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Impact Assessment of the Violence Against Women Centre (VAWC) in Multan, Pakistan

Dr. Farooq Manzoor

Director General (M&E), P&D Board, Govt. of the Punjab.

dfm100@hotmail.com

Ghazanfar Mubin

Director Evaluation, Directorate General (M&E), P&D Board, Govt. of the Punjab.

ghazanfarmubin@gmail.com

Ms Maryam Munir

PhD Scholar Lahore College For Women University

Corresponding Author: maryammunir72@gmail.com

Dr. Jamal Nasir

Deputy Director Evaluation, Directorate General (M&E), P&D Board, Govt. of the Punjab.

jamal.nasir1804@gmail.com

ABSTRACT

Violence against women (VAW) remains a critical public health and human rights issue in Pakistan, where survivors often face fragmented institutional support. This study evaluates the effectiveness of the Violence Against Women Centre (VAWC) in Multan, Pakistan's first integrated one-stop centre providing medical, legal, psychological, and protection services. A mixed-methods approach was employed using administrative records and a survey of 349 beneficiaries selected from 14,497 women who accessed VAWC services between 2017 and June 2025. Descriptive statistics and ordered logistic regression were used to examine the relationship between service satisfaction and survivor outcomes. Overall, 58.2% of respondents were satisfied with VAWC services. Psychological counselling (83.3%) and medical support (73.0%) received the highest satisfaction ratings, while FIR assistance showed comparatively lower satisfaction. Higher service satisfaction was significantly associated with improved emotional security, social acceptance, and confidence to speak out against gender-based violence ($p < .01$). However, no significant association was found with perceptions of broader institutional responsiveness. The findings suggest that the VAWC model effectively

promotes survivor recovery and empowerment but requires stronger coordination among police, judicial, and healthcare institutions to enhance its long-term impact. These results provide evidence to inform the expansion of integrated survivor-centred services across Pakistan.

KEYWORDS: Violence against women, gender-based violence, one-stop centre, survivor empowerment, Pakistan.

Introduction

Violence against women (VAW) remains one of the most serious human rights and public health concerns worldwide. Approximately one in three women experiences physical or sexual violence during her lifetime, with South Asia reporting rates above the global average (World Health Organization, 2021). In Pakistan, more than one-third of women experience physical violence, while psychological and economic abuse often remain underreported due to stigma, fear, and limited access to justice (UN Women, 2020). In Punjab alone, over 10,000 cases of violence against women were reported in 2014, reflecting the growing need for effective survivor support services (Government of Punjab, 2015). Despite legal reforms, survivors in Pakistan continue to face fragmented institutional responses. Women seeking justice often encounter delays in FIR registration, inadequate medical and psychological services, lengthy court procedures, and limited access to shelters, discouraging many from pursuing legal action (Zakar et al., 2017; Ali & Gavino, 2020). These challenges are further reinforced by patriarchal social norms that restrict women's autonomy and discourage reporting of violence (Papanek, 1971; Toor, 2021). To address these institutional gaps, the Government of Punjab established the Violence Against Women Centre (VAWC) in Multan on 27 March 2017 as Pakistan's first integrated one-stop centre for GBV survivors. The centre provides coordinated services under one roof, including FIR registration, medical examination, legal aid, psychological counselling, mediation, shelter, and referrals, enabling survivors to access comprehensive support through a single facility. Since its establishment, VAWC Multan has provided services to more than 14,497 survivors, demonstrating substantial demand for integrated support. However, service utilization alone does not indicate effectiveness. It is equally important to determine whether these services improve survivors' emotional recovery, social reintegration, and confidence to seek justice. Therefore, this study evaluates the long-term effectiveness of the VAWC model by examining beneficiaries' satisfaction with services and its relationship with emotional security, social acceptance, confidence to speak out against gender-based violence, and perceptions of institutional responsiveness. The findings provide empirical evidence to inform policy and strengthen integrated survivor-centred services in Pakistan.

