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Gender-Based Violence Prevention Through Community Platforms: How Rights Awareness and Community Resource Persons Support Reduced Domestic Violence in Flood-Affected Sindh, Pakistan

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ABSTRACT

Gender-based violence (GBV), particularly domestic violence, remains a critical public health challenge in flood-affected regions of Pakistan, where pre-existing gender inequalities are compounded by socioeconomic stressors and disrupted protection systems. This study investigated how Women Community Centers (WCCs), through rights awareness sessions and Community Resource Person (CRP) support, contributed to the prevention and reduction of domestic violence in flood-affected communities of Sindh, Pakistan. A qualitative evaluation design was employed. Fourteen key informant interviews (KIIs) were conducted in Sukkur and Khairpur districts between March and June 2025. Participants included CRPs, district coordinators, local administrative representatives, and women community leaders. Data was analyzed using thematic analysis with MAXQDA software. Five key themes emerged: (1) GBV awareness as a catalyst for rights recognition and help-seeking; (2) safe spaces enabling disclosure; (3) CRPs as trusted mediators and preventive agents; (4) structured referral pathways operationalizing community protection; and (5) perceived reductions in domestic violence and improved household dynamics. Culturally embedded, community-driven platforms integrating rights education, safe spaces, peer mediation, and referral linkages can effectively prevent domestic violence in post-disaster settings. Community resource people represent an

underutilized but potent prevention asset in low-resource humanitarian contexts.

Keywords: gender-based violence; domestic violence prevention; community-based interventions; safe spaces; Pakistan; flood-affected communities; humanitarian settings

INTRODUCTION

Gender-based violence (GBV), particularly intimate partner and domestic violence, remains among the most pervasive violations of women's human rights globally. According to the most recent WHO-coordinated estimates, approximately 840 million women — nearly one in three — have experienced physical or sexual violence by an intimate partner or non-partner sexual violence at least once in their lifetime, a figure that has remained virtually unchanged over two decades (1). In 2025, the past 12-month prevalence stood at 11%, affecting an estimated 316 million women, with rates markedly higher in low-income and conflict-affected settings. (1) These figures are widely acknowledged as underestimates, given persistent stigma and barriers to disclosure.

Flood-affected regions represent particularly high-risk environments for domestic violence. The 2022 Pakistan floods — among the most catastrophic in the country's history — submerged approximately one-third of the national territory, displaced over 8 million people, and exposed an estimated 5.71 million women and girls to heightened GBV risk due to disrupted protective systems, economic collapse, and breakdown of social support networks (2,3). Economic shocks, loss of livelihoods, and household stress can intensify intimate partner violence, while simultaneous disruption of formal protection services creates critical gaps in GBV response (4). In flood-affected Sindh, a province characterized by deep socioeconomic vulnerability and entrenched gender inequality, these intersecting vulnerabilities are particularly pronounced.

Community-based approaches to GBV prevention have emerged as essential modalities in humanitarian and resource-constrained settings where formal justice and healthcare systems are inaccessible or distrusted (5,6). Safe spaces, structured environments where women can gather securely to access information, psychosocial support, and peer solidarity, are among the most widely implemented GBV prevention and response interventions in humanitarian contexts (7). Systematic reviews indicate that Women and Girls' Safe Spaces (WGSS) enhance help-seeking behaviors, reduce isolation, and serve as entry points for referral services (8). Similarly, community mobilization and group-based interventions have been shown to reduce the odds of women experiencing intimate partner violence, with pooled evidence from low- and middle-income countries supporting their effectiveness (9).

The Women Community Centers (WCCs) established in flood-affected districts of Sindh by a multi-actor alliance were designed as integrated platforms combining vocational training, psychosocial support, and GBV prevention. Central to the model were Community Resource Persons (CRPs) — locally embedded female

facilitators who delivered awareness sessions, facilitated disclosure, mediated household conflicts, and connected survivors to referral services. Evidence from Pakistan and comparable settings underscores that survivors of domestic violence frequently avoid formal legal channels due to fear, stigma, and distrust of law enforcement (10,11). Trusted community intermediaries can therefore serve as critical bridges between awareness and action.

