub cluster Islamabad, "National Guidelines for Standard Operating Procedures (SOPs) for Prevention of and Response to Gender Based Violence in Humanitarian Settings" (United Nations Office for the Coordination of Humanitarian Affairs (OCHA), April 2011),5, <https://www.humanitarianresponse.info/fr/operations/pakistan/document/national-guidelines-gbv-sops-prevention-and-response-gbv-humanitarian>.

² "Pakistan Demographic and Health Survey (2017-2018)" (Islamabad, Pakistan: National Institute of Population Studies, 2019).

On the demand side: findings underscore the intersecting power of cultural, social and financial factors undermining women's agency for their own well-being. including the primordial importance of three factors embedded in the cultural normative framework: (1) the imperative for women to marry and maintain the marriage at all costs, (2) the normalisation of violence, in particular spousal violence and (3) the negative repercussions of reporting such violence and approaching formal institutions (victim-blaming, loss of reputation and reprisals). The pre-conditioning to accept significant levels of violence is a serious deterrent to help-seeking behaviour and approaching formal institutions commonly signals an end to the marriage.

Should these constraints be overcome, survivors confront a second set of social deterrents: women's poor knowledge base, minimal and fragile social capital, and the lack of papers (e.g. birth, marriage, and identity cards).

Girls and women have no sense of being rights-holders, including the fundamental right to live free of violence and to seek justice; information about social sector is virtually non-existent: regardless of whether they had accessed any services, hardly any survivors knew what services existed, where these were located, what their timings were and how to access these. All survivors are aware of the police, but approaching the police means braving the censure of being 'bad' 'immoral' women, as well as the risk of victim-blaming or being dismissed. No one had heard of the facilitative women desks in the police stations. Women rarely know about helplines other than the police 15 helpline and those using such services were rarely satisfied. Women's mobility and interaction with the outside world is severely controlled largely confining their social capital to kinship circles.

The support base is fragile and can unravel quickly for survivors, trapping them into cycles of violence when the father or brother cannot - or will not - provide survivors shelter, especially if she has children: 'no one had my back' and 'I have no one' was a constant refrain amongst survivors. Social support is undermined by (a) the desire to uphold cultural norms of preserving marriages regardless of the consequences for the woman or girl; (b) financial considerations overriding concerns for the safety and well-being of the survivor.

Women's weak financial base presents a third set of impediments to agency for self-care. When entering into marriage, during its subsistence, and in seeking to alleviate violence, women's negotiating power is diminished when they have no independent source of income and when her own family is financially disadvantaged.

Financial income does not guarantee a violence-free life but the lack of financial independence closes the few exit routes for survivors unable to pay the direct, indirect and hidden costs of services: transport to services, lawyers, and bribes for services. Societal forces conspire to deny financial independence to women: they are denied their share of inheritance (or barter it in exchange for hoped-for future support from brothers) and women's work outside the home for remuneration stigmatized. Women are denied cash in hand in myriad ways and a constant worry is how to secure a roof over their head and support themselves and their children. To bring home this difficulty, survivors are frequently thrown out of their marital homes. Underscoring the vitality of having an independent source of income, DuA shelter homes are simply not an option for women who work or those who study. Social services institutions are rarely the first port of call.

The circuitous route has financial implications such as a lawyer, going to court or the police first. Most survivors will have already spent money on a lawyer by the time they access social service Centres. The police are notorious for taking bribes, but survivors complain about private lawyers too, who tend to prolong hearings - both police and lawyers are said to take bribes from both sides, obstructing redress and justice. Financial insecurity plagues survivors during as well as post-marriage or separation - the difference between those accessing services and those who do not is that the former at least try and gain financial support and retrieve what is owed to them; the latter remain entirely dependent on their own resources.

On the supply side: too often, laws around gender-based violence are passed in a hurry with greater attention paid to public approval ratings than a meticulous review of how the law may apply in practice. The impact the new law may have on existing legal provisions and vice versa is poorly considered, necessary rules not formulated, leading to conflicting or overlapping laws, lacuna in procedures or institutional arrangements necessary for implementation. This creates confusion for implementers - courts and police alike - and undermines effective redress for survivors seeking relief under the law. The negative implications are evident in an analysis of two prime examples: (1) Laws and Ordinances on Rape & Sexual crimes and GBV Courts, and (2) The Punjab Protection of Women Against Violence Act, 2016.

Also on the supply side, a host of factors such as budgets, operational management, human resources and coordination impede survivors' access to effective services. Services require appropriate human resources, adequate in number and possessing the requisite gender sensitivity, understanding of GBV issues and skill-set. The absence of any of these impacts the ability to deliver effective survivor-centric services.

Social sector institutions operate without the full staff envisaged, use contractual staff, and assign additional charges. There are perennial problems of inadequate and/or delayed budgets and a lack of know-how on preparing budgets and the budgetary process. Staff development is inadequate, irregular, not subject/task-specific enough, and frequently omits training of all those working in these institutions. The newly assigned Protection Officer at the VAWC has never been oriented to her duties.

The lack of training in handling trauma cases and conducting mediations is of particular concern as survivors seeking legal action are often referred to mediation first. This also creates a discrepancy in formal mandates and actual services. Institutions are also not formally mandated (and have no budgets) to follow up with survivors they have facilitated. This impedes effective assessments that would help streamline and adjust services to survivors' needs. Feedback loops are weak.

There is no formal mechanism or SOPs for coordination amongst the social sector institutions; this is left to the staff. Coordination with the police, judiciary and health department is particularly problematic at the VAWC, where iconically it is formally stipulated. The jurisdiction of the VAWC police station remains unclear. Only recently has it been agreed that the Additional Sessions Judge court will be held in the premises on a fortnightly basis, but not the magistrate court; no medical officer has been appointed as there was no standing agreement with the Health Department.

Lack of adequate training was particularly pronounced for doctors working on medico-legal examinations. The practice to consign medico-legal examinations to the youngest medical officer at the health facility means they are also the most inexperienced.

Few complete the four-week specialised course offered by Nishter Hospital, Multan; those desiring to enroll are often discouraged by their seniors. Medical officers lack clarity about their role in the criminal justice system and how to adequately fill out a medico-legal certificate.

The paucity of trained medico-legal health professionals was underlined by the Lahore High Court that observed that only 10.45% of medical officers in Punjab meet qualifications required to carry out medico-legal work. Not knowing how to deal with survivors who might be traumatized, fearful and confused, leads to highly insensitive behaviour and victim-blaming by officers, including women. Institutional arrangements in Rural Health Centres (RHCs) are also inadequate in terms of infrastructure as well as swabs and containers for forensic evidence.

The police similarly lacked an awareness of required practices on rape investigation.

Section 1

Overview of the Study

The *Barriers to Access & Uptake of Public Sector GBV Services by Women Survivors of Violence* study was designed to understand the factors impeding access and uptake in Punjab from both the demand and supply sides. Its aim was to consider how numerous supportive measures and services can be made more effective from a survivor-centric perspective and formulate evidence-based policy options for consideration by the Government of Punjab.

On the demand side, the study considered cultural, social and financial factors shaping women's lives that enable or constrain their agency to exit situations of abuse by approaching services in the health, social, police or judicial sectors, including those specifically designed to facilitate survivors of violence against women (VAW). Cultural factors consist of the normative values and practices internalized by women and imposed by their families and communities; social factors encompass women's lack of awareness of rights and existing services as well as minimal social capital; financial factors relate to the costs of accessing services as well as the impact of financial insecurity on options for self-preservation and well-being.

On the supply side, research examined the legal and policy framework to identify gaps as well as issues in administration, human resources and coordination that may impede optimal services of the police, medico-legal processes and social sector facilities such as legal aid, psychosocial counselling and shelter.

It gauged accessibility and appropriateness of services from the perspective of survivors and investigated how effective special measures have been in alleviating barriers to access and uptake, including how service providers perceive help-seeking survivors.

Finally, the combined impact of demand side and supply side issues from the survivors' perspective brought to light how survivors view institutional response mechanisms and the risks entailed in approaching formal institutions.

The report is organised as follows: Section 1 presents the methodology, scope and limitations of the present study. Section 2 details the overall situation of Gender-Based Violence (GBV) against women and measures taken to address this. Section 3 presents the key findings: demand side factors obstructing women's usage of institutional support services are detailed in Sections 3.1-3.3; supply side issues in Section 3.4 and 3.5; the combined outcome for survivors is described in Section 3.6. The final Section 4 presents conclusions and recommendations on the way forward.

A postscript gives updates on developments in November-December 2022, and further recommendations.

1.1. Research Parametres & Scope

The primary research objective was to identify why more women survivors of violence do not access public sector services intended to facilitate them, despite the concerted efforts of the Government. Hence, the study did not assess the prevalence or nature of violence women confront; nor does it examine drivers of violence or access to private sector services, excepting some issues related private sector lawyers. The survivor-centric approach adopted precluded violence resulting in death; cybercrimes were excluded due to resource limitations.

Social sector services were the principal focus given their critical role in response mechanisms for survivors of violence, and the collaboration with the Punjab Social Welfare Department (SWD). Other services in the health sector, police and judiciary, were reviewed as ancillary services. The social sector services reviewed were the long-established Dar ul Amans (DuAs), the more recent Shaheed Benazir Bhutto Human Rights Centres – still referred to by their former name, Crisis Centres (henceforth HRC except in direct quotes) – and the most recent and ambitious integrated services of the Multan-based Violence Against Women Centre (VAWC) established in 2017. Hence the Sexual Harassment at Workplace Act 2010 was not included.

Online services such as helplines and numerous complaint mechanisms were included in the initial mapping but were not reviewed as there is little data available on usage and effectiveness of these services. Primary data was generated in three districts (Multan, Vehari and Lahore) selected in collaboration with the SWD using the following three criteria:

1. Districts in which Shirkat Gah enjoyed strong community linkages to enable a quick identification of (1) women survivors willing to participate and (2) community-based helpers of survivors;
2. Districts with the maximum number of available VAW-responsive services;
3. At least one less-resourced district.

Multan was selected as the only district where the one-stop VAWC is operative, enabling insights to whether this new delivery service model reduced barriers.

Lahore was selected as the provincial capital where policies are decided, coordinated and rolled out; where SWD data is collated and policies reviewed; and as a highly urbanized district.

Vehari in south Punjab was selected as a relatively less-resourced district, with more conservative norms where services may not be so robustly supervised. At the SWD's suggestion, data was gathered from communities in all three tehsils.

Table 1 – Districts & Services.

Sr.	District	Response Mechanisms	Other factors for selection
1.	Multan	Dar ul Aman SBB HRC (Crisis Centres) VAWC GBV-court	Only district with VAWC established under the Protection of Women Against Violence Act (PPWVA) 2016
2.	Lahore	Dar ul Aman SBB HRC (Crisis Centre) GBV-court	Provincial Capital/urban
3.	Vehari	Dar ul Aman SBB HRC (Crisis Centre) GBV-court	Less resourced district

Research engaged 146 women survivors of violence - both those who had and had not approached formal institutions (See Appendix I for Profiles of Survivors), and 110 service providers and community facilitators. The latter included 67 key informants of state services/response mechanisms from the SWD, including institutional advisors, Department of Health (medico-legal services), the police, prosecutors and judges as well as community men with hands-on experience of facilitating survivors and private sector legal aid civil society organisations (CSOs) with experience around VAW. See Table 2.

Table 2 – Data Sources.

Data	Multan	Vehari	Lahore	Total
FDGs	5	8	4	17
IDIs	10	9	8	27
KIIs	31	22	14	67

Timeframe

The study kicked off in May 2021 with desk reviews and mapping; identifying facilitators in research sites and survivors willing to participate. In June, plans were shared and consolidated with the SWD. Requesting necessary permissions from key government Departments to engage officials in the field was obtained by late July enabling field data collection to start. The bulk of data collection was carried out between July and August 2021. Despite efforts, interviews with officials were delayed and continued to December 2021, with the final interview with the SWD completed in March 2022.

Limitations

Notwithstanding existing community linkages, identifying women survivors in communities willing to share their experiences was more challenging than foreseen, especially survivors who had approached formal institutions. Interviews could not be held with any senior police officials or officials of the Women Protection Authority (WPA), despite concerted efforts.

The study was unable to assess whether survivors' access to justice has been improved by the special Gender Based Violence (GBV) courts, as originally planned, because the team discovered that the 2020 Anti-Rape (Investigation & Trial) Ordinance had left their status in limbo. Access to judges proved exceedingly difficult and only a couple of interviews could be held.

Women Help Desks embedded in the police could not be located and hence were not assessed. Interviews with police officers were less than satisfactory as insufficient time was accorded, interviews were disrupted or not taken seriously.

Reliability of data on survivors using or having recently used services may be limited as interviewees and focus group discussion (FDG) participants were selected by service providers and data gathering was in the presence of officials. The VAWC could not provide access to any survivor having used its services; survivors having formerly used the HRCs identified by service providers are too few to be representative; it is unclear how free survivors currently residing in DuAs felt to share problems as they rely on the service providers.

1.2. Methodology

In June 2021, a meeting with the Social Welfare Minister and Secretary, senior SWD officials, and UNFPA ensured a common understanding of the research to be undertaken. A Technical Advisory Group was established to provide input on the research design and analysis; technical experts were mobilized to lead the supply side aspect of the barriers study.

1.2.1 Data Collection

Primary and secondary data sources were combined to optimize a survivor-centric understanding of on-the-ground dynamics that may facilitate or obstruct access and uptake of services.

Primary Data: The study relies on two primary data sources.

The first set consists of documents: texts of the law, rules and regulations relating to VAW, reported judgements, court records and case files on the one hand, and official documents of different relevant government institutions including mandates detailing services, SOPs, reporting formats, statistical data on usage and, where available, resources and procedures on the other.

Newly generated primary data was gathered through FDGs and In-depth Interviews (IDIs) of women survivors; Key Informant Interviews (KIs) with public sector service providers; FDGs with private sector service providers as well as community-based male facilitators of survivors.

Research engaged three categories of women survivors to comprehend different demand side barriers:

1. Women who have never approached any formal institutions.
2. Women having approached any government service, and
3. Women currently using the shelter home facility of the Dar ul Amans and currently or previously facilitated by the HRCs.

Service providers/responders encompassed key government stakeholders from the social services, including institutional advisors, the health/medico-legal, the police and the judicial sectors; legal aid CSOs with experience around VAW. Finally, FDGs with male community facilitators of survivors were added when FDGs with survivors revealed that, often, the interaction with formal institutions was modulated by helpers who were often men.

It must be stressed that the field team found listening to, encoding, and reviewing the vivid testimonies of survivors' violent experiences quite traumatic.

Secondary Data: An exhaustive literature review was carried out on VAW-response mechanisms and services including both international and national studies, in particular, published material available online as well as grey literature, such as unpublished reports of CSOs working in this area. This enabled an assessment of available data on Punjab-specific service mandates, systems, and functions in the health, social services, police and judicial sectors, including on the regular law enforcement system (police), Women Desks at police stations and at District Police Officers (DPO) office, Front Desks; various shelters-cum-referral systems; regular and GBV courts; official helplines.

Existing services were first mapped through online information and then via follow-up telephonic investigation to assess whether services were functional. Services that could not be verified as being functional, such as the District Legal Empowerment Committees (DLECs) and Women's Desks in police stations were dropped from field investigation.

1.2.2 Research Framework & Data Gathering Tools

A two-part research framework was developed to capture the demand and supply sides based on the extensive literature review and past experiences of the research team.

For the demand side barriers, literature and hands-on experience suggested four thematic areas for investigation: cultural norms and dynamics, social impediments, financial constraints, and service-related factors. Each theme was further subdivided into sub-themes within which potential specific issues were identified. For example, cultural factors encompassed (1) the normalization of domestic violence, especially spousal violence, and women's internalization of such normative behaviour; (2) norms that oblige women to remain silent and preserve the family 'honour', and fears that reporting may result in being stigmatized and (3) the impact this may have on women and their children. Social factors were divided into two main categories: (1) lack of knowledge of rights, laws, services etc. and (2) lack of social capital. Financial factors were split between direct and indirect costs entailed in accessing services.

On the supply side, the themes to investigate related to (1) governance, (2) service management and (3) human workforce. Governance focused on lacuna in legal and policy frameworks that can impede effectiveness; service management, such as effective guidelines, SOPs and intra- and inter-departmental/institutional coordination; human workforce relates to staffing and conditions of work, training and attitudes regarding VAW and survivors.

The dual framework, discussed and fine-tuned at an orientation workshop of the research team, was used to develop all data collection tools: 17 respondent-specific KII questionnaires, two IDI guidelines for survivors (those having approached institutions and those who didn't) and four FDG guidelines.

Given the sensitivity of the matter being investigated, all data collection team members were oriented to ethical guidelines and a list of ethical considerations for interviewing survivors provided to each. In addition, an observation checklist was prepared for in situ visits of social sector services.

111 data sets were generated through 27 IDIs, 17 FDGs and 67 KIIs with public and private sector service providers and survivors' community-based helpers as depicted in Table 2 above. KIIs were carried out with relevant personnel of the DuAs, VAWC and HRCs. Interviews were conducted with district SWD officials and key provincial policymakers.

Given the focus on investigation procedures/practices, research engaged medico-legal health and forensics systems: Senior Medical Officers and Medical Superintendent (MS) of Rural Health Centres (RHCs) and Tehsil Headquarter Hospitals (THQs) as well as informally engaging with the surgeon medico-legal and a senior female Professor on forensics and medico-legal guidelines and trainings.

Additionally, several district-level police officials were interviewed, including women police officers. With respect to the judicial process, researchers interviewed lawyers, including prosecutors, the judge of one GBV court and one regular court. Although it was not possible to assess the comparative advantages of GBV-specific courts for reasons explained above, informal conversations in Lahore's GBV Court provided insights on whether legal amendments are being followed, and whether improved procedures to deal with rape cases after the establishment of GBV courts have been put into practice.

Primary data was collected simultaneously for both demand and supply side barriers. Ethical guidelines were drawn up on informed consent (how to obtain, sharing information regarding the study), ensuring strict confidentiality of research participants' names and responses etc., protocols for FDGs and not sharing information outside the group, the right to leave/not answer at any point, and risk assessment, measures to reduce potential risks including sharing information on possible remedies, how to formulate questions for IDIs and FDGs.

All steps were reviewed in detail with the field data collection team. Protocols were developed with checklists and explanations in Urdu, and strictly followed. To safeguard against re-traumatisation, it was decided not to interview women arriving at the VAWC and HRCs.

On the supply side, a comparative analysis, in particular the impact of intersecting aspects of laws, helped to identify impediments to effectiveness and survivor-responsiveness. A preliminary assessment helped to pinpoint areas for further investigation in field research.

1.2.3 Data Processing & Analysis

In preparation for analysis, all field data – detailed notes and, where permitted, recordings – were transcribed, coded and uploaded for software-assisted analysis. In parallel, a textual analysis of legal and policy documents helped to identify possible bottlenecks and gaps on the supply side. The rich ethnographic data generated was read considering the extensive literature review to finalise the analysis framework of barriers to help-seeking behavior from the home to the judicial system. The research framework was revisited and a revised framework for analysis prepared for both the demand and supply side. Sub-themes that did not emerge in the ethnographic data, such as being misinformed about the two-finger test in medico-legal procedures, were dropped; unforeseen aspects added, such as the overriding imperative to preserve marriages regardless of cost, and a sense of hopelessness resulting in attempted/actual suicides.

Data from the demand and supply sides was reviewed collectively to identify cross-cutting issues and important insights from both perspectives.

Analysis triangulated data from the various categories of survivors, service providers and community helpers as well as research team observations. On the supply side, triangulation also encompassed the textual analysis of the law and policy documents. Analysis was informed by insights and lessons in the literature.

The analysis undergirds the formulation of policy options to be considered to further strengthen the efficiency and effectiveness of government response mechanisms and services in selected social, health, police and judicial sector services for more effective and efficient operating procedures and coordination to promote survivors' access to services and justice.

Section 2

Overview of the Context

2.1 The Context

VAW is a universal problem, affecting one out of every three women across the world,³ defined by the United Nations 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".⁴ Most VAW consists of intimate partner violence: 27% of women aged 15-49 years in a relationship report experiencing some form of physical and/or sexual violence by their intimate partner.⁵ Pakistan is no exception and patterns are similar.⁶

In the absence of any comprehensive data source on violence against women, the Pakistan Demographic and Health Surveys (PDHS) provide crucial information and insights for ever-married women and girls aged 15-49. According to the PDHS 2017-2018, 28 percent of women/girls aged 15-49 years have experienced physical violence, 6 percent sexual violence. A third of ever-married women (34%) have been subjected to physical, sexual, or emotional violence by their husbands; 7 percent have survived violence during pregnancy. Alarming, domestic violence is present in every third household.⁷

On the positive side, the PDHS 2017-2018 indicates a four percent decline in the physical and spousal physical violence experienced by this demographic between 2013-14 and 2017-2018. Spousal emotional violence declined the most (from 32 to 26%).⁸ Still, one in three women (34%) continue to experience physical, sexual, or emotional violence.

Husbands account for 80 percent of the violence suffered by ever-married women but they are not the sole abusers: 17 percent reported violence at the hands of mothers or stepmothers; 11 percent at the hands of fathers, stepfathers, brothers and sisters.

Pakistan is committed to promoting gender equality, iterating intentions to eradicate structural, socio-economic and cultural disadvantages that marginalize women and endanger their lives on multiple occasions. A State Party to the United Nations Convention on the Elimination of All forms of Discrimination against Women (CEDAW), Pakistan integrated Agenda 2030 and its Sustainable Development Goals (SDG) into development planning, including targets under SDG5 (gender equality) and its Target 5.2 to eliminate all forms of violence against women and girls.

2.1.1 Government Measures to Address VAW

To effectively address VAW requires a response matrix that encompasses interventions in the police and judicial systems as well as in the health and social sectors, such as shelter homes, legal assistance, psychosocial counselling, rehabilitation etc.⁹ Since 2016, numerous legislative and policy reforms have been put into place to improve responses to VAW including mechanisms to encourage reporting by and support for survivors and victims' relatives and a host of legal provisions.

³"Violence Against Women - Minimum Set of Gender Indicators," Gender Statistics, 2016, <https://unstats.un.org/unsd/gender/vaw>.

⁴"SE Asia Region Fact Sheet," World Health Organisation South-East Asia, 2018, <https://www.who.int/southeastasia>.

⁵World Health Organisation, "Violence against Women," World Health Organisation, March 9, 2021, <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

⁶"Gendered Impact and Implications of COVID-19 in Pakistan," Ministry of Human Rights Government of Pakistan, n.d.

⁷"Pakistan Demographic and Health Survey (2017-2018)," 303-26.

⁸"Pilot Programme to Reduce Violence against Women Established in Punjab," Pakistan Today, 2015, <https://archive.pakistantoday.com.pk/2015/09/14/pilowdigitt-programme-to-reduce-violence-against-women-established-in-punjab/>.

⁹Rachel Jewkes et al., "Hegemonic Masculinity: Combining Theory and Practice in Gender Interventions," Culture, Health and Sexuality 17 (2015): 112-27, <https://doi.org/10.1080/13691058.2015.1085094>.

2.1.1.1 Social Sector Services

By far the most extensive response services accessed by women survivors are those provided by the SWD that has continued to introduce measures to align services with international best practices through revised guidelines, minimum standards, and complaint mechanisms.

Government-run shelter homes for women, the Dar ul Amans, pre-date the international consensus of shelters as a critical component in any effective response.¹⁰ In Punjab, DuAs now exist in all 36 districts and provide psychosocial counseling, shelter, legal counseling and representation in court, and vocational training. Consistent efforts to better services include improving governance frameworks, in particular, the new Guidelines, minimum standards, and complaint mechanisms in 2015, as well as initiatives to re-orient the attitudes of service providers towards women seeking shelter.¹¹

More than 11,500 women used the DuA shelters in 2018 and 2019; in 2020 this fell to below 10,000 due to the COVID-19 pandemic and related lockdowns which made access difficult. Usage varies tremendously by district, ranging from a low of 62 women residents in Narowal, to ten times as many in Bahawalpur (662). Of the districts covered in this study, Multan had the highest number of DuA residents in 2020: 562 women compared with 417 in Lahore and 369 in Vehari. The three districts in this study are amongst the eight most used DuAs.

Twelve HRCs, still commonly referred to as Crisis Centres,¹² provide legal assistance, psychosocial counseling and engage in mediating reconciliations. In 2018 and 2019, these drop-in Centres served 6,842 and 5,553 women.

In 2020 this plummeted to just 1,747 - presumably because COVID-19 restrictions seriously impeded access to services. In the three districts in this current study: 231 women approached the Lahore Centre, 142 the Vehari Centre and 135 the Multan Centre in 2020. The Centres have never been assessed and are not visible in literature.

In 2015, recognizing "that violence against women was rampant in Punjab",¹³ the Government enacted the Punjab Protection of Women Against Violence Act in 2016 (PPWVA). The Act, notable for a comprehensive understanding of VAW, aims to establish a protection system for effective service delivery to women survivors of violence through three components:

- ♀ Violence Against Women Protection Centres as a one-stop response mechanism bringing together services under the police, forensics, medico-legal, legal aid and prosecution as well as social welfare services.
- ♀ District Women Protection Committees for oversight and District Women Protection Officers (DWPO) to recovery and rescue at-risk women, and
- ♀ A shelter home.

A Women Protection Authority (WPA) was created as an autonomous body to look after the institutions and activities under the 2016 Act, and in 2017 a first Violence Against Women Centre (VAWC) was established in Multan. The Protection Committee was notified, and a Protection Officer appointed but, as evident from this study's findings, neither seem to be fully functional. Dependent on establishing VAWCs, the law has not been extended to any other district, although plans are underway to upgrade four DuAs into VAWCs.

¹⁰The first shelter home for women, Dar ul Aman (literally a place of peace), opened in 1961 as a civil society initiative in Lahore as "a sanctuary for women who have lost familial protection or been rendered destitute." Recognizing the need for and value of shelter homes, State-run shelters were introduced in the 1970s under the Social Welfare Departments (SWD) using the same name, Dar ul Amans.

¹¹Guidelines for the Dar ul Amans in Punjab

¹²Located in Lahore, Rawalpindi, Faisalabad, Khushab, Sialkot, Vehari, Sahiwal, Multan, Muzaffargarh, Bahawalpur, D.G. Khan and Narowal

¹³"Pilot Programme to Reduce Violence against Women Established in Punjab."

The one-stop-centre model is intended to overcome the difficulties survivors face in accessing the diverse cross-sectoral services needed from different departments and “to increase accessibility, acceptability, quality and multisectoral coordination of care” and reduce “survivor retraumatisation when seeking care”.¹⁴

A 2019 review of the VAWC found that interdepartmental coordination within the Centre was very weak. The DWPO, who is the pivotal officer of the protection mechanism set up by the law, was appointed by giving the VAWC Manager an additional charge. The VAWC Police Station was not able to function smoothly due to a lack of capacity (both personnel as well as subject competence) and repeated suspension of Station House Officers (SHOs) on grounds of misconduct. Medico-legal functioning at the VAWC suffered due to lack of equipment and personnel, causing unnecessary delays.¹⁵

In 2020, despite COVID-19 protocols, women assisted by the Multan VAWC increased from 1,167 women to 1,517 women. The majority were violence survivors, preponderantly of domestic violence (907 or 60%). In 2020 there were far fewer rape cases as compared to 2019 (11 vs. 94). Attesting to inconsistency in record keeping, sexual assault was dropped as a category in 2020 whereas sexual and physical abuse accounted for 77 cases in 2019. Family suits increased exponentially from a mere 14 cases to 206. Similarly, child custody cases had risen from 6 in 2019 to 40 in 2020. Perhaps indicating an understanding of the wider scope of the VAWC support, there were two cases of economic violence and five property disputes.¹⁶

2.1.2. Judicial Sector Measures

Legal measures and reforms undertaken to respond more effectively to survivors’ needs include: creating new offences through amendments in the penal provisions (e.g. the offence of Sexual Abuse); enhanced penalties for some offences and procedural changes to facilitate access to justice for survivors of sexual abuse and GBV.

¹⁴Rose McKeon Olson, Claudia García-Moreno, and Manuela Colombini, “The Implementation and Effectiveness of the One Stop Centre Model for Intimate Partner and Sexual Violence in Low- and Middle-Income Countries: A Systematic Review of Barriers and Enablers,” *BMJ Global Health* 5, no. 3 (2020), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7170420/>.

¹⁵“Special Mechanisms to Address Violence against Women in Punjab: A Study of Model Gender Based Violence Court in Lahore & Violence Against Women Centre in Multan” (Punjab Commission on the Status of Women, 2019), https://pcsw.punjab.gov.pk/system/files/PCSW%20Report%20Merged%20Version%20-%20AAK%20comments%20-%20May%2021_0.pdf.

¹⁶“Punjab Gender Parity Report 2019 & 2020” (Punjab Commission on the Status of Women (PCSW), Women Development Department, 2021), https://pcsw.punjab.gov.pk/system/files/PGPR-2018_0.pdf.

After a special GBV court was piloted in Lahore in October 2017, it was decided to establish 126 more GBV courts across the country, for which judicial officers were trained in 2019. During the course of this study, two critical laws were enacted to combat sexual violence against women: (1) the Criminal Law (Amendment) Act, 2021 and (2) the Anti-Rape (Investigation and Trial) Act, 2021. The former introduced a revised and expanded definition of the offence of rape and amended punishments for such crimes. The latter introduced procedural changes in investigation and trial of several offences of sexual violence against women and children.¹⁷

2.1.3 Police Sector Initiatives

Measures to encourage reporting and survivors' access to justice and services include Women's Police Desks/Front Desks, the VAWC (Multan), official helplines, and DLECs. Amongst the Government's numerous measures to facilitate women's access to the police, is the 15 Helpline operated by the Punjab Safe Cities Authority (PSCA) on a 24/7 basis. Complaints received by the helpline enable pinpointing the nature of issues confronting women. The 15 Helpline received 214,493 calls in 2020 - a 107 percent increase from 2019. Around two thirds of the calls (63.7%) related to domestic violence, a small number (5,143) to sexual assault.¹⁸ Unfortunately, there is no information on the outcome of this facilitative mechanism. Additionally, the PCSA launched a mobile telephone application to assist women in 2017. While 43,100 users installed the application, only 35 percent were active users and only 8 percent of active users used the live chat for consultation and help.¹⁹

Punjab has three Women Police Stations (WPS) located in Lahore, Rawalpindi, and Faisalabad. The first WPS, established in 1994, was considered a milestone, an important way forward for women's access to justice and police measures to promote the protection of women. A quarter century later, there are only 19 WPS across the country - 7 in Gilgit-Baltistan.²⁰ WPS confront structural issues. As noted by the Deputy Inspector General of Police (DIG) in 2021, police work is organised territorially whereas the WPS has a functional basis- to deal with women's complaints. Never fully integrated into the police system, WPS must compete for resources with the main police stations with preference being accorded territorial stations. Further challenges relate to forensics (See below and discussed in detail in the findings section). The problems impeding WPS' effectiveness in dealing with VAW cases were never resolved, and whereas two thirds of policemen believe the WPS have had a positive impact, women police officers disagree.²¹

A different tact adopted to promote greater access of women citizens was to establish women's helpdesks in police stations. In 2020, Punjab reportedly had women's helpdesks in 32 percent of its 720 police stations, with 325 policewomen assigned to these desks.²² Until 2017, none of the staff appointed had received any training related to gender sensitive policing and dealing with victims of violence.²³ Despite the multitude of legal and administrative reforms, a recent review of gaps in services for survivors in Punjab indicates that, services *"are not fully responsive to needs of survivors"*.²⁴

¹⁷The Anti-Rape law brought into its ambit several Penal Code and PRCA law offences of sexual violence against women, children, men and transgender persons for investigation by special investigation units but restricted the trial of such cases in special courts to be constituted under this law to women and child victims.

