**Gender-Based Violence**

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Gender-based violence (GBV) means violence committed against any person on basis of his/her gender or perceived gender. Any man, woman, child, older, transgender, or disabled person who belongs to any age, race, colour, language, religion, socio-economic, culture, nation, ethnic or territorial background can become the target of GBV.

The main forms of GBV are physical, verbal, sexual, socio-economic, and psychological/emotional. Psychological GBV is directly linked with all other types of GBV, so if physical/verbal/sexual/socio-economic GBV is committed on any person, then psychological GBV is automatically committed alongside it on that person.

GBV badly affects the physical and mental health of survivors of violence by means of post-traumatic stress disorder, permanent disabilities, physical injuries, suicide, sexually transmitted diseases, unwanted pregnancies, female feticide, unsafe abortions, low self-esteem, and even deaths in some cases. In Pakistan the majority of survivors of GBV are women and children and in children majority of them are girls.

The conviction rate in GBV cases is negligible.

In Pakistan, the cases of GBV are inter alia committed in the form of domestic violence, workplace harassment, acid-throwing attacks, sexual abuse/rape/sodomy, honour killing, trafficking, child/early/forced marriages, female genital mutilation/cutting (FGM/C), online harassment/exploitation/violence and other harmful social/cultural/religious/traditional practices.

In the last two decades, landmark legislation has been done by the federal and provincial govts. to address the GBV cases in Pakistan but still, some types of GBV cases require the attention of legislators to be addressed by enacting or amending legislation. Most prominent amongst them are child, early and forced marriages, and FGM/C or female circumcision.

Child, early and forced marriage cases are reported from all provinces of Pakistan and there is no uniform legislation in the country on child/early/forced marriages. Each province sets its age of marriage starting from 16 years and goes to 18 years. Moreover, underage marriage is an offence in one province but legal in another. So, perpetrators take the benefit of this lacuna in the legislation and commit offences in those provinces where underage marriage is legitimate.

Only Sindh province has enacted model legislation on child/early/forced marriages, ie, the marriageable age is set as 18 years for both bride and groom, but despite this model legislation, Sindh province is on top amongst all the provinces in respect of reporting of cases of child/early/forced marriages. This reflects the lack of enforcement of legislation in the province.

The other type of gender-based violence in Pakistan, which requires the attention of legislators is female genital mutilation/cutting (FGM/C), a traditional harmful practice that involves the partial or total removal of external female genitalia to preserve her premarital virginity and chastity. In Pakistan, it is exercised by the Dawoodi Bohra community in Sindh province as part of their religious, cultural or traditional belief. It is claimed that approx. 90 per cent of Bohra girls are forced to undergo FGM/C.

This practice is also found in Muslim communities near the Iran-Pakistan border. The Holy Quran is completely silent about female circumcision and references associated with Prophet Mohammad (PBUH) are weak and unauthentic. In Pakistan, there are no laws or administrative measures to stop practices of FGM/C. This is because it’s practised secretly by a small religious community in the country and underreported due to its taboo nature.

The above-mentioned examples of cases of GBV committed in Pakistan severely violate the international human rights standards set for the protection of human rights of women, girls and children and ultimately lower Pakistan’s international ranking amongst those countries where women/girls/children rights are fulfilled. International human rights monitoring organizations have ranked Pakistan in the list of the top four worst and most dangerous nations for women in the world.

According to World Economic Forum’s 2022 Global Gender Gap Index, Pakistan is the second worst country for women in terms of gender parity, because women/girls are not given the same status as men/boys in society, which ultimately deprives them of the fulfilment of their civil, political, economic, social, health, educational, and cultural rights. According to the UNFPA, 32 percent of women in Pakistan have faced some form of GBV and between 70 percent and 90 percent of married women have experienced abuse from their spouses at some point in their lives.

The causes of GBV in Pakistan are patriarchy, poverty, illiteracy, ignorance, unawareness of basic human rights, unemployment, temporary or low-income jobs, out-of-school children, gender inequality, excessive sexual offences against women and girls in society, social/cultural/religious practices such as vani swara (girls are given to the aggrieved family as compensation to settle disputes), Addo baddo (marriage of underage girl with her paternal first cousin), watta satta (exchange of girls through marriage), walwar (selling of girls by setting their price), the marriage of girl with Holy Quran, paitlikkhi (marriage of children are decided before their birth or in very young age by parents), linking of girl marriage with the option of puberty, the curse of dowery in society etc.

Some key recommendations to control GBV cases in Pakistan are;

1. Legislation and policies on child/early/forced marriages and FGM/C should be enacted/amended according to the international legal/policy framework on GBV and ultimately ensure the effective implementation of domestic laws/policies on GBV by federal/provincial governments.

2. The conviction rate in GBV cases is negligible, so the capacity of the judiciary, police, and medical practitioners in forensic handling of such cases should be built by providing them with state-of-the-art training on this subject.

3. Government should launch a massive awareness campaign against GBV through print/electronic media and in-person awareness sessions should be conducted in those communities where the prevalence of such cases is dominant.

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