Literature Review

Violence against women (VAW) is one of the most pervasive human rights violations and a major global public health concern. The United Nations Declaration on the Elimination of Violence against Women (United Nations, 1993) defines VAW as any act of gender-based violence resulting in physical, sexual, or psychological harm. Globally, nearly one in three women experiences physical and/or sexual violence during her lifetime, primarily by an intimate partner (World Health Organization [WHO], 2021). The consequences include physical injury, depression, anxiety, post-traumatic stress disorder, reproductive health complications, and reduced quality of life (Campbell, 2002; Krug et al., 2002; Sardinha et al., 2022). Recognizing these impacts, the United Nations incorporated the elimination of VAW into Sustainable Development Goal 5, while UN Women (2023) and the World Bank (2024)

continue to emphasize that ending gender-based violence is essential for achieving gender equality and inclusive development. Despite legal reforms, violence against women remains widespread in Pakistan, including domestic violence, psychological abuse, sexual violence, economic exploitation, forced marriages, and honour-based crimes (UN Women, 2020; United Nations Population Fund [UNFPA], 2021). Underreporting remains common due to social stigma, economic dependence, and fear of retaliation (Punjab Commission on the Status of Women, 2022; Pakistan Bureau of Statistics, 2023). Institutional barriers, including delayed police responses, weak referral mechanisms, inadequate legal assistance, and lengthy judicial procedures, further restrict survivors' access to justice (Ali & Gavino, 2020; Toor, 2021). To improve service delivery, many countries have adopted One-Stop Centre (OSC) models that integrate medical, legal, police, psychosocial, shelter, and referral services within a single facility. The WHO (2013) recommends integrated survivor-centred services to reduce secondary victimization and strengthen institutional coordination. Evidence from low- and middle-income countries, including Bangladesh, indicates that OSCs improve survivors' access to healthcare, legal support, counselling, and overall service satisfaction, although their effectiveness depends on adequate resources, trained personnel, and inter-agency collaboration (Naved et al., 2018). Psychological counselling is a core component of integrated survivor services because it promotes emotional recovery, resilience, and informed decision-making (Campbell, 2002; WHO, 2013; Ellsberg & Heise, 2005). Healthcare systems also play a critical role in identifying survivors and facilitating referrals to legal and social protection services (García-Moreno et al., 2015). Integrated interventions combining legal, medical, and psychosocial support have been shown to improve emotional recovery, coping strategies, social functioning, and women's empowerment (Michau et al., 2015; Kabeer, 1999; UNDP, 2023; UN Women, 2023). However, the effectiveness of integrated centres depends on broader institutional responsiveness. Persistent challenges in Pakistan, including delayed FIR registration, weak forensic capacity, poor inter-agency coordination, prolonged judicial processes, staffing shortages, and limited resources, continue to undermine service effectiveness (Ali & Gavino, 2020; Zakar et al., 2017; Punjab Commission on the Status of Women, 2022; Michau et al., 2015). Although previous studies have examined the prevalence of violence, legal reforms, and integrated service models, empirical evidence evaluating the long-term effectiveness of Pakistan's Violence Against Women Centre (VAWC) remains limited. In particular, little research has assessed survivor satisfaction, emotional recovery, social reintegration, institutional responsiveness, and empowerment outcomes. This study addresses these gaps by evaluating the impact of the VAWC in Multan and providing evidence-based recommendations for strengthening integrated responses to gender-based violence in Pakistan.

Study Objectives

1. To examine the socio-demographic characteristics and patterns of violence among beneficiaries who accessed the Violence Against Women Centre (VAWC) in Multan.
2. To assess beneficiaries' satisfaction with the integrated services provided by the Violence Against Women Centre (VAWC).
3. To evaluate the impact of VAWC services on survivors' emotional security, social acceptance, and confidence to speak out against gender-based violence

Theoretical Framework: Theory of Change

The VAWC Multan's Theory of Change posits that when survivors receive timely, high-quality, integrated services in a single, safe location, they will experience: (1) enhanced emotional security and confidence; (2) improved safety and social acceptance; and (3) increased ability

to speak out against GBV. These individual-level outcomes are expected to contribute, over time, to broader normative changes specifically, perceived deterrence among potential offenders and shifting community attitudes toward VAW.