¹⁸"Punjab Gender Parity Report 2019 & 2020."

¹⁹ ibid.

²⁰There are five in Sindh (3 in Karachi and one each in Hyderabad and Larkana); two in Khyber Pakhtunkhwa (Peshawar and Abbotabad) and one each in Islamabad Capital Territory (ICT), and Quetta, Balochistan.

²¹Kamran Adil, "Challenges Faced by Women Police Stations in Pakistan," Global Village Space, 2021, <https://www.globalvillagespace.com/challenges-faced-by-women-police-stations-in-pakistan/>.

²²"Punjab Gender Parity Report 2019 & 2020."

²³"Punjab Gender Parity Report 2017" (Punjab Commission on the Status of Women (PCSW), Women Development Department, 2017), https://pcsw.punjab.gov.pk/system/files/PGPR-2017_Final_Compressed.pdf.

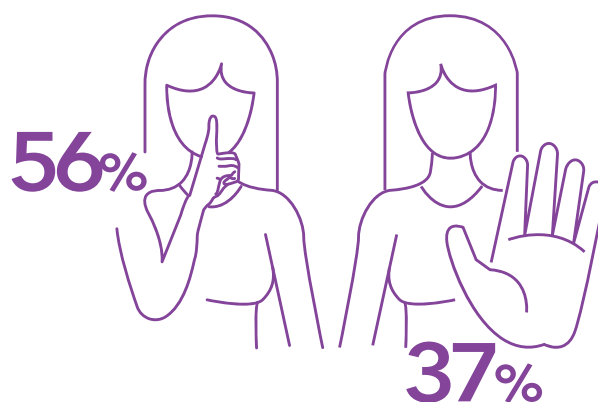
²⁴Nazish Brohi, "Gap Analysis of Service Providers for Gender-Based Violence in Punjab and Sindh" (Karachi, Pakistan: Legal Aid Society, 2020), <https://www.las.org.pk/wp-content/uploads/2021/04/Gap-Analysis-of-Service-Providers-for-Gender-Based-Violence-in-Punjab-and-Sindh.pdf>.

2.2. Obstacles to Help-Seeking Actions of Survivors

The paucity of help-seeking behaviour amongst violence survivors is disconcerting. Only 37 percent of survivors seek help to stop violence according to the PDHS 2017-2018. Most survivors (56%) neither seek help nor do they tell anyone about the abuse, a further 14 percent share the issue without seeking help.²⁵ Inaction is more pronounced in rural areas than in urban locations. Both the occurrence of violence and help-seeking behaviour is inversely related to education and wealth: almost half (45.6%) of women survivors with secondary or higher education sought help, compared with only a quarter (25.3%) of those with no schooling. The percentage of women survivors of violence in Punjab is only marginally lower than the national figures (32% compared to 33.5%), but significantly more women seek help than in other provinces: almost half (45.9%) of those residing in urban locations and more almost two fifths in rural areas (37.2%).²⁶

The vast majority of those who do seek help to break the cycle of violence avoid formal institutions, turning instead to kinship networks: 76% approached their natal families; 36% look for help from their husband's family. Less than 2 percent of survivors sought help from neighbours or friends; a meagre 1.7 percent approached the police, and less than one percent (0.6%) sought the help of a lawyer, social organization or religious leader.²⁷

Indicating that perpetrators of violence are not limited to spouses, 3.2 percent sought help from their husbands or former husbands.



The youngest cohort of 15-19 year olds suffer the highest incidence of physical violence but are least likely to ever reveal the suffering to anyone (69.7% compared to over 50% in all other age groups) and shy away from reporting violence more than older women (23.7% compared with over 33%). This raises the question of why survivors are not approaching the myriad institutional arrangements of the VAW-response system, underscoring the vitality of understanding what obstructs survivors' access to and uptake of government VAW-response services. Hence the present study.

2.2.1 Socio-Cultural Determinants of Inaction

Studies concur that the socio-cultural framework is the principal obstacle to help-seeking behaviour,²⁸ which in Pakistan is characterized by pronounced gender inequality and power differentials and general acceptability of violence. Pakistan was ranked 145 out of 154 countries on the 2022 gender gap index of the World Economic Forum's Global Gap Report.²⁹

²⁵"Pakistan Demographic and Health Survey (2017-2018)."

²⁶"Pakistan Demographic and Health Survey (2017-2018)," fig. 16.16.

²⁷"Pakistan Demographic and Health Survey (2017-2018)," fig. 16.17.

²⁸Ayesha Qaisrani, Sadaf Liaquat, and Khokhar Elishma Noel, "Socio-Economic and Cultural Factors of Violence against Women in Pakistan," Working Paper (Islamabad, Pakistan: e Sustainable Development Policy Institute (SDPI), 2016), <https://www.think-asia.org/bitstream/handle/11540/9310/Socio-economic%26Cultural-Factors-of-Violence-against-Women-in-Pakistan%28W-158%29.pdf?sequence=1>; Brohi, "Gap Analysis of Service Providers for Gender-Based Violence in Punjab and Sindh."; Adnan Khan and Ayesha Khan, "Assessment Of Medico-Legal Systems Responsiveness To Gender Based Violence In Pakistan," Information Briefing no. 1 (Islamabad, Pakistan: Research and Development Solutions, 2016), https://www.researchgate.net/publication/289530949_Assessment_Of_Medico-Legal_Systems_Responsiveness_To_Gender_Based_Violence_In_Pakistan; Tazeen Saeed Ali et al., "Community Stakeholders' Views on Reducing Violence against Women in Pakistan," BMC Women's Health, no. 98 (2020), <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-020-00961-3>.

²⁹"Global Gender Gap Report 2022" (Geneva, Switzerland: World Economic Forum, March 2022), https://www3.weforum.org/docs/WEF_GGGR_2022.pdf.

The normalisation of violence is pervasive: most children (80.1%) are subjected to violent means of discipline, including a shocking 67.5 percent of children aged 1-2 years old; differentials by economic well-being, education, and rural versus urban settings are far less than could be expected.³⁰

The deeply entrenched patriarchal culture induces a sense of entitlement among men and “a widely accepted notion that a women’s role within the home should be passive, submissive, and subservient. Failure to meet this expectation is considered deserving of punishment, in the form of various types of violence.”³¹ The psychological internalization of domestic violence is confirmed in official surveys.

The PDHS 2017-2018, for example, asks if a husband is justified in hitting or beating his wife should she: burn the food; argue with him; go out without telling him; neglect the children; refuse to have sex with him; or neglect her in-laws. Reflecting how deeply girls are conditioned to accept violence as part of the marriage paradigm, more women than men believe wife beating is justified for any of these reasons (42 vs 40%). The trend is disturbing too. While the proportion of women having internalized wife-beating as justifiable remained constant between 2012-13 and 2017-18 (42%), the proportion of men who felt husbands justified in using violence had increased from 34% to 40%.³²

One in three women (32%) considered the husband justified if his wife either argued with him or left the house without telling him, compared to respectively 20% and 28% of male respondents.

Burning the food was the least acceptable reason for being beaten but, tellingly, almost one-fifth of the women believed this as justified compared with only 4% of the men. Wife-beating is least accepted in Punjab and fewer women than men consider such acts justifiable – 35% compared to 36.6% respectively.

Smaller focused studies indicate an even higher incidence and acceptance of spousal violence against women. For example, a study specifically exploring men’s attitudes to domestic violence found that half the respondents (49.4%) acknowledged lifetime marital abuse (mostly physical) and almost as many believed husbands were entitled to hit their wives (46%). More than half the respondents had themselves been beaten as children (55%) and more than two thirds (65%) had seen their mothers being beaten.³³ This suggests that interventions to prevent child abuse may have a vital role in reducing wife abuse, disrupting the inter-generational cycle of violence and overturning notions of men's right to physically abuse their wives.

Intergenerational cycles of violence are underscored in the literature that stresses the vitality of shifting community-embedded cultural attitudes and norms,³⁴ the challenge of ensuring the rule of law triumphs over traditional practices, and overturning the negative impact of misinterpretations of religion that perpetuate beliefs of women’s inferiority.³⁵ Pre-conditioning to accept significant levels of violence in marital life is a serious deterrent to help-seeking behaviour.

³⁰Less than a 10 percent difference amongst those with the highest and lowest education and wealth/poverty and less than five percent for urban/rural locations Bureau of Statistics, Planning and Development Board. Government of Punjab. 2018. “Multiple Indicator Cluster Survey 2017-18,” Survey Findings (Lahore, Pakistan: Bureau of Statistics Planning & Development Board Government of the Punjab, 2018), fig. 2.1, https://bos.punjab.gov.pk/system/files/MICS%20SFR_Final_Vol1_0.pdf.

³¹Ali et al., “Community Stakeholders’ Views on Reducing Violence against Women in Pakistan.” Supra note 28.

³²“Pakistan Demographic and Health Survey (2017-2018),” 276.

³³Fariyal F. Fikree, Junaid A. Razzak, and Jill Durocher, “Attitudes of Pakistani Men to Domestic Violence: A Study from Karachi, Pakistan,” *Journal of Men’s Health and Gender* 2, no. 1 (2005): 49-58, <https://doi.org/10.1016/j.jmhg.2005.01.004>.

³⁴Ali et al., “Community Stakeholders’ Views on Reducing Violence against Women in Pakistan.”

³⁵Nasreen Azhar, “Violence Against Women in Pakistan: A 6istics 2011” (Islamabad, Pakistan: Aurat Foundation, 2011), <https://www.af.org.pk/PDF/VAW%20Reports%20AND%20PR/Violence%20Against%20Women%20Annual%20Report%202011.pdf>.

Conditioned to accept verbal insults, slaps, throwing of things by husbands as normal male behaviours and means of venting stress,³⁶ girls and women have little concept of having any rights, including the fundamental right to live free of violence and to seek justice in case of violence. This undermines agency to protest spousal violence or take actions in this regard.

Another aspect of the cultural framework inhibiting action is the shame and stigma attached to being a victim as well as a fear of being blamed. According to the PDHS, 12 percent of survivors had not reported beatings to anyone for fear of tarnishing their family name or 'honour'; 15 percent were too embarrassed or ashamed to share the problem; 2 percent feared being blamed for the violence; 8 percent feared that articulating the problem would lead to further violence and threats.

Women only seek help when they fear the violence will intensify (47% who suffer physical violence, 45% who also suffer sexual violence) or when they are unable to endure more violence (respectively 30% and 48%). Ten percent of survivors had to act since they had been thrown out of their homes. Women who only experience physical violence are less likely to seek help than when sexual violence is an element.³⁷ Even when desperate, fearing for their lives or scared by the possibility of serious injuries, more than three quarters of women limit the search for help to their natal family. Less than two percent approached friends or neighbours (1.6 and 1.2 percent respectively).

Literature confirms the tendency to use informal mechanisms within kinship and social circles networks families to address domestic violence,³⁸ but the processes entailed are poorly documented and their effectiveness in prevention of further violence or ability to secure redress remains unknown.³⁹

A second impediment consists of deeply embedded notions of the *"sanctity of the family"* that *"should not be violated, even if family privilege violates women's rights and protection"* in which domestic violence is a private matter in which the State has no right to intervene.⁴⁰ The result, as described by one government official in Lahore, is:

*"an environment [in which a woman] loses her identity and relies on her relationships for support. So, when her family members discriminate against her or violate her rights, she keeps mum and suffers. She believes that in case of leaving the family, she would find no other place to live..."*⁴¹

Regionally, too, *"domestic violence imposes impossible choices for women between security of shelter, economic dependence or continued abuse."*⁴² Remunerative work and financial assets expand decision-making and open up life choices: the risks of being subjected to VAW decrease when women earn a cash income but increase if women work without remuneration (27% compared to 32%).⁴³ A third impediment to self-preserving agency is the reinforcement of women's subordinate status in the marital home through strict monitoring and control exercised by husbands.⁴⁴

³⁶Khan and Khan, "Assessment Of Medico-Legal Systems Responsiveness To Gender Based Violence In Pakistan,". Supra note 28.

³⁷"Pakistan Demographic and Health Survey (2017-2018)."

³⁸Khan and Khan, "Assessment Of Medico-Legal Systems Responsiveness To Gender Based Violence In Pakistan,". Supra note 28.

³⁹Brohi, "Gap Analysis of Service Providers for Gender-Based Violence in Punjab and Sindh." See supra note 24.

⁴⁰Ibid.; Sumaira Naz and Najma Iqbal Malik, "Domestic Violence and Psychological Well-Being of Survivor Women in Punjab, Pakistan," *Journal of Psychology and Clinical Psychiatry*, 2018, <https://doi.org/10.15406/jpcpy.2018.09.00519>.

⁴¹Ali et al., "Community Stakeholders' Views on Reducing Violence against Women in Pakistan,". Supra note 28.

⁴²Impact of Domestic Violence. Available at 2006_propertyrights-southasia.pdf (stopvaw.org)

⁴³PDHS (2017-2018)

⁴⁴"Pakistan Demographic and Health Survey (2017-2018)," 306.

Five aspects of husbands' controlling behavior were assessed by PDHS: anger should the wife talk to other men, frequently accusing the wife of being unfaithful, not allowing the wife to meet female friends, limiting contact with her natal family, and insisting on always knowing where she is. Controlling behaviour produces fear that can lead to paralysis. Wives live in a perpetual state of fear when husbands exercise three or more forms of controlling behaviour - a mere 2 percent reported never being afraid of their husbands.

Talking to another man creates more anxiety than accusations of being unfaithful: 56.8 percent of women live in perpetual fear in the former instance as compared with 23.1 percent of women in the latter. Imposed isolation undermines women's social capital, hence ability to mobilise any support, as well as access to information regarding available assistance.

The curtailing of women's contact with the outside world is evident: 34 percent of women who are denied the right to meet their female friends and 35.8 percent of those whose husbands insist on always knowing where they are, live in constant fear. The propulsion to tightly police mobility and interactions outside the home, particularly with men, stems from notions of family honour that males are held responsible for.⁴⁵ A fourth factor obstructing agency is the fragile mental health of survivors. Pakistan has one of the highest prevalence rates for psychiatric morbidity in the world and two thirds of women suffer from depression - more than men.⁴⁶ Depression is closely associated with violence.

A study of 100 DuA residents in Multan and Bhawalpur, for example, found "that the survivors of sexual and physical violence had most impaired psychological well-being as compared to other types of domestic violence survivors". It identified the major psychological problems faced by the survivors as "*poor self-concept, low self-esteem, feelings of powerlessness, helplessness, worthlessness, hopelessness, sleep problems, anhedonia, post-traumatic stress disorder and depression.*"⁴⁷ Similarly, a study conducted at a tertiary care hospital in Karachi found almost 62% of 117 women survivors were depressed because of domestic violence.

Depression and inaction also flow from survivors' self-blame as being somehow responsible for provoking the violence. Seeing oneself "*as hopelessly flawed, the world as harsh and unforgiving, the future as relentless and bleak*"⁴⁸ constricts women's agency by undermining both the desire and the ability to act to safeguard one's own interest.⁴⁹

Obstacles to access and uptake are similar across the globe.⁵⁰ The hold and propagation of "*old inflexible tradition and norms*" is noted in Nicaragua for example.⁵¹ In Tanzania, which records a 44% prevalence of domestic violence, literature stresses the normalisation of violence, self and external silencing for fear of social consequences; and of the minority of survivors taking action, only 10 percent approach formal institutions.⁵²

⁴⁵Khan and Khan, "Assessment Of Medico-Legal Systems Responsiveness To Gender Based Violence In Pakistan,". Supra note 28.

⁴⁶Rozina Karmaliani et al., "Violence against Women in Pakistan: Contributing Factors and New Interventions," *Issues in Mental Health Nursing* 33, no. 12 (2012): 820-26, <https://doi.org/10.3109/01612840.2012.718046>.

⁴⁷Naz and Iqbal Malik, "Domestic Violence and Psychological Well-Being of Survivor Women in Punjab, Pakistan."

⁴⁸"CBT for Depression, Despair, Hopelessness," Cognitive Health Group, n.d., <https://cognitive-behavior-therapy.com/depression/>.

⁴⁹N. Duvvury et al., "The Impacts of Violence against Women on Choice and Agency: Evidence from Ghana and Pakistan," *Women's Studies International Forum* 89 (2021), <https://doi.org/10.1016/j.wsif.2021.102536>.

⁵⁰Olson, García-Moreno, and Colombini, "The Implementation and Effectiveness of the One Stop Centre Model for Intimate Partner and Sexual Violence in Low- and Middle-Income Countries: A Systematic Review of Barriers and Enablers,". Supra note 14.

⁵¹Duvvury et al., "The Impacts of Violence against Women on Choice and Agency: Evidence from Ghana and Pakistan."

⁵²Jennifer McCleary-Sills et al., "Stigma, Shame and Women's Limited Agency in Help-Seeking for Intimate Partner Violence" 11, no. 1-2 (2016), <https://doi.org/10.1080/17441692.2015.1047391>.

A similar pattern regarding disclosure and service access is found in South Sudan too: survivors neither tell anyone about their experience nor seek help from support services in the health, social or legal sectors, or police, compounded by the insistence of many health care providers that survivors produce a police report before providing services.⁵³ Even women who reject interpersonal violence “as a ‘normal’ practice are blocked from action by powerful social norms”.⁵⁴

Under the given circumstances, approaching formal institutions- whether government or private - is a last resort and can be seen as burning the bridges to whatever social support sources women do have - however inadequate. The primary data generated by this study confirms all these barriers, as detailed in Section 3. However, the data also reveals a deep-seated, almost primordial, desire to maintain marriages at any cost as perhaps the most important singular reason for survivors’ inertia - a factor overlooked in literature. A second aspect less visible in literature is the belief that seeking help is futile as no amount of assistance will change the situation survivors find themselves in. This sense of hopelessness is strong enough to lead some to consider suicide as the only exit, even when they are aware of existing services such as the DuA and have someone willing to accompany the survivor to ensure access.

⁵³Maureen Murphy, Mary Ellsberg, and Manuel Contreras-Urbina, “Nowhere to Go: Disclosure and Helpseeking Behaviors for Survivors of Violence against Women and Girls in South Sudan,” *Conflict and Health* 14, no. 6 (2020), <https://doi.org/10.1186/s13031-020-0257-2>.

⁵⁴McCleary-Sills et al., “Stigma, Shame and Women’s Limited Agency in Help-Seeking for Intimate Partner Violence.”

2.2.2. Institutional Issues

Information:

The lack of any visible public sector mechanism promoting knowledge about available options that can help to address VAW at even the District level, let alone the community or Union Council levels,⁵⁵ is a serious impediment for survivors anxious to locate help outside kinship networks.

For example, a 2016 study commissioned by the Punjab Commission on the Status of Women (PCSW) found that while women not having approached facilities had some inkling about Dar ul Amans as a facility for women seeking shelter, none were able to identify the location of the closest DuA.⁵⁶

Numerous Helplines have been instituted, but the multiplicity of facilities can be unhelpful as it is difficult to remember so many numbers. Directories of public and private sectors support services produced by civil society organisations (CSOs) are limited in terms of the information provided.

Barring exceptions,⁵⁷ few verify that services are functional or how to access or navigate services, and most focus on a single aspect of response.⁵⁸ Mobile apps have been developed by both the public and private sector, but usage and effectiveness are still being tested. In any event, such interventions are challenged by the gender digital divide. In 2020, Pakistan had the widest mobile ownership gender gap in the world.

According to the PDHS, 93 percent of men have a mobile phone, but only 39 percent of women do, and the mobile internet usage gender gap stands at 49 percent – 37% males vs. 19% females having access to mobile internet.⁵⁹

Survivors lack information as a major barrier was reconfirmed in the present study.

The police

Distrust of the police is pervasive. In 2017, the World Justice Project's country-wide survey revealed that the preponderant view of respondents (77%) was that the police cannot be trusted;⁶⁰ 73 percent think the police indulges in corrupt practices – more than half had themselves bribe the police to receive assistance. Women confront the added hurdle of social taboos that stop women and girls from approaching police stations and the social stigmatization and loss of respectability of doing so. Survivors who do approach the police confront victim blaming and shaming by the largely male police force. Particularly with respect to rape and domestic violence, the tendency is to disbelieve the survivor.



⁵⁵Khan and Khan, "Assessment Of Medico-Legal Systems Responsiveness to Gender Based Violence In Pakistan." Supra note 28.

⁵⁶"Sheltering Women from Harm Dar ul Amans of Punjab Achievements and Challenges" (Punjab Commission on the Status of Women, 2016), <https://pcsw.punjab.gov.pk/system/files/ShelteringWomenfromHarmDarulAmansofPunjabAchievementsandChallenges2016.pdf>.

⁵⁷"Hum Qadam: A Gender Based Violence (GBV) Response Application," Shirkat Gah - Women's Resource Centre, n.d., <https://shirkatgah.org/humqadam/>.

⁵⁸"Free Legal Aid Providers Directory for Gender Based Violence Victims in Sindh" (Legal Aid Society, Sindh Legal Advisory Call Centre, Women Development Department Sindh, n.d.), <https://www.las.org.pk/wp-content/uploads/2021/04/Free-Legal-Aid-Provider-Directory-Sindh.pdf>.

⁵⁹Oliver Rowntree, "Mobile Gender Gap Report 2019" (GSMA, 2019), <https://www.gsma.com/mobilefordevelopment/wp-content/uploads/2019/03/GSMA-Connected-Women-The-Mobile-Gender-Gap-Report-2019.pdf>.

⁶⁰"The Rule of Law in Pakistan: Key Findings from the 2017 Extended General Population Poll & Justice Sector Survey" (World Justice Project, 2017), https://worldjusticeproject.org/sites/default/files/documents/Pakistan_Report_2017_Final-Online%20Version-Reduced.pdf.

Police ask women to “*prove their innocence before registering the offence [committed] against them*”, and some officials in the Punjab Police Department believe that “*a woman should not come to the police station for trivial issues of domestic violence while breaching the security of her home*”.⁶¹ Biases regarding VAW are widespread – one senior police officer claiming that “*in 95 percent of the cases the women themselves are at fault*”,⁶² others that women bring it upon themselves.⁶³ Even more alarming are reports of rape and sexual harassment of women in police stations, despite measures taken to safeguard women in police custody.⁶⁴

In 2016 it was estimated that rape and other forms of VAWG represent less than 1% of the police caseload, that most police officers consider rape cases a “nuisance”, extra work to be dispensed with as quickly as possible, and that such cases only become a priority if some higher official takes a particular interest or there is attention from the media or CSOs. Few in the police force are aware of new gender-responsive laws or their implications and they also lack training in this respect.⁶⁵ The fact that most women who file a case end up compromising with the perpetrator or settling out of court reinforces the tendency of the police and courts to be dismissive of VAW cases.

Some systemic issues hinder police responses. Amongst the legal flaws, is that women are required to prove a specific degree of physical injury to file a case. When domestic violence survivors are unable to prove such injury, the police are unable to take further action.

While accountability mechanisms for the police have been put into place, few know about these, and effectiveness is hard to decipher. Additionally, police stations often lack basic amenities such as privacy to hear complaints on sensitive matters such as VAW and toilets for women to use; there are also lacuna in forensic evidence.⁶⁶

All these obstacles were confirmed in the present study.

There is consensus that the presence of policewomen encourages women to approach the police. However, the 175,000 strong policeforce of Punjab has fewer than 4,000 women. This is less than 3 percent and far short of the 10 percent official quota for women. Less than 1 percent of policewomen are in senior positions.⁶⁷ A police officer in Punjab’s very first batch of female ASPs identified two major issues confronting women police.⁶⁸ Initially, women ASPs were not considered for field postings, crucial for advancing in the force (now overcome). The second persisting problem was fighting sexist mindsets both amongst their superiors in the police but also amongst the judiciary.

Police work is not considered a suitable occupation for women who are dissuaded from joining the police by their own families. Eliciting the views of 601 male policemen from diverse cadres across the country, Gulmina Bilal Ahmed found that while 84 percent of respondents considered the profession suitable for women, less than half (46%) thought this suitable for their family women.⁶⁹

⁶¹Qaisrani, Liaquat, and Elishma Noel, “Socio-Economic and Cultural Factors of Violence against Women in Pakistan.”

⁶²Baseer Naveed, “Violence against Women in Pakistan” (Asian Human Rights Commission, n.d.), <http://www.humanrights.asia/wp-content/uploads/2019/03/Violence-against-women-in-Pakistan.pdf>.

⁶³Adnan Khan and Khan, “Assessment Of Medico-Legal Systems Responsiveness To Gender Based Violence In Pakistan,”. Supra note 28.; “New HRW Report Charges Pakistan Police with Torture, Extrajudicial Killings,” Deutsche Welle (DW), 16, <https://www.dw.com/en/new-hrw-report-charges-pakistan-police-with-torture-extrajudicial-killings/a-35890209>.

⁶⁴Naveed, “Violence against Women in Pakistan.”

⁶⁵Khan and Khan, “Assessment Of Medico-Legal Systems Responsiveness To Gender Based Violence In Pakistan.”

⁶⁶Qaisrani, Liaquat, and Elishma Noel, “Socio-Economic and Cultural Factors of Violence against Women in Pakistan,”. Supra note 28.

⁶⁷Sheharyar Rizwan, “Sexism and Gender Imbalance in Punjab Police Force,” DAWN, 2022, <https://www.dawn.com/news/1672423/sexism-and-gender-imbalance-in-punjab-police-force>.

⁶⁸SSP Amara Athar, currently deputed as the Punjab Constabulary battalion commander, cited by Sheharyar Rizwan Supra Note 67.

⁶⁹Gulmina Bilal Ahmed, “Male Police Perception of Women Police in Pakistan” (Islamabad, Pakistan: IndiviDuAlland, 2012), <https://www.indiviDuAlland.com/downloads/womenPolice/Male%20police%20perception%20women%20police%20in%20pakistan.pdf>.

In Punjab, 70 percent of the policemen agreed that women should join the police department, but only 21 percent said they would encourage female relatives to join.

Most (78%) agreed there should be a fixed quota for women, but almost half opposed increasing the number of policewomen in the department. Opinions were evenly split on whether women should perform duties in hostile and remote areas; an overwhelming number (83%) believed women police should be assigned to cases and crimes specific only to women.

Medico-Legal Services

Many issues undermine the effectiveness of medico-legal services. The stigma associated with VAW worldwide dissuades survivors from speaking out, delaying reporting.⁷⁰ Forensic evidence is thus lost, especially in rape cases if clothes are immediately discarded and the body washed. In Pakistan, despite massive underreporting, at least 11 rape cases are reported to police stations every day, but the conviction rate is a shocking 0.3% for the 22,000 cases reported in six years. Assistant District Public Prosecutor, Hafiz Muhammad Azeem, notes that this despicable offence often proves to be the basis for the *“denigration for the victim and their family”* and that *“the victim’s family [does] not report it because they do not believe that system could provide justice”*.⁷¹ Insensitivity and inappropriate procedures mean that survivors are re-traumatised by the forensics procedures.

On the supply side, the police force often lacks space, as well as key equipment, supplies and budgets for this.⁷² A recent study by Ayesha Hameed⁷³ underscores the need to completely overhaul the medico-legal system, and pinpoints the lack of coordination

among medical, police and prosecution department as a major reason for poor delivery of the criminal justice system. It underscores the *“Apathetic attitude of doctors and police, delayed bureaucratic procedures, non-enforcement of existing laws and no protection for survivors, witnesses”* as serious obstacles to achieving justice for women survivors of GBV. Evidence collection and processing in criminal cases, including GBV cases, needs special attention. Hameed concludes that too often emphasis is laid on DNA evidence, which is only part of a larger spectrum of forensic evidence while the process for medical evidence which is easy to collect is not accorded much attention.

Many of these issues also surfaced in the present study as detailed in Section 3 Findings. Although the present study did not cover rape from the survivors’ perspective as it did not emerge in the data collection, it was covered from the medico-legal services angle.

Judicial services

With respect to the judicial system, despite the dire need for court processes to be accessible for people of all classes: the court process is time consuming and designed in a way that hinders poor women who cannot afford the repeated visits required.⁷⁴ The court process only speeds up through bribes, for which more financial resources are required. Exceptionally, bribes and links to court officials are not needed in the Lahore Model GBV Court where processes are more thorough. Still, the judiciary does not use its powers effectively to enforce the 3-month timeline for rape trials, and most importantly, judicial officers do not use available laws to address the problem of resiling witnesses. Public prosecution interest in GBV cases is very low, with a general abdication of gender and rape cases to NGOs.⁷⁵

⁷⁰Olson, García-Moreno, and Colombini, “The Implementation and Effectiveness of the One Stop Centre Model for Intimate Partner and Sexual Violence in Low- and Middle-Income Countries: A Systematic Review of Barriers and Enablers.”

⁷¹Hafiz Muhammad Azeem, “Role of DNA Evidence in Rape Cases,” Global Village Space, 2021, <https://www.globalvillagespace.com/role-of-dna-evidence-in-rape-cases/>.

⁷²Adnan Khan and Khan, “Assessment Of Medico-Legal Systems Responsiveness To Gender Based Violence In Pakistan,”. Supra note 28.

⁷³Ayesha Hameed. 2022. “Assessment of Medico-Legal Services from a Gender Perspective: A National Study” Pakistan need to strengthen medico-legal systems: Report - Islamabad Scene

⁷⁴Adnan Khan and Ayesha Khan. Supra note 28.

⁷⁵Qaisrani, Liaquat, and Elishma Noel, “Socio-Economic and Cultural Factors of Violence against Women in Pakistan,”. Supra note 28.

Titled GBV courts, these special courts deal exclusively with rape cases, but the Lahore GBV court's atmosphere is assessed as secure, private and very comfortable, and staff helpful for the survivor and her family. The Court adheres to prescribed guidelines, making use of video link and similar facilities, but does little to prevent the resiling of the survivor. The resiling of witnesses remains the biggest drawback in successful prosecution. Similarly, judges tend to accept compromises on account of marriage between perpetrators and victims. Cases of successful convictions in the Lahore model GBV Court mainly pertained to rapes of minors.⁷⁶

Survivors need institutional support. While several CSOs do provide legal aid, these are mainly limited to larger cities and can only assist a relatively small number of cases. The Punjab Bar Council is mandated to provide free legal aid but is largely inactive. In three years (2018-2020), the legal aid committees had provided legal assistance to 16 people, of which only 6 were women.⁷⁷ Consequently, the legal aid services provided by and through the DuAs, HRCs and VAWC are vital.