The ecological framework of violence prevention situates individual behaviour within interconnected relational, community, and societal levels, arguing that effective interventions must address multiple levels simultaneously (12). WCCs, by integrating rights education, safe spaces, peer mediation, and referral mechanisms, potentially operate across these levels, offering a model for multilevel prevention in post-disaster settings. Despite growing evidence for community-based GBV programming globally, limited empirical research examines these mechanisms in post-disaster South Asia. This study addresses that gap.

The study investigates how Women Community Centers contributed to the prevention and reduction of domestic violence in flood-affected communities of Sindh, with particular attention to awareness mechanisms, safe space functions, CRP-facilitated mediation, referral systems, household dynamics, and sustainability.

LITERATURE REVIEW

The Global Landscape of Gender-Based Violence

Violence against women, particularly domestic violence and intimate partner violence (IPV), remains a pervasive challenge to human rights and public health worldwide. Recent estimates from the World Health Organization (WHO) indicate that approximately 27% of women aged 15–49 years have experienced physical and/or sexual IPV at some point in their lives (26,1,31). Global evidence further suggests that although such violence is preventable, effective prevention requires comprehensive, multilevel strategies. These interventions are most effective when they simultaneously promote women's empowerment, create safe environments, strengthen support systems, and challenge social norms that sustain gender inequality (31,27).

Socio-Cultural Dynamics in Pakistan

The situation in Pakistan is particularly acute, shaped by entrenched patriarchal structures that limit women's autonomy and reinforce economic dependence. In many settings, coercive control and physical punishment are often treated as private family matters rather than violations of rights. According to the Pakistan Demographic and Health Survey (PDHS) 2017–18, about 42% of ever-married women believed that a husband is justified in hitting his wife under certain circumstances, reflecting a high degree of social acceptance of domestic violence (21). In addition, secondary analysis of PDHS data showed that 33.48% of women aged 15–49 years had experienced emotional, physical, and/or sexual spousal violence, with emotional violence being the most reported form [34]. Scholars have identified several barriers to help-seeking in Pakistan, including concerns about family

"dishonor" (ghairat), stigma, and distrust of formal legal institutions, particularly in rural and conservative communities (11,21,40).

Violence in Humanitarian and Post-Disaster Contexts

Women's vulnerability to GBV increases substantially during humanitarian emergencies. Evidence from conflict-affected and displaced populations shows that IPV and other forms of abuse often intensify because of livelihood loss, overcrowding, stress, and the breakdown of social and protection systems (32,33). Similar patterns emerged after the 2022 floods in Pakistan, where displaced women experienced heightened insecurity and major barriers to accessing reproductive health and hygiene services (36–38). Qualitative studies from flood-affected communities further suggest that poverty, displacement, and weakened institutional support combined to create conditions that heightened household tension and coercion (36,37,38). This is especially significant in Sindh, where pre-existing gender inequalities mean that environmental shocks can rapidly translate into increased domestic violence risk.

Theoretical Foundations: The Ecological Perspective

The ecological model offers a useful framework for understanding why domestic violence persists in such contexts. Heise's ecological framework explains violence as the result of interacting factors at the individual, relational, community, and societal levels (12). From this perspective, increasing women's awareness alone is insufficient to prevent abuse; interventions must also address relationship dynamics, community norms, and broader institutional power structures (27,6). Similarly, the WHO RESPECT framework emphasizes that prevention is most sustainable when survivor-centered care is integrated with community-based accountability systems (31). This framework is especially relevant to the present study because it helps explain how WCC and CRPs can influence multiple levels simultaneously, from strengthening peer support to facilitating formal referrals.

Community-Based Intervention Models

A growing body of evidence supports community-based and group-based prevention strategies in low- and middle-income countries (LMICs). A 2023 systematic review and meta-analysis found that gender-transformative, community mobilization, and group-based interventions can reduce IPV against women (9). One of the most influential studies, SASA! A trial in Uganda demonstrated that community mobilization can shift social norms, reduce tolerance of abuse, and lower women's experience of physical IPV (50). More recently, a cluster-randomized trial in informal settlements in Mumbai found that community-based interventions improved disclosure and increased access to support, although it also highlighted the difficulty of producing rapid changes in overall prevalence at the population level (39). Collectively, these studies suggest that effective prevention programs are those that build collective efficacy, engage men and boys, and establish visible social accountability for abusive behavior (6,9,39,25).

