



Availability and responsiveness of gender-based violence helplines in Pakistan

By Digital Rights Foundation and Chayn

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Introduction

Chayn and Digital Rights Foundation (DRF) have collaborated to conduct a comprehensive study of the helplines and resources available to support survivors of gender-based violence (GBV) in Pakistan.

This study was conducted between May and June 2020, during the COVID-19 pandemic. It was conducted at a time when infection rates were rising across the country as the state gradually eased several lockdown restrictions. Over this period, reports of GBV, both online and offline, increased around the country.

Chayn had been planning this research earlier this year because field experience demonstrated that numbers on the websites of services were often out-of-date and survivors complained that they could not get through to the services listed on [Chayn Pakistan](#). In light of these incidents and the harrowing fact of the rise of abuse under lockdown, we decided to focus our study on mapping the resources available to victims and survivors of GBV. Its secondary intent was to gauge the availability of those resources during the pandemic and to understand the challenges confronting organisations that provided services to victims and survivors.

Key findings

This research discovered that there is an urgent need for more resources to address the problem of GBV in Pakistan, especially in the face of diminishing access to civil society spaces and welfare programs, which have been cut as a result of state-led austerity measures.

1 Few nationwide resources.

There were very few nationwide services. A lot of the work addressing GBV is led by either provincial commissions for women, or individual organisations, which

are constrained by resources and thus confined to either particular cities or districts.

2 Information on referral websites is outdated and unclear, including COVID-related measures.

Researchers often had to call several numbers before getting to the right person. Organisations need to clarify the types of assistance they provide in their public communications. Due to the COVID-19 pandemic, many shelters either refused entry or required that clients provide proof of having tested negative for COVID-19. This was not widely known or explained on many websites.

3 Resources are critically under-staffed and calls often go unanswered.

The helpline attendant might say that they were unable to process the query at a given time (e.g. office hours) and would promise to call back. Most calls were not returned.

4 Lack of civil society coordination with police.

We observed that lack of connections between Law Enforcement Agencies (LEAs) and organisations providing services to women often created barriers to meaningful intervention.

5 Many organisations and facilities are no longer operating.

This leaves major populated areas without any access to local support, increasing dependency and pressure on the organisations operating in larger cities. The current government has substantially defunded projects addressing GBV and the needs of women.

6 Sparse availability of mental health and wellbeing support.

While organisations provide legal assistance, there was not sufficient focus on the emotional and psychological impact of trauma. Both Chayn and DRF have launched services to fill this gap this year.

7 Most services lacked a trauma-informed and privacy-centered approach.

Gender sensitisation of helpline staff needs to be priority. Dismissive attitudes, rushed calls and intrusive questions can be extremely discouraging. Victims and survivors are often afraid to reveal personal information for reasons of safety. If

collection of certain data *is* essential for service delivery then organisations have to be transparent about why and how it will be used.

Objectives

The aim of this study was to map the services available to survivors and victims of GBV in Pakistan and to assess the type and quality of these services through qualitative research methods.

In this project, we aimed to research the following in Pakistan:

- 1** Develop a comprehensive list of resources and services addressing GBV
- 2** Produce qualitative data on the services provided to victims and survivors of GBV
- 3** Develop recommendations for additional helplines and services

Methodology

The study went through a few stages. We first compiled a list of resources of organisations (government and civil society) working on the issue of GBV and providing services to help victims and survivors. This list was compiled through secondary desk research and a few recommendations via the “snowballing method”. This method refers to the practise of asking shortlisted organisations for recommendations on other support organisations. While the study intended to capture the availability of GBV-specific helplines, we found that many organisations (particularly shelters) directed survivors to office numbers. The list was compiled and finalised through a collaborative effort between Chayn and DRF.

In order to consistently evaluate the type and quality of services being provided, Chayn and DRF developed scripts and scenarios inspired by frequent and common cases of GBV received by the two organisations. These scripts were then used by researchers at DRF to make calls to the publicly listed numbers. The researchers alternated between five different scenarios. After presenting the scenario and collecting advice from the helpline attendant, the researcher disclosed that their call was part of a research project and asked further questions to determine the operating hours of the service, geographic and language coverage, and the types of services available.

Scenario 1

Domestic abuse

Urgent help needed in another country, husband is Pakistani and based in UK

Scenario 2

Image-based abuse

Stalking and blackmailing with a fear that family will be contacted

Scenario 3

Domestic abuse & child custody

Survivor has fled home due to violence and access to kids has been denied

Scenario 4

Forced marriage

Survivor wants to leave her abusive family situation because of her brother but can't

Scenario 5

Workplace harassment

Toxic work environment with inappropriate sexual comments and incidents of sexual harassment

The researchers laid out the scenarios on the call and took extensive notes to gauge the quality of services provided by the organisation, focusing on gender sensitisation and the organisation's willingness and ability to provide assistance on call. These notes and observations informed this report and its recommendations.