Social Sector Services: DuAs and VAWC

The majority of women survivors seeking assistance from state services around GBV are economically insecure, and hence often in need of shelter home services.⁷⁸ As astutely noted by the Khyber-Pakhtunkhwa Provincial Commission on the Status of Women (KPCSW), *"this is not to say that violence does not exist in the better off sections of society but they have options that the poor and marginalized do not have."*⁷⁹

There is no comprehensive profile of DuA users available, but in 2018, more than half the survivors in the Multan DuA were from families with less than PKR 20,000 monthly incomes and only 2 percent came from families earning more than PKR 50,000 per month. Two-thirds (76%) of women residing in the shelter were from rural areas, a little over half (55%) were illiterate, 21% had primary level education, 9% had middle level, 12% had completed matriculation level and only 3% had higher education.⁸⁰

There has been substantial improvement in the workings of the Dar ul Amans, especially those complying with the 2015 revised Guidelines. Nevertheless, a comprehensive review of the 35 DuAs operational in 2016 revealed issues obstructing uptake. A major impediment was negative perceptions of the DuAs, enhanced by media coverage of isolated problems. DuA staff lacked training in survivor-centric service provision and subordinate staff viewed survivors negatively, dividing residents into 'genuine' cases deserving support - those facing life threats or dire violence - and less genuine cases such as any woman who wants to marry according to her own wishes.⁸¹

Services were hampered by institutional issues. DuAs are mandated to provide refuge to women regardless of whether they seek shelter on their own, are referred by the court or by CSOs. However, while women were admitted without court referrals, they were:

⁷⁶"Special Mechanisms to Address Violence against Women in Punjab: A Study of Model Gender Based Violence Court in Lahore & Violence Against Women Centre in Multan."

⁷⁷"Punjab Gender Parity Report 2019 & 2020."

⁷⁸Filomena M. Critelli, "Voices of Resistance: Seeking Shelter Services in Pakistan," SAGE 18, no. 4 (2012): 437-58, <https://doi.org/10.1177/1077801212452104>.

⁷⁹Saliha Ramay, "Assessment of Shelter Homes and Women Crisis Centres of the Social Welfare and Women Empowerment Department Khyber Pakhtunkhwa" (Provincial Commission on the Status of Women, Khyber Pakhtunkhwa, 2012), <https://kpcsw.gov.pk/wp-content/uploads/2017/11/Assesment-of-Women-Shelter-Houses-and-Crises-Centers.pdf>.

⁸⁰"Special Mechanisms to Address Violence against Women in Punjab: A Study of Model Gender Based Violence Court in Lahore & Violence Against Women Centre in Multan."

⁸¹"Sheltering Women from Harm Dar ul Amans of Punjab Achievements & Challenges."

“made court dependent within 24 hours... increas[ing] the risk of violence due to the publicly announced release date. After several women were killed or injured, women started leaving a few days earlier than the court order, putting them in violation of the law.”⁸²

Requiring court permission to leave the DuA increases risks, undermines the agency of adult women, and makes the DuA a de facto legal custodian of women residents. The de jure legal status of an adult woman residing in the DuA is unclear, as is the basis for granting courts custody of an adult woman not implicated in a criminal case.⁸³ Judges disregarded the Guidelines for the Dar ul Amans in Punjab as *“only a piece of paper not law”* and insisted staff make residents meet with court-recommended visitors, regardless of the concerned woman’s consent.⁸⁴ Staff reluctance was met with threats to issue contempt of court orders should they not obey the court’s directive.

Provisions for free legal aid were not always effective, raising issues about selection. Psychosocial counselling was not robust as almost half of DuAs had no psychologist on-call in 2016. Services were hampered by insufficient coordination with the police. Vocational training was not translating into income-generation opportunities.

The present study reveals that psychosocial counseling and legal representation has improved significantly but that other issues relating to the more robust implementation of the DuA Guidelines persist.



⁸²Farida Shaheed et al., “Unmet Promises Alternative CEDAW Report 2020 on Pakistan’s Fifth Periodic Report Alternative CSO Report,” 2020, https://www.ecoi.net/en/file/local/2023281/INT_CEDAW_CSS_PAK_41115_E.pdf.

⁸³“Sheltering Women from Harm Dar ul Amans of Punjab Achievements & Challenges.”

⁸⁴ibid.; Khalida Ahson for Shirkat Gah-Women Resource Centre. 2008. Survey Report - Issues Requiring Guidance/ Instructions Dar -ul-Amans Punjab. March-April, 2008. Unpublished

Section 3

Findings

Research enabled an understanding of the myriad impediments to help-seeking behavior amongst survivors in terms of accessing and utilizing State-provided GBV services, including special initiatives. Field research pinpointed the nature of barriers survivors encounter in accessing diverse services at specific points in their journeys as well as the obstacles and challenges faced once survivors do seek help. These emerged in the rich testimonies of survivors who have never sought help from formal institutions as well as those who had, including those currently using social sector services. Important insights in this regard were also gained from the FDGs with community-based male helpers/facilitators of women survivors. Interactions with those supporting survivors through legal aid and private shelter services, community-based activists, and CSOs, i.e. AGHS legal aid society, the Dastak shelter and legal aid staff in Lahore and Roshni Organisation in Multan, shed further light on the myriad obstacles confronting women survivors and insights into the effectiveness and efficiency of existing services.

On the supply side, KIIs helped to identify best practices, as well as bottlenecks impeding optimal services in the health, social services, legal and judicial sectors. Experiential evidence was complemented by the textual analysis of laws to surface issues requiring attention with respect to legal and policy frameworks, management issues, including coordination, and human resources. KIIs of service providers enriched understanding of systemic issues but also socio-cultural factors that obstruct to access and uptake.

The demand side barriers of cultural normative imperatives, social factors and financial insecurity are intermeshed: they reinforce and flow into each other. Although described in separate sections, this interdependency must be borne in mind. Moreover, government response mechanisms are embedded in the same socio-cultural environment, influencing the nature of services offered. Demand and supply side issues come together in the experience of women survivors who access services and are thus presented separately to what is distinctly a demand or supply side issue.

3.1. The Barriers of Cultural and Normative Imperatives

Cultural barriers are those that are imposed upon a survivor by the values, attitudes, and norms that are prevalent within the survivor's community.⁸⁵ These norms, values and attitudes include those held by the survivor herself and her surrounding community, close relatives, neighbours and larger society. These rigid norms condone, and sometimes actively support, acts of gender-based violence against women and girls.⁸⁶ Women's behaviour is guided by such rules and the threat of violent enforcement, which serves as a mechanism of social control.⁸⁷

Three main themes emerged from the analysis of survivors' stories, which illustrate the relationship between cultural and normative imperatives and survivors' barriers to accessing services: (1) imperative to marry and maintain marriage, (2) normalisation of violence and (3) negative implications of reporting. These barriers operate on two levels; firstly, by preventing survivors from approaching formal institutions at all, and secondly, from creating obstacles once such a service is approached.

3.1.1 The imperative of marrying and maintaining the marriage at all costs

The need to marry off girls and expectations that they preserve marriages at any cost was the most prevalent cultural imperative undermining agency for exiting abusive situations in all three districts. This notion is an underlying theme in all barriers that prevents survivors from seeking help and taking full advantage of the government services.

Marriage is considered an important social and cultural obligation in Pakistani culture.⁸⁸ Parents feel compelled to marry off their daughters at the earliest. According to Multiple Indicator Cluster Survey 2017-2018 (MICS), 4 percent of girls in Punjab were married before the age of 15,⁸⁹ and early age marriage is associated with spousal violence.⁹⁰ The perceived imperative to marry off girls is connected to notions of family honour (*izzat*), which, amongst other things, dictates that the failure of an individual, especially women and girls, to adhere to cultural norms results in loss of honour for the entire family.⁹¹ Family 'honour' is hinged on chastity and chaste behaviour of unmarried girls and, once married, on the maintenance of their marriage. The burden of maintaining harmony within the family home to safeguard the 'honour' of both their natal and marital families falls on women.

Research confirmed that parents consider unmarried girls as both a financial and social burden, the latter inextricably linked to the potential of bringing dishonour through culturally disapproved of actions.⁹² Marriage relieves this pressure on parents but is replaced by wanting to ensure the marriage subsists. Most families consider failed marriages a blot on their reputation. Consequently, a married daughter's visits to her natal family are viewed with trepidation and pressure applied for her to return to her marital home as quickly as possible to avert any gossip about a troubled marriage.

⁸⁵Lisa Lena Ofwona, "Barriers to Help-Seeking Faced by Women Survivors of Gender-Based Violence in Kesses Sub-County, Uasin Gishu County, North-Rift Kenya," 2015, 18.

⁸⁶Tanya D'Lima, Jennifer L. Solotaroff, and Rohini Prabha Pande, "For the Sake of Family and Tradition: Honour Killings in India and Pakistan," : Indian Journal of Women and Social Change 5, no. 1 (2020): 22-39, <https://doi.org/10.1177/2455632719880852>.

⁸⁷Amir Hamid Jafri, Honour Killing: Dilemma, Ritual, Understanding (Oxford University Press, 2008).

⁸⁸Filomena M. Critelli, "Between Law and Custom: Women, Family Law and Marriage in Pakistan," Journal of Comparative Family Studies 43, no. 5 (2012): 673-93.

⁸⁹Punjab MICS 2017-2018, pg. 216.

⁹⁰Parveen Azam Ali and Maria Irma Bustamante Gavino, "Violence against Women in Pakistan: A Framework for Analysis," The Journal of the Pakistan Medical Association 58, no. 4 (2008), <https://pubmed.ncbi.nlm.nih.gov/18655430/>.

⁹¹ibid. Supra Note 90.

⁹²Farida Shaheed et al., "Humsathi: Empowering Girls to Become Their Own Advocates and Boys as Allies to End Early Child and Forced Marriage" (Lahore, Pakistan, 2019), <https://idl-bnc-idrc.dspacedirect.org/bitstream/handle/10625/59422/IDL-59422.pdf>.

IDIs with survivors brought to light several forced marriages and instances of women and girls not asked for their opinion – much less consent – at the time of marriage. According to MICS 2017-2018, four percent of girls in Punjab were married before the age of 15.⁹³ Studies indicate that marriage at an early age is a factor which increases risks of partner violence.⁹⁴ Those who refuse to comply with the family's decision to marry them off face physical and psychological abuse.

In this cultural environment, where entering and maintaining a marriage is the primary objective of a woman's life, survivors both feel obliged and are pressurised to accept violence. Their natal families expect them to preserve their marriage at all costs even when they are badly beaten.

“My natal family even stopped me from eating. They would beat me, drag me around on the floor; my clothes got torn. Then they threw me out of the house because I was refusing to get married again.”

(Survivor)

This socially perceived imperative of preserving the marriage is so strong that it overrides the family's recognition that violence is wrong. One survivor who approached formal institutions for help broke through the pattern because she had witnessed her maternal aunt suffer a lifetime of domestic abuse but *“didn't do anything [as] she too was constantly told to bear the suffering patiently [sabar karo] her whole life”*.

“Stay there. Understand that you are dead to us.”
“Only come back to this (natal) house in a coffin.”

The data confirms the normalisation of domestic abuse that leads to survivors believing they have no option but to tolerate the violence in order to keep the sanctity of the marital home, *“women keep quiet to maintain the marriage”* said survivors, and only *“if it's very severe she'll go to a relative's home if they live nearby, but mostly just put up with the violence”*, said male facilitators.

Survivors may approach family, friends and other social connections to seek help, but the end objective is to preserve the marriage at all costs. In cases where survivors have been able to access government services such as the HRCs, where legal aid and other support is made available, the preference of many survivors is reconciliation instead of formally reporting the matter to the police or filing for khula.

In some cases, survivors may seek facilitation for divorce/khula from service-providers initially, but withdraw their requests due to pressure from their families to maintain the marriage. This is especially in cases where women have children, and do not want to leave them behind or take steps that will disrupt their lives. The Manager of the Crisis Centre in Lahore explained some other reasons why women choose not to leave their families to live in shelter homes, *“There are women who have children and they don't want to break [up] their families because they have children older than 12 years of age and children going to school who have to sit for [various board] exams [but] can't go to school or appear for their examinations [if she leaves].”*

Expected to adopt behaviour that upholds family 'honour', survivors say girls are taught that 'good daughters' preserve marriages: *“good girls stay with their in-laws; they make do there.”* They are also made aware of the likelihood of being cut off from family support should they challenge such norms. Part of being 'good girls' is putting the needs of others before yourself. Hence: survivors say help-seeking behaviour is impeded by women's own consideration of the likely impact on their children and their parents *“when women lose hope and are obliged to think of leaving their husbands, their children's faces and the faces of their parents come to mind...Poor things, they're really stuck”*.

⁹³Multiple Indicator Cluster Survey 2017-18,” 216.

⁹⁴Azam Ali and Gavino, “Violence against Women in Pakistan: A Framework for Analysis.”

“I didn’t want to get divorced. I didn’t want the word ‘divorce’ to be attached to my name, I wanted to retain my husband’s name. He would throw me out of the house whenever he wanted, but I’d still say let me stay here. Circumstances forced me to leave my home. My heart didn’t want accept this.”

(Survivor)

The loss of reputation and resultant social isolation associated with divorce is an additional factor that forces women to stay in abusive marriages. The stigma of divorce is considered a stain on the reputation of family men who are taunted and cut off from social circles as testified by various survivors.

“The woman then thinks that if [my husband] divorces me, people will ruin everyone’s reputation. No father or brother should have to hear that his daughter or sister has been given ‘The Decision’ [divorce] because the relatives will taunt them – they will not be able to hold their head up. People will say ‘Get lost, go your own way – your own daughter or sister [was divorced]’”.

(Survivor who never approached services)

Findings reveal that the stigma is especially strong in instances where survivors approach formal services such as shelters, courts and police. Survivors who accessed services stressed that parents warn their daughters not to go to the police because this will ruin their reputation. Should a woman approach institutions for legal assistance to exit an abusive marriage, their husbands engage in character assassination by spreading rumours of the survivor carrying on with the lawyer. Facilitative institutions are considered outside the realm of places where ‘good women’ go. The objections, noted survivors who never approached a formal institution, are not just from the survivor’s family but also from the neighbours who actively discourage women from taking action or approaching the police to safeguard family honour.

3.1.2 Normalisation of violence

Communities uphold, practice, and normalise various forms of violence, which affects patterns of help-seeking by survivors in Pakistan and elsewhere.⁹⁵ Social acceptance of violence is wide-spread. In Punjab, 25.4% of women and 23.6% of men in Punjab believe a husband is justified in beating his wife for various reasons. Our data confirms the widespread normalisation of violence as reflected in the sanction of spousal violence by survivors’ natal families and society, and the acceptance of some violence by survivors themselves.

The acceptance of violence from family members intersects with various other cultural attitudes and norms. For many survivors, the natal family is also a source of violent behaviour; including psychological, physical, sexual abuse, forced and early-age marriage. All forms of violence emerged in the study; psychological violence was highlighted by male supporters in particular, while women focused more on physical violence and in some cases sexual abuse including incest. According to MICS 2017-2018, only 20 percent of children in Punjab are not subjected to violent methods of discipline from their care-givers.⁹⁶ Literature indicates that experiencing violence from caregivers increases the risk of victims both perpetrating VAW and becoming a victim of domestic violence.⁹⁷ This creates an environment in which violence is normalised within the family institution, making women and girls vulnerable to mistreatment in both natal and especially marital homes without accountability. Patterns of abuse are reinforced by the deeply embedded societal belief that a husband has the right to beat his wife as evident in survivor testimonies in this research.

⁹⁵Ofwona, “Barriers to Help-Seeking Faced by Women Survivors of Gender-Based Violence in Kesses Sub-County, Uasin Gishu County, North-Rift Kenya,” 18.

⁹⁶“Multiple Indicator Cluster Survey 2017-18,” 211.

⁹⁷Ali and Gavino, “Violence against Women in Pakistan: A Framework for Analysis.”

The combination of these cultural norms cut off support sources of a survivor. When the natal family refuses to help the survivor of spousal violence as iterated time and again by survivors regardless of whether they accessed formal institutions or not, this is a serious barrier for survivors' ability to approach a formal institution. As survivors say, *"Typically, when people see violence being perpetrated, they say 'this is nothing out of the ordinary (anokhi)'. Our parents, sisters and brothers tell us 'whatever your husband does is fine.'"*

Women primarily rely on their natal families for support for any sort of problem; in the first instance, on their parents. Unfortunately, survivors related that *"knowing full well what's going on, the parents simply close their eyes"* to the real suffering and abuse of their daughter. Turning a blind eye to abuse obstructs decisions to access formal mechanisms of help. In a patriarchal society, there is overall community sanctioning of spousal violence. The community response pattern becomes victim blaming and shaming. Community influentials approached to resolve domestic violence cases tend to say things such as *"it's the woman's fault. Why did she deny her husband?"*. A survivor in Lahore explained the level of acceptance of violence in her community is so high that people don't think it's a bad thing if someone is being beaten; rather they take pleasure in hearing about household disputes, fights and beatings, saying, *"come on let's go see what's up"*.

Survivors accept some violence

From the perspective of demand-side barriers to accessing and taking up support services, the extent to which girls and women internalise the acceptance of gender-based and especially spousal violence is of concern.

One in every four women in Punjab believe their husband is justified in beating them (25.5%) for burning the food, arguing with him, going out without informing him, neglecting the children, or refusing to have sex with him, according to the MICS 2017-2018. Significantly, a slightly lower percentage of men believe such violence is justified, suggesting that men are aware that this is undesirable behaviour.

There are significant differences across districts, however, including the three districts investigated in this study. A mere 8.6% of women in Lahore viewed wife-beating as acceptable in one or more of the situations compared to 26.1% in Multan and 28.1% in Vehari.⁹⁸ Furthermore, more men than women believe such violence is justifiable in Lahore and Vehari (respectively 10.1% and 34.7%), but in Multan more women than men consider such behaviour acceptable (26.1% compared to 18.7%). Internalisation means that almost a quarter of survivors (24%) who experience physical or sexual violence do not think that the violence is serious enough to merit seeking help.⁹⁹

This study's findings corroborate PDHS survey results that survivors only report violence or decide to leave their marital home if the violence becomes extreme, or when in-laws too become perpetrators of physical violence. A survivor who finally took refuge in a Dar ul Aman shared how she first tried to tolerate the violence from her spouse and others:

"My husband has a right to hit [me], but my elder brother-in-law, maternal uncle would also beat me, and I would still not even utter a sound. I put up with all this for the sake of my husband. But my husband never paid any heed to my feelings, nor did he ever try to understand me..."

⁹⁸"Multiple Indicator Cluster Survey 2017-18."

⁹⁹"Pakistan Demographic and Health Survey (2017-2018)," 311.

“About three years ago the Union Councilor brought a woman to us whose husband had attacked her with an axe [kularhi], and she had already lost a lot of blood. We immediately took her to the hospital, had a medico-legal report made and had the husband arrested that same day. But when I went to look in on her at the hospital that night, she said, ‘Tell the police not to beat my husband.’ And the next day she forgave her husband. How does this help others [seeking help] who see what the police did and what the woman did?”

(Male facilitator, Multan)

A male facilitator of survivors in Vehari stated that in his experience, women continue to suffer violence without acting until it reaches an extreme level, such as grievous bodily injuries. Even after they approach an informal or formal service and are provided facilitation, women may still withdraw their complaints. Barriers driven by cultural imperatives combined with a lack of social capital and financial resources (see Sections 3.2 and 3.3.) are so strong that some survivors failed to reach out to informal or formal services even when violence became near-fatal. Cultural norms stigmatising survivors are so strong that women will put up with extreme levels of violence to maintain their marriages, leaving only when physically thrown out by the husband.

3.1.3 Negative implications of reporting violence or seeking redress

Cultural norms continue to function as barriers even after a survivor consciously decides the violence cannot be accepted or is thrown out of her marital home and has no choice but to seek help. Reporting violence exposes survivors to a number of negative consequences, such as blame and loss of reputation, being cut off from support and violent reprisals. For many survivors, social standing is prioritised over justice so that help may be refused in even the most extreme cases of violence.

For example, a women’s rights organisation related how they had been treated when they tried to help the distraught mother of a 13-year old student who had been raped. The mother wanted help to register a police case, but when the CSO representatives accompanied her home, they were physically pushed out by the girl’s father and brother who said, “Our name has already been dragged through the mud we can’t take any more disrepute”.

“My husband even tried to kill me. He wrapped my dupatta around my neck and tried to strangle me, but I survived. I didn’t want to approach my mother and worry her. Because good daughters stay with their in-laws and make do [with whatever happens]. I tried very hard to stay at my in-laws and win them over, but my husband threw me out of the house the very next day.”

Survivor

Blame & loss of reputation

In a culture where only the home is seen as a legitimate physical space for woman,¹⁰⁰ women (and girls) stepping outside its boundary to exercise agency in any form is treated as an attack on the family and its honour or reputation. This prevents women from seeking help from formal institutions. The loss of reputation can also come into play when approaching social sector services.

Such cultural mindsets are in large part responsible for the PDHS finding that less than 2 percent of ever-married women seeking help had approached the police, for either physical or sexual violence.¹⁰¹

Not infrequently, when survivors take the step to approach a formal institution or even expressed their intention to do so, their actions can be met with accusations of infidelity of being sluts or whores. Such accusations, survivors say, deter the uptake of services. The concept of ‘honour’ is invoked and used to justify the violence for any type of perceived familial or individual transgression.¹⁰²

¹⁰⁰“Country Briefing Paper Women in Pakistan,” Briefing Paper (Asian Development Bank Programs Department (West) and Office of Environment and Social Development, 2000), <http://hdl.handle.net/11540/6329>.

¹⁰¹“Pakistan Demographic and Health Survey (2017-2018),” fig. 16.17.

¹⁰²D’Lima, L. Solotaroff, and Pande, “For the Sake of Family and Tradition: Honour Killings in India and Pakistan.”

“Our family members think going to the police or courts is a bad thing. They say whatever problems arise in the family should be resolved by the family. If family affairs go outside, the family honour is ruined. Any woman who talks about her husband to others is a bad woman.”

Survivor who accessed services

The fear of blame, stigmatisation and loss of reputation prevents women from approaching formal institutions as it can result in isolation and losing family support. This research shows that women view their family members as the safest – sometimes only – support source, which allows them to overcome the stigma attached to seeking help as this is perceived as remaining within the social bounds of the family home. Findings reaffirm the reliance on family members for resolving matters by the small minority who do seek help at all, as identified by the PDHS survey.¹⁰³ However, the flip side is an over-reliance on family support that puts survivors in a vulnerable position when the natal family is the source of violence, or when the survivor seeks to end the marriage. In the former case women are hard pressed to find people to support them – as discussed in Section 3.2 below on social factors. In the latter, the stigma attached to divorce threatens the family reputation and negatively impacts the marriage prospects of other family members, as one divorced survivor who had used formal services and who lives by herself said, *“I can’t live at home. I have younger sisters whose marriage prospects will suffer”*.

“No one knows of the crisis centre or the VAW Centre. If a woman does go to such an institution, people think she’s not a good person. They say, ‘she is not khandani [meaning someone who upholds family values and honour]. If she were, she wouldn’t do such a thing’.”

Survivor who accessed services

One outcome of imposed cultural norms is the pressure on the survivor to reconcile with their spouse after approaching a formal institution. The psychologist at the Lahore HRC shared how women are pressured to reconcile by their families despite cycles of violence and promises:

“One woman says she’s stuck in this vicious cycle for the past 3-4 years. Every time he beats [her], he gets someone to reconcile [them], and even writes down [promises not to be violent]. [She goes back] and he reverts to type...also...[her] brother will say ‘If you go then don’t come back’, [so survivors] have no support either here or there.”

Reprisals

The Human Rights Commission of Pakistan reports that in 2020 alone, 363 cases were recorded of women murdered under the pretext of honour.¹⁰⁴ In this cultural environment, survivors have a legitimate fear of fatal violence as reprisals for transgressions from cultural norms.

This research confirms that women face different security risks when they report violence or approach formal institutions for help. Reprisals are not just instigated by spouses but can be at the hands of in-laws as well as natal families. As DuA residents testified, *“When we are being beaten, if we speak out, we’ll be beaten even more”*. Even women who have taken shelter in the DuA speak of the risk, as one related:

“When Mom and Dad come [to the shelter] they do so for their own vested interests. If I go with them, they’ll kill me because my phuppi [father’s sister] ran off and got married. I did the same thing. So, they will kill me so that no other younger female relatives do the same thing.”

¹⁰³76% according to PDHS (2017-2018)

¹⁰⁴“State of Human Rights in 2020” (Lahore, Pakistan: Human Rights Commission of Pakistan, 2021), https://hrccp-web.org/hrccpweb/wp-content/uploads/2020/09/website-version-HRCP-AR-2020-5-8-21_removed.pdf.

Findings reveal that reprisals from the natal family are due to a belief that their 'honour' has been threatened by the survivor's act of approaching a formal institution. The Law Officer in the Vehari HRC shared that there have been multiple incidents of survivors who took refuge at the Dar ul Aman being murdered after they left, including by their own family. One survivor sheltering in a DuA shared the threats she faced from her family for choosing to leave her marital home and seek shelter:

"In my father's village two girls were killed. One was shot dead, the other was beaten to death and thrown into the canal. They were not given any funeral either. My brother said, nothing happened to them; nothing will happen to us either [if we kill our sister]."

Another survivor spoke of the fear instilled in women from her community's practice of violence on the pretext of honour:

"In our village if someone does something that harms honour [izzat], they kill them. They say that's how to control girls. They should be kept under pressure. When we're kept under pressure, when we're beaten, so scared we dare not speak out. Because of this violence we can never get rid of our fear."

At the same time, it must be noted that where natal families intervene in the violence or support the survivor in approaching a formal institution, they too face various risks. Our data shows that natal family members who engaged in such interventions have been subjected to verbal abuse, threats and been implicated in false criminal cases. In one case when the parents and brother turned up to help the survivor, her husband phoned the police 15 helpline and had the father and brother arrested, falsely claiming they had come to burgle the house - he also beat up the woman and her mother.

Fortunately, the brother had a friend in the anti-narcotics force, so they were released. But in the meantime, the survivor said, *"they had been badly reviled and tortured as the brother and father of a whore and prostitute"*. Another survivor related that when, after being beaten, she said she would phone her brother, her husband started swearing, saying should her brother dare to intervene he would deal with him, too, in ways he would never forget. This places further pressure on survivors and their families to stay silent.

Reprisals against facilitators/helpers

Data demonstrates that support outside the family network benefits survivors, facilitating access to and the negotiation of multiple government-run services, but equally that those facilitating and helping survivors too risk reprisals.¹⁰⁵ These include attacks on their person, reputation and families. One survivor waiting in the DuA for her divorce to come through had persuaded her cousin to take her to the shelter. The cousin who is also paying her private lawyer's fees, is now being targeted and under pressure from both her in-laws and her own family. In Pakistan and elsewhere, these types of reprisals are intended to end support for survivors and silence them.¹⁰⁶ Such attacks are a strong disincentive; discouraging individuals from stepping up to help survivors.¹⁰⁷ Male supporters of survivors in all three districts spoke of threats and vilification campaigns - including accusations of sexual liaisons - to force them to stop supporting women survivors. Helpers also face risks of being implicated in false legal complaints, and enmities which puts both them and their families at risk. These dynamics diminish community support networks, further obstructing survivors' access to formal institutions.

¹⁰⁵Flecha R. 2021. "Second-Order Sexual Harassment: Violence Against the Silence Breakers Who Support the Victims". *Violence Against Women*. 2021;27(11):1980-1999. doi:10.1177/1077801220975495

¹⁰⁶Patricia Melgar et al., "Fear to Retaliation: The Most Frequent Reason for Not Helping Victims of Gender Violence," *International and Multidisciplinary Journal of Social Sciences* 10, no. 2 (2021): 31-50.

¹⁰⁷Melgar et al., n. 164.

Both the direct experience emerging in survivors' testimonies as well as shared community knowledge regarding the attitude of service-providers indicate that first-responders in the judicial and police sector are steeped in the same cultural normative framework, and believe any woman who approaches the police or leaves her home is a 'bad woman'. Prejudices of service providers reinforce the stigmatisation associated with going to formal institutions, especially the police, as detailed in Section 3.4.

“In our neighbourhood there was a fight between the spouses in which the husband threatened to mutilate her with acid. The wife ran out of their home and started shouting. I heard the commotion and went to see what was going on and stopped her husband. Her husband asked ‘who are you to stop me? This is my wife!’ I told the woman I would help her [despite] knowing in the end she would make up with him. Still, I took her to the police station. The police jailed the husband for a few days. Then he was released on bail and the fighting started again. I took the woman to the Crisis Centre where her case was taken up. She lives with her own parents now...What did I get for this assistance? Rumours started that I was having an affair with the woman. My ‘affair’ was just helping her, but society started accusing me instead.”

Male supporter, Vehari

3.2. Social Factors as Barriers – demand side

Social and cultural factors are inevitably closely inter-linked. However, in considering barriers to access and uptake these have been separated to arrive at a more nuanced understanding that can inform suggested actions for future interventions. Hence, whereas the cultural barriers focused on the overarching cultural normative framework, this section reviews barriers to access and uptake deriving from social factors in terms of women's (1) poor knowledge base, (2) minimal and fragile social capital and (3) the lack of citizenship/identity documents, such as ID cards, marriage registrations etc. Other social factors to emerge are mentioned in a final subsection. Social barriers intertwine with both financial constraints and harmful cultural normative frameworks on the demand side to impede women's access to and uptake of government – and any other private sector – services intended for the specific benefit of women survivors of violence.

3.2.1 Inadequate Knowledge base

An exceedingly poor knowledge base on rights and available redressal services to safeguard them undermines the ability of women and girls to exercise agency for their own safety, well-being and self-interest. The knowledge base has three elements: the absence of any awareness of rights, the lack of information regarding legal entitlements and services, and inadequate know-how to access these.

Women and girls have no concept of being rights-holders entitled to freedoms, protection or support services. Having internalized GBV as normal, survivors do not express themselves in terms of rights. Instead, they speak of the wrongs and injustices they suffered, the multiple forms of cruelty inflicted on them (*ziathi, zulm*). Some express anger and defiance, but the articulations of far more survivors convey a sense of helplessness and/or resignation to the bad hand life dealt them.

The lack of awareness of having rights was stressed by all those who support women survivors – from community-based supporters and civil society institutions to state officials. This was summarized by the Manager of the Crisis Centre in Lahore as follows:

“Women don't know a thing about human rights, [about] women's legislation, what laws exist, what services there are, what is [available to them] free; when in trouble which helpline to call... Many people do not know about the laws, not even the basics... when women come they say 'nobody ever told us, we don't know anything that there are such [services] or there are laws about such things'”

Similarly, the Front Desk Officer of the VAWC in Multan said the Centre largely caters to *“poor people who have little awareness”*. The lack of awareness of their right is confirmed by male community-based supporters of survivors and CSOs who asserted that if poverty is one reason for VAW, *“the second reason is the lack of awareness. Women have no idea about what their rights are and where to go to stop the violence, which is why they keep putting up with violence upon violence”*. Hence the strong recommendation of those helping survivors that *“women should be told about the laws, so there is some fear in men that women know about their rights”*.

More comprehensive services for GBV survivors are increasingly available in Punjab, especially in the 3 districts surveyed. However, women's awareness of and access to care and support services – State provided shelters, healthcare, police, and legal assistance – were all found to be limited in study sites. Many survivors – both those who accessed services and those who did not – said that they did not know what services existed, where these were located, what their timings were and how they could access them. Hardly any knew of the processes involved in accessing services, and whether these were safe.

