

On Their Own Terms

Survivors' Idea of Dignity and Justice





People's Courage
International

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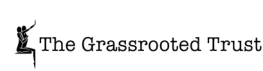
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Abbreviations

1. GBV	Gender-Based Violence
2. TFGBV	Technology-Facilitated Gender-Based Violence
3. CJS	Criminal Justice System
4. CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
5. MHPSS	Mental Health and Psychosocial Support
6. PTSD	Post-Traumatic Stress Disorder
7. NGO	Non-Governmental Organisation
8. INGO	International Non-Governmental Organisation
9. WHO	World Health Organization
10. WEF	World Economic Forum
11. IMF	International Monetary Fund
12. UNDP	United Nations Development Programme
13. UNICEF	United Nations Children's Fund
14. USD	United States Dollar
15. OCMC	One-Stop Crisis Management Centre
16. WCSC	Women and Children Service Centre
17. ADB	Asian Development Bank
18. FEDO	Feminist Dalit Organisation
19. NPR	Nepalese Rupee
20. mhGAP	Mental Health Gap Action Programme (WHO)
21. LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual +
22. UU TPKS	Undang-Undang Tindak Pidana Kekerasan Seksual (Sexual Violence Crime Law, Law No.12 of 2022)
23. KUHP	Kitab Undang-Undang Hukum Pidana (Criminal Code)
24. KUHP	Kitab Undang-Undang Hukum Acara Pidana (Criminal Procedure Code)
25. SPHPN survey)	Survei Pengalaman Hidup Perempuan Nasional (national women's life experience survey)
26. UPTD PPA	Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (regional technical implementation unit for the protection of women and children)
27. P2TP2A	Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak (integrated service center for the empowerment of women and children)
28. PPA/PPO	Perlindungan Perempuan dan Anak (police unit for protection of women and children)
29. Komnas Perempuan	Komisi Nasional Anti Kekerasan terhadap Perempuan (national commission on violence against women)
30. DBK	Dana Bantuan Korban (victim assistance fund)
31. LBH APIK	Lembaga Bantuan Hukum Asosiasi Perempuan Indonesia untuk Keadilan (legal aid foundation of the Indonesian women's association for justice)
32. LPSK	Lembaga Perlindungan Saksi dan Korban (witness and victim protection agency)
33. Ver	Visum et Repertum (medico-legal forensic report)
34. CSO	Civil Society Organisation

35. NTT	Nusa Tenggara Timur (east nusa tenggara province)
36. HDI	Human Development Index
37. NLASO	National Legal Aid Services Organization
38. OCC	One-Stop Crisis Centre
39. MoWCA	Ministry of Women and Children Affairs
40. MSPVAW	Multi-Sectoral Programme on Violence Against Women
41. NTCC	National Trauma Counselling Centre
42. RTCC	Regional Trauma Counselling Centre
43. WCRPA	Women and Children Repression Prevention Act, 2000
44. BLAST	Bangladesh Legal Aid and Services Trust
45. ASK	Ain o Salish Kendra (legal aid and human rights organisation)
46. RMG	Readymade Garment
47. BBS	Bangladesh Bureau of Statistics
48. OC	Officer-in-Charge (police station head)
49. UNO	Upazila Nirbahi Officer
50. WPS Index	Women, Peace, and Security Index
51. WCPD	Women and Children Protection Desk
52. VAWC	Violence Against Women and Children
53. DSWD	Department of Social Welfare and Development
54. PAO	Public Attorney's Office
55. GCTA	Good Conduct Time Allowance
56. HMO	Health Maintenance Organization
57. NCMH	National Centre for Mental Health
58. CATWAP	Coalition Against Trafficking in Women, Asia Pacific
59. IDEALS	Initiatives for Dialogue and Empowerment through Alternative Legal Services
60. NDHS	National Demographic and Health Survey
61. PDVA	Prevention of Domestic Violence Act
62. LKR	Sri Lankan Rupee