The Strategic Role of Women's Safe Spaces

In humanitarian settings, Women and Girls Safe Spaces (WGSS) have become an important component of GBV prevention and response. Although robust evidence

on long-term violence reduction remains limited, a systematic review found that safe spaces can improve psychosocial well-being, social connectedness, and help-seeking behaviors (7). Research focusing on adolescent girls in humanitarian emergencies similarly suggests that safe spaces can strengthen social assets and perceived safety, although further evidence is still needed (34,35). International standards now recognize safe spaces and multisectoral coordination as core elements of GBV programming in emergencies (20). In conservative rural settings such as Sindh, these spaces are particularly important because they provide socially acceptable environments in which women can discuss abuse and seek support without the immediate pressure of entering formal legal systems.

Addressing the Research Gap

A major gap in literature concerns the role of trusted local intermediaries who bridge the space between community awareness and formal services. In Pakistan, where formal legal and institutional responses are often viewed with skepticism or carry high social costs, survivors frequently rely first on trusted individuals within their own communities (32,33,40). However, there is limited research on how locally embedded female facilitators or Community Resource Persons function as protection actors in post-disaster settings in South Asia. Moreover, humanitarian GBV programs are often assessed through output indicators rather than deeper outcome-based evidence of protection and prevention (33). The present study addresses these gaps by examining how Women Community Centers in flood-affected Sindh functioned not only as safe spaces, but also as community-based protection platforms that integrated rights awareness, mediation, and social support into everyday local life (33,36-39).

Research question:

How do Women Community Centers (WCCs), through rights awareness sessions and CRP support, contribute to the prevention and reduction of domestic violence in flood-affected communities of Sindh, Pakistan?

The study pursued three specific objectives: to examine how GBV awareness and rights education influence women's knowledge, attitudes, and help-seeking behaviors; to analyze CRP roles in facilitating disclosure, psychosocial support, and referral activation; and to assess perceived changes in household dynamics following women's WCC participation.

METHODOLOGY

Study Design

A qualitative evaluation design was employed to examine the sustainability and longer-term outcomes of WCCs. Data was collected between March and June 2025. Qualitative inquiry is appropriate for exploring lived experiences, contextual dynamics, and processes of social change that resist quantification (13). Qualitative methods were employed, which are well-suited to understand behavioral change and community-level transformation due to WCCs (14).

Study Setting

Research was conducted in the Sukkur and Khairpur districts of Sindh

Province, Pakistan, areas severely affected by the 2022 floods and characterized by socioeconomic vulnerability, limited-service infrastructure, and patriarchal gender norms. These districts hosted WCCs, making them ideal sites for inquiry.

Sampling and Participants

Purposive sampling was used to identify information-rich key informants with direct knowledge of WCCs, a standard approach in qualitative research (14). Fourteen key informant interviews (KIIs) were conducted. Participants included CRPs, district coordinators, local administrative representatives, women leaders associated with WCCs, and other stakeholders involved in GBV awareness and referral. Selection criteria prioritized individuals who had observed changes in domestic violence or community dynamics during or after the intervention.

Data Collection

A semi-structured KII guide was developed to explore GBV awareness sessions, disclosure experiences, CRP roles in mediation and support, referral pathways, household changes, and sustainability of WCCs. Semi-structured interviews allow systematic exploration of complex social phenomena while preserving flexibility for follow-up probing (15). Interviews were conducted in local languages, lasted 45–60 minutes, and were audio-recorded with informed consent. Field notes documented contextual observations. Interviews were transcribed verbatim and translated into English.

Data Analysis

Thematic analysis was conducted following the framework of Braun and Clarke (16). Transcripts were imported into MAXQDA software, which facilitates systematic coding and enhances analytical transparency through audit trails (17). Analysis proceeded through familiarization, open coding, axial coding, and iterative theme generation. Key themes included: GBV awareness as norm transformation; safe spaces and disclosure; CRP mediation and prevention; referral pathways; household dynamics; and sustainability. Coding decisions were reviewed continuously for consistency.

Trustworthiness

Credibility and trustworthiness were enhanced through methodological triangulation across informant types, a MAXQDA audit trail, and reflexive journalling to minimize researcher bias (13,18).