The lack of knowledge was confirmed by both service providers and community helpers as an obstacle. The lack of awareness about social sector facilitative institutions emerged like a litany in survivor statements across the districts, such as, *"I don't know how many Dar ul Amans there are in Multan, where they are, what their timings are..."*; *"no one has heard of the Crisis Centre, [we've] not even heard the name," "I've never heard about the Dar ul Aman" "I've never heard of any institution (idara)"*. It was also iterated as a barrier by many survivors who had accessed some formal institution, including women currently benefiting from social sector services, especially the DuA. Discussions with survivors brought to light how not knowing about the location, opening hours and the nature of services provided, obstructed access and uptake.

Those who accessed social sector services, especially the DuAs, gained the necessary information from diverse sources but almost always via personal interaction: some were informed by lawyers they approached or sympathisers such as employers, health professionals or neighbours. Others were referred to services by the court or police. Some had been dropped off by male relatives without any idea of what to expect; for others the source was female relatives – and an occasional friend – who had themselves used the social sector support services. A few had previously used the services themselves. Survivors having accessed social sector services regretted not knowing that free legal aid services were available, obliging cash-strapped survivors to hire their own lawyer (See Section 3.3 on financial constraints).

The dearth of information about social sector services is acute. The importance of information stressed by other research¹⁰⁸, was reiterated in this study by civil society members providing survivors support.

For example, male supporters in Multan believed that *"at least 90% of women GBV survivors"* are unaware of services and *"have no idea about the purpose of the Dar ul Aman or the Crisis Centres; nor do they know where these are located"* and consequently *"do not know in what situations they can approach a Dar ul Aman or a Crises Centre or who to even contact about it"*.

Survivors being ill-informed is acknowledged by the staff of the DuAs, HRCs, and VAWC as an obstacle. For instance, a member of the Women Protection Committee in Multan rued the fact that the VAWC *"has been made, but many women don't know about it"* and that an additional *"challenge is that women have no idea what to expect when they arrive at the VAWC"*.

Service providers linked women survivors' need for information to the need for a general change of societal attitudes and social awareness as expressed by a senior officer in Multan:

"The government has a good vision, but the biggest barrier is [the lack of] social awareness. I think this will take time because it is linked to the societal framework (nizaam) and with people's level of education. I just gave you the example of a judge who is a law graduate but that doesn't mean he's gender sensitive."

But opinions differ and the vitality of mass awareness campaigns is not always understood by those not directly involved in these services. For example, one senior official felt it was sufficient to share information with CSOs either at events hosted by the SWD or with SWD participating in civil society events, or giving lectures because, in his view, it was not necessary to reach out to communities because a survivor:

¹⁰⁸Khan and Khan, "Assessment Of Medico-Legal Systems Responsiveness To Gender Based Violence In Pakistan,". Supra note 28.; Qaisrani, Liaquat, and Elishma Noel, "Socio-Economic and Cultural Factors of Violence against Women in Pakistan,". Supra note 28.

“knows that if she goes to the police station she’ll be safe. Now it’s the job of the police station or Police SHO to know whether there is a Dar ul Aman in his district where she can be protected and to be aware of which institution [exists] and where she can be sent for her welfare... and if she doesn’t come to the Crisis Centre, she’ll go to the court, if not the court, she’ll go to a lawyer, and they will know about all the institutions.”

Efforts to spread awareness through TV and radio programmes were acknowledged by some women survivors as well as community supporters, but the information so gained is rarely sufficient to facilitate women seeking shelter. If some of those assisting survivors believe awareness has grown quite a lot and women *“know they can call 1737 or go to the VAWC, or Dar ul Aman and they can even reach the police station”*, survivors stressed the need to be better informed about all existing services/institutions, especially those offered by the social sector institutions.

The one service that all survivors are aware of is the police, but none had heard of the facilitative women desks in the police stations – nor was the research team able to locate these in any field site. Women are rarely aware of any helplines other than the police 15 helpline. Those who have approached helplines were not always satisfied (see subsection 3.5 below). In short, in the words of one HRC Manager, *“No one knows [about the services]. For this you need mass publicity.”*

“I once called the helpline when I was being beaten. They told me to notify my relevant police station and [said] ‘you’ll get a lawyer from there’. If I’d known which was the relevant police station, why would I have called [the helpline]? There’s no point in this [service]. No one listens [to the survivor] on the helpline.”

Woman who accessed services

3.2.2 Negligible Social Capital

When women overcome the knowledge barrier, they confront another obstacle in the form of poor to no social capital. Literature stresses the vital role of social capital in disaster response and recovery processes because it provides informal *“safety nets”*.¹⁰⁹ In 2020, a Shirkat Gah-led study on the Gendered Impact of COVID in Pakistan confirmed the negligible social capital women can count on and the negative impact on coping mechanism.¹¹⁰ Improved social capital has been found to decrease the risk of domestic VAW.¹¹¹

Social capital can be thought of as concentric circles of support defined as bonding, bridging and linking – each of which can help access to and uptake of services by survivors and function as an informal safety net. Bonding capital is derived from strong ties amongst a group, starting with family members and friends/neighbours. It is sometimes formed on affinities of cultural, religious, or ethnic belonging, and can derive from being part of or connected to, community-based organisations. Bridging capital consists of connections beyond these immediate bonding circles that diversify support sources and strengthen coping capacity by facilitating the expansion and exchange of knowledge, experience, and resources.

¹⁰⁹Delilah Anais, David Pijawka Roque, and Amber Wutich, “The Role of Social Capital in Resiliency: Disaster Recovery in Puerto Rico,” 2020, <https://doi.org/10.1002/rhc3.12187>.; Anne Tiernan et al., “A Review of Themes in Disaster Resilience Literature and International Practice since 2012,” *Policy Design and Practice* 2, no. 1 (n.d.): 53–74, <https://doi.org/10.1080/25741292.2018.1507240>.; Gonne Beekman et al., “Social Capital and Resilience in Rural Areas: Responses to Change,” 2009, https://www.researchgate.net/publication/40791602_Social_capital_and_resilience_in_rural_areas_responses_to_change.

¹¹⁰“Gendered Impact and Implications of COVID-19 in Pakistan.”

¹¹¹Parviz Bagrezaei, Habibullah Zanjani, and Seifullah Seifullahi, “Investigation of Relation between Social Capital and Violence against Women in Families in Ilam during 2017,” *Journal of Ilam University* 27, no. 2 (2017): 111–22.; Voith Laura A, Razia Azen, and Weidi Qin, “Social Capital Effects on the Relation between Neighborhood Characteristics and Intimate Partner Violence Victimization among Women,” *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 98, no. 1 (2021), <https://doi.org/10.1007/s11524-020-00475-1>.

Finally, linking social capital describes the connections a survivor can leverage to access non-local resources such as the response mechanisms of government, private and civil society initiatives. Virtually none of the women survivors engaged in the study had either linking or bridging capital, and agency in their own self-interest mostly depended on bonding ties. Without bonding capital, women become trapped into violence - 'no one had my back' was a constant refrain amongst survivors.

The most crucial bonding support is the immediate family. Without bonding capital, women feel abandoned; the vitality of parental support in enabling or blocking women's agency for their own safety and welfare was iterated in all interactions.

“Women who experience violence they can only put up with it. If the beating is very severe, if they have a relative in the neighbourhood, they go to their home. Otherwise, most just put up with it.”

FDG Community Males, Vehari

“Women probably go to anyone but those like me who have no one to support them [can't]..my mother-in-law tells me to go set up my separate home. How can I set up and live alone?”

Survivor who accessed services

The lack of moral support from one's own family increases survivors' mental distress and this is when they especially require psychosocial counselling according to the In-Charge of the Multan DuA.

Survivors expressed the lack of support as the inability of parents, in particular fathers, to extend support because he was too poor, financially insecure, or infirm, and expressed grief when parents refused to step forward. This was variously expressed by DuA residents across districts:

“My husband would beat me a lot...my family did not support me”, “I told my family that I no longer want to live with this man. I want to remarry, but my family refused [to support me], “whenever a woman raises her voice her family makes her shut up.”

The evident control over women's mobility and interaction with others is a deliberate effort to ensure women do not have the social capital necessary to take action. Combined with a lack of financial resources this destroys women's agency. (See Section 3.3. on financial factors.) The absence of social capital increases the risks of violence. *“The most violence is visited upon those who have no one supporting them,”* testified one survivor who had not reached out to any formal institution. In the absence of the support of a father or brother, survivors feel so helpless they may consider suicide as the only escape from the tyranny. When a CSO in Multan that supports women survivors investigated the increasing rate of suicide amongst women, they *“discovered that when women are victims of violence, they think suicide is the best option”*.¹¹²

“Whenever a woman faces a problem, she first goes to her parents [but] some parents, despite seeing [knowing] everything, [chose to] become strangers (anjan)”.

Survivor using services

“When women face violence, those who have their parents' support, leave their husbands; [they] get a divorce. Those like me continue to be beaten; working in homes to feed themselves and their children.”

Survivor who did not access services, Lahore

“Should women need help, they ask it of their own families. Those who have no family ask help from the neighbours. But, no one helps anyone. Everyone bears their own burdens alone.”

Survivor who did not access services, Vehari

¹¹²Javed Amin, Roshni Organisation, Multan

The social capital of bonding is fragile for women confronting violence, and it can be undermined by any number of factors. There are two prime factors: (a) the preserving of so-called honour by adhering to cultural norms of preserving marriages regardless of the consequences for the woman or girl; and (b) financial considerations overriding concerns for the safety and well-being of the survivor. In terms of preserving family honour, a survivor who had taken institutional help, explained that generally:

"Women who suffer violence don't go anywhere. They just stay in their homes, [silently] passing away their lives for the sake of their parents' honour. No one helps them, nor do their parents give them support, nor anyone else. This thinking means they go nowhere."

Cultural imperatives are so powerful that a lawyer refused to support his sister's decision to get a divorce, because he could not bear to suffer the 'indignation' of standing in court asking for his sister's divorce. When she refused to back down, he dropped her off at the DuA, distancing himself and breaking one link of the bonding capital. In some instances, ties may be loosened after family members step up to support their daughters but end up being abused themselves - verbally or even physically - have their reputations attacked publically or must deal with false police cases registered against them. Existing social capital can also be lost if the abusive husband convinces the natal family - usually brothers - that the survivor is at fault or they believe accusations of infidelity and/or promiscuity. These tactics are intended to break survivors' source of social capital, rendering them unable to take steps to stop the violence. If the cultural imperatives that unravel bonding capital are straightforward, the financial considerations are more complex in which diverse strands are visible.

A key reason for bonding links to dissipate relates to financially supporting survivors who return to their natal family, especially if they have children. Parents will say, *"we can't afford your bread and butter (roti paani). Fend for yourself."* Survivors have been told to leave their children and let the father provide for them; some have been refused support because their parents are already burdened with the return of one daughter and her children. When survivors are unable to provide for their children independently, they are left with the choice of either losing their children or losing what little social capital they do have.

The risk of losing their children because they have nowhere to turn to for support, is a refrain in women's narratives, as is the threat or experience of being thrown out of the marital home by husbands and also, in-laws.

Survivors' testimonies underscore that while female relatives (mothers, sisters and older daughters) are primary sources of social and emotional support - someone to share problems with and someone to accompany women to institutions - they are rarely in a position to provide longer term material support. Mostly this is because they have no independent financial resources, but it can be for other reasons too, such as adhering to cultural norms, or for example if a mother or father has remarried and does not want to risk this relationship, or simply because they see no permanent exit solution for abusive marriages. For instance, a survivor currently residing at the DuA recounted that she used to tell her elder sister everything on the phone, *"Api (elder sister) this happened that happened"; her sister would reply "Just make do. Where can I take you? How long can I keep you at my home?"* the survivor also added that brothers provide no support.

For many survivors, brothers are key players: some brothers refused to support their sisters despite their parents' pleading; some were not even supporting their parents and had set up separate establishments. Others simply refuse. At one DuA, a survivor explained, "when women tell their brothers of the situation, they say 'go to your own home' [meaning martial home], *but where can women go? It's impossible to leave your children.*" Similarly, a survivor being helped by a HRC, saying poverty was her father's enemy, related:

"My father is an educated man. He used to tell my brother and sister-in-law, 'Why are you people being so cruel to her (ziyadti)?' [but] they replied: 'we've made up our minds we will not keep your daughter [in our home]'.

Underscoring the importance of both social capital and financial support, her sister too had approached the Centre to seek a divorce but then backed down thinking, "*our father is old, and our brother doesn't listen, where would I go?*"

Amongst the financially insecure, survivors themselves expressed empathy for brothers who have large families to support or are young and not earning themselves. But this leaves them with few options. In a few cases brothers themselves were the abusers - frequently beating both mother and sister(s), usually when the father had passed away.



Under these circumstances, seeking help beyond the bonding circles is fraught with difficulties. First, women are poorly informed and connected so linkages beyond the immediate family are highly restricted. Secondly, they must weigh the benefits of seeking or activating such links against the likely loss of whatever bonding social capital they do possess because for example, *"If the family finds out you've gone to the police etc. their attitude changes completely"* said one survivor who decided not to approach anyone. Thirdly, and attesting to conscious efforts on the part of abusers to keep them isolated, women are threatened with dire consequences should they reach out to anyone. An abusive non-earning brother who depends on his sister's income threatened dire consequences, warning, *"If you ever go to [a woman running a women's rights group again] I'll destroy your female parts top and bottom...I'll slice you to pieces...leaving you such that you'll not be any position to marry anyone."* Indeed, threats are also extended to people and civil society groups who offer help to survivors. Male helpers, especially, can come under attack – either being physically threatened or allegations being made and rumours spread to ruin their reputation.

Some examples emerged of social capital being used to address and resolve a woman's situation. Some survivors who did access services, said that their relatives got together to bring about a reconciliation. There are also instances of reconciliation being effectuated at the police station, ending in the withdrawal of a complaint. Only in a few cases is the outcome for women survivors known, otherwise it is unclear what the reconciliation has meant. Social capital has encompassed numberdars – a well known rural officer who, however, has nothing to do with institutions related to VAW – as well as elected representatives: members of the provincial and national assemblies and local councilors. Actions have combined non-formal entities such as panchayats as well as the police and other State officials.

The activation of bridging and linking capital through collective community interventions seems to have been the most successful. Community members appear to have more sympathy with survivors who are victims of a drug addict than when addiction is not an issue. One intervention in Vehari concerned an addict who beat his wife who went straight to the police. Community members and the numberdar supported the woman and accompanied her to the station; the police hauled in the husband who was made to ask forgiveness from his wife and, reportedly, she's now happy. In a similar case the drug addict husband also used to abuse his own mother:

"the numberdar and people supported her. The wife first approached the police with the support of the community. But the police soon released him, so the community all chipped in the money to send him to a rehab Centre and subsequently got him a job and the issue has been resolved."

One survivor circumvented the stigma of approaching the police by reaching out to the community helper who had the numberdar call a sitting of the panchayat attended by the police. An agreement was arrived at, formally written up and registered with the police.

Finally, it is important to note that those who are linked to social sector support services, such as the DuAs, Crisis Centres, and VAWC have managed to gain some measure of linking capital for assistance. Such linkages serve women survivors themselves, several of whom return to the institutions for help, and enables them to facilitate other survivors.

3.2.3. Other social factors

Several other social factors impede agency to overcome violence. Women have limited access to a mobile phone or the internet, to first find information about redress services and secondly, to be able to access any referral services.

This once again limits their pathways to seek help or report violence, leaving them with the only option of turning towards their kin. As one survivor stressed, “We’re not allowed to keep a mobile [telephone], so how are we going to find out about helplines? We’ve never heard of the women [police] desks either.” In this regard, it is worth noting that despite the promises of the 2018 Digital Pakistan Policy to initiate specific programmes and facilities for women and girls throughout the country, in 2020, Pakistan had the widest mobile ownership gender gap in the world.¹¹³ Only 50 percent of women and girls own mobile sets compared with 81 percent men and boys and only 19% females have access to mobile internet. In 2020, the Inclusive Internet Index ranked Pakistan 90 out of 120 countries in 2020 – the lowest ranking in South Asia and the second lowest in all of Asia. Pakistan scored lowest in the gender gap in internet access (65%) and mobile phone access (51%).¹¹⁴

Another socially determined factor that creates a hurdle for women survivors and merits mention is that women rarely possess proper documents – from marriage and birth registration certificates to identify cards. This is further discussed in Section 3.3. on financial obstacles. To clarify, the lack of basic documents does not pose an actual barrier for survivors’ access to and uptake of services with respect to GBV as social sector institutions have found mechanisms to deal with this. However, the lack of documents does seriously impede their ability to get relief and justice. Of relevance here is that the supporters considered the denial of an identify card or the lack of its possession by women as one more control mechanism keeping women from exercising agency for herself.

“The reason for not getting women ID cards is that if a woman gets an identify card made, she can ask for her share in property, that woman can get educated; she can open a bank account, she can save up for her future. Men do not want women to be able to do whatever men can do.”

Facilitator, Multan

Multiple issues arise as stressed by both private and public sector service providers. When the marriage has not been documented, dissolving the marriage can be problematic and leads to challenges in getting the ‘bey’ form required for children’s school admissions. Not having a marriage registration certificate (*nikahnama*) makes it difficult to claim dower, marital property or even custody of the children when she cannot prove she gave birth to her children or was married to the man who has taken their custody.

Finally, the joint family living arrangements were mentioned by several survivors as aggravating violence, but the relationship with access to services was unclear.

¹¹³Rowntree, “Mobile Gender Gap Report 2019.”

¹¹⁴Usama Khilji, “Pakistan’s Widening Digital Gender Divide,” Aurora, 2021, <https://aurora.dawn.com/news/1144125>.

3.3. Financial Constraints as Barriers

Agency, that is the ability to take independent action – in this case to exit an abusive situation and seek help – is closely linked to financial autonomy. Conversely, financial insecurity is a major impediment to women’s agency for self-care. When entering marriage, during its subsistence, and in seeking to alleviate violence, women’s negotiating power is diminished when she has no independent source of income and when her own family is financially disadvantaged. Without financial independence, women have few exit routes. Survivors who manage to break through the cultural imperatives of accepting parental dictates on who they should marry, preserve their marriage at all costs and find the internal strength and external moral support to exercise agency in their own self-interest, still face the quandary of how to survive if they leave their natal or marital homes. This is especially true for survivors whose natal family is unable – or unwilling – to provide financial support. As seen in subsection 3.2. above, social capital can all too easily start to unravel when it becomes a matter of extending financial support to women and their offspring for more than a short duration. There are two distinct facets of financial barriers: (1) having independent financial resources that directly impacts the ability to support themselves and their children, if any, and (2) the direct and indirect costs of accessing and using services.

3.3.1 Weak Financial Bases

There are two underlying reasons for women’s weak financial bases: not earning and not inheriting their share of property – both emerged in our study.

Discriminatory gender norms greatly limit the number of women earning cash incomes in either urban or rural settings.

According to the latest Labour Force Survey of Pakistan, the female labour force participation is lower than other countries with similar income levels, female unemployment is almost double that of males,¹¹⁵ indicating an unmet desire to earn. Women account for 27.27 percent of the rural and 13.54 percent of the urban labour force, and counter-intuitively, participation decreases as educational attainment increases.

Women occupy vulnerable forms of labour concentrated in the unregulated and informal sector. Far more women and girls are unpaid family workers than men and boys – respectively 36.4 percent and 5.9 percent. In rural areas, women and girls account for 28 percent of the workforce but only 19 percent are in paid employment.¹¹⁶ The vast majority of women in all categories earns less than the statutory minimum wage; many confront violence and harassment at the workplace.¹¹⁷

Women earn only 60 percent of what men earn – a gender pay gap disparity that is double the world figure. Of relevance here is that in the PDHS sample, cited for help-seeking patterns, virtually all currently married men (98%) were employed, but only 19 percent of currently married women had been employed in the last 12 months.¹¹⁸

In our study, an important factor for women’s precarious financial situation was being excluded from their share of inheritance. In the words of survivors who had accessed services, should women ask for their share, brothers say, “*you got your dowry - end of story*”, or “*we’ll cut off ties*” or even “*we’ll kill you*”. One survivor in the Mailsi FDG shared that:

¹¹⁵8.27% versus 5.07%, according to the Labour Force Survey of Pakistan, 2017-18. http://www.pbs.gov.pk/sites/default/files/Labour%20Force/publications/lfs2017_18/TABLE-6_perc_R.pdf

¹¹⁶“Agricultural Census 2010 Pakistan Report” (Lahore, Pakistan: Government of Pakistan Statistics Division Agricultural Census Organization, 2010), https://www.fao.org/fileadmin/templates/ess/ess_test_folder/World_Census_Agriculture/Country_info_2010/Reports/Reports_5/PAK_ENG_REP_2010.pdf

¹¹⁷Zaidi Y. and Farooq S. et al, “Women’s Economic Participation and Empowerment in Pakistan Status Report 2016” (UN Women, 2016).

¹¹⁸PDHS 2017-18

"If we ask our brothers for our share [of inheritance] they get angry and stop meeting us. If despite their being upset, you go to their homes, their wives say, 'You've ruined your own home now you've come to ruin mine!'"

Survivors iterated their deep-seated concern about how to secure a roof over their heads and how they would support themselves and their children should they desire to exit an abusive marriage.

Women's desire to keep brothers 'on their side' by not insisting on their share of inheritance is ironic since few brothers came through for survivors - some could not afford to, others refused to. Not having documents is a hinderance. As noted by the HRC psychologist in Lahore, *"There's a lot of issues around property - women don't get their share or don't get it in a timely manner when their parents die...everything is oral nothing is documented"*.



As one disheartened survivor who never sought help said, *“my own family won't keep me. They tell me to go away.”* A major obstacle to help-seeking is how to find more than a temporary refuge.

As a survivor who never approached any services in Lahore explained: *“Suppose I leave my husband; how long will anyone bear the burden of my financial needs? I don't want to be a burden on anyone. Whoever feels for me and my children [they] can help me in my house.”* Even when survivors approach formal institutions for relief, they still think, *“Where are women to go when they suffer violence? [If] they go to their parents' home, they stay for 3-4 days and then go back. What can they do? Even parents can't keep them for long.”*

The data confirms the PDHS-identified aspects of husbands' controlling behaviours that catalyses fear leading to paralysis, simultaneously cutting off potential sources of social capital. However, this study also reveals that preventing women from having access to financial resources and basic cash in hand is just as crucial a means of exercising control over women during marriage, separations and even divorce. In one case, a survivor seeking maintenance shared that for two years, her in-laws only used to give her a miserly Rs.20 for her expenses, accusing her of various misdoings, including performing *mujras* (dancing for money). Asking for money resulted in her being thrown out of the home. Indeed, a refrain across sites and survivors' narratives is *“maar ke ghar se nikal dia”* (they beat me then threw me out of the house). Increasing women's desperation, this act of throwing women out to fend for themselves underscores the difficulty of surviving should you choose to leave an abusive situation.

Concerted efforts to prevent women having cash in hand is corroborated by support service staff of the HRCs who reported that,

“In terms of finance, [husbands] refuse to give even one rupee. They'll bring stuff such as pampers, clothes etc. but will not hand over one rupee [to the woman]. When we call them in [to the Centre to inquire] they say but we bring everything [needed] in kind...”

Financial income does not guarantee a violence-free life, however, as testified by multiple survivors in the study, such as a domestic worker who complained that she was neither valued nor respected and that her husband used to beat her up, saying there was no respect in working outside the house. Similar problems were shared by another survivor who works because her husband's work as a dyer is insufficient to meet the household expenses. His objection is not to her earning an income but leaving the home to do so and beats her severely for this even though she suffers from hepatitis. This appears to be linked to her being his wife and to the nature of work - low paid and unskilled- as one daughter works at home, another in an office while a third leaves the house to study. There is a stigma attached to women earning. Fathers or others who support abused daughters may be derided as being people who live off women's earnings '*autoan ki kamai khata hai*'. This has a dual connotation as expressed by survivors: first that the man is unable to fulfil his societal role of being the bread-earner and second, that women only make a living by selling their bodies. Hence, survivors say, *“There's no respect for women who work. People call men whose womenfolk work, a pimp, [saying] he lives off women's earnings”*.

Notwithstanding such prejudices, cash in hand bolsters women's ability to make independent decisions. Hence, the PDHS 2017-2018 indicates that women earning a cash income are most likely to have a say in decisions relating to their own health, major household purchases and visits to relatives either alone or jointly with their husbands.

(Those working as unpaid labour have the least flexibility.) Still, only half of currently married women (49%) with cash earnings decide the usage of their earnings independently,¹¹⁹ suggesting other factors come into play as well.

According to the PDHS 2017-2018, decision-making is higher in urban areas and increases with age. In the context of this study, the absence of cash in hand emerges as an immediate impediment to seeking formal help and the inability to provide for oneself and one's children a major barrier.

Study findings underscore that the vitality of women having and keeping a source of income is the reason that DuAs are not an option for working women as they must give up their source of income because the DuAs do not allow residents to leave the premises for any reason except for court hearings or medical attention – and in which case they are escorted by the police which also leaves a bad impression of survivors being criminals. Students too will not go to the DuAs. Government shelter homes therefore exclude two entire sections of survivors: women earning an income and students.

In extreme cases, the lack of financial means can lead to the survivor's death as evident in the following case of a 19-year-old who approached the Lahore HRC with a young child complaining, "[my] husband doesn't give me any *kharcha* (money for expenses) and beats me badly." Her own parents were very poor. The Centre called the husband and, when he failed to turn up, registered a case for maintenance during marriage. However, the girl never showed up in court for the hearings. When the Centre staff called the survivor's parents to inquire what was going on, they replied that the case was dragging on and they could not afford to keep and support their daughter for so long. They had already depleted their resources in an effort to safeguard their other daughter.

Taunted for not having given her any dowry, they had sold their 3-marla home to put together a trousseau, but the in-laws took possession of all the goods ("*fridge, TV and many other things*") and sent her home anyway. When scolded by the HRC staff, the father explained, "*What can I do? We have so many daughters, one is back home with so many children, if this daughter also came home, how could we manage in a 2-room house? We have no money or anything*". Later, when the Centre followed up inquiring about the daughter who had them for help, they learnt she had gotten pregnant after being sent back to the husband and had died in childbirth because she had needed a C-section delivery, but the in-laws, being "*vengeful or for some other reason*", refused to get her any help. The in-laws took the newborn boy and called her mother to take away her body. Incensed and believing this to be a case of criminal negligence, the HRC tried to get an FIR registered only to be refused by the police who callously said, "*So many women die during childbirth, what makes this case different?*"

"If a woman is working and is being abused, she's already going through a hard time. So she'll never leave her job to get locked up in the Dar ul Aman because she needs the money to survive. How can she leave her normal life? There are teachers and other working women who do not want to take shelter in the DuA because [there] they cannot go out."

The inability to provide for their children financially keeps women silent and immobile, unable to break the cycle of violence. As one woman helped by the Lahore HRC related, "*within 2-3 years of marriage the fights started. I was [just] surviving, as I didn't want to get a divorce. I used to think, whatever the circumstances, at least let my children grow up*". Survivors who have separated from their husbands have to bear their children's costs, which include schooling and tuition in addition to basic necessities, while court cases are resolved.

¹¹⁹"Pakistan Demographic and Health Survey (2017-2018)."

It is to be noted, however, that in some instances, possessing financial assets can make women vulnerable to violence from her own family as well as her in-laws as illustrated by several survivors' cases in the study. One woman had first taken shelter at the DuA some 15 years ago to escape her abusive husband and then went to live with her mother who gifted her the house during her lifetime. She was back at the DuA, because after her mother's death, her brother and his wife tried to forcibly take it over. Failing, they forcibly married the survivor to her sister-in-law's brother and then moved into her home. Another survivor recounted that after her husband passed away, whenever her in-laws visit (including her husband's younger brother and his wife), they beat her up and throw her out of the house because they want possession of her house, offering to compensate her at far below its market value. *"What house can you buy for 300,000 rupees?"* she asked, *"even if I were to agree, I have young daughters and would have nowhere to shelter them - something my in-laws don't think or care about"*. In yet another case, the survivors' natal family who helped her reach the DuA and get a divorce are now insisting she hand over her immovable property to her brother, visiting her in the DuA to persuade her to do so and having failed now, insist she transfer the property to her son. But she says,

"They don't care about me now, why would they care later on? Then they said put the land in your son's name. But I thought [to myself] if tomorrow he sides with them, I'll have lost everything [haath kat gaye]. They're only lusting after my land...that's worth 30 million rupees".

Tragically, sometimes the greed for money results in women's own family members choosing money over justice for the survivor - especially in rape cases. Speaking of one such recent case, the In-Charge of a DuA said the case was registered and the accused arrested but then the parents took financial compensation and withdrew the case.

She remarked, *"the rapist knew he would get away by giving them money"*, and shared that the DuA has sheltered several incest survivors for whom there is no justice.

3.3.2. Specific costs of seeking help to exit abusive situations

The absence of financial resources is a deterrent to seeking institutional assistance. Survivors residing at DuAs often depend on sisters, cousins, friends or relatives to meet costs. Occasionally women domestic workers and survivors working in beauty parlours were given financial support by their employer. A rare sister-in-law helped to cover the expenses of a survivor's children while she sought a way out. Some survivors may not think the investment is worthwhile like one survivor who earns a little and did not seek help, said, *"we believe the money you'll end up spending on reaching the court is [substantial] isn't it better to spend this on eating two meals a day"*. Another who had accessed services said, *"You also need money to pursue a case. If a woman has that much money, wouldn't she use this to just sit home?"*

Transport is an expense to access any kind of assistance, whether it is the police, lawyers or the social sector services - money many survivors may not have in hand. Hence, one survivor related that she ran to the DuA just as soon as she managed to earn Rs.500 through some piecework, another said, *"I was working, so I had money. I found transport and came here [to the DuA]"*. As male helpers in Multan said, when women survivors are obliged to *"leave the house in secret they face a problem of conveyance [not being available], besides which they don't have any money."* Facilitators also commented that the distance to services, including transport costs, precludes the access of survivors in far flung areas even within the same district. Moreover, even if women manage to reach a city where social sector services exist, such as Multan, they still require 500-1000 rupees for transport to the actual service institutions.

Social services institutions are rarely the first port of call for women. The circuitous route can imply a lawyer, court then DuA, others will have gone to the police first. Each step has financial implications. Most survivors will have already spent money on a lawyer by the time they access social service centres, including HRCs, as attested by a Law Officer, noting that it was predominantly women without means who approach the Centre as more financially secure women arrange their own lawyers. For women not residing in a DuA, the cost of displacement to access relevant authorities can multiply as they move from lawyer or police to court - this can also be wasted investment when women cannot meet the relevant official - to say nothing of the hassle and potential harassment faced on public transport for this.

Expenses increase when the woman is married to a man outside her hometown, or when she seeks shelter in a different city to escape the perpetrator. For example, one survivor from district Vehari had married a man in Faisalabad, obliging her to travel between cities constantly to pursue her cases. Another survivor relocated to Lahore from Sialkot where she had been married, to seek the services of the Lahore HRC. The Centre provided her a referral for the Sialkot HRC and sent along a copy of her case file with details about the marital assets she had brought to the marriage and maintenance being claimed. The Sialkot Centre provided her with a lawyer free of cost, but she still had to pay PKR. 3000 for the paperwork, and travel to Sialkot 2-3 times at her own expense. Others, too, mentioned having to cover such expenses for court cases.

Expenses multiply when court proceedings are delayed and when women are obliged to travel from one city to another to attend court or visit other institutions.