Integrated Services (FIR, medical, legal, counselling, mediation)

Methods

This study employed a mixed-methods design, combining quantitative and qualitative approaches to evaluate the effectiveness of the Violence Against Women Centre (VAWC) in Multan. Quantitative data were collected through structured beneficiary surveys to assess service utilization, satisfaction, and outcomes, while qualitative responses and field observations provided insights into survivors' experiences.

- **Sampling and Data Collection**

The study population comprised 14,497 women who received VAWC services between 2017 and June 2025. Using Cochran's sample size formula with a 95% confidence level and 5% margin of error, a target sample of 456 respondents was determined after applying finite population correction and adjusting for non-response. A proportionate stratified random sampling technique was employed, with beneficiaries stratified by year of service (2017–2025) to ensure representative coverage across all operational years.

- **Data Quality and Reliability**

A reliability analysis was conducted on the first 100 surveys (61 complete cases). Cronbach's alpha was 0.86 for the Empowerment and Outcomes scale and 0.74 for the Institutional Trust and Engagement scale, indicating acceptable to good internal consistency.

- **Statistical Analysis**

Analyses were conducted using Stata. Descriptive statistics (frequencies, percentages) summarized beneficiary characteristics. Non-parametric correlations (Kendall's τ-b and Spearman's ρ) assessed bivariate associations. Ordered logistic regression models estimated the average marginal effects of service satisfaction on each ordinal outcome, controlling for education, marital status, employment, household income, and district of residence.

RESULTS

- **Socio-demographic Characteristics of Respondents**

A total of 349 beneficiaries participated in the study. Most respondents were married (79%), aged 18–45 years (93%), had primary education or below (62%), and 77% had no personal income, indicating high socioeconomic vulnerability among VAWC beneficiaries.

- **Types of Violence and Service Utilization**

Type of Violence	Frequency	Percentage (%)
Physical violence	202	57.9
Domestic violence	145	41.5
Economic violence	140	40.1
Psychological/Emotional violence	57	16.3
Sexual violence	12	3.4
Educational restriction	2	0.6

The majority of respondents experienced physical violence (57.9%), followed by domestic (41.5%) and economic violence (40.1%). Psychological, sexual, and educational violence were reported less frequently, indicating that physical and domestic abuse were the predominant forms of violence among VAWC beneficiaries.

- **Service Satisfaction**

Overall, 58.2% of respondents were satisfied or very satisfied with VAWC services, while 28.0% were dissatisfied and 13.8% remained neutral. Satisfaction varied across services, with psychological counselling (83.3%) and medical support (73.0%) receiving the highest ratings. In contrast, FIR assistance (43.1%) and mediation services (63.2%) recorded comparatively lower satisfaction. Qualitative findings indicated that dissatisfaction was mainly attributed to delays in FIR registration, police absenteeism, external pressure from offenders' families, and perceived coercion during mediation. Despite these challenges, 60% of respondents rated staff behaviour as respectful or very respectful, and 97.4% reported feeling safe at the centre.

- **Emotional Security and Confidence**

More than half of the beneficiaries (55%) reported improved emotional security following VAWC support. Service satisfaction was strongly associated with emotional security (Kendall's τ-b = 0.753, ρ = 0.819, $p < .001$). Ordered logistic regression showed that satisfied beneficiaries were significantly more likely to report improved emotional security ($p < .01$), while higher educational attainment also had a positive effect ($p < .05$).

- **Social Acceptance and Perceived Safety**

Approximately 48% of respondents reported improved social acceptance and perceived safety after receiving VAWC services. Higher service satisfaction significantly increased the likelihood of reporting improved social acceptance ($p < .01$), indicating the positive role of integrated services in supporting survivors' social reintegration.

- **Confidence to Speak Out Against GBV**

Following VAWC support, 40% of survivors reported greater confidence to speak out against gender-based violence. Ordered logistic regression revealed that higher service satisfaction was significantly associated with increased confidence to report and discuss GBV ($p < .01$), highlighting the empowering effect of survivor-centred services.