After presenting the scenario and documenting the helpline's response, researchers disclosed that the scenario was fictional and that the call was being conducted for research purposes. The researchers then tried to ask additional, clarifying questions, including those about the services provided. While this disclosure was done for ethical purposes, in case of offices where DRF had a pre-existing relationship (particularly with the cybercrime wing of the Federal Investigation Agency) the researchers would disclose their purpose of calling immediately. In this case, the hypothetical scenarios were not brought up. Instead, researchers directly asked questions they would normally pose other organisations after the problem in the scenario had been addressed.

This expansive study included more than 40 resources and organisations across Pakistan, focusing on different offices, service providers and helplines working towards providing assistance to the public at large and victims/survivors of GBV in particular. While most of the resources studied had an explicit focus on GBV, we also included more general service providers (such as emergency health services, mental health-focused helplines and law enforcement offices). As vital components of the ecosystem, these resources are essential for women experiencing cases of harassment and violence.

Findings

Over the course of this study, researchers took notes on the quality of services provided, particularly from the perspective of victims and survivors reaching out to these services. This section will cover the observations recorded by the researchers.

Several resources specialised in serving certain geographical areas and taking on particular types of cases. In fact, there were very few nationwide services. A lot of the work addressing GBV is led by either provincial commissions for women, or individual organisations, which are constrained by resources and thus confined to either particular

cities or districts. The helpline run by the Ministry of Human Rights was one of the few exceptions, but in our experience, it seemed to be severely understaffed. In our several attempts to call the helpline, we were met with a busy signal. Though callers were given the option to record a voice message and receive a call back, in practise, these calls were never returned. DRF's 'Digital 50:50 e-zine' documents additional difficult experiences accessing the Ministry's helpline.¹

Furthermore, given that most cases of GBV require intervention from the police as they constitute criminal law offenses, most organisations were stymied by their lack of coordination with Law Enforcement Agencies (LEAs). Callers were often asked to approach the police to file a First Information Report (FIR). At best, certain organisations and helplines offered to provide support from a lawyer.

We observed that lack of connections between LEAs and organisations providing services to women often created barriers to meaningful intervention. The burden of forging these connections sits with private organisations and NGOs who must incentivise police and other law enforcement agencies to work with them. However, there is a need for these agencies to also take proactive steps to develop public-private partnerships that can be mutually beneficial in addressing gender-based crimes.

The current government has substantially defunded projects addressing GBV and the needs of women. For instance, in a call to the 'Women Shelter Organisation' in Faisalabad, we learned that the shelter was no longer operational. The office was functioning as a vocational centre, unable to provide immediate assistance to victims of GBV. Furthermore, the Violence Against Women Center in Multan was exclusively serving the Multan district, and similar centres were not built in other parts of Punjab because the Punjab Protection of Women against Violence Act (2016) had not yet been ratified in other districts. While the Punjab Commission on the Status of Women's (PCSW) helpline was operational, the effectiveness of the Commission has greatly suffered over the past year since the ousting of its chairperson.

In many cases, publicly available information, particularly on websites, was often outdated or unclear. Researchers often had to call several numbers affiliated with a particular organisation before getting to the right person. The process of calling different numbers can be distressing and demoralising, and can instill and aggravate a sense of

¹ Manal Khan, 'Does the MoHR know when that Hotline Bling?', DRF: Digital 50:50 e-zine, https://medium.com/@manalkhan_34769/does-the-mohr-know-when-that-hotline-bling-5d088d26d302.

powerlessness. Contact information for victims and survivors wishing to reach out should be readily available and up to date.

Furthermore, organisations need to clarify, both in their public communications and during calls, the types of assistance and services they provide. This will ensure realistic expectations on part of the callers. Vague descriptions of services can create frustration and distress on both ends, for the survivor as well as the organisation trying to provide services. For example, organisations should explicitly mention in the beginning that they are unable to file a case on behalf of the caller and that the caller has to register the case on their own.

It was observed that while organisations provide legal assistance, there was no sufficient focus on the emotional and psychological toll that GBV can take on victims and survivors. We felt that there was a need for organisations to expand the range of services they offered to include mental health counselling for victims and survivors.