As the HRCs and VAWC do not provide shelter, survivors need transport costs for repeat visits unless in Multan they take shelter in the DuA relocated to the same compound as VAWC.

Approaching the police always entails financial expenditures, the cost of transport and incidental costs such as making photocopies or having the application written out, but also bribes as attested to by survivors and their facilitators alike.

Hiring a lawyer is a major expense. Not having necessary information about available services and processes adds to the cost of access and uptake of available services. For instance, DuAs, HRCs and the VAWC are all mandated to have in-house legal aid provision through a panel of government-sanctioned lawyers under institutional guidelines; however, as few women are aware of this pro bono service, most survivors have retained a private lawyer before approaching the social sector services. This has been the established pattern for some years, as reflected in research carried out by Shirkat Gah across all districts of Punjab. The general view of those engaged in the study - survivors as well as government and private sector facilitators - estimated private lawyers' fees at PKR. 50,000, although one survivor said she had paid PKR. 30,000 for the lawyer "*for the first case*". Fees - or a substantial part thereof - are usually taken in advance. Government-provided lawyers do not ask survivors for their professional fees, but some tell survivors, "*the government pays us but your case entails more expenses so you need to give us extra fees*". Innumerable hearings, perceived as being encouraged by lawyers, as well as registering several cases and asking the woman to pay for each,¹²⁰ also enhance costs.

¹²⁰Under section 7 (2) of the Family Courts Act, 1964 if a plaint for dissolution of marriage is filed, claims related to dowry, maintenance, dower, personal property and belongings of wife, custody of children and visitation rights of parents to meet children can be filed in the same one plaint. If one claim is filed in one suit and subsequently another claim is filed, application can be made for the suits to be clubbed together for hearing before the same judge

Given the expenses entailed in legal action, women are grateful then for assistance by social sector institutions for support in this area. One survivor who had no means of supporting herself, appreciating the support of the “very nice lawyer” at the HRC, testified:

“I told everyone my story, they listened sympathetically and wrote up my request for expenses/ maintenance because my husband was not paying me any child support. Just a month after writing the application, the payments started.”

Another related that:

[My husband] used to give me only PKR. 3,000 for expenses, [so] I came back to [the HRC] and asked [the lawyer here] to have this increased, so now I get PKR. 5,000 per month. He used to give it to me on the 10th of every month, then he started to give me problems. [The Law Officer] called him in. Since then, it's been four years, and I've had no problems.”

In terms of the social sector services, the HRC staff specifies it only has funds to support one legal case per woman, whereas survivors commonly require at least 3 cases (e.g. divorce, custody of children and child support, or divorce and property /inheritance). To resolve this financial issue, well-networked managers will mobilise free legal aid societies, to assist such as Dastak and AGHS, but there is no guarantee that such linkages and services exist everywhere.

3.3.3. Other financial constraints

Although mentioned by only a few people, financial constraints leave women unable to pay for medical treatment. The psychologist at the Lahore HRC spoke of her personal efforts to get treatment at public hospitals, occasionally having to use her personal connections with private hospitals when the public sector services did not respond. A badly injured survivor related that initially she was provided rehabilitation treatment but had to give this up when she exceeded the time limit for such support.

Child support is a primary financial concern for survivors. Public and private sector support service providers concur that survivors' priority is rarely - if ever - ensuring punitive action against perpetrators. Their key concern is getting custody of their children and child support. On the one hand, survivors with children are pressurised by their natal family to forgo their children and leave them with their father to avoid the additional economic burden; on the other hand, fathers seek custody of their children to avoid giving the woman any child support in cash. Delayed court settlements for child support increase the financial challenges of survivors to meet the expenses of the children.

A second key concern of survivors is obtaining maintenance during marriage and the retrieval of their dower (*haq-meher*) and any property they brought to the marital home. In fact, recovering the sum of the *haq-meher* (*dower*) and other property is exceedingly difficult.

During as well as post-marriage or separation, financial insecurity continues to plague survivors. The essential difference between those accessing services and those who do not is that the former at least try and gain financial support and retrieve their property whereas the latter remain entirely dependent on their own resources.

The ability to earn opens a window for independent living - even if on the edge. Many desire to find a way to earn for themselves, as illustrated by one survivor in a DuA said: *“I'm here waiting for my divorce to come through when I'll be free and then seek work anywhere to provide for myself.”* Adult children can help to bolster the family's economic situation. Hence, one survivor who takes in sewing to run her household, is helped by a 20-year-old son who drives a rickshaw. Another who sells cosmetic jewelry is helped by her daughter who takes in sewing to make ends meet.

Given women's precarious financial base, survivors stressed overturning the practice of dowry as a replacement for inheritance, asserting that, *"daughters should get their share of inheritance. Parents give dowry and say, 'We've given your share in the dowry'".* Suggestions were made to strengthen economic rights through legal means. Support institutions underlined the need to make maintenance during marriage compulsory. The Multan DuA In-Charge for example suggested, *"It must be written down in the nikahnama (marriage contract) that even if the man marries more than one woman, he must give his first wife maintenance and that the nikahnama should have a clause that guarantees women are returned whatever goods they brought to the martial home."* Survivors called upon the government to take steps to opportunities for skill acquisition and income generation as well as jobs for women survivors.

"I want the government to support women like us, give us jobs, so we're not a burden on anyone. Even the family's attitude changes towards women like us. After my father's death, I'm now studying so I can get a job and not be a burden on anyone."

Survivor



3.4. Inadequacies in the Legislative Framework

Too often, laws concerning GBV matters are passed in a hurry with greater attention paid to public approval ratings than a meticulous review of how the law would be implemented. The impact the new law on existing legal provisions and vice versa is poorly considered, and necessary rules not formulated. Haste is reflected in the over-use of Ordinances. The result is conflicting or overlapping laws, lacuna in procedures or institutional arrangements necessary for implementation, creating confusion for implementers – courts as well as police – and undermining effective redress for survivors seeking relief under the law.

3.4.1. Laws and Ordinances on Rape & Sexual crimes and GBV Courts

A prime example of poorly prepared and inadequately followed up laws is the Criminal Law (Amendment) Act, 2021 and Anti-Rape (Investigation and Trial) Act, 2021. Hastily drawn up, these are poorly designed, have gaps in the text of the law, lack rules and were rolled out without the necessary infrastructure and human resources.

The Acts were introduced as Ordinances with a limited four-month lifespan in December 2020; extended by the National Assembly for a period of 120 days in April 2021; then lapsed on 13 August 2021. After a gap of four months, the Ordinances were replaced with the Criminal Law (Amendment) Act, 2021 and Anti-Rape (Investigation and Trial) Act, 2021 on 04 December 2021 (hereinafter respectively referred to as the Criminal Law Amendment Act and Anti-Rape Act) with some changes. From survivors' perspective, a positive element of the Anti-Rape Ordinance was that Section 13 prohibited the two-finger virginity testing, *“for the purposes of medico-legal examination of a victim relating to rape and other sexual offences covered under this law”*.

It also made inadmissible any evidence attempting to demonstrate that the victim was of lax morals. The latter provision was watered down in the Anti-Rape Act by adding a provision that the right of an accused to a fair trial shall not be prejudiced which creates a loophole. The Joint Investigation Teams (JITs) for sexual offences¹²¹ in the Ordinance were replaced with Special Sexual Offences Investigation Units (SSOIs)¹²² in the Act, creating confusion, with executive agencies resorting to ad hoc measures.

The procedural protections provided in the Anti-Rape (Investigation and Trial) Act are unnecessary as they duplicate provisions already incorporated in the Code of Criminal Procedure, 1898 (CrPC) in October 2016,¹²³ such as in-camera trials, adopting protective measures like screens, holding trials through video links, prohibiting the publication or broadcast of court proceedings without requisite permission.¹²⁴ Consequently legal experts have described these as old laws with new faces.¹²⁵ Inexplicably, the new Act has actually increased the time period for trial of rape and other sexual offences from the previously fixed mandatory three months¹²⁶ to “preferably four months.”¹²⁷

The definition of rape as amended by the Criminal Law Amendment Act is gender neutral, making no distinction based on the sex of the victim/survivor or perpetrator, but omits transgender persons from the purview of the envisaged special courts.¹²⁸ This creates confusion for the police, courts and survivors. Moreover, should a woman be accused of a crime against a transgender person, the trial would not take place in the special courts and therefore the accused woman will not be able to benefit from the procedural protections.

¹²¹This includes rape, gang rape, sexual abuse and other offences carrying punishment of more than 10 years

¹²²Which are to be under the supervision of a police officer not below the rank of grade 17

¹²³Criminal Law (amendment) (offences relating to rape) Act, 2016

¹²⁴For example, Section 12 of the Anti-Rape Act 2021 already exists in Section 352 of the CrPC as amended in 2016 by Criminal Law (amendment) (offences relating to rape) Act, 2016

¹²⁵Lubnba Jerar Naqvi, “Old Laws, New Face!,” The News, September 2021, <https://www.thenews.com.pk/magazine/you/893446-old-laws-new-face>.

¹²⁶S.344-A added by the 2016 amendments provided for conclusion of trial within a three months' period.

¹²⁷S.16 Anti-Rape (Investigation and Trial) Act, 2021.

¹²⁸The Anti-Rape Act, 2021 defines 'victim' as a woman or a child against whom any of the offence mentioned in the schedule of this law is committed, see section 2(k) of the Act.

3.4.2 Obstacles to Implementation

The implementation of the Anti-Rape Act depends on numerous special arrangements and systems to be in place, including:

- ♀ Establishing new special courts or designating courts of Sessions Judges or Additional Sessions Judges as special courts for trial of offences mentioned in two schedules of this Ordinance.
- ♀ Establishing Anti-Rape Crisis Cells in hospitals to facilitate the registration of cases, timely medico-legal examinations and other necessary measures as required in the case.¹²⁹
- ♀ The provision of legal assistance to victims of scheduled offences through The Legal Aid and Justice Authority established under the Legal Aid and Justice Authority Act, 2020.
- ♀ In addition to the above, establishing a fund for legal assistance and panels of advocates and volunteers in each district by the Special Committee.
- ♀ Establishing victim and witness protection system in consultation with the Ministry of Human Rights, as per rules to be prescribed by the Prime Minister (not made mandatory in the Act).

A serious lacuna in the Anti-Rape Ordinance was to stipulate that the “*Prime Minister may prescribe rules*” instead of making the formulation of rules mandatory. Consequently, many of the envisaged measures and structures had not been put into place before the Ordinance was replaced by the Act. The Special Courts were only set up two weeks before the Ordinance was due to lapse.¹³⁰

The 42-member special committee required for implementation was established four months after the Ordinance was promulgated (March 2021).¹³¹ The call for registering advocates to assist victims on a pro bono basis and¹³² the public notice inviting individuals to enroll as Independent Support advisors were circulated on 06 April 2021.

Laws requiring elaborate, expensive and cumbersome measures for implementation are problematic. This came to light with respect to sections 9 and 10 of the Anti-Rape Ordinance in a post-arrest bail case of an accused charged with rape regarding police investigation before the Lahore High Court in August 2021.¹³³ Under section 9 of the Ordinance, Schedule I offences¹³⁴ were to be investigated by a police officer not below the grade of BPS-17, preferably a female.¹³⁵ Schedule-II¹³⁶ offences were to be conducted by a special Joint Investigation Team (JIT), including at least one woman.¹³⁷

The Lahore High Court, concerned that the investigation-related provisions of the Anti-Rape Ordinance were not being complied with, called for reports from the Federal Government and police authorities. Data provided before the court revealed that in the 36 districts of Punjab, a total of 13,307 and 20,942 offences had been registered respectively under Schedule I and II from 1 January 2021 to 31 July 2021. Not a single case adhered to the provisions of the Anti-Rape Ordinance because (a) the police had an insufficient number of officers of the rank and (b) had no budget to establish the Anti-Rape Investigation Units as specified (an initial Rs.4.9 billion, and Rs. 2.58 billion annual recurring expenditures).

¹²⁹Sections 4 & 5 of the Ordinance

¹³⁰The notification for transfer of cases to the Sessions judges as special courts was issued by the Directorate of District Judiciary, Lahore High Court on July 27, 2021 and the ordinance lapsed on 13 August 2021.

¹³¹<https://arynews.tv/anti-rape-ordinance-committee-implement/>.

¹³²Ministry's letter no F.1/2021 dated 06 April 2021 signed by a Section officer Suddat Iqtidar Alam.

¹³³Yasir vs. The State & another CrI. Misc. No.43708-B/2021 heard on 03 to 06 .08.2021; registered on 02.04.2021 at Police Station Shahdara, Lahore.

¹³⁴Schedule I offences include: exposure of a child to seduction by anyone, child pornography, assault or criminal force to a woman to outrage her modesty, forced marriage of a woman, Marriage of a woman with the Holy Quran.

¹³⁵Under the Anti-Rape Act, 2021 the investigation of the unchanged list of offences listed in Schedule I is to be carried out by Special Sexual Offences Investigation Units (SSOIs) comprising officers trained in investigating such offences.

¹³⁶Offences in Schedule II are: Hurt caused by corrosive substance, assault or criminal force on a woman and stripping her of her clothes, kidnapping, abducting or compelling a woman into marriage against her will, Procurement of a minor girl [under the age of 18 years], importation of girls under 21 years from a foreign country, Kidnapping, or abduction in order to subject person to unnatural lust, Selling or buying a woman for the purpose of prostitution, Rape, Gang rape, Sexual abuse and Unnatural offences

¹³⁷Proposed JIT composition: District Police Officer (DPO) as the Head, a Superintendent of Police (Investigation), a Deputy Superintendent of Police, a Station House Officer.

The Court, further observing that the Rules under section 19 of the Ordinance were still to be notified, stated:

“To protect the women in the country against sexual assault, strict implementation of the current law is the first and foremost requirement rather than promulgation of the new laws, because non-implementation of laws already enacted is the actual fault line and major hindrance in realizing the purpose of law. Lack of implementation of legislative measures and non-compliance of judicial prescriptions provided for investigation and trial of rape cases is a major hindrance in providing justice to rape victims.”¹³⁸

The Court stressed that, before promulgating a law, the Government should consider the state’s resources and capacity to implement legal provisions being proposed, and should be taking all stakeholders on board because *“a good law should be viable, clear, publicized and most essentially implemented”*.¹³⁹ The Court further held that before and certainly after any law came into effect, it should be extensively circulated at the grassroots and that concerned public functionaries should coordinate with each other for its effective implementation – aspects unfortunately absent in the case of this law.

Furthermore, the law requires in-camera trial in the special courts, measures such as video link facilities and usage of screens; video recording and preservation of the testimonies and evidence of the victims, accused and witnesses, for which trial courts and Magistrates Courts¹⁴⁰ would require video recording facilities. The necessary planning, and prior procurement of equipment was neglected in the haste of rolling out the law. No actions were taken to rectify this after the law’s notification.

Without proper instructions, ad hoc measures are adopted. For example, a memo regarding investigation was issued to the police on 28 July 2021, mere weeks before the Ordinance lapsed on 13 August 2021.¹⁴¹ A woman officer of the GBV Investigation Cell in Lahore told researchers that in terms of the working of their unit, the only difference the Ordinance made was obtaining *Hadaiti zimni* (guidelines) from the DSP. This was confirmed by another GBV Investigation Officer who said:

“The Anti-Rape Ordinance did not make any change in our working. We received a circular that investigation was to be done by JIT on 11 August 2021. Two days later, the Ordinance lapsed. When this circular [first] came, many DSPs were sweating that they would have to do the investigation themselves. Obviously, that didn’t happen.”

Ad hoc measures have continued. On 30 December 2021, the Inspector General Police issued directions for the establishment of SSOIUs in every district, as required under section 9 of the Anti-Rape Act, requiring details of such units within 3 days.¹⁴² Information gathered in this research revealed that such units have not actually been formed, but District Police Officers completed the formality by sending in names of officials designated in the unit.¹⁴³ The law requires one member of the SSOIU to be a female police officer and that, preferably, officers be from the area in which the offence has occurred. As the police force simply does not have the requisite number of women officers, disparate measures have been adopted across districts. For example, Khanewal with 18 police stations, has formed one SSOIU consisting of five police officials, including a male inspector rank officer, a sub-inspector ranked woman officer and three women constables.

¹³⁸Para 11 of the judgment in Yasir vs. The State & another CrI. Misc. No.43708-B/2021

¹³⁹Para 17 of judgment in Yasir vs. The State & another CrI. Misc. No.43708-B/2021

¹⁴⁰Subsection 13 (3) and Section 14 of the Anti-Rape Act, 2021.

¹⁴¹The memo directed that all under investigation cases of offences mentioned in Schedule I and II of the Ordinance be immediately transferred, respectively, to officers of Grade 17 and JITs. It further directed that the Urdu translation of the Ordinance be circulated to all SHO’s and Investigation officers; and compliance report of the memo was asked for within three days.

¹⁴²Letter No 45249-32-/INV/M dated 30-12-2021.

¹⁴³The units were formed after 31-12-2021, the cutoff date of research. The copies of the letters containing the composition and names of the officials in SSOIUs were obtained from some police officials in Lahore.

In Layyah, which has 8 police stations, the unit consists of 7 police officials: one male police inspector, four women sub inspectors, and one female and one male constable. It will be extremely challenging for SSOIUs in these two districts to handle investigation of the notified offences in the entire district. With 22 police stations, Bahawalnagar has formed units at the police circle level,¹⁴⁴ attaching a female officer in each, except for two circles where one female official is attached to two police units. Consequently, one female officer will be working on cases of 4 to 6 police stations.¹⁴⁵ Lahore has adopted yet another arrangement: one female constable has been attached to each police station as a Victim Support Official. In Lahore, SSOIUs were only established in mid-February 2022 and cases of rape and sexual abuse continue to be investigated by the pre-existing GBV Investigation Cells.¹⁴⁶

The ramifications of hasty, ad hoc measures and back-and-forth is also visible with respect to the courts. The Anti-Rape Ordinance 2020 envisaged Special Courts for trial of offences in its two schedules without taking cognizance of the already functioning GBV Courts for women and children. GBV Courts were approved on 24 June 2019 and judicial officers have been trained. A Circular sent to the Sessions Judges of the districts asked for nominations of an Additional District and Sessions Judge (ADSJ) trained on GBV at the Punjab Judicial Academy to be judges of the GBV Court,¹⁴⁷ but research revealed that not all the judges so nominated had received the training. Moreover, field visits made clear that while in Lahore and Multan, GBV courts had signposts of being GBV courts, in the Vehari District and Sessions Courts, hardly anyone, including the lawyers practicing in the District Courts, knew about the existence of a GBV Court.

Some lawyers mentioned that a judge had been nominated as a GBV Court judge, but there was no signage indicating the GBV courtroom, only the name of the judge was signposted outside the courtroom, as is the routine for of all courts.

Started in 2019, the roll out of GBV Courts was disrupted by the Anti-Rape Ordinance in 2020, and the GBV courts' status stayed in various stages of limbo throughout 2020 and 2021, until the passage of the Anti-Rape Act, 2021. In May 2021, the Law Ministry issued a notification designating the courts of all Sessions Judges in the country as Special Courts under the Ordinance,¹⁴⁸ duly forwarded to all the Sessions Judges in Punjab by the Directorate of District Judiciary on 27th July 2021. The notification caused confusion about the continuity of the GBV Courts. The GBV Court Multan judge understood that his court stood closed by this notification and that all the pending cases from his court would be transferred to the Sessions Judge Court.¹⁴⁹ Yet in August 2021, the Lahore GBV Court continued to function, and the judge had not received any such notification.

The record sheet of cases of sexual violence against women and children in Vehari conveys an abysmal situation. Of the 91 cases of rape, kidnapping a woman to compel her to marry and sodomy decided from January 2019 till 30 June 2021, there were only two convictions in rape cases and one of kidnapping and sodomy. In many cases of rape, the accused were acquitted following a compromise between the parties even though rape, kidnapping a woman to compel her to marry and sexual abuse cases are non-compoundable, meaning the law does not permit compromise. It is ironic that the court accepted such compromises and allowed acquittals.

¹⁴⁴The district police circles consist of 6 police stations each; 2 circles have 3 police stations each; and one circle has 4 police stations.

¹⁴⁵In this district one or two officers in each police station have been designated as investigation officers under the new system.

¹⁴⁶It is to be noted that SSOIUs are to investigate cases of many other offences and not only rape and sexual abuse.

¹⁴⁷Circular No 18674/GBV/NJPMC/LJCP issued by The Director General, Directorate of District Judiciary, Lahore High Court

¹⁴⁸Section 3 of the Anti-Rape Ordinance 2020 empowered President to establish such Special Courts. In this notification trial of cases mentioned in schedule II of the Ordinance was directed to be carried out in these Special Courts. There was no direction about the trial of offences mentioned in Schedule I of the Ordinance.

¹⁴⁹This GBV Court Multan was visited on 29 July, 2021 the day Law Ministry's notification of establishment of Special Courts was received.

The Anti-Rape Ordinance 2020 lapsed on 13 August 2021 after disrupting the working of GBV and other trial courts in which cases of rape and other sexual offences were pending. The Anti-Rape Act acknowledged already designated GBV courts, Juvenile Courts and Child protection Courts as Special Courts under the Act, thus reverting to the situation and structures prior to the Ordinance!

The nature of cases to be tried in the GBV courts lacks clarity. The Law and Justice Commission issued a circular stipulating that cases to be referred to these courts included: sexual violence, abduction, kidnapping and selling of persons, gender based killings (such as honour killing), gender based hurt and burn through corrosive substances, marriage-related offences,¹⁵⁰ economic violence,¹⁵¹ gender-based intimidation,¹⁵² and gender based electronic crimes.¹⁵³

However, since the Lahore GBV Model Court was established in October 2017, GBV Courts have primarily dealt with rape cases and a few cases involving kidnapping of a woman to compel her into marriage and child sexual abuse of female children. These were the only types of cases received by the Multan GBV Court judge who commented that the lack of clarity can give rise to jurisdiction issues. He illustrated this with the example of a child sexual abuse case that, starting in September 2020, had been bandied about from the court of one Magistrate to another, until 9 July 2021, when the Lahore High Court asked for an explanation for the delay. The confusion around the GBV courts' jurisdiction is exacerbated by the back-and-forth amendments in law due to the Ordinances and confusions around scheduled offences of the Anti-Rape Act, 2021.



¹⁵⁰Giving a woman in marriage in appeasement in the name of Swara/Wanni/Sangchatti to settle a case, forced marriage, prohibition of marriage with the Holy Quran

¹⁵¹Depriving a woman of her inheritance

¹⁵²Criminal Intimidation (section 506 PPC)

¹⁵³Electronic fraud or forgery, unauthorized use of identity, unauthorized interception, offences against dignity or modesty of natural, Child pornography, Transmission of malicious codes, Cyber stalking, Spamming, Spoofing.

3.4.3 The Punjab Protection of Women Against Violence Act, 2016

The Punjab Protection of Women Against Violence Act, 2016 (PPWVA) aims to provide protection to women against different forms of violence, including domestic violence, and facilitate redress. The law came into force in March 2017 just in Multan District where the VAW Protection Centre was created.¹⁵⁴ The government has yet to establish such protection Centres as stipulated in the Act in other districts. While DuA shelter homes exist in every district, these may not be fully compliant with the requirements under this law. In May 2017, the Punjab Women Protection Authority Act, 2017 (PWPA) was enacted, creating an authority responsible for the control, regulation and monitoring of the systems established under the PPWVA.¹⁵⁵

Even after six years, the rules for both these laws have not been framed, leading to the adoption of several ad hoc measures inconsistent with the mandatory provisions of the Act. Consequently, the functions and wide range of services envisaged under these two laws have not been realized. Furthermore, patchy enforcement creates confusion around the law.

The PPWVA adopts a comprehensive definition of GBV against women and lays out a protection system for women¹⁵⁶ against violence, especially domestic violence, by establishing a District Protection Committee, a Protection Centre and a shelter home. Under the law, the Protection Centre is to: (1) serve as a converging point for all essential services to ensure the delivery of justice, including police reporting, registration of criminal cases, medical examination, collection of forensic and other evidence, proper prosecution of the cases;

(2) provide immediate protection to an aggrieved person; (3) maintain an effective system of mediation and reconciliation for resolving disputes; (4) provide or arrange to provide legal aid to an aggrieved person. For this, the protection Centre requires the engagement and coordinated inputs of multiple departments including police, prosecution, health, and judiciary.

The envisaged District Protection Committee and the District Women Protection Officer (DWPO) are key elements for running, supervising and coordinating this protection system. The supervisory Protection Committee approves annual plans of action for the Protection Centre and shelter home and is responsible for monitoring and evaluating their working. The DWPO is responsible for the day-to-day working of the protection system, and, subject to general supervision of the Committee, is responsible for supervising and coordinating the protection system in the district. Her other key functions include:

- ♀ Approving a rescue operation for rescuing an aggrieved person, and
- ♀ Filing a habeas corpus case when any credible information of wrongful confinement of an aggrieved person is available.

The PPWVA started being implemented with an incomplete protection system. Situated some 16 kilometres outside the city, the Multan VAW Centre opened as a Protection Centre before the PPWVA-prescribed shelter home had been built.

Instead of first notifying a District Protection Committee and appointing a DWPO, the Protection Centre started working under a manager appointed by the SWD.

¹⁵⁴Section (1)(3) of PPWVA, 2016 provides that it shall come into force on such date as the government may, by notification, specify and different dates may be so specified for various areas in the Punjab. Section 13(4) PPWVA, 2016 lists the nature of facilities a shelter home established under this law should provide

¹⁵⁵Section 6 of The Punjab Women Authority Act, 2017 provides that the authority is to execute, implement and administer the protection system (under PPWVA, 2016) and control, monitor and oversee functioning of the protection committee and protection system.

¹⁵⁶The Act defines violence as “any offence committed against the human body of the aggrieved person including abetment of an offence, domestic violence, sexual violence, psychological abuse, economic abuse, stalking or a cybercrime”. It explains “economic abuse” as encompassing the denial of food, clothing and shelter, or taking away the income of the aggrieved person without her consent; “psychological violence” as including psychological deterioration of the aggrieved person which may result in anorexia, suicide attempt or clinically proven depression, or limiting freedom of movement of the aggrieved person under Article 2-1(r). However, the mental condition needs to be certified by a panel of psychologists appointed by the District Women Protection Committee.

The manager is the administrative head of VAWC, responsible for overall management, supervision and ethics of staff. She is to ensure effective liaison between all departments as well as the District administration and ensure timely justice delivery to survivors. This job description overlaps the functions and responsibilities of the DWPO (PPWVA section 14) tasked with coordinating the district protection mechanism.

Within weeks of being appointed, the VAWC manager was given the additional charge of DWPO. The order gives the impression that DWPO duties were only temporary but, in reality, the manager served as DWPO until her transfer more than three and a half years later.¹⁵⁷ It is unreasonable to expect a single person to fulfil two such demanding charges, and in practice the manager rarely applied herself as DWPO. PPWVA provisions for relief in the form of Protection Order, Residence Order or Monetary Order could not be put into practice.¹⁵⁸ The protection mechanism that is at the core of the PPWVA was never created, and survivors had to make do with measures like mediation or relief from the family courts. This continues as the incumbent VAWC Manager was also given additional charge of DWPO – verbally in January 2021 and in writing in May 2021.

Moreover, no governing framework was established for services to be provided by different government departments and judicial officers in the Protection Centre as stipulated by the Act.¹⁵⁹ As enacted, the PPWVA does not have any overriding effect on other laws in force, hence officers of government departments, i.e. health and police, continue to be governed by their own departmental laws, rules and regulations.

In the absence of any rules under this law, the SOPs and internal job descriptions of SWD staff have become the operative framework. The Multan Regional Police Officer (RPO) drafted SOPs for the VAWC in 2017 that included instructions for the overall working of the VAWC, including policing, forensics, working of case database, option of mediation services for complainants, procedure to obtain a Protection Order. However, researchers could not verify whether these SOPs were ever finalized and circulated.¹⁶⁰ Without a formal agreement with the Department of Health (DOH), the medical facilities envisaged at the VAWC have not materialised.

An essential component of the protection system, a shelter home, was added when the SWD-run DuA was relocated within the VAWC compound and is used by the VAWC through an ‘informal’ arrangement by which the DuA admits women referred by the VAWC. The day-to-day running and administration of this DuA falls under the SWD policy for DuAs, not the DWPO.

This history, missing rules under PPWVA and PWPA, and the repeated shifting of responsibility for the VAWC between the SWD and PWPA reflects inadequate attention and commitment to establishing a proper protection system and its functioning as required by law. Despite such serious drawbacks, the VAWC staff is keeping the protection mechanism in the district running, in whatever way possible, including ad hoc measures.

¹⁵⁷The order, issued on 27-03-2017 by Social Welfare Department, reference No. So (D) 1-37/2015(P), said additional charge DWPO is being assigned till further orders.

¹⁵⁸The exact numbers of nature of orders under PPWVA could not be obtained. Interviews suggest such orders were obtained in some cases but it was not a regular practice.

¹⁵⁹Courts at VAWC premises never became functional. On the direction from the Lahore High Court on 25-04-2018 District & Sessions Judge Multan designated a Magistrate as trial court and an ADSJ as appellate court for the cases registered at women police station, Multan under PPWVA, 2016.

¹⁶⁰The current and previous VAWC managers both said that no SOPs were ever approved and circulated and the VAWC was difficult to trace hard copies of notifications, SOPs or internal memos.

3.4.4 Lack of institutionalisation

Administrative and financial issues have impeded institutionalisation of any practices in VAWC. The PPWVA protection measures have suffered from a lack of ownership of and commitment to the initiative following the change in elected government. Hurriedly started under the SWD, the de facto control of the VAWC was with the head of the Strategic Reforms Unit (SRU), who was also the Director General of the PWPA. The PWPA was formed in June 2017 but until the financial year 2021-22, the VAWC reported to the PWPA but was supported by SWD budgets. On 29 May 2018, a notification of transfer was issued, stating that expenditures for the financial year 2018-19 would be met by the protection Authority's own budget. However, the government changed in August 2018, and the Authority's composition remained incomplete for a considerable time, leaving the Authority without any budget for the VAWC.

The absence of an effective regulatory framework and adopting ad hoc measures contrary to the provisions of the PPWVA have resulted in a lack of coordination even in day-to-day working. This was evident to the research team and echoed by the personnel working there, leaving the VAWC trapped in the first stage of creation.

3.4.5 No measures to address cases of physical violence against women.

The cases of physical violence against women especially in domestic relationships suffer most due to the division of Penal Code offences in categories of cognizable and non-cognizable offences in terms of the police's authority to register and investigate these. For cognizable offences, the police have the power to register case (commonly referred to as registering an FIR), to investigate and arrest an accused.¹⁶¹

In non-cognizable cases, the police enter the report in the daily diary, but cannot investigate these without permission from the Magistrate. Police officers are required to record information about such an offence and refer the complainant to the area Magistrate.¹⁶²

Whether a hurt or injury falls in the cognizable or non-cognizable category depends on the medico-legal report. The offences of hurt which carry punishment of imprisonment of three years or more, generally fall in the cognizable offences category. Interviews with the police officials, medico-legal officers, public prosecutors and VAWC functionaries indicate that an overwhelming number of women survivors of physical violence are unable to seek relief because their cases don't fall in the category of cognizable offences.

The proper implementation of the PPWVA across the province would greatly help to overcome the current legal barriers for redress for women violence survivors. This would enable survivors to seek redress in the form of Protection Orders and open the way to initiate other criminal proceedings as per the nature of penal offences.