Ethical Considerations

Informed consent was obtained before each interview. Participants were assured of the voluntary nature of participation and their right to withdraw. Confidentiality was protected through anonymization and secure data storage. Interviews were conducted in private settings. The 'do no harm' principle was strictly observed — participants were not pressured to disclose personal abuse experiences (19).

FINDINGS

GBV Awareness Sessions as Catalysts for Norm Change

Qualitative evidence from Sukkur and Khairpur consistently indicated that GBV awareness sessions delivered through WCCs constituted a foundational mechanism for shifting knowledge, perceptions, and responses to domestic violence. Before the intervention, women's limited awareness of rights contributed to the normalization of abusive behavior. A district coordinator in Khairpur noted:

"Women were largely unaware of their rights, and as a result, they were vulnerable to violence and exploitation. We sought to create a safe and empowering space where they could access information, resources, and support to reclaim their rights and live with dignity." (KII, Khairpur)

Awareness sessions reframed domestic violence — previously internalized as normal marital discipline — as a violation of dignity and rights. Women described concrete shifts in their understanding and capacity to act:

"Now, we understand what oppression is, and we tell our brothers, sisters, and husbands when they are oppressing us. We were given helpline numbers and a chart with emergency contacts. Now, if anyone bothers us, we know who to call for help." (IDI, Sukkur)

The provision of helpline numbers and referral directories transformed violence from a private, invisible problem into one that could be externally addressed. Pre-intervention isolation was a recurrent theme. One participant described her community as restricted and inward-looking before the WCC was established; another noted that the organization provided training on women's rights that enabled her to work and earn an independent income.

Awareness programming did not operate in isolation but was embedded within a broader empowerment framework encompassing skills training, mobility, and collective engagement, reinforcing acceptability and impact. Evaluation data indicated that approximately 88% of respondents perceived progress in addressing GBV through WCC activities, and 89% observed shifts in men's perceptions of gender norms — quantitative signals consistent with the qualitative accounts documented here.

Safe Spaces Enabling Disclosure

The WCCs provided physically secure, socially legitimate, and female-centred environments where women could discuss sensitive issues, including domestic violence, without fear of stigma, family backlash, or social sanction. In conservative rural settings where women's mobility is frequently restricted and private matters are rarely discussed publicly; these spaces constituted a structural intervention.

Before the establishment of WCCs, many participants reported enduring domestic violence in silence. The centers reduced this silence by offering a neutral, community-endorsed venue for open exchange. A participant from Sukkur described how collective participation transformed her community:

"Before the center was established, violence was common in our village. But after this institution started working here, things began to improve. At first, people

tried to stop us from attending, but we stood together and addressed those objections. Now, we can move more freely and support one another." (FGD, Sukkur)

Women in Khairpur similarly attributed reductions in isolation to WCC participation: "Earlier, we stayed inside our homes and did not speak openly about our problems. At the center, we meet other women, talk about our issues, and realize that we are not alone" (FGD, Khairpur). This collective recognition of shared experience normalized conversations around domestic violence, reducing shame and encouraging reflection on individual situations.

The physical and institutional structure of WCCs enhanced women's sense of safety. Referral charts, helpline information, and structured sessions visibly signaled institutional backing and reduced the fear associated with disclosure. The presence of CRPs further reinforced this protective environment. Women consistently described CRPs as approachable, empathetic, and trustworthy — intermediaries whom they were more willing to confide in than external authorities:

"When there is a problem at home, we can discuss it with the CRP. She listens to us and guides us. Because she belongs to our community, we trust her." (KII, Sukkur)

Disclosure extended beyond acute violence to encompass economic control, mobility restrictions, and emotional abuse, indicating that the centers facilitated comprehensive safety conversations rather than crisis response alone.

Community Resource Persons: Mediation, Prevention, and Relational Trust

CRPs emerged across all data as the most pivotal actors in both preventing and responding to domestic violence. Their embeddedness in local social networks positioned them as culturally legitimate intermediaries capable of navigating sensitive household dynamics in ways that external actors could not. A focus group participant from Sukkur highlighted the preventive function:

"Previously, there was a lot of violence in our village, but now it has significantly decreased. The CRP in our village educates the men and helps prevent conflicts." (FGD, Sukkur)

CRPs engaged male family members in proactive dialogue around respectful relationships and conflict resolution — an approach consistent with meta-analytic evidence indicating that community mobilization interventions that include men are more effective than those targeting women alone (9. By addressing potential perpetrators as well as survivors, CRPs functioned as preventive rather than merely reactive agents. Relational trust enabled early-stage intervention, with CRPs frequently mediating disputes before escalation. This bridged individual awareness and community accountability, reducing impunity and facilitating behavior change.