While some organisations were professional, empathetic and gender-sensitive in their approach, overall gender sensitisation needs to be further prioritised (even in organisations focusing on GBV). We recognise that those working in organisations dealing with cases of violence can become desensitised and suffer from compassion fatigue. Nonetheless, for many victims and survivors a phone call can be ‘make or break’ in determining whether to pursue their cases. Dismissive attitudes, rushed calls and intrusive questions can be extremely discouraging. Organisations need to institute regular training and resources to ensure that first responders can deal with burnout and other issues associated with their job without affecting the quality of services they provide. Organisations should also arrange for rotational schedules for workers dealing with such cases on a frequent basis. Often organisations running helplines make a big name for themselves by providing “24/7” services without any recognition of the fact that it is their staff alone who make this possible at the cost of losing their weekends, private life and soundness of mental health.

Furthermore, in many cases, organisations floated reconciliation and family-based interventions as possible solutions to scenarios that dealt with domestic violence and forced marriages. In cases where women are reluctant to pursue legal action – especially given lack of resources, impediments to mobility and social pressures on women – it can be tempting to consider family-based mediation. However, in cases where the violence is coming from the family itself, any community-based solutions must be presented after a

thorough risk assessment as most community-led interventions can end up perpetuating patriarchal attitudes and violence. In some cases, such interventions can also potentially further endanger the life and safety of the survivors.

Lack of responsiveness and responsibility were another observed impediment. The helpline attendant might say that they were unable to process the query at a given time (e.g. office hours) and would promise to call back. Unfortunately, researchers observed, these calls were not returned. This should not happen as it can demoralise callers who might end up feeling that their problems were not serious enough to warrant a response.

Confidentiality and privacy are a major concern for callers approaching organisations, especially ones they know very little about. Victims and survivors are often afraid to reveal personal information for reasons of safety. Unfortunately, researchers noted that several organisations asked for personally identifiable information, without offering any explanation as to why the information was necessary. For instance, insisting on information about a caller's caste is rather intrusive and creates an atmosphere of pressure for the victim/survivor. Personal and intrusive questions can discourage the caller from taking their cases forward. It is important for organisations to minimise the amount of personal data they collect. If collection of certain data *is* necessary for the delivery of service then it is imperative that they be transparent about why the information is being collected and how it will be used. Privacy policies need to be in place and clearly communicated both over the phone and publicly on the organisation's website.

Due to the COVID-19 pandemic, many of the organisations we contacted reported having to scale down their work or place additional requirements for those seeking assistance in order to comply with safety measures. This was particularly true of shelters, both public and privately run, that either refused entry or required that clients provide proof of having tested negative for COVID-19. During government-mandated lockdowns and smart lockdowns, nonprofits and women's rights organisations were not listed as 'essential services', which meant that many organisations had to discontinue or scale down services in that period.

Recommendations

Government and funders

- Provide **more funding** for resources regarding violence against women that are both adequate and long-term so that organisations can sustain their services over a period of time.
- Provide **special funding** for staff attending to helpline cases first-hand so that rotational rosters can be ensured and mental wellbeing of workers can be taken care of by giving them breaks as well as alternative weekends off (in case of 24/7 helplines). Mental health of staff is crucial for sensitivity towards survivors' queries and cases.
- Greater **coordination** in terms of resources between government bodies, law enforcement and private organisations.
- Keeping a **central list** of active helplines and track changing numbers. The list should also contain a brief description of the services offered by each helpline.
- Host a forum for **knowledge and best practices** sharing between civil society actors.

Violence Against Women and Girls organisations

- Training focused on sensitising call responders to issues of gender and GBV to avoid victim-blaming and interventions that might cause harm to victims/survivors. Staff should be trained to be respectful and empathetic to the experience of survivors.
- Train staff not to ask intrusive and insensitive questions, particularly personally identifiable information, such as one's caste, sexuality and marital status. If such information is really important to be disclosed, explain to the caller why.
- Train staff on attentive and patient listening: "Do not interrupt the caller" should be a priority.
- Mention disclaimers about privacy and confidentiality during calls, before data is requested, so that callers feel safe and informed. Have strong and transparent privacy policies in place at the organisational level.



- Create stronger referral systems so that distressed callers can be immediately redirected to the relevant authorities and organisations. Establish a professional rapport with law enforcement agencies for timely assistance in criminal cases.
- Develop and publicise information about how to refer an individual to an organisation, particularly who can refer and where people can get referrals from.
- Clarify the specific services provided by helplines, stating clearly what they can and cannot provide. This information should be mentioned clearly on organisational websites and all informational/educational material.
- Institute strong follow-up mechanisms to return calls when unable to immediately address a caller's inquiry.