A woman SHO of a police station in Multan shared that the majority of VAW reported at her police station are of domestic violence but that women cannot seek proper relief as their cases don't fall in the cognizable category. She illustrated this with an example of a woman seriously burnt when her husband threw boiling milk at her. This was marked as an offence of hurt under a non-cognizable section of the Pakistan Penal Code (PPC) in the doctor's medical report, which failed to state the details of the burn injuries. This contravenes the Supreme Court ruling barring medico-legal officers from including provisions of PPC in their reports, and instructs them to just describe the nature of injuries.¹⁶³

¹⁶¹Section 154 of the Criminal Procedure Code (CrPC)

¹⁶²Section 155 of the CrPC

¹⁶³Khalil Ahmed Soomoro and others V. The State PLD 2017 SC 730

In keeping with many survivors' own testimonies, in the experience of the SHO, *"in domestic violence cases even if a woman gets her hand broken, she compromises. She says she wants to keep her marriage intact; her only demand is that her husband be [admonished]"*. Although the PPWVA provides a resolution for such cases, as the court can issue a protection order for the woman and can warn the perpetrator against committing any further violence, the SHO felt that for many survivors of domestic violence the only option is either resolving the matter through negotiations or referring cases to the VAWC. At the same time, police officials noted that VAWC is not accessible to every woman and that while they have, *"instructions to refer such matters to the VAWC, it is too far from the city. This discourages people from going there. We cannot send them from here in our [police] vehicle."*

The Public Prosecutor at the VAWC said that in many instances the VAWC police station does not proceed in domestic violence cases despite injuries, such as a woman who came with a swollen eye but was refused assistance by VAWC police station officials as she had not suffered any broken bones - according to them a requirement to register a case. Commenting that, *"The 'thana culture' has entered the VAWC too."*

"The police believe slaps and bruises don't count as violence. They also try to reconcile couples, which isn't their job, or at best enter a complaint under section 337-F of PPC which is non-cognizable, and the case ends there."

Woman SHO Multan

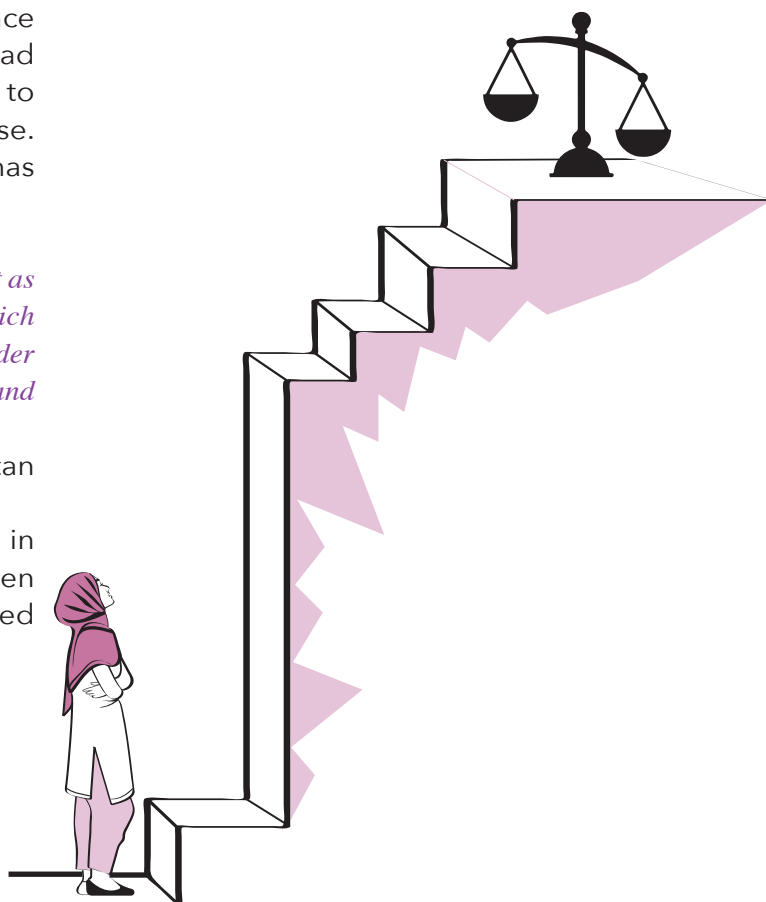
A woman medico-legal officer at a RHC in Vehari district said many cases of women suffering hurt are reported but not followed up by the police.

She wondered how best to make medico-legal report in cases of violence against pregnant women which affects them badly when the injuries only show up as bruises.

In sum, the legal lacuna as well as the actual legal provisions hamper effective prosecution and redress for survivors.

"We do the medical [examination] and make the MLC [medico-legal certificate], [but] afterwards nothing happens. There are so many cases which fall in the category of bruises and abrasion and there [also] repeat cases but these don't make [it to an] FIR because of categorization of offences."

Female medico-legal officer



3.5. Supply Side - Barriers impeding effective services

A host of factors, such as budgets, operational management, and human resources, including the requisite understanding and skill set for tasks, impede the delivery of effective survivor-centric services. Closely inter-linked with issues of day-to-day management and operations, the conditions of work impact emotional and psychological wellbeing, with implications for the quality of services and survivors' experiences. The social and health sector GBV services often lack the envisaged staff strength, also impacting service delivery.

A basic lacuna is the absence of any formalised coordination mechanism or body amongst the diverse SWD GBV-response services, between these and SWD services as well as other departments. Reliant on personal initiative and connections, coordination remains weak at best with immediate implications for survivors. Without formal channels, HRCs cannot effectively liaise *"with agencies competent to redress grievances of women at individual and collective levels, especially those concerned with combating violence against women"* as mandated.¹⁶⁴ Additionally, frontline service providers expressed the need for greater interaction with senior officials and less bureaucratic protocols.

Effective management is hampered by inadequate communications and record keeping practices, and an overreliance on WhatsApp messaging. Rapid though this form of communication may be, it means essential notifications are not always circulated - and if communicated solely via WhatsApp, undermine institutional records. Communication from relevant officials was often found to be missing. Too frequently, neither physical records nor electronic records appear to be maintained, leading to extremely poor institutional memory and leaving frontline workers - from medical officers to social workers at shelters and crisis Centres - perpetually grasping in the dark and adopting ad hoc measures.

3.5.1 Social Sector Services: DuAs, Crisis Centres and the VAWC

3.5.1.1 Mandates & Services

There are commonalities as well as divergences in the mandates and services provided by the DuAs, HRCs and VAWC, as detailed in the study, Public Sector Gender Based Violence Social Service Delivery Models in Punjab - A Comparative Analysis report, for which research was carried out simultaneously.

All three models are mandated to provide survivors free legal aid and counselling, psychosocial counseling, first aid and referrals. Psychologist posts exist in the VAWC and all DuAs have a psychologist, but only the Lahore HRC had such a position. Free legal aid in all three is provided through a panel of government- appointed lawyers. But not all panels had been notified at the time of study and this service is rarely used by women approaching DuAs as most have hired lawyers prior to admission because they are unaware of the service. HRCs provide the most systematic legal counselling thanks to a dedicated Law Officer to advise survivors about their options, including on cases being pursued by lawyers independently retained by survivors. Since the HRCs' 48-hour emergency shelter provision has been dropped, only the DuAs provide shelter. Vocational training and teaching small children are services only provided by the DuA; only the VAWC is mandated to rescue survivors. DuAs have well-worked out Guidelines and SOPs, but the legal status of the HRCs has not been redefined/ formulated since being devolved to the provinces, and they continue to operate under the SOPs provided by the Federal Government. The VAWC has the strongest legal framework, having been created under the PPWVA, but as rules have not been notified, has no proper regulatory framework.

¹⁶⁴https://swd.punjab.gov.pk/crisis_centres#:~:text=There%20are%20a%20total%2012,%2C%20Mianwali%2C%20Sialkot%20and%20Vehari.

Consequently, the VAWC runs in an ad hoc manner, sometimes contrary to the provisions of the PPWVA, impeded by poor coordination even in day-to-day working, as evident to the research team and echoed by the staff.

Some notable differences in the survivors seeking help from the DuAs and HRCs need to be borne in mind (it was not possible to interview any survivor using the VAWC). DuAs do not cater for survivors who are gainfully employed, pursuing their studies, or have school-going children above a certain age. Survivors approaching HRCs tend to be better educated and married, and many seek reconciliation. The desire for reconciliation was far less prominent amongst DuA residents - many survivors escaping violence in their marital home (and less frequently natal home) had no intentions of going back or reconciling with the abuser, a majority was awaiting court decisions on their *khula*, child custody, dowry or matrimonial property cases.

Discrepancies in mandate and actual services being provided have implications for survivors. Mediation and attempting reconciliations are prominent across all three types of facilities, but especially the VAWC and HRCs. The VAWC has a dedicated Mediation Officer mandated to follow up on survivors who have reconciled for up to a year: protocols are in place, follow-ups done in person at the VAWC, and the manager can enlist police assistance should the male party not turn up. In HRCs, the Law Officer facilitates reconciliation agreements (*razinamas*) written on stamp paper, but there are no SOPs for follow up and each HRC has developed its own methods and criteria. In DuAs, reconciliations are under court direction, but follow-up with survivors is rare.

The extent to which VAWC mediation is survivor-driven could not be determined as the research had no access to VAWC users.

It is of concern, however, that even survivors seeking legal action are often referred to mediation first, apparently to dispel the stigma of a comment made in a petition filed in the Federal Shariat Court against the PPWVA in 2016, accusing the VAWC of promoting divorces and being against Islam (*ye talaqain karti hain. Ye Idara Islam k khilaf hai*).

“To date, I have never had training specific to mediation. I should be trained properly to do this so I can improve my skills and learn new strategies. I have relied on the limited training I received in the past as I have a background in the NGO sector where I learnt about conflict resolution.”

Staff providing mediation

According to staff, much of the HRC work consists of mediation and attempting reconciliations, because *“unlike the DuA... women come to reinforce the family unit”* and because the HRC *“services depend on the consent of the survivor and the will of the survivor. We do whatever she says she wants”*.

While a wide variety of personnel, including managers/In-Charges, psychologists, SWOs as well as the Mediation Officer at the VAWC, participate in mediation, none had any formal training for mediation or negotiations.

For survivor safety, follow up of such reconciliations is crucial. VAWC officers estimate that some 25 percent of mediated settlements end in a *“relapse”* - a term used to describe the reoccurrence of violence and abuse despite written settlements agreed by the parties. In HRCs, the estimation is approximately 20 percent. Only the VAWC is formally mandated to follow up women survivors exiting its services, but staff were uncertain about the legal value of agreements so negotiated and how to enforce these. DuAs rarely follow up with survivors, leaving matters to the court. HRCs have no legal authority for follow-up procedures, and no means of ensuring physical visits by - or to - the survivor even where the risk may be considered significant.

According to senior SWD officials the lack of SOPs and training in mediation skills and techniques is because “*providing mediation services is not part of the [HRC] Crisis Centre’s mandate*”. Recognising and formalising mediation/reconciliation as a key HRC service would enable more effective follow up and coordination with the police in cases where the survivor’s physical security is at risk.

3.5.1.2 Staffing & Staff Development

At the time of study, none of the three institutions were operating with the full staff envisaged, impeding effective services. The Lahore DuA had two vacant seats for vocational teachers; the Vehari DuA had no Supervisor; the Multan DuA was without a Warden and was relying on their security guard to handle admissions after working hours (in coordination with the Superintendent or Supervisor). Having untrained male staff as the first point of contact – albeit temporarily – can hinder access for survivors and expose them to re-victimisation. The lack of a Warden at the facility after hours also raises questions regarding the safety of residents. The VAWC manager had three concurrent (and conflicting) charges. A quarter of the VAWC sanctioned posts remain vacant (12 out of the 48¹⁶⁵). For example, there are three sanctioned positions of medical officers,¹⁶⁶ but none appointed and no radiologist.

Ad hoc measures of giving additional charges are problematic. The psychologist at the Multan VAWC had two additional, and conflicting, charges: that of Manager and DWPO; the Vehari DuA psychologist was also the acting Superintendent.¹⁶⁷ The Vehari HRC Law Officer had the additional charge of Social Welfare Officer (SWO) for the HRC and SWO for the Vehari District SWD. Additional charges put service providers under pressure which can undermine the quality of services for survivors.

It is unrealistic to expect one person to perform tasks of separate positions equally and, inevitably, some aspects of one or the other responsibility will not be fulfilled satisfactorily. Moreover, staff may be assigned other duties and for instance, the Lahore HRC Law Officer was seconded to the Directorate General’s office, obliging the HRC to rely on volunteer lawyers to provide legal advice to clients on weekends, undermining legal aid services. The DuA Wardens have extremely challenging working conditions: long hours and insufficient to no time off, leading to a high level of frustration.

A significant number of staff was on contract – including the entire HRC staff (awaiting regularization since they started), all three DuA psychologists, and some DuA Wardens. Contractual employees suffer from grossly delayed salaries, sometimes remaining unpaid for 9 months. HRC staff work on six monthly contracts. Salaries are automatically cut, when contracts expire and if contracts are not renewed by the 15th of the month, payment is pushed to the next month. Delayed salaries can demotivate staff, especially when the nature of work is taxing and promotional pathways unclear; many senior staff had been in the same position for many years. The SWD moved to regularise HRC staff years ago but the matter has been pending in court since 2015, as objections were raised about the proposed hiring process.

Across districts, service providers stressed the need for training, which they say provides opportunities for mutual learning, renew energies, and ignites a “*new passion*” for work. Training has been irregular for many years, suspended due to COVID for two years, but had been scheduled at the time of research. In the absence of a training plan, occasional sessions run by CSOs are insufficient.

¹⁶⁵Downsized from the original 65 on the PC-1

¹⁶⁶Sanctioned Posts of Violence Against Women Center, undated. Copy with researchers.

¹⁶⁷By March 2022, a new Superintendent had been appointed.

Previously, DuA staff benefitted from SWD's MOU with Medicins du Monde (MDM): trainings were reportedly systematic and regular, according to the DuA Guidelines around minimum standards and their implementation, and how to interact with survivors. Progress was shared every six months and trainings held each year. Similarly, HRC staff reported that, thanks to MOUs with different entities, staff training had been more regular when these operated as the federal Crisis Centres. Collaborations had helped to develop SOPs, forms, referral pathways etc.

Senior staff of all three institutions had a good understanding of the issues involved, especially in the VAWC and Lahore HRC, but gender sensitivity and awareness was far less amongst others. All institutions would benefit from gender-sensitivity sessions and frequent task-focused trainings on GBV and trauma for all staff that interacts with survivors. VAWC staff stressed the need for role-specific trainings for staff providing services such as mediation and reconciliation so as to learn new techniques and improve the quality of mediation.

3.5.1.3 Budgetary constraints

Inadequate and/or delayed release of budgets are a perennial problem across institutions. Senior SWD officials attribute this to insufficient budget preparation skills and lack of understanding of the budgetary process, requiring budgets be submitted in January for the next financial year. Regardless of reason, the result is unfortunate and for instance, budget non-utilisation led to some 80 percent of the VAWC budget lapsing each year (mainly because staff was not appointed). At the time of research, the Manager VAWC/DWPO/ Senior Psychologist was personally paying VAWC expenses because budgets for the financial year had been sanctioned but not yet released.

HRCs suffer from inadequate budgetary provisions.

The facilities in Vehari and Multan frequently face issues of inconsistent and insufficient funds for essential resources such as landline telephones, postage and stationery. This is particularly challenging as mediation and legal aid both require constant communication and follow up with survivors and other institutions, sending notices etc. As a result, service provision is negatively impacted. Inadequate facilities undermine staff's ability to perform their duties. For example, having to use personal numbers is unhelpful as perpetrators or opposing parties of their clients often will not cooperate unless called from an official government number. Additionally, the Vehari HRC housed in a dilapidated building, lacked an adequate water supply and a useable washroom for staff. HRC budgets did not meet adequate security, a persistent problem according to staff. Mediating between the survivor and perpetrators, as well as family members of both parties presents risks for both the survivor and staff members. One HRC official sharing instances of altercations said they had to rely on the police as their security guards were unarmed.

None of the institutions had sufficient budgets for outreach and communication to the public regarding the services. The Lahore HRC and Multan VAWC rely on links with various CSOs to publicise their services at the community level. This may not be an option for services in districts where CSOs do not have such capacity or where linkages are weak. Insufficient budget for outreach contributes to survivors' lack of awareness regarding free services provided by the government, which was a primary obstacle to uptake.

Vocational training at the DuAs, too, is poorly budgetted. The allocation for teaching materials is insufficient for the number of women in the classes, such as a single dupatta to train 20 women in tie and dye techniques; several sewing machines were in disrepair. This is an impediment to survivors engaging in classes to acquire/hone skills.

3.5.1.4 Violence Against Women Centre & District Protection Committee, Multan

Gender sensitivity was high among the VAW staff in Multan who were aware of the double bind of reporting domestic violence and sexual violence, the types of domestic abuse (financial, psychological, physical), even if there was some lack of sensitivity about the seriousness of psychological and emotional abuse.

At the same time, the absence of Rules under the PPWVA has prevented the evolution of the VAWC and gaps in administration and coordination obstruct optimal services. For example, the entire district protection mechanism envisaged depends upon the DWPO. A dedicated DWPO has never been appointed. The Senior Psychologist-cum-Manager was given additional responsibility of DPWO but never oriented about what this entails. Being committed, she regularly consults the Public Prosecutor and reads up about the 2016 Act "to grasp this law and functions of the DWPO". Nonetheless, for the district protection system to be effective, the DPWO cannot be assigned as an additional role.

The VAWC police station's jurisdiction concerning the nature of cases to be registered has never been properly clarified. Although it is unclear whether these have ever been finalised, the SOPs formulated by the RPO Multan are confusing and contradictory. On the one hand, these state that all FIRs of VAW cases will be registered at the VAWC. On the other hand, the same SOPs say to register the FIR at the VAWC "if a cognizable offence is made out and the trial of the offence falls under jurisdiction of Magistrate first class", thereby limiting registration to certain offences which exclude cases of physical hurt in domestic violence that are non-cognizable offences. The SOPs also mention formulation of further SOPs, which never materialised.

Similarly, field investigation could not clarify the relationship of the VAWC police station with the other 31 police stations in the district as evident in the response of the acting SHO VAWC:

"It's up to the complainant whether to register her case at the VAWC police station or the police station in whose jurisdiction the offence took place. The investigation of cases of violence against women is transferred to VAWC and that too on the option of the complainant."

In any event, the VAWC police station staff does not have the capacity to investigate cases of VAW registered at other police stations of the district. In July 2012, the total strength of VAWC police station was two women Sub-Inspectors (one doubling as acting SHO), a woman Assistant Sub-Inspector, two head Constables and 16 Constables. From 27 March 2017 to 14 December 2021, the VAWC police station received 4,104 applications, of which only 147 were registered as criminal cases, and of these, 26 were later cancelled. The conviction rate of cases registered and investigated at VAWC has been extremely poor - only two cases resulted in conviction until the end of 2021.

Operations suffer from effective coordination even within the VAWC units. For example, in her role as DWPO, the Senior Psychologist/Manager had conducted two raids so far as rescue operations but as she "could not get any support and personnel from VAWC police station" she requested the RPO, "who happily provided [her] police escort" as he had requested one of the raids himself.

The District Protection Committee is tasked with ensuring that the cases of violence registered in any of the police stations of the district are referred to the Protection Centre for medical examination, collection of forensics and investigation and shifting of the aggrieved person, with her consent, to the Protection Centre.¹⁶⁸

¹⁶⁸In case the protection Centre is not established in the district, then standing arrangements are to be made to shift the aggrieved woman to the nearest Centre.

To perform these functions effectively requires streamlined coordinated work of officials of the Protection Centre, the police and health departments. The lack of a governance framework is detrimental to effective services, as illustrated by the case of a mentally unwell woman whom the police of another police station had picked up from the road and directly referred to the VAWC Police. This occurred around 7 pm, when the VAWC manager/DWPO/senior psychologist had left for the day. The VAWC police officials obliged the VAWC's Front Desk officer to prepare a referral letter to the DuA, and the case was not referred to the psychologist even the next day despite her serious mental condition. This could have been averted had coordination between the various departments been smoother.

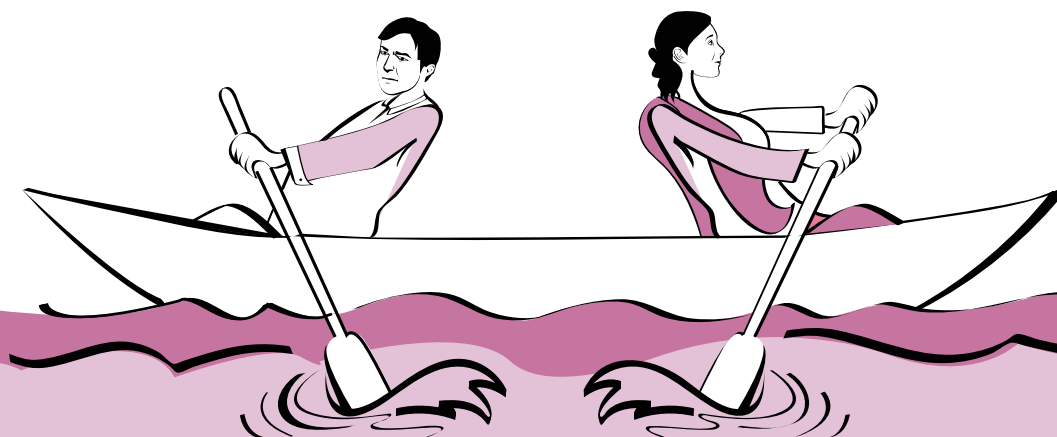
Coordination with the District Judiciary is lacking. When the VAWC was established, it was supposed to have a Magistrate and an Additional Sessions Judge court in the premise. The VAWC Manager's request of a judge on the premise was refused because of an insufficient workload. When the case load increased, the Manager persuaded the judge to hold court at the VAWC at least on a fortnightly basis but was surprised that:

"A man sitting in this meeting laughed at my suggestion and said, 'I am your judge [Magistrate]'. This is how I learnt that a judge had been notified for VAWC cases. His court is at the District Courts, not at the VAWC. But the notification was never shared with us."

When she requested the Magistrate to also hold court every fortnight, he refused saying:

"If we install a court at the VAWC, women would be all over us (bibian sar pe charh jayein gi). It would make access to court too easy; we need to make things a little challenging for them as a matter of routine."

It is telling that (a) the DWPO learned of all this by chance, during a meeting where the Magistrate *happened* to be present and (b) that the Magistrate wanted to make it more difficult for women to approach the legal system. On the positive side, following the May 2021 meeting, the DWPO *"started referring matters to this Magistrate for protection orders, residence orders etc. [and] received the notification of the Sessions Judge for designating a Magistrate for VAWC cases under 2016 law."* The list of sanctioned posts shared excludes Prosecutors. When the VAWC was visited, only a Senior Prosecutor was working at the Centre. The Junior Prosecutor - for cases before the Magistrate's Court - had been transferred 6 months previously and no replacement was sent because the Prosecution Department assessed the VAWC caseload as too low to justify additional staffing. The list of sanctioned posts also omits the strength of the VAWC Police Station. Personnel are allocated to police stations by the District Police Officer (DPO) after assessing needs, and it was estimated that no additional staff is needed as case load is quite manageable - meaning not enough cases are being referred to the VAWC or being registered there when referred.



Moreover, there is no medical officer at the VAWC which also has little in the way of medicines as these are not included in any budget. The VAWC has radiology equipment but no radiologist, so machines and hospital beds lie unused, gathering dust. As the VAWC can only provide first aid, survivors must be transported to Nishter Hospital for scans and to have their reports signed.

The VAWC still has a long way to go before it can become the envisaged protection Centre for women under the law.

3.5.2 Health Sector Services

This section considers the lack of training and development for the job and on overcoming gender biases, staffing and conditions, and overworking and burnout.

3.5.2.1 Lack of Training and Development

Lack of adequate training for medico-legal tasks was particularly pronounced. Doctors themselves underlined the need for training in forensics, methods of carrying out autopsies and other medico-legal examinations. Across medical facilities, whether small Rural Health Centres (RHCs) or bigger Tehsil Headquarter Hospitals (THQs), senior doctors said they do not have the facilities or human resource to be able to train doctors on the job. Moreover, as explained by the Senior Medical Officer at the Burewala THQ, such training is particularly difficult because the medico-legal duties are dreaded and resented. Consequently, the practice is to consign medico-legal examinations to the youngest medical officer at the health facility - also the most inexperienced.

The Pakistan Medical Association offers a two-day training for medico-legal officers,¹⁶⁹ but that is obviously inadequate. The Nishter Hospital in Multan offers a 4-week training course. Almost all junior medical officers stressed their need for specialized training but said when they asked their seniors to facilitate this, they were brushed off with a reminder that one course on forensics during their MBBS is all they need to know. However, many doctors admitted they quit the course after only a week or so, due to transfers, the workload on young medical officers and what appears to be understaffing. Attesting to the workload, researchers visiting RHCs saw an average of 10 patients waiting to see the WMO, corridors full of families, and a constant stream of patients throughout the day. The WMO at the THQ Burewala had completed the full course.

A senior medical officer frankly admitted that he has learned more about medico-legal examinations from court hearings and lawyers cross-questioning when their medico-legal certificates are challenged before the District Medical Board, than any course or training.



¹⁶⁹Sr Medical Officer, THQ Burewala

The result, as noted by the Lahore High Court in 2021, is a severe paucity of trained medico-legal health professionals. Only 10.45% of medical officers in Punjab meet qualifications required to carry out medico-legal work, according to data provided by the Primary & Secondary Healthcare Department, Punjab.¹⁷⁰ This creates a serious legal lacuna as the court observed that these untrained medical officers cannot be held to be experts as required by the Qanun-e-Shahadat Order, 1984, making their testimony in court immaterial.

The failure to communicate the latest SOPs and guidelines developed by the DoH in a timely manner to all concerned doctors hampers effective medico-legal procedures. Without these, medical officers devise their own methods, with serious implications for survivors in terms of how examinations are conducted and the legal outcome. Research revealed that medical officers lack clarity about their role in the criminal justice system and how to adequately fill out a medico-legal certificate (MLC). Hardly any medical officers interviewed were clear about the medico-legal officer's role which is to aid the court by determining facts. Some medical officers believe their role is to aid the prosecutor, others that they should reproduce the 'facts' written in the FIR.

Medical officers are not abreast of legal decisions either and, for instance, only five of the twelve medical officers interviewed had any idea of the January 2021 Lahore High Court decision barring the use of primitive virginity testing ("*two finger testing*") for rape survivors. Medical officers lack clear instructions on how to deal with women and child survivors of violence, especially in cases of sexual assault or specialized crimes like burn crimes, and do not undergo any gender sensitization training/orientation to overcome biases towards survivors of assault.

Displaying a complete lack of sensitivity towards survivors, one senior medical officer asked, "*what exactly is wrong with carrying out a two-finger test?*" None were familiar with the Supreme Court decision which barred the recording of a survivor's bodily evidence in words like "*the vagina admits two fingers easily*" or "*old, ruptured hymen*" which are an affront to the rape survivor's reputation and violates the constitutional right of dignity of person.¹⁷¹ Only a few vaguely recalled hearing about it on the news.

Without requisite training, health officers remain uninformed about how to deal with survivors who might be traumatized, fearful and confused, leading to highly insensitive behaviour and victim-blaming by officers, including women. Hence, a female medical officer narrating a case of a teenaged survivor showing signs of previous assault, instead of assessing this as evidence of previous assaults, commented, "*I don't know who all she got herself raped by before coming here*". It is worth noting that under the law, the consent of a girl under 16 years of age cannot be obtained for the purposes of sexual intercourse.¹⁷² In much the same vein, another woman medical officer suggested that the fees for medico-legal examinations be enhanced to "*discourage false cases*." She added that, "*Most cases are [reported] to earn money. In real cases those who take stand are pressurized and silenced and respectable (shareef) people stay silent*" about such matters. In Burewala and Vehari, all medical officers believed that survivors cook up stories when reporting crimes, one officer commenting on "*the performance*" put up by a survivor in relating her story to the police, clearly dismissing the trauma of being kidnapped and raped for several months.

Confusion prevails about the necessity of a judicial order for the medico-legal examination of a sexual assault survivor.

¹⁷⁰WP 17716/2021 Muhammad Nasir v Justice of Peace, etc. [Lahore High Court].

¹⁷¹Atif Zaheer v The State PLD 2021 SC 550

¹⁷²s.375 PPC.

The guidelines issued by Punjab Department of Health (DoH) mistakenly state that a medico-legal examination of a female victim of a sexual offence *“shall only be undertaken on a judicial order as per Women Protection Act, (WPA) 2006”*. In fact, the Act makes no mention of a judicial order. Nonetheless many health facilities deem such an order mandatory due to the DoH guidelines – for example, the GBV Cell in Lahore that investigates rape and sexual abuse for 12 police stations linked to four hospitals, reported that only one hospital did not insist on a judicial order.

The insistence of a judicial order delays medico-legal examinations because the judicial order can only be obtained from the concerned magistrate during the working hours of the courts. However, as one Investigation Officer (IO) related, *“Even the duty magistrate is not available after a certain time. Especially on a public holiday, the duty magistrate sits for only few hours.”* Hence, one IO in Lahore noted that of five rape cases handled recently, she obtained the requisite court order on the following day for three, but the process was delayed for two. The difficulties of obtaining a judicial order in areas relying on RHCs and THQs can cause long delays in medico-legal examinations of survivors.

Delays negatively impact forensic evidence collection which must be done within a specified time after the occurrence of the alleged offence. The loss of evidence due to delayed examination inevitably undermines the findings of the medico-legal report which obstructs survivors’ access to justice. The requirement increases the workload of IOs, and having to run from one office to another puts additional strain on the survivor and her family. Delays also open opportunities for unscrupulous officials seeking bribes.

Infrastructure & Equipment & Staff

None of the three RHCs visited in Vehari and Multan districts had a separate room for medico-legal examinations with required facilities. One RHC used the labour or breastfeeding room - whichever is vacant - for females. Autopsies of males were carried out outdoors; the room for female autopsies had no doors and officers made do with hanging sheets for some privacy. In the two other RHCs, medico-legal examinations were carried out in the room of the WMO. The roof of the autopsy room of one RHC had caved in, obliging medico-legal officers to travel to Nishter Hospital in Multan to conduct autopsies.

None of the health facilities visited had the special kits for sexual assault examination (SAEKs): two had never received these, the THQ Burewala had received some kits in 2019 and 2020 but none since then. There does not appear to be any special allocation of supplies for medico-legal work and in one RHC, doctors said that they are obliged to obtain materials for treatment and examination from outside, even strips for pregnancy tests. Moreover, should a case come in after the RHC lab closes, even the thick envelopes used to dispatch evidence must be purchased from outside. Cases of vaginal tears were referred to the Vehari DHQ because the RHC lacks the facility to administer anesthesia. Staff shortage is acute in RHCs. The model RHC in Ayazabad Madal was operating with only 9 of its 17 sanctioned posts and was missing the senior-most post (grade 19 APMO). The RHC in Luddan too had no APMO and only one WMO against two sanctioned posts and only one nurse. Vehari DHQ had 28 WMOs against the sanctioned strength of 40; WMOs are available for cases of rape and sexual violence around the clock but very reluctant to take on such cases.