- **Institutional Responsiveness and Deterrence**

Outcome Variable	Significant Predictor	Effect	p-value
Emotional Security	Service Satisfaction	Positive	<0.01
Social Acceptance	Service Satisfaction	Positive	<0.01
Confidence to Speak Out	Service Satisfaction	Positive	<0.01
Institutional Responsiveness	Service Satisfaction	Not Significant	>0.10

Service satisfaction significantly improved emotional security, social acceptance, and confidence to speak out ($p < .01$), but had no significant effect on institutional responsiveness ($p > .10$).

DISCUSSION

This study provides empirical evidence that the Violence Against Women Centre (VAWC) in Multan has made a significant contribution to improving the well-being of survivors of gender-based violence (GBV). The findings support the VAWC's Theory of Change, showing that higher service satisfaction is significantly associated with improved emotional security, social acceptance, and confidence to speak out against GBV, even after controlling for socio-demographic characteristics. Psychological counselling emerged as the most highly rated service (83.3%) and was strongly associated with survivors' emotional recovery. This finding is consistent with the World Health Organization (2013) and García-Moreno et al. (2015), who emphasized that trauma-informed counselling is a key component of effective GBV interventions. Similarly, Naved et al. (2018) reported that integrated one-stop centres improve survivors' psychological well-being and access to support services. These findings suggest that integrating counselling with legal and medical services enhances survivor recovery and empowerment. Despite these positive outcomes, satisfaction with FIR registration remained comparatively low (43.1%), reflecting persistent institutional barriers such as delays in complaint registration, police reluctance, and external pressure from perpetrators' families. These findings are consistent with previous studies conducted in Pakistan (Ali & Gavino, 2020;

Zakar et al., 2017), indicating that broader weaknesses within the criminal justice system continue to affect survivors' access to justice despite improvements within the VAWC. The study also found no significant relationship between perceived institutional responsiveness and community deterrence, suggesting that improvements achieved within the VAWC have not yet translated into wider institutional or societal change. This finding supports Michau et al. (2015), who argued that integrated service centres alone cannot eliminate gender-based violence without coordinated reforms across policing, healthcare, and judicial systems. Finally, the geographical concentration of beneficiaries in Multan City highlights continuing access barriers for rural women. Limited transportation, inadequate awareness, and distance from the centre may reduce service utilization among women living in remote areas, a challenge also reported in other South Asian countries (Naved et al., 2018). Overall, the findings demonstrate that the integrated one-stop service model is effective in improving survivor outcomes, particularly emotional recovery and empowerment. However, maximizing its long-term impact requires stronger institutional coordination, improved police responsiveness, expanded rural outreach, and sustained investment in survivor-centred support services.

Implications for Policy and Practice

1. Strengthen coordination: MOUs with police, hospitals, courts with time-bound standards.
2. Reform mediation: Mandate written voluntary consent; prohibit coercive reconciliation.
3. Expand rural outreach: Mobile units and transport vouchers.
4. Economic empowerment: Vocational training for 77% with no income.
5. Digital system: Lifetime beneficiary IDs for longitudinal tracking.

Limitations

Outdated contact information may have introduced selection bias. Absence of permanent IDs prevented longitudinal tracking. Cross-sectional design cannot establish causality; recall and social desirability biases may affect responses.

Conclusion

Eight years after its establishment, VAWC Multan has served over 14,000 survivors and demonstrated measurable improvements in emotional recovery, social reintegration, and survivor empowerment. The one-stop, integrated model works particularly when services include high-quality psychological counselling and medical support. However, the centre alone cannot remedy the broader institutional dysfunction of police, courts, and hospitals in Multan. Sustainable impact requires simultaneous investment in whole-of-system reform. As Punjab moves to replicate this model across the province, policymakers must address coordination gaps, enforce accountability across all justice and health institutions, and place survivors at the centre of every decision. For the women of Multan and beyond, VAWC represents a critical step forward but only the first step.

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