Referral Pathways and Alliance Support

Referral mechanisms were not merely informational but operationalized through structured systems and alliance networks. Women were provided with emergency contact charts and helpline directories during WCC sessions. A participant from Sukkur described the practical value: "We were given helpline numbers and a chart with emergency contacts. Now, if someone mistreats us, we know exactly who

to contact" (IDI, Sukkur). Knowledge of accessible services increased women's sense of agency even when formal reporting was not pursued.

Alliance members served as community-level governance mechanisms. In Khairpur, participants noted that facilitated referrals resolved family disputes through counselling and dialogue, reducing stigma and discouraging impunity. The integration of referral pathways within the WCC model transformed GBV response from isolated intervention into a coordinated community-based protection system — reflecting multi-sectoral recommendations from international standards for GBV programming in emergencies (20).

Changes in Household Dynamics and Perceived Violence Reduction

A central finding was the perceived reduction in domestic violence and transformation of household relationships. Participants described observable behavioral changes among men following awareness sessions. An IDI respondent from Sukkur stated: "When the men and boys from our community attended the training on GBV, they realized their mistakes and changed their behavior. Now they behave more positively and with understanding" (IDI, Sukkur). Women in Khairpur described tangible improvements: men had become less abusive, more caring, and willing to assist with household responsibilities (FGD, Khairpur).

Women reported increased participation in household decision-making, reduced emotional and psychological control, and improved communication. These relational changes were not confined to individual families but appeared to reflect wider normative shifts — violence, once normalized as a private matter, was increasingly perceived by community members as socially unacceptable. This suggests the intervention influenced social norms at the community level rather than solely modifying individual attitudes.

Sustainability of GBV Prevention

Data indicated the promising sustainability of WCCs. Despite the formal closure of the intervention, CRPs and community committees remained active in several areas, continuing awareness activities and informal mediation. A woman from Khairpur captured this sense of internalized capacity: "We have learned so much. Now we can go out confidently, use our skills, and teach other women what we have learned."

Sustainability appeared to rest on three interconnected pillars: continued CRP engagement, community ownership of WCC spaces, and internalized shifts in gender norms. Participants described the centers as part of the permanent community fabric rather than temporary structures. The transition from externally driven programming to locally sustained social governance signals a degree of institutional embedding that extends beyond the intervention period.

DISCUSSION

This study examined how Women Community Centers, through rights awareness and CRP engagement, contributed to GBV prevention in flood-affected Sindh. The findings reveal that community-based platforms can serve as effective

multilevel prevention systems when they integrate awareness, safe spaces, mediation, and referral linkages within culturally sensitive frameworks.

The transformative potential of awareness sessions observed in this study aligns with social norms theory, which posits that behavioral change requires not only individual knowledge acquisition but collective dialogue that challenges accepted practices (5,6). In Pakistan, where the 2017–18 Demographic and Health Survey indicated that a significant proportion of women consider domestic violence justifiable under certain circumstances, and where the lifetime prevalence of intimate partner violence has been estimated at approximately 33% (11,21), WCC-based awareness sessions appear to have contributed to shifts in both cognitive and normative frameworks. The group-based structure facilitated collective reframing of violence from a private matter to a shared social problem requiring accountability.

The central role of safe spaces in enabling disclosure resonates with a substantial body of humanitarian literature. Systematic reviews of Women and Girls' Safe Spaces demonstrate their capacity to enhance help-seeking, reduce isolation, and serve as entry points for multi-sectoral services (7,8), and international standards recognize WGSS as one of 16 minimum standards for GBV programming in emergencies (20). This study extends that evidence base by documenting how safe spaces embedded within broader livelihood and empowerment programming — rather than operating as standalone protection interventions — may enhance community acceptability and reduce the stigma of participation. In contexts where formal disclosure channels carry reputational risk, this embedding is likely essential.