3.5.3. Police

The police similarly lacked an awareness of required practices on rape investigation. Many still cling to the idea that two eyewitnesses in rape cases are required to register an FIR. A state prosecutor in Multan argued that eye witnesses placing the accused and survivor at the scene of the crime are necessary. In general, interviews with police officers showed they had little awareness of best methods to handle forensic evidence, saying for example, *“whatever doctors give to us in envelopes, we dispatch to [the forensics lab in] Lahore”*. Nor were they aware of the various types of evidence that need to be collected from the crime scene, or of the recent 2021 amendments to the law on rape.

It was not possible to assess trainings for the police in such matters because: (a) it was difficult to obtain interviews; (b) oft-times when interviews were granted the attitude was dismissive or interrupted by other proceedings in the station. Police also seemed unwilling to discuss this topic.

What is clear is the huge biases and complete lack of gender sensitivity of the police. This is a critical concern as the police can be the first officials whom survivors come in touch with in the criminal process. The police have an entrenched misconception that rape is a crime only committed through violence. There is no understanding of rape as an act against the consent or will of the woman, or where consent is obtained through prohibited means other than physical violence. The police force is unwilling to revise its view that women file complaints of rape against their men for petty reasons. A peculiar myth with great credence among police officers is that women who file cases of rape are part of ‘gangs’ extorting money from innocent men. Long stories about such ‘gangs’ where women, journalists and lawyers were involved in extortion were related to the researchers, although no proof of the existence of such gangs was ever shared.

Police officers expressed similar incredulity in terms of domestic violence. Refrains of *“most cases of violence against women are fake”* and *“FIRs are false and complainants falsely implicate people as accused”* were common. An additional belief was that complaints about domestic violence were emerging because *“social media is destroying the family set up”*. On probing, some police officers did admit that there are *“some genuine cases”*, but still believe that *“shareef (respectable) people handle these matters within the home”*, confirming the experience and trepidation of women survivors who approach the police services.

Nevertheless, the difficult conditions under which police often work must be recognised too. All the police stations visited in the study were understaffed, increasing the workload manifold. In one police station, 400 FIRs had been registered from January to July 2021 creating a workload of around 70 cases per investigation officer. One outcome is that priority is accorded to tasks that could lead to disciplinary action if not completed, such as court duties and compliance of orders from the superiors, dropping other cases being worked on regardless of how serious these may be, including rape. A super model police station in Multan city followed this pattern too.

There was not a single female functionary, not even a constable, in the police station visited in Burewala, Vehari and, according to police respondents, not a single female police officer in the entire district of Vehari. This is problematic as the presence of at least one female police official is mandatory for the investigation of many VAW cases, such as the SSOIUs under the Anti Rape (Investigation & trial) Act as described above.

Another challenge is that police stations have no separate budget for investigation, obliging police to pay out of their own pockets *“even for the DNA test”*. Expenses are reimbursed, but this entails a cumbersome process and long delays, and no guarantee of being reimbursed fully.

One GBV cell IO related that the expenses far exceed the PKR. 2,500 budgeted for each rape and that since being posted at this Cell, she was only reimbursed once, receiving PKR. 27,000 against her submission for around PKR. 150,000. Another GBV Cell official commented that the budget for rape cases is much lower than for other cases. Partly, this is because the intention to separate the operations and investigation branches of the police only happened in Lahore. District Investigation Branches (DIB) never materialised as a separate unit with its own budget unattached to any police station.

Finally, frequent transfers of officers and unspecified tenures, especially of the SHOs add to the problem. One police station visited in July 2021 was under its 4th SHO since the beginning of the year. The average stay of an SHO was for a few months only. The same situation prevailed in other police stations visited. The VAWC police station also experienced rapid transfers of its SHOs, the first three ones only lasting a few months each.

3.6. Trials & Tribulations of Using Services: Survivors' Testimonies

Seeking redress and officially reporting violence is the last resort for survivors not just in Pakistan, but worldwide.¹⁷³ This final section of findings focuses on the opinions and experiences of women survivors of violence regarding GBV response services that can impede either access or uptake. Opinions and the trials and tribulations that survivors confront in using services can be formidable obstacles and may explain why, according to the PDHS 2017-2018, less than one third of survivors across Pakistan seek assistance and, of this, a miniscule 1.7 percent approach the police, 0.6 percent take the help of a lawyer.

At the outset, a first potential barrier to seeking help is the reputation of available response services and lack of confidence in justice outcomes. Once the survivor decides to seek help from a formal institution, she faces (1) issues of access in terms of navigating a disjointed system; (2) service provider biases or apathy, and (3) the hidden unquantified costs of using services. In addition to hidden financial costs are social repercussions: the stigma and shame associated with approaching institutions, and fear of retributive violence from perpetrators.

The cumulative effect of such system-related barriers is to leave survivors feeling invalidated and re-traumatized, as testified by GBV survivors across the three districts studied. This contributes to low self-esteem, thereby increasing their tolerance of and exposure to GBV.

3.6.1 Institutional reputation & experiences

Considerable efforts have been made to diversify and upgrade state GBV response services to render these more effective, yet many institutions still suffer from a bad reputation, in particular law enforcement, but also lawyers and, to a lesser extent, the DuAs.

Police & Lawyers:

Individual experiences vary, but overall the reputation of law enforcement is so bad that survivors do not want to be seen in police stations, partly because survivors believe *"the police are not nice people"* and partly due to the widespread popular perception that only women of questionable moral standing approach the police. The combination of opinion and experience is a serious deterrent, as confirmed by women survivors, private support organisations as well as officials of the public sector GBV social services. Iterated in survivors' testimonies is the notion that should a survivor be obliged to seek help from a formal institute, *shareef* (respectable) women avoid the police station. Survivors avoid the police to safeguard their reputation and escape the added pain and indignity of dealing with expected misconduct.

"A respectable woman never goes to the police; she always goes to the Dar ul Aman or the Violence Against Women Centre. Women who go to the police station are always looked at by the police as women of questionable character."

Male community facilitators, Multan

¹⁷³Ofwona. Supra note 85.

“A woman who goes to the police station is not considered a good woman by society...People think that domestic matters should stay within the home and that the woman should support her husband and resolve matters with him. But sometimes, you have to take drastic measures and seek police assistance because some men fail to understand otherwise.”

Male community facilitators, Vehari

POLICE
STATION



Across the three districts, civil society organisations and community men who help survivors stressed that *“women do not approach the police for help because they fear that their reputation will be shattered, and their character questioned”*. This combined with the so-called ‘*thana culture*’ is why *“women do not seek their legal rights”*, explained one male supporter in Lahore. This, he said, greatly constricts survivors’ options: to either live with violence or seek the help of their natal family. In some extreme cases, survivors may choose suicide. This was confirmed by others who also pointed out the negative role of the media in promoting the idea that *“the police station is a bad place and that police officers are monsters”*.

Personal experiences differed, but generally lawyers tend to have a negative reputation amongst survivors regardless of whether they accessed services or not. Ill-repute is linked to avarice, corruption in the form of bribery, delaying hearings to benefit financially, and the occasional incidence of sexual harassment was related by survivors. It should be stressed, however, that complaints about lawyers and corruption charges was only with reference to private sector lawyers hired by women – no survivor or supporters had complaints about legal assistance provided by via the social sector services.

“Everybody is out to make money only. The lawyer was not getting my paperwork done and it took a lot of effort to finally get my paperwork done and after that I vowed to never get into this court/legal business ever again.”

Survivor

Social Sector GBV-response services:

Although stigmatised, accessing a social sector service, is seen as a less aggressive exercise of agency that leaves greater room for reconciliation and keeping the family unit intact. Still, there were considerable negative perceptions of state-run women’s shelter homes, the DuAs.

These remain burdened by decades-old stigma, often perpetuated by one-off negative media reports and sometimes via community grapevines. Survivors with no experience of the DuAs were prone to have a very rigid adverse opinion about the shelter services, constructed off of what they have heard from community members, friends, family or on the media.

“Media and society portray the Dar ul Amans very negatively and nobody talks about its positive image... people largely think that most girls who approach them are the kind who run away from their homes [also] that girls who go there are sold off, and that the Dar ul Aman staff harasses girls. This is the only kind of news we get to hear about the Dar ul Amans.”

Male community helpers, Multan

“DuAs have a very negative reputation. People think women come here for sex work. They think of women here as dirty women. They think that women who come here are involved in sexual affairs only.”

DuA resident

Field data suggests that this may not be the case throughout the landscape, and that the views of those relying on hearsay is in sharp contrast to those of survivors with first-hand experience of using the DuAs, HRCs and the Multan VAWC.

Things have improved considerably, but negative publicity continues to circulate in communities long after the reality changes. For example, a survivor who stayed at the DuA for 21 days around 7-8 years ago, dismissed the DuA as *“just nonsense”*, saying:

“Girls from poor families are made to work like servants. Everything happens there – even getting girls to meet rich men...my husband gave Madam 7-8000 rupees and Madam threw me out in the middle of the night”.

Survivors who approach the DuAs, do so despite such prevalent views.

“This woman who stayed at the Dar ul Aman used to tell me that women in Dar ul Amans are sold to men for sex, especially women who are beautiful, they are sent off to be used by rich people. It is not a good place at all, and that’s the reason she ran away from that Dar ul Aman.”

“One or two women who’ve been to the Dar ul Amans shared very negative things about it. That’s why women think it’s better to just bear the abuse at home instead of getting abused outside.”

Survivors not accessing any service

An additional obstacle is societal prejudice that condemns survivors who go to DuA as bad women. Preserving the family and its ‘honour’ far outstrips concerns about a woman’s safety and well-being, and ‘good women’ only seek help, if at all, within the family. This way, the problem stays within the family and does not become the business of the outside world – a view expressed by male community supporters of survivors and survivors themselves, both current DuA residents and others. For example:

“I’ve heard about the DuA a lot, but I’ve never been there. When my husband divorced me, a woman I know said she could take me to the Dar ul Aman. But then I found out that it was like a jail where they kept women like prisoners.” (Survivor using HRC services)

“We visited the VAWC and found that GBV survivors are being provided with all sorts of required facilities. When a survivor of domestic violence comes to the VAWC, she is provided with medico-legal aid, as well as access to the police, a lawyer, etc. It also has an operation theatre and laboratory service available.”

Female CSO helper

“I had heard that women were subjected to all sorts of violence at Dar ul Amans and were made to work hard here. But now that I’m here, I know this is a safe place for women and all that negative image is just something men have made up.”

DuA resident

Fortunately, reality is changing. At the time of research, several DuA residents had come to the shelter because a relative or friend who used the services were satisfied and said, “it’s safe”. Another survivor at the DuA shared that people in her community always told her these shelters were bad unsafe places, relating horror stories of senior government officers allowed to sexually abuse women at the DuAs but, “when I came here, I found out that none of that was true and that this is a secure place for women”.

GBV survivors having benefitted from one or more services believe the bad reputation of DuA has more to do with male social bias and patriarchy than these social services being unsafe for women.

There was consensus amongst survivors residing at DuAs in all three districts that women survivors come to DuAs to be safe as well as to demand justice and their legal rights, and that DuAs are indeed safe spaces where their person and dignity is protected and nobody tried to impose their own ideas of honour on them.

Unsaddled by decades-old negative experiences and media coverage, the comparatively new HRCs and most recent VAWC Multan enjoy better reputations. Of course, neither provide shelter and therefore do not have to contend with harmful notions about women who leave their homes, and the VAWC offers a more holistic provision of services.

3.6.2 Attitude of service providers and patriarchal bias towards survivors

Popular conceptions of a ‘good woman’ – who remains stoic in the face of sometimes unimaginable violence, and never brings shame to the family or give outsiders reason to tarnish their own honour and reputation – pervade the psyche of service providers as well as survivors, their families and community.

Many survivors who had approached one or more GBV response services explained that the attitudes and behaviours of service providers further weakens their confidence in the system and prevents them from seeking help. This includes survivor blaming and shaming, trivializing violence and trauma, and the proselytising of 'appropriate' family values.

With few exceptions, survivors' experience was that police were callous and indifferent at best, illustrated by the harrowing experience of one survivor who, fearing for her daughter's safety, desperately tried to mobilise police assistance only to be told: "We're not available to come [to you]". The second time she called, she was told "arrange for a car yourself and come to the police station since just taking you to the hospital and getting the medical [examination] done would cost us PKR. 1,000 which we don't have to spare". Subsequently, after her daughter was kidnapped and sold, complaints to the police fell on deaf ears who refused to provide any formal assistance, obliging the family to deal with matters outside the formal system.

"If a woman survivor of violence calls [the police helpline number] 15 for help and the police responds, their behaviour towards the woman is to treat her like she's an immodest woman. They use crass language to address the survivor... Such women often think suicide is the only solution or them."

Male community facilitator

"If you go to the police station, they automatically assume that you eloped to get married and chide you by saying, 'Go away, if you were such a chaste woman, you would have stayed with your parents, there is nothing we can do for you if you can't even get along with your own parents'."

Survivor

Several survivors who accessed services noted that a woman exercising her agency – whether for a marriage of her own choosing or to pursue divorce – is viewed by service-providers as transgressing the norms of morality.

The police, for instance, instead of doing their duty to register complaints, often lecture survivors and try to convince them to reconcile with their husband/father and keep their personal matters within the home. As one survivor said, "If you call the police station for help, they tell you that if you file an official report, it'll be bad for your husband and brother's reputation". Survivors from across respondent groups testified they were blamed and shamed by police, accused of having affairs, called 'dirty women', asked inappropriate, intrusive and humiliating questions. Survivors were told they were not hurt enough to complain or get a divorce. One survivor in Lahore was told by the police "Sister you can get a divorce, but then who will provide a home and food [for your] children?" "This", she said, "is what stops us women from approaching institutions".

Inappropriate comments about their character and vulgar language were the norm as exemplified by the experience of one survivor in Vehari who said, "whenever I went to the police station, the police officers would refer to me as a whore and slut and wouldn't even refrain from using such language in front of my own brother". Another who approached a police station for help, was horrified to witness a police officer berating a clearly distressed woman with torn clothes who seemed to have suffered extreme physical violence, suggesting she had enjoyed consensual sex and not been raped at all.

One reason police do not take women survivors seriously is the assumption – and experience – that family matters eventually end up being resolved outside the formal system, so filing a police complaint is unnecessary and a waste of the police's time. Therefore, they actively discourage women from filing complaints. According to one survivor in Lahore, the police are convinced that "relationships that end up going to the courts and police stations cannot be salvaged, therefore domestic matters should stay in the house and be resolved there."

The same advice is given to social workers, civil society lawyers, and others accompanying survivors. Another reason is that the act of reporting violence to a law enforcement institution is considered an extreme measure in Punjab, Pakistan, and elsewhere¹⁷⁴ as it opens the door for punitive actions against the perpetrators – even though most survivors just want to end the violence not punish perpetrators.

“The police officer was saying to her ‘why are you crying now? You had a taste of a good time earlier’. They use horrible language. Even the lady constable at times slaps you on your face first and then asks you any further questions, and says things like ‘tell me what the actual story is here.’”

Survivor who accessed services

Positive experiences with the police were exceptional – one unconditionally positive experience related by a survivor was receiving an immediate helpful response from a female officer. But, underscoring the need for gender sensitisation of all law enforcement cadre, survivors described negative interactions and attitudes of lower ranked policewomen, who sometimes tried to force them to reconcile with their families and generally misbehaved with them. One survivor in Lahore said, *“If you go to the police, the behaviour of women police officers is even worse, and they will even slap you.”* Problematic behaviour included pressure from policewomen accompanying DuA residents to the court to reconcile and go home with family members if any are present at the court.

“When a woman approaches a police station for help, her family cuts her off and the police also refuses to help her. If she reaches out to a man in the community for help, the police start suspecting that helper as well.”

Survivor who approached services

A final detrimental practice of the police is aggressive behaviour with anyone, especially a man, who accompanies the survivor to the station. Such companions are questioned and seen as suspect, putting those providing much needed assistance to survivors at risk as well. Actions can be extreme, such as the experience of a male community helper assisting a woman who had been beaten up by both her son and nephew. Accompanying her to the police station, he was told to come back the following day. When they arrived at the police station the next day, the supporter found that his name had been added in the charge sheet as the perpetrator!

The social sector service providers confirm police callousness towards domestic violence survivors. Social sector officials confirmed that similar prejudices run through the judiciary, relating that judges’ attitudes, behaviour and perceptions about violence against women can be primitive too. Judges do not respect the wishes and consent of survivors, and school them on saving the family and the future of their children.

¹⁷⁴Ofwona. Supra note 85.

“The judge forced the survivor seeking khula to reconcile with her abusive husband who used to brutally beat her up. The judge took her to his chamber and said, what is wrong with you, woman? This is not such a big deal. He must have gotten angry, so he beat you up. You have kids, how will you take care of them? You should just reconcile.”

Senior SWD staff

“The judge said that they can beat her because she has dared to run away from her home. He used very bad language and said that it’s because these women have bad character and that is why they deserve the things that are done to them.”

Senior SWD staff

Amongst the response mechanisms, the social sector services provided by DuAs, HRCs and the VAWC, stand out as a beacon of hope for survivors. Experience of survivors in these institutions contrasts sharply with all the other services. The DuAs are perhaps the only place that a woman survivor of violence can find shelter where she is safe from perpetrators and undue pressure of family and community to adhere to society’s ideas of ‘good women’ and family honour.

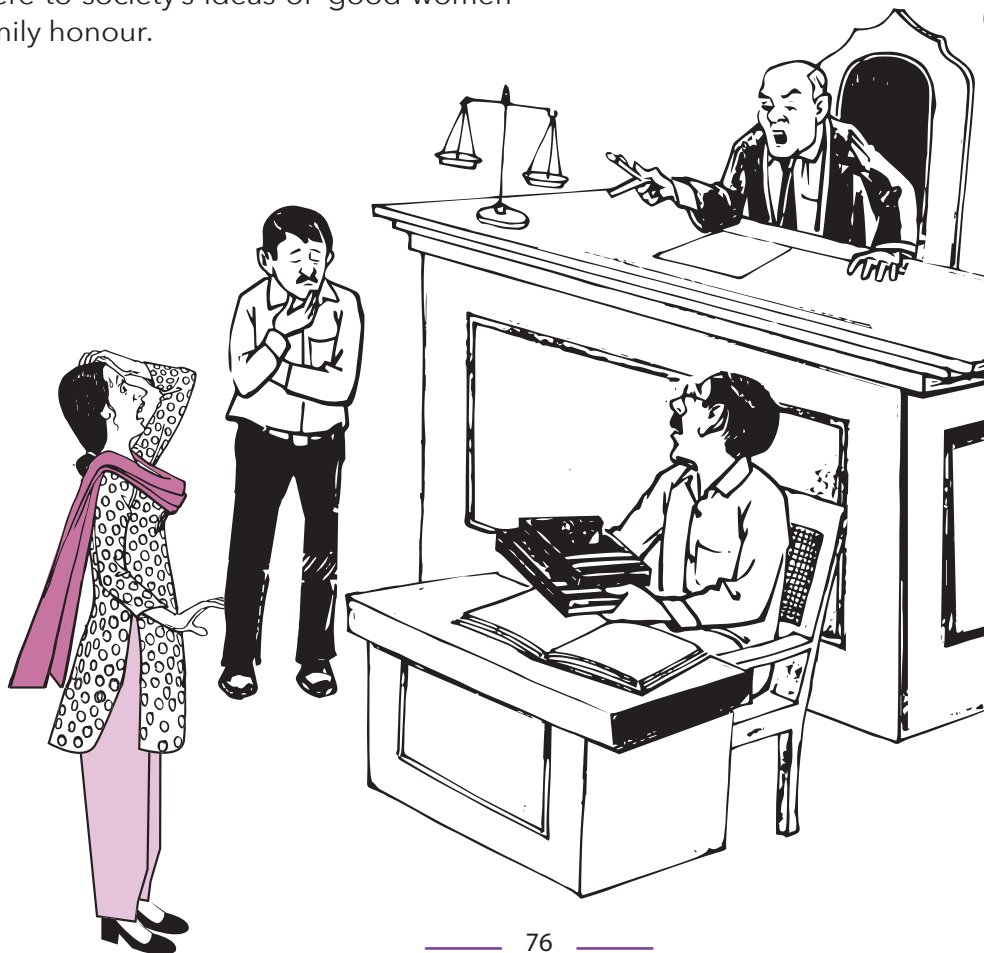
As per testimonies of survivors who have accessed these services, it is evident that the shelters VAWC and HRCs are amongst the only state-provided GBV response services that, to some extent, have a survivor centric approach. Almost all survivors who had accessed the services of a DuA or HRC reported that neither the In-charge nor Manager ever forced a solution on them. Several related that staff ensures that the survivor’s needs and wishes are prioritised. Indeed, survivors’ testimonies convey notable relief.

“We are heard. Madam listens and we do not have to repeat our story time and again. [Here] they believe what we say – but those who come to check from outside do not believe our stories.”

(DuA resident)

“We get counselling. The [counsellor] tells us to make up our own minds – whatever you decide to reconcile or otherwise, think about it first. Share our problems and pain eases the pain. The In Charge, warden, everyone is nice [to us].”

(DuA resident)



3.6.3. Accessing & Navigating Services

For many survivors the infrastructure of care is unhelpful and fraught with systemic problems that discourages access and continued usage. Not only do women not know about existing services, their location and timing, hardly any survivor knew of the processes involved in accessing services, and whether these were safe. Civil society support institutions were astounded that women attending their community awareness sessions around rights were so completely unaware of services such as “hospitals, rescue, VAWC, DuA, Bait-ul-mal or social welfare department.”

The absence of clear pathways to access available services makes survivors vulnerable to corrupt lawyers and police officers - iterated time and again in testimonies across the various groups of respondents. For instance, one survivor in Multan reported that she first decided to approach the courts, but not knowing how to proceed, sat outside the court for hours until a police officer approached her asking if she was waiting to go to the DuA. Upon replying in the affirmative, the police officer told her that the ride to the DuA would cost her PKR. 1,000-1,500. Only after arriving at the DuA did she realize that it was just a short distance from the court and she could have walked. In addition, the woman police officer who accompanied her also demanded to be paid PKR. 300 for her services.

“When a woman leaves her home to seek justice and safety, she is more often than not unaware of routes to and location of services and when she seeks help from a passer-by, they quickly assume that this woman is running away from her home...this society is full of untrustworthy people who will sometimes sell off these women on the pretext of helping them get to the Dar ul Aman.”

Not having proper knowledge about services puts survivors at increased risk of new abuse or violence from other men as well - their vulnerability exposing them to new dangers of exploitation by those purporting to help them.

Consequently, survivors not only require information, they also need supporters to facilitate their access to services and assist them in navigating the system. This is not always enough as exemplified by the experience of a male supporter in Lahore who was helping a survivor register a police complaint:

“The police told us, ‘Look it’s a domestic matter so just go home, it’s not that big a deal and these things happen’. The police filed the complaint but didn’t take any action. Then I took the woman’s mother along as well, however the station officer refused to meet us. After this, I had to call the Superintendent of the Police and only then did the police officer at the station agree to help us.”

The lack of geographical location of services can be a further impediment. The further away survivors are from a service, the less likely they are to know about its existence. This was especially the case in Multan where the DuA and HRC have been relocated within the SWD complex at some distance from the city. Senior staff confirmed that “women from remote or far-flung areas never approach services at the Crisis Centre [HRC] because they don’t know where they should go if they have been subjected to violence”. Underscoring the need for careful selection of locations, one survivor in Lahore expressed deep concern about the DuA’s close proximity to a police station, which makes survivors uncomfortable given the overall bad reputation of policemen and media reports of police transgressions.

Access to support services is greatly hindered by the absence of anyone to provide guidance to survivors - lawyers tend to misguide survivors about court procedures and the police are unable to provide adequate referrals. Consequently, help-seeking survivors frequently get caught up in a complex maze with little inkling as to how to navigate an unfamiliar system which is challenging to even access.

There are no formal referral networks integrating the gamut of necessary services across all sectors. While the three social sector institutions all provide legal aid and psychosocial counselling; the DuAs and HRCs have no direct links with either the police or medico-legal services. Exceptionally, the VAWC in Multan formally integrates police and medico-legal services, but there are problems in service delivery as discussed above (Section 3.4 and 3.5).

“The police station is right next to it and the police takes women from there – everyone is in it together. There was this girl from Sargodha who ran away from her home to meet the person she liked, when that man left her, she went to a police officer who took her to the Dar ul Aman. I recently talked to her after a long time, and she was crying a lot and alleged that she had been sexually assaulted.”

DUA resident

Survivors and helpers alike attested that scattered services create bottlenecks causing lengthy delays in getting care and exposing survivors to potential re-traumatization. Multiple institutions must be visited – sometimes repeatedly – with survivors having to relive their trauma in each retelling of events. The result is an exceedingly slow, cumbersome process that neither prioritizes a survivor’s needs nor responds to violence as an emergency. In this respect, the Multan VAWC providing multiple services under one roof significantly reduces survivor vulnerabilities created by scattered services. A one-stop centre circumvents the lack of coordination amongst different services that form the survivor’s help-seeking pathway, that is, the police, hospitals, and lawyers. The VAWC is also able to easily refer women needing shelter to the DuA in the same complex. Time and again, helpers reiterated the need for streamlined services.

“Lack of awareness is a big concern, especially with regards to the police – people are clueless as to what police station comes under their jurisdiction. Similarly, people are unaware of the VAWC and the services being provided there, as well as the Dar ul Aman, people do not know what kind of women it helps. Our first preference in Multan is to always refer the survivor to the VAWC as they are able to connect them to the police and provide medico-legal as well in one place.”

Male community facilitators

3.6.4 The Hidden Costs of Services: corruption and connections

There are hidden costs entailed in accessing and using services that may ultimately prevent survivors from obtaining the help they require or discontinuing this once started. Hidden costs, in the form of corruption and the unethical use of connections and influence, were stressed by survivors and helpers alike across the three districts. This works in two ways: women may not have the wherewithal to pay bribes or, her access to justice can be blocked by the perpetrator paying off concerned officials, or survivors’ lawyers.

Across districts survivors and community facilitators stated that everybody in the system is prone to bribes, including police officers, lawyers and even court officers. One outcome is unnecessarily lengthy processes and delayed justice, adding to the survivor’s distress. A male community helper in Vehari, for example, recounted that it took him three years to finalise a *khula* (wife-initiated divorce) and dowry case for a survivor without, however, resolving the matter of her children’s custody as this needed to be taken up in a court where her husband and children resided. The case then dragged on for another four years because the husband managed to buy off the concerned lawyer and other court officers.

“Often, lawyers are bought off by survivor’s relatives, take their side and inform them of the time and date of the survivor’s appearance in front of the court, this creates a lot of difficulties for the survivor.”

Civil society helper

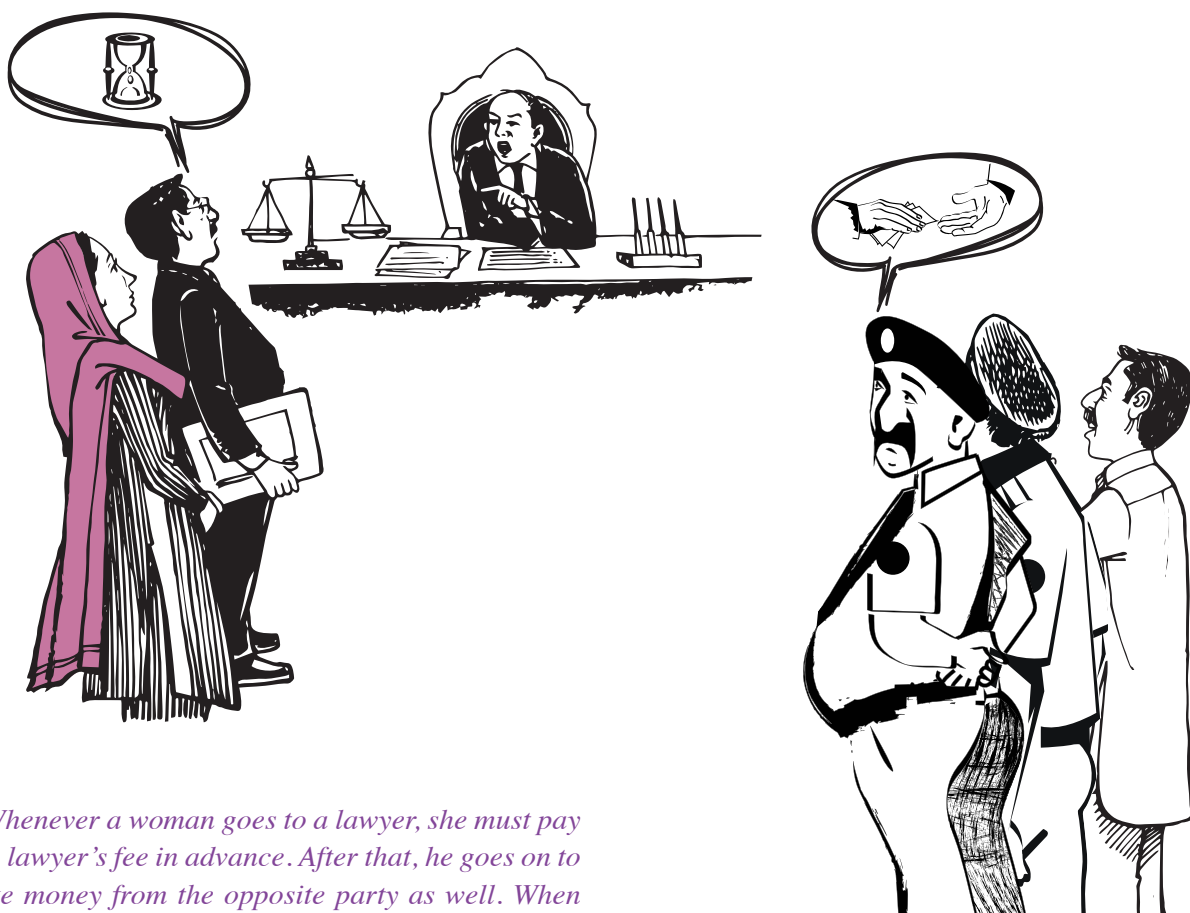
Community male facilitators in Vehari, for instance, noted that lawyers extort exorbitant fees from survivors who are usually financially insolvent and take bribes from both parties to prolong litigation, creating a vicious cycle for survivors. One illustrative example is as follows:

“When the woman filed her case in the Faisalabad court, her husband bribed the lawyer, who kept taking money from both parties, so the case kept getting dragged on for years. Finally, she came to her home district and filed the case which has been going on for four years. Eventually the court issued an arrest warrant for the husband [but] he had already been informed and had escaped by the time the court officers arrived to arrest him.”

Many lawyers were said to be uncooperative and keen on exploiting survivors for personal financial gains, prolonging legal proceedings by deliberately misguiding or failing to guide their clients just so they can bill them for additional hours and paperwork. Lawyers were also said to ask for and take bribes from both parties and further hinder the process of justice. This was corroborated by senior SWD staff managing services who added that sometimes, lawyers not only mislead survivors but can make them sign falsified statements. Facilitation by community-based individuals or CSOs seems to go a long way in enabling and allowing women to fully access a range of required GBV response services. Similarly, with a few exceptions and regardless of the gravity of violence, in the experience of community facilitators, the police refuse to take any action till they are offered some form of bribe and they are easily bought off with a *“PKR. 500-1,000 bribe”*. The police have also been noted to stall responses over issues that do not fall under the purview of the survivor or complainant, such as asking survivors to pay them for fuel or their services.