ABOUT

Chayn started in 2013, as one of the first of its kind – bridging the gap between gender and tech to create openly-sourced and -licensed resources tackling gender-based violence. There was a serious gap online for intersectional resources on legal rights, tech abuse and well-being. Women were turning to their browsers for answers and not finding them. What makes Chayn's intersectional approach unique in this sector is that we slice our content in different ways to support survivors's access to technology, crisis situations and learning patterns. Chayn has reached more than 360,000 people, with our resources accessed millions of times across the world in the past seven years. Up to 70% of our volunteers are survivors of abuse from 20 countries. Resources are currently available in 11 languages, one of the only organisations providing global support. Our resources are openly-licensed, multilingual and intersectional – so charities around the world have been using, remixing and distributing our work.

Digital Rights Foundation aims to strengthen protections for human rights defenders (HRDs), with a focus on women's rights, in digital spaces through policy advocacy & digital security awareness-raising. In addition, one of our aims at the Foundation is also to protect women from work and cyber-harassment that they have to deal with throughout their lives. We make them aware of their rights.

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APPENDIX – Table of top helplines

NAME	RESOURCE	TYPE	HOURS
Punjab Commission Helpline in Punjab	1043	Staffed with legal advisors, psycho-social counselors, supervisors, and management staff to provide legal advice and counselling on gender-based discrimination, harrasment, and violence. They include counseling on workplace harassment, property disputes and inheritance rights, skill development, and other socio-economic and legal issues.	24/7
AGHS – Crisis Helpline	Crisis Center Phone: 042-35842256-7 Crisis Center Mobile: 0300-8427079	They provide legal aid in Lahore and legal advice for cases from all across Pakistan and even outside of Pakistan	24/7
Roshni Helpline in Karachi	Helpline number: 1138	Roshni Helpline has a Missing Children Program that provides search & recovery, psychological support, legal aid and referral services for missing children. Further, they have a GBV Survivors Program where they provide easy to access helpline to victims of abuse to report cases of violence with a key focus on adolescent girls.	24/7
Sindh Legal Advisory Call Centre (SLACC)	0800-70806	They provide legal aid, advice, and representation free of cost.	9am-4pm
Madadgaar Helpline	1098/ 111-911-922	They provide survivors of violence immediate help towards means of prevention, provide information on in-house and referral services available for them and encourage them to visit Madadgaar to seek comprehensive support.	24/7
Sahil – Counseling hotline and child protection service	Helpline 0800-13518; WhatsApp 03355157602; Direct Line for Counseling: +92-51-2850574	They provide psychologist and legal aid specialist for children survivors of abuse, particularly sexual abuse.	10am-4pm and Fridays 10am-1pm
Rozan Counseling Helpline	0800-22444; 0304-111-1741	They provide counseling, information, and emotional support to children, youth, men, and women from diverse ethnic, cultural, and religious backgrounds.	10am-6pm
Soch Clinics	0343-1433331; 0343-1433330; 0310-1433331; 051-2723518; CONTACT@SOCHCLINICS.ORG	They provide online and offline sessions on the following: 1) psychological services, 2) psychiatric services, 3) child psychological services, 4) speech therapy, 5) marital and relationship counseling Isl/Rwp	9am-9pm
Dastak	042-3529483; 0333-4161610	Over the phone they can provide legal advice and counselling on how to deal with a situation. They also provide shelter services and legal representation in person.	10am-5pm
Ministry of Human Rights Helpline	1099	Legal advice for women, children or disabled person in cases of violence or human rights abuse	24/7



Aman Telehealth	(021) 111-11-9123	Tele-advice on health, both physical and mental, and referral. Psychologists (7:00 AM - 3:00 PM, Monday to Saturday)	24/7
Care for Health - Mental health services in Karachi	0316-1101885	They provide rehabilitation, reintegration, and relapse prevention for those experiencing or living with mental illness.	8:30am-1:30am
Violence Against Women Center - Multan	061- 6741051	Provide legal, medical, psychological and shelter to women experiencing violence and abuse	24/7
Shaheed Benazir Bhutto center for Women - Isb	051-9269774; 051-9269772	Cases relating to violence against women and children, they primarily provide shelter and any other legal/medical help that the victim might require	10am-3pm
Panah - Karachi	021-36360025, 36360028	Provides legal aid and shelter support to women facing cases of violence.	10am-3pm
Bedari	0300-5251717	Provides help to women and children facing violence and abuse by providing legal aid and referrals to shelters.	9am-5pm
Mohafiz	0333-1900109	Health services; blood donors; emergency situations; health facilities for corona	24/7
IRD - Mental Health Helpline	0213-713-3332		9am-5pm