The mediating role of CRPs represents a particularly significant contribution to this study. In Pakistan, distrust of formal legal institutions, fear of retaliation, and family pressure routinely deter survivors from seeking institutional assistance (10), making informal, community-embedded intermediaries' critical pathways to protection. CRPs in this study bridged individual awareness and community accountability, functioning as preventive agents by engaging men before violence escalated — an approach consistent with growing meta-analytic evidence that community mobilization interventions targeting both partners or communities, rather than women alone, are most effective in reducing intimate partner violence in low- and middle-income countries. (9) The ecological model of violence prevention lends theoretical coherence to this: CRPs operated simultaneously at the relational level (mediating couples and families), the community level (engaging social norms), and the societal level (connecting to formal services and alliance networks) (12).

The operationalization of referral pathways strengthened perceived protection even in the absence of formal reporting. This finding aligns with evidence from Pakistan indicating that awareness of support services correlates with enhanced help-seeking behavior (22). The WCC model effectively created layered protection: informal CRP mediation as a first tier, alliance networks as a second tier, and formal services as a third — a hybrid model that accommodates the social realities of rural Sindh while maintaining connections to broader institutional frameworks, as recommended in UN Women guidance on multi-sectoral GBV coordination (23).

The reported improvement in household dynamics and reduction in domestic violence, while consistent with findings from community mobilization programs elsewhere (6,9), must be interpreted with caution given the qualitative and self-reported nature of the data. Social desirability bias, recall, and the risk of over-attrition to the intervention cannot be excluded. Nevertheless, the cross-district consistency of narratives and the specificity of reported behavioral changes strengthen the credibility of the observed trends.

The sustainability of WCCs has long been a challenge in GBV programming. The evidence from this study suggests that internalized norm change, continued CRP activity, and community ownership of physical spaces may contribute to sustained preventive capacity beyond funding cycles (24). In disaster-affected regions where vulnerabilities are compounded by ongoing economic stress and weak institutional presence, community resilience mechanisms of this kind are particularly consequential.

Several limitations warrant acknowledgement. The study's qualitative design precludes causal claims about reductions in violence. The sample, while purposive and information-rich, does not represent all community perspectives. Women's voices predominate; male perspectives and those of survivors who did not access WCC services are absent. Recalling bias may affect retrospective accounts. Future research should integrate longitudinal mixed-method designs, include matched comparison communities, and incorporate validated survey instruments to quantify changes in violence prevalence and attitudes.

CONCLUSION

This study demonstrates that Women Community Centers, through an integrated model combining GBV awareness, safe spaces, CRP-facilitated mediation, and structured referral pathways, functioned as effective community-based platforms for domestic violence prevention in flood-affected Sindh. The findings affirm that knowledge alone is insufficient for behavioral change: transformation occurs when awareness is embedded within trusted community structures that enable collective dialogue, relational mediation, and institutional accountability.

Community Resource Persons emerged as the most critical component of the model, functioning simultaneously as educators, mediators, and psychosocial supports. Their cultural embeddedness, relational trust, and community legitimacy allowed them to bridge the gap between rights awareness and protective action in ways that formal institutions cannot replicate in similar settings. The integration of GBV prevention within broader empowerment programming — rather than as an isolated protection activity — enhanced acceptability, reach, and sustainability in a culturally conservative post-disaster context.

The evidence of sustained community-led GBV prevention suggests that well-designed, locally owned community platforms can embed lasting change beyond formal programming cycles. These findings offer policy-relevant lessons for GBV prevention in Pakistan and comparable low-resource humanitarian contexts: safe

spaces must be integrated within empowerment programs; community intermediaries should be recognized, trained, and resourced as a core prevention infrastructure; and men's engagement must be systematically incorporated into awareness programming. Future research employing longitudinal, mixed-method, and comparative designs is needed to quantify these effects and strengthen the evidence base for community-driven GBV prevention in post-disaster settings.

Declarations

Funding: This research received no external funding.

Conflicts of interest: The author declares no conflicts of interest.

Ethics approval: Ethical safeguards compliant with the 'do no harm' principle in GBV research were observed. Informed consent was obtained from all participants before the interview. Identifying information was removed from transcripts.

Data availability: Interview transcripts are not publicly available to protect participant confidentiality.

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