“Lack of awareness is a big concern, especially with regards to the police – people are clueless as to what police station comes under their jurisdiction. Similarly, people are unaware of the VAWC and the services being provided there, as well as the Dar ul Aman, people do not know what kind of women it helps. Our first preference in Multan is to always refer the survivor to the VAWC as they are able to connect them to the police and provide medico-legal as well in one place.”

Male community facilitators



“Whenever a woman goes to a lawyer, she must pay the lawyer’s fee in advance. After that, he goes on to take money from the opposite party as well. When the woman is unable to receive a just outcome from the court, the lawyers just ignore the woman and even refuses to attend her calls.”

Survivor supporter

Service providers’ proclivity towards asking for and accepting bribes seems to have evolved into a well-crafted mechanism, enmeshing survivors seeking help and justice in a web of hopelessness.

Survivor testimonies suggest that both lawyers and guards at DuAs as well as the police escorting survivors to the court, take bribes from whoever is threatening the survivor to reveal the details of court hearings, or the movement of the survivor. This enables families and perpetrators to show up at the court, putting pressure on the survivor to stop formal help and puts the life of the survivor in danger.

The common perception and experience of survivors is that some form of external support or bribe is required to ensure the police takes up the case and responds in a timely manner.

There was also the view that police officers are not keen to take up cases should the other party be influential or have influential connections and that, moreover, the police commonly expect the complainant survivor or her helper to be someone known to them before they take action. A rapport with concerned police officers aids the work of civil society lawyers, but it is next to impossible to build such linkages because police postings change too frequently and because police generally tend to disregard the work of civil society as frivolous and misbehave with them. A female civil society lawyer added that when she visits the police station, an old guard stationed outside repeatedly warns her to not visit the police station after sundown as the environment at the police station is not for respectable people. The uptake of services can also be undermined by attitudinal problems of service personnel.

“When I take women to the police station, I get asked rudely if I have nothing better to do with my life, and then they refuse to file a timely complaint.”

Female civil society Lawyer

Conclusion & ways forward

4.1. Lessons from the Field

4.1.1. Societal barriers

As illustrated by the vivid testimonies of women survivors of violence, the greatest barriers to their access to and uptake of services designed to facilitate them are embedded in the socio-cultural environment they inhabit. Devoid of any notion of being rights-holders, girls are socialized into believing their only role in life is to marry, serve their husband and his family, and produce children, preferably sons. Cultural normative dictates regarding marriage serve as forbidding sentinels barring access to safety. The imperative to maintain marriages at any cost, and filial obedience in matters pertaining to marriage, forecloses options and prohibits women and girls from asserting their legal entitlements. The age-old adage that girls leave their natal home in a bridal palanquin and only return in a coffin undergirds an entire ecosystem that conspires to ensure women silently bear the indignity and pain of violence at the hands of family members in natal and, especially, marital homes. Permeating the social fabric, cultural imperatives undercut possible support sources in kinship and community circles. If survivors dare to share their suffering, the usual response is to *'suck it up'*, *'make do'* and *'bear the pain'*, locking survivors into a cage with no apparent exit. The result is that most survivors neither seek help to stop the violence nor share the abuse they are subjected to. Just over one third of ever-married survivors of violence find the resolve to seek assistance, the vast majority confining their help-seeking to family circles – the situation of never married women remains uncharted. At the same time, the processes and outcome of informal community interventions for survivors are insufficiently documented or understood.

There are numerous interwoven factors that imprison women survivors of violence into silent inaction.



Often, women and girls seeking assistance are treated like pariahs by their community and even family. Disparaged, shunned and blamed for bringing this upon themselves, survivors who speak out risk aggravated violence for *'washing dirty linen in public'*. Women and girls are kept isolated, their mobility strictly controlled. The controlling behaviour of husbands means many married women live in constant fear. As underscored by this study, this cuts off access to vital information – about their rights, existing services and how to access these – and undermines their social capital, leaving them bereft of help when in need. Societal views that denigrate women's work and the lack of inheritance – either denied because they were given a dowry or foregone to appease brothers as a future source of support – deprive women of the financial resources necessary to make independent decisions to exit abusive situations.

In short, the asymmetry of the gendered dynamics of power undermines and restricts survivors' ability to access protection, redress and justice.¹⁷⁵ Given the socio-cultural framework, seeking assistance from any formal institution is a last resort, tantamount to a burning of the proverbial bridge linking them to the family. Signifying a complete breakdown of the marriage or family ties for the unmarried, this can lead to an unraveling of the fragile social capital women possess. Consequently, only a miniscule percentage of ever-married women seek help from sources outside kinship circles. For unmarried girls/women, such a step means cutting ties with their family – often the only source of support they have. In either case, approaching institutions – whether this is the courts, law enforcement or social sectors services – seriously impairs the likelihood of being accepted back into the family fold. In the absence of family support, it is virtually impossible for women to access services. When family members and others do extend support to survivors, they too, run the risk of reprisals, including death threats as well as attacks on their reputation.

These systemic barriers require the existing socio-cultural framework to be comprehensively re-hauled which demands concerted efforts across multiple sectors beyond those directly involved in gender-based violence response services. Nevertheless, a start can be made by launching massive awareness campaigns to overturn harmful societal views and norms around gender and violence.

New narratives must be promoted that reject the normalization of violent behaviour in general and violence against women and girls, replace norms of toxic masculinity and promote women and girls as rights-holders entitled to study, have the freedoms of movement and remunerative work. Secondly, the startling lack of information about social sector GBV services – where they are located, timings and how to access these – must be remedied.

Concerted efforts are needed to make known what assistance social sector services offer to survivors, including free shelter and legal aid. Such efforts must, however, bear in mind the serious digital gender gap and the fact that most women accessing social sector services had heard about these by word of mouth.

4.1.2 Institutional Reputation

Unsavory reputations of services constitute another major impediment. All women know about the police, for example, but avoid it because of its disrepute of being corrupt, unresponsive and unsympathetic to women – views too often reinforced by the experience of women who have used this pathway. Approaching the police unleashes attacks on the survivor's reputation and enhances the risk of even more violence. Senior officials recognize that “*denigration for the victim and their family*” and common victim blaming and shaming when survivors approach the police account for massive underreporting, especially of rape cases, because survivors do not trust the system to provide justice.¹⁷⁶ Although some lower ranking women in the police were reported to be part of the toxic ‘thana culture’, survivors’ engagement with more senior policewomen was appreciated.

Private sector lawyers have only a slightly better reputation as they are often considered to hinder access to justice by a propensity to delay proceedings and, like the police, take bribes from the other side. Survivors remain unaware of any government-provided lawyers until they access the social sector services, and appreciate the support received. Courts were usually seen positively by survivors, although gender insensitivity was reported by others. Few survivors mentioned the health services, and none spoke of confronting medico-legal issues – although literature stresses such procedures often re-traumatise survivors.

¹⁷⁵Brohi, “Gap Analysis of Service Providers for Gender-Based Violence in Punjab and Sindh.”

¹⁷⁶Role of DNA Evidence in Rape Cases.”

In terms of the social sector services, it is vital to overcome misperceptions about and negative image of the DuAs – the HRCs, still known as by their former name, Crisis Centres, and VAWC in Multan remain largely unknown and as such have no perceptible popular reputation. There is a marked difference in the perception of survivors having used the DuA services and those who have not. With only one exception of a survivor whose experience of the DuA was almost a decade ago, all survivors using or having used the DuAs were highly satisfied. Yet, negative perceptions remain widespread, aided by the occasional negative media reporting. Such perceptions need to be countered on a priority basis as many survivors, once admitted, were surprised to find a supportive environment. Survivors' experience of the HRCs was uniformly positive, several stressed being heard and understood for the first time and legal aid resolving their issues.

4.1.3 Supply side issues

On the supply side, a lack of gender-sensitivity, inadequate understanding of GBV and an insufficient knowledge base undermines the ability of institutions to effectively respond to the myriad needs of survivors that may differ according to the nature of violence experienced as well as desired outcome.

In terms of the legislative framework, too often legal provisions are made in haste without fully reviewing either how these intersect with pre-existing laws, or the necessary budgets and institutional arrangements required to make them effective. The Anti-Rape Act 2021, PPWVA 2016 and special GBV court initiative have improved the legal framework for survivors, but their effectiveness is significantly reduced due to the non-establishment of required structures and facilities for implementation of critical laws and on-the-ground confusion. More generally, superior court rulings are not always circulated to lower courts and police officials.

With respect to the police, the severe paucity of policewomen remains a challenge and services are impeded when policewomen are required but not available. Police work is still considered unsuitable for women, obstructing Government efforts to increase intake. Senior women police officers believe the remedy lies not in establishing more Women Police Stations, which can never cater to the entire population of a city – let alone district – but in increasing the number of women in all police stations and ensuring that all police officers are gender sensitive and deal with complainants on an equal footing regardless of gender identity.¹⁷⁷ Other hurdles include the rapid turn-over of police officers in stations which undermines interest, and the shortage of trained investigation officers for GBV cases which creates long delays before a trial can start which depends on the completion of the police investigation report.

In the medico-legal field, forensic evidence is hindered by delays in reporting assaults, especially rape, in a timely manner due to the shame and stigma attached. Unless the medico-legal certificate indicates severe injuries, such as broken bones, the offence does not fall within the ambit of cognizable offences, automatically mandating the police to register an FIR and investigate. There are few dedicated medico-legal officers and hardly any women amongst them. Doctors on duty carry out the medico-legal procedures without proper training and familiarity with standard protocols, and often without the necessary equipment and institutional arrangements. Doctors performing medico-legal services are encumbered by the stigma attached to forensic work on the one hand and the prolonged and repeated appearances in court on the other.

¹⁷⁷Senior Superintendent Police, Amara Athar, currently deputed as the Punjab Constabulary battalion commander, cited by Sheharyar Rizwan Supra Note 67.

Cognizant of such issues, the DIG Police, for example, has stressed the need for medical universities to develop uniform and easy to comprehend medico-legal forms for GBV cases, and legal measures so that medico-legal experts are summoned in criminal trials only in exceptional cases, subject to very defined circumstances; para-medico-legal staff well trained in GBV cases.¹⁷⁸

Indeed, capacity building around the medico-legal system is necessary for police and public prosecutors as well as health professionals. One suggestion is for the health department to develop a cadre of medico-legal officers through a short-term diploma training upholding the standards established by the World Health Organisation.¹⁷⁹

Social sector services have improved significantly in terms of psychological counselling, legal aid, and conditions of shelter offered – all appreciated by survivors. Nonetheless, there are issues in terms of the effective implementation of the Guidelines of the DuA shelter homes, foremost making survivors taking shelter at the DuAs court dependent. Needing permission from courts to leave the DuA exposes survivors to grave risks – and incidents of survivors being murdered upon leaving continue to be reported because everyone has foreknowledge of their departure date. The practice undermines the agency of adult women and makes the DuA a de facto legal custodian of women residents. The *de jure* legal status of an adult woman residing in the DuA is unclear, as is the basis for granting courts custody of an adult woman not implicated in a criminal case.

The practice is unhelpful in terms of promoting the continued narrative of women obtaining their '*freedom*' from the DuA that suggests women are imprisoned rather than taking refuge from an abusive situation. The impression of imprisonment is reinforced as women are taken to the court (and for medical treatment if needed) under police escort – as if they were indeed prisoners accused of wrong-doings. This police transportation and escort was one complaint survivors had. In parallel, because survivors are not allowed any mobility outside the DuA (sometimes even within the premises), DuAs are not an option for women who work, are studying or accompanied by children studying beyond the first few grades.

To enhance the quality of services, there is a need to: build GBV awareness and capacity of the lower ranks of DuA staff; train all staff engaged in mediation; hire new staff to avoid double – sometimes triple – charges; notify all lawyers' panels. The current practice of informal liaison amongst staff of the DuAs, HRCs and VAWC must be replaced by formalised links and protocols. All social sector services must be mandated and resourced to follow up survivors who have used their services. At present, post-usage follow-up is undertaken by the HRCs and Multan VAWC but almost never by DuAs as staff believes this is outside their mandate. The policy on one free legal case per survivor should be reconsidered, as women almost inevitably require support for several legal cases.

Finally, many survivors exiting social sector services need financial viability. This need is an important gap in services that cannot be addressed through the existing services.

¹⁷⁸Kamran Adil. Supra Note 21.

¹⁷⁹Khan and Khan

4.2 Ways Forward: Recommended Policy Options

To counter the cultural and informational barriers to access and uptake:

- Develop and promote, through all means possible, a robust state narrative that:
 - ♀ Condemns all forms of violence against women and girls as a societal problem.
 - ♀ Promotes knowledge regarding women's rights in marriage, such as legal age and consent to marriage.
 - ♀ Removes the stigma of divorce and women's remunerative work.
 - ♀ Encourages reporting violence, including by placing the onus on the survivors' families and community.
- Prepare information materials on social sector services and disseminate widely, bearing in mind that survivors hear of such institutions either through word of mouth or broadcast media, that inter alia:
 - ♀ Provide details of services provided, especially free legal aid and psychosocial counselling, timings, locations and contact numbers and public transport routes.
 - ♀ Dispel misconceptions about requirements for benefiting from these.
 - ♀ Revamp the public image of DuAs by
 - ▶ Advertising the services widely with locations and contact.
 - ▶ Gather and promote survivor testimonies to remove the stigma of approaching these.
- Integrate all Helplines into a single easily remembered number that is toll-free and internet enabled:
 - ♀ Train all helpline operators on existing legal remedies and ability to provide appropriate and effective referrals.
- Integrate all Helplines into a single easily remembered number that is toll-free and internet enabled.
- Mobilise private sector entities to join awareness initiatives for social behaviour change, including by:

- ♀ Encouraging commercial entities to convey messages in their advertising.
- ♀ Mapping local CSOs working in the area and create a referral network.
- ♀ Include women outreach workers of the Departments of Health and Population Welfare in the referral network and train them to recognize signs of violence and how to engage with survivors.

To further improve the Social Sector Services:



Staffing

- Ensure the full compendium of sanctioned posts in all institutions is filled, contract staff regularized, and all staff oriented to their duties.
- Revise the conditions of work of DuA wardens.
- Consider a new post of Psychologist in all HRCs and Law Officer in all DuAs and the VAWC.
- Increase the number of women in senior SWD postings at the district level.
- Reinforce feedback mechanisms and ways of appreciating staff performances.



To overcome service gaps for survivors

- Consider how best to provide shelter to survivors who need to continue to work or study which precludes the usage of DuAs where residents are not allowed any mobility outside the premises, or access to internet.
- Consider establishing 'midway' homes to meet the dire need of survivors for financial solvency for reintegration into society that would.

♀ Provide longer-term residency so women can acquire requisite marketable skills.

- Revise the policy of only allowing one free legal case per woman.



To strengthen Human Resource Development and ensure appropriate skill sets and outlook:

- Conduct regular trainings of all service staff around gender, GBV violence, protocols and Guidelines and SOPs for each institution.
- Make gender sensitivity and awareness of VAW issues a prerequisite for appointment to all lawyer panels.
- Organise subject-specific trainings with certification for service providers on dealing with trauma, appropriate handling of VAW cases, and survivor-supportive mediation, particularly for psychosocial officers and Social Welfare Officers.
- Provide opportunities for mutual learning by bringing together staff from diverse districts, and opportunities for engaging with senior SWD and WPA.



To improve policy measures

- Institute a mechanism bringing together all GBV response services for effective coordination.
- Formalise streamlined coordination between institutions working under the SWD and WPA.
- Formalise and ensure appropriate mechanisms for effective coordination with other sectors responding to VAW survivors, in particular, judiciary, police and health, especially in the VAWC where such coordination is envisaged under the law:

♀ With respect to the VAWC, review job descriptions of personnel from the prosecution, police and health sectors and ensure these do not conflict with their functions under their parent department's laws.

- Take measures to overturn the practice of making all DuA residents court-dependent:

♀ Engage with the judiciary to promote understanding of and greater adherence to the DuA Guidelines.

♀ Revise the policy of police-escorts to attend court hearings or for medical treatment.

- Extend the mandate of all social sector services to follow up on facilitated survivors.

- Identify possible gaps in services by conducting a survey on survivors' experiences.

To overcome issues of geographic accessibility:

♀ For existing institutions establish intermediary referral facilities in easily accessible city locations.

♀ Create a bus stop at the VAWC in Multan and future services to be located outside the city.

- Ensure DuA admission procedures are uniform in all shelter homes and according to the notified guidelines.



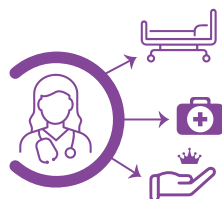
To reinforce the Punjab Protection of Women Against Violence Act 2016 & Protection of Women Authority Act 2017:

- Formulate Rules that:

♀ Clearly elaborate the operative framework of the protection system envisaged in PPWVA, and manner of provision of services from different departments like health, police and prosecution, and provide a mechanism of coordination between them.



- Circulate a copy of Para 17 of the judgment in *Yasir vs. The State & another* CrI. Misc. No.43708-B/2021 to all Provincial police officers for immediate steps to ensure implementation of Anti-Rape Ordinance and judicial prescriptions laid down by the Supreme Court.
- Undertake a systematic and detailed review of VAWC's six years of operation to extract key lessons and, in the light of this:
 - ♀ Adopt necessary measures to overcome impediments to effective survivor-centric services.
 - ♀ Extend to all districts in a phased manner after conducting district specific needs and feasibility and surveys on the most easily accessible areas for women and girls, with consideration of safety and accessibility of transport.
- Ensure the required structures and facilities are in place in the current VAWC in Multan, and put into place before extending this to other districts.
- Operationalise District Protection Committees and Officers.



To ensure more robust Health Sector Services

- Fill sanctioned posts in RHCs and THQs (medical officers, LHVs, dispensers), specifically encourage women officers.
- Ensure adequate infrastructural arrangements for examinations at RHCs.
- Ensure doctors receive standardized hardship allowances for serving in rural areas, and/or residences with RHCs.
- Ensure provision of Sexual Assault Evidence Collection Kit (aka Rape kit), including swabs, pregnancy tests, medicines and other equipment needed for examinations.
- Allocate adequate budget for and always ensure adequate supply of medicines.

To strengthen Medico-Legal Procedures

- Revise and update guidelines and SOPs as per the Lahore High Court directions¹⁸⁰ (decision on 04.01.21) and the requirements of the Criminal Law (amendment) Act 2021 and Anti Rape (Investigation & Trial) Act, 2021:
 - ♀ Circulate updated Guidelines and SOPs to all tiers of medico-legal officers.
 - ♀ Train medico-legal officers in forensics.
 - ♀ Ensure no officer is assigned medico-legal responsibility without completing a four-week mandatory course for medico-legal officers.
- Remove the condition of a judicial order for medico-legal examination of a female victim and only retain conditions mentioned in section 164-A CrPC.
- Support medical universities to develop uniform and easy to comprehend medico-legal forms for GBV cases.
- Adopt legal measures to ensure medico-legal experts are summoned in criminal trials only in exceptional cases, subject to very defined circumstances.
- Consider establishing a specialized cadre of medico-legal officers with its own service structure, training, and mandate with sufficient women officers.
- Impart gender sensitization training to health professionals and medico-legal officers.
- Establish more forensics labs to reduce the burden of the single lab in Lahore which cannot meet the needs of the entire province and handle cases from other provinces.
- Make mobile forensics units of PFSA available at every DHQ at least to collect evidence from the crimes scene.

¹⁸⁰Sadaf Aziz etc V. Federation of Pakistan etc WP No.13537

4.3 POSTSCRIPT DECEMBER 2022

On 18 November 2022, the Punjab Protection of Women Against Violence Act, 2016 was extended to all of Punjab and on 21 December 2022, the measures became publicly available. This extension has been done without a thorough review of existing bottlenecks and issues. Therefore, new provisions are likely to create further problems and compound existing ones. The extension of the law:

- a. Notified all twelve Shaheed Benazir Bhutto Human Rights Centres (HRC) (previously the federally-run Crisis Centres commonly still referred to as such) as protection centres under this law, and where these do not exist the Darul Amans have been declared to be protection centres.¹⁸¹
- b. Declared all DuAs in the 36 districts as Shelter Homes under this law.
- c. Notified as District Women Protection Officers the Managers of the twelve HRCs and, where these do not exist, the Superintendents of the Darul Amans; and psychologists in the DuA and HRC as Women Protection Officers.¹⁸²
- d. The extension law omitted the limitation of 120 days for the formulation of the Rules of business.

Additionally, on 14 December 2022, the Lahore High Court issued a notification designating trial judges for cases under the Act in District headquarters and Tehsils.

Some functions that were previously the remit of the provincial government have been given to the Punjab Women Protection Authority (WPA), such as appointing and removing non-official members of the District Protection Committee. However, the SWD Secretary retains the power to delegate any of the functions of the Protection Committee to the District Coordination Officer. Additionally, the Annual report on the protection system in the province is to be prepared by the Women Protection Authority and submitted to the SWD for placement before the provincial assembly.

Issues:

The extension of the PPWVA to all of Punjab without due consideration of implications for implementation, raises a number of critical concerns.

- All DuAs have been notified as Shelter Homes under the law. However, as there are no rules and the clause pertaining to making these rules within a stipulated timeframe has been deleted, there is nothing to ensure that the functioning of the Darul Amans is aligned with the Shelter Homes as envisaged in the PPWVA. To make the protection system under this law effective, it is imperative to review the recommendations relating to the current operation of DuAs and HRCs as well. For this, please also see the Policy Brief on the GBV Social Sector Services as well as the two research reports and briefs.
- Notifying HRC Managers as District Women Protection Officers (DWPO) raises the question of whether HRCs will be able to continue to function when the Managers assume the duties of DWPO and HRCs become Protection centres. It is essential that the HRCs now converted to Protection Centres continue to serve the demographic which DuAs cannot, due to restrictions on leaving the premises for purposes other than attending court or a medical emergency. Specifically, this includes working women, students and women with school-going children, but also applies to other women. Additionally, HRCs provide financial referrals and advice on other matters, including sexual harassment. Where there are no HRCs and DuAs have been declared as Protection Centres, it is unclear how vital services would be provided to women violence-survivors who cannot or opt not to avail of shelters.

¹⁸¹Sub-sections 6 and 7 added to section 13 of the law.

¹⁸²This has been done after amending section 14 to enable the SWD Secretary to appoint any SWD officer to perform the duties of the District Women Protection Officer and Women Protection Officer. However, as the posts that are eligible are not specified, this can be problematic.

- Serving HRC Managers and DuA Superintendents have been notified as DWPOs without evaluating whether these officers have the requisite skills to carry out their new tasks. Nor is there any indication they will be trained for this. Additionally, some HRCs operate without adequate institutional facilities.¹⁸³ The appointment of the psychologists in the DuAs and HRCs as Women Protection Officers is highly problematic. The management tasks assigned to, or assumed by, DuA psychologists already detract from their primary function which must be to provide women survivors with psychosocial support and therapy for reintegration.
- The failure to pass Rules of Business and SOPs under the original law has already proved to be a major source of implementation problems. Omitting a timeframe for passing rules under this law will further multiply problems as Rules are to cover many of the issues identified in this Report, including in particular, the regulation of affairs of the Protection Centres and Shelter Homes. Rules would also determine sanctioned posts and facilitate SOPs for smooth coordination amongst the various institutions involved in the protection system services: the SWD, Women Protection Authority, the Police, Department of Health, prosecution and judiciary.
- There is no indication regarding how the input of the police and health departments are to be ensured in either the HRCs or DuAs converted to Protection Centres. The absence of these inputs defeats the purpose of the VAWCs as a 1-stop service centre for violence survivors.
- The relationship between the WPA and SWD in running the newly designated VAWCs and protection system lacks clarity and can create further difficulties. The law envisages the WPA as the body responsible for running and supervising the protection system including Shelter Homes, but the staff is that of the SWD, with the department authorised to make all appointments. Issues will inevitably arise regarding appointments, transfers and promotions of staff serving the system. It is also unclear whether the HRC staff – all of whom was on contract and governed by their current service structure – has been regularised.

¹⁸³ See Research Reports & related Policy Briefs: (1) Barriers to Access & Uptake of Public Sector GBV Services by Women Survivors of Violence and (2) Comparative Analysis of Three VAW Service Delivery Models in Punjab, as well as the GBV Social Sector Services Brief.

RECOMMENDATIONS

To reinforce Punjab's Women Protection System, the Punjab Protection of Women Against Violence Act (PPWVA), 2016 and the Punjab Women Protection Authority Act, 2017 (PWAA) the following actions are recommended:

- Immediately formulate Rules under PPWVA, 2016 and PWAA, 2017, including the regulation of affairs of the protection centres and shelter homes specified in Section 29 of the PPWVA, and adjust SOPs after these are passed. Rules should:
 - ♀ Elaborate a clear framework for the full functioning of the protection system envisaged in this law based on a thorough review of experiences to date at the Multan VAWC at the earliest.
 - ♀ Spell out the manner in which coordination is to be achieved with services provided by different departments such as, in particular, health, police, prosecution and the judiciary.
 - ♀ Ensure job descriptions of personnel from prosecution, police and health at the protection centres do not conflict with functions under their parent department's laws.
- Fill all vacant sanctioned posts at the Multan VAWC and end the practice of additional charges.
- Ensure officials designated as DWPO and WPOs have no additional charge.
- Recall the notification making psychologists Women Protection Officers and recruit new personnel for this task.
- Elaborate specific job descriptions and operational modalities for the DWPO and WPOs; evaluate the skill-set of those notified as DWPOs to fulfil this role at the earliest and institute trainings to ensure necessary skill-sets and outlook.
- Ensure that all Protection Centres have the requisite personnel, structures, facilities and budgets in place in all districts at the earliest.
- Ensure that the services provided by HRCs continue to be available.
- Ensure the WPA has the requisite budget, authority and full-time dedicated personnel to run the protection system.

BIBLIOGRAPHY

- Adil, Kamran. "Challenges Faced by Women Police Stations in Pakistan." *Global Village Space*, 2021. <https://www.globalvillagespace.com/challenges-faced-by-women-police-stations-in-pakistan/>.
- "Agricultural Census 2010 Pakistan Report." Lahore, Pakistan: Government of Pakistan Statistics Division Agricultural Census Organization, 2010. https://www.fao.org/fileadmin/templates/ess/ess_test_folder/World_Census_Agriculture/Country_info_2010/Reports/Reports_5/PAK_ENG_REP_2010.pdf.
- Ahmad, Gulmina Bilal. "Male Police Perception of Women Police in Pakistan." Islamabad, Pakistan: Individualland, 2012. <https://www.individualland.com/downloads/womenPolice/Male%20police%20perception%20women%20police%20in%20pakistan.pdf>.
- Ali, Tazeen Saeed, Rozina Karmaliani, Hussain Maqbool Ahmed Khuwaja, Nasim Zahid Shah, Zahid Hyder Wadani, Saher Aijaz, and Asli Kulane. "Community Stakeholders' Views on Reducing Violence against Women in Pakistan." *BMC Women's Health*, no. 98 (2020). <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-020-00961-3>.
- Anais, Delilah, David Pijawka Roque, and Amber Wutich. "The Role of Social Capital in Resiliency: Disaster Recovery in Puerto Rico," 2020. <https://doi.org/10.1002/rhc3.12187>.
- Azam Ali, Parveen, and Maria Irma Bustamante Gavino. "Violence against Women in Pakistan: A Framework for Analysis." *The Journal of the Pakistan Medical Association* 58, no. 4 (2008). <https://pubmed.ncbi.nlm.nih.gov/18655430/>.
- Azeem, Hafiz Muhammad. "Role of DNA Evidence in Rape Cases." *Global Village Space*, 2021. <https://www.globalvillagespace.com/role-of-dna-evidence-in-rape-cases/>.
- Azhar, Nasreen. "Violence Against Women in Pakistan: A Qualitative Review of Statistics 2011." Islamabad, Pakistan: Aurat Foundation, 2011. <https://www.af.org.pk/PDF/VAW%20Reports%20AND%20PR/Violence%20Against%20Women%20Annual%20Report%202011.pdf>.
- Bagrezaei, Parviz, Habibullah Zanjani, and Seifullah Seifullahi. "Investigation of Relation between Social Capital and Violence against Women in Families in Ilam during 2017." *Journal of Ilam University* 27, no. 2 (2017): 111-22.
- Beekman, Gonnie, C. Martijn van der Heide, Wim J.M. Heijman, and M.A.H. Schouten. "Social Capital and Resilience in Rural Areas: Responses to Change," 2009. https://www.researchgate.net/publication/40791602_Social_capital_and_resilience_in_rural_areas_responses_to_change.
- Brohi, Nazish. "Gap Analysis of Service Providers for Gender-Based Violence in Punjab and Sindh." Karachi, Pakistan: *Legal Aid Society*, 2020. <https://www.las.org.pk/wp-content/uploads/2021/04/Gap-Analysis-of-Service-Providers-for-Gender-Based-Violence-in-Punjab-and-Sindh.pdf>.
- Cognitive Health Group. "CBT for Depression, Despair, Hopelessness," n.d. <https://cognitive-behavior-therapy.com/depression/>.
- "Country Briefing Paper Women in Pakistan." Briefing Paper. Asian Development Bank Programs Department (West) and Office of Environment and Social Development, 2000. <http://hdl.handle.net/11540/6329>.
- Critelli, Filomena M. "Between Law and Custom: Women, Family Law and Marriage in Pakistan." *Journal of Comparative Family Studies* 43, no. 5 (2012): 673-93.
- . "Voices of Resistance: Seeking Shelter Services in Pakistan." *SAGE* 18, no. 4 (2012): 437-58. <https://doi.org/10.1177/1077801212452104>.

Key findings and recommendations of a 2021-22 study conducted by Shirkat Gah-Women's Resource Centre in collaboration with the Punjab Social Welfare Department with support from UNFPA and FCDO-UK Aid.

Conducted in Lahore, Multan and Vehari districts, the study had a primary focus on social sector services; health, police, legal and judicial services were reviewed as ancillary services. Research engaged 146 survivors, 67 key officials, 41 CSO representatives, and 27 community male helpers of survivors. Survivors included women who opted not to approach formal institutions, those who accessed any government facility, and those currently or formerly facilitated by the Dar ul Amans, Shaheed Benazir Bhutto Human Rights Centres and the Violence Against Women Centre in Multan. Officials were interviewed from the Social Welfare Department, including institutional advisors, the Department of Health, the police, prosecutors and judges. Field data was complemented by an extensive literature review and a textual analysis of laws and judgments, rules and regulations, and including official documents such as SOPs, reporting formats, etc.

Shirkat Gah - Women's Resource Centre

📍 Lahore Office

68 Tipu Block, New Garden Town, Lahore.

☎ Ph: 042-35836554, 35838815, 35832448

📍 Other Offices: Karachi, Peshawar, Quetta

Email: sgah@sgah.org.pk

📘 <https://www.facebook.com/shirkatgahdotorg>

🌐 <https://www.linkedin.com/company/shirkat-gah>

🐦 https://twitter.com/Shirkat_Gah

🌐 <https://shirkatgah.org>

📷 <https://www.instagram.com/shirkat.gah>