Executive summary

What is likely to change if our countries and societies become safer for women and children? Women would have greater freedom to move, study, work, and participate in public life without their choices being constrained by the threat of violence. Children would be less exposed to the effects of violence within their homes and communities. Families, public systems and economies would carry fewer of the costs that violence creates. Some global evidence demonstrates these connections. A macroeconomic study of Ghana estimated that violence against women resulted in losses equivalent to about 0.94% of GDP, describing this not as a one-time cost but as a continuing loss from the economy.¹ Evidence from Peru found that expanding women's access to justice reduced gender-based violence and was accompanied by improvements in children's school attendance and test scores.² These studies point to a broader possibility: making women and children safer does not benefit survivors alone. It can increase participation, improve human potential and strengthen the societies in which they live.

The research that led to this report, *On Their Own Terms: Survivors' Idea of Dignity and Justice*, seeks to answer this question: What needs to change for this to become a reality? 168 survivors of sexual violence, 160 family members, and 192 criminal justice system actors, caseworkers and community workers from across Bangladesh, India, Indonesia, Nepal, the Philippines and Sri Lanka articulated what justice meant to them, what helped them seek it, and what made it harder. What emerges is that the meanings of justice extend beyond reporting, prosecution or conviction: justice is also safety, dignity, acknowledgement, healing, financial security, reproductive choice, being able to continue with education or work, and having the support required to rebuild their lives.

Survivor testimonies point to the need for a survivor-centric system that is both responsive and accountable: where laws, institutions, budgets, services and community responses are designed around the survivor's safety, dignity, autonomy, access to support and ability to recover, rather than the convenience of institutions. It requires systems to change how they investigate, coordinate, allocate resources, deliver services and measure outcomes in ways that respond to survivors' actual circumstances - including known perpetrators, dependency, family or community pressure, delayed reporting and economic constraints. Legal, medical, psychosocial, protection and financial support should be accessible, connected and sustained throughout a survivor's journey. Prevention requires changing the culture, education, social norms and beliefs that normalise violence, protect perpetrators, blame or silence survivors, and make the denial of safety and justice socially acceptable. In this sense, survivor-centricity is not only about how an individual survivor is treated; it is about reforming the system to prioritise safety, meaningful choice, recovery and accountability.

Recommendations

The recommendations that follow draw directly from the experiences and perspectives of survivors, families, caseworkers, community workers and justice actors across the six countries, documenting where systems are working, where they fall short and what needs to change.

1. Build the justice system around the realities of known-perpetrator sexual violence.

84% of the survivors consulted in this study reported knowing the perpetrator from beforehand. However, current investigative and judicial procedures largely rely on stranger-attack systems and do not account for delayed reporting, continued contact with the perpetrator, the absence of injuries or weapons, and changing eyewitness accounts. Instead, authorities must examine evidence around consent, coercion, dependency, abuse of trust or authority, and the family and community pressures surrounding the case. Legal assistance, psychosocial care, protection, medical services and financial support must be integrated into the justice process from the point of reporting, enabling survivors to remain safe and sustain their legal journey.

2. Treat healing and recovery as part of justice.

Across the six-country sample, an average of 40% of survivors reported experiencing suicidal thoughts following the violence - this average masks significant variation, ranging from 12% to 56% across countries. Even at its lowest, this prevalence is indicative of how severe and far-reaching the mental health impacts of sexual violence can be on survivors. This severity is compounded by a stark global resource gap: while high-income countries have 67.2 specialised mental health workers per 100,000 people, low- and lower-middle-income countries have as few as 1.1 to 2.4, a shortfall of up to 98% in specialised mental health care in the very contexts where the need is most acute.³ Survivors and their families repeatedly spoke about legal counselling, healing and rebuilding their lives. Psychological support needs to be available close to where survivors live, last longer than the immediate crisis and extend to survivors' caregivers. Countries should expand access through trained, supervised community-based practitioners linked to primary healthcare, with specialist mental health and paralegal services where required.

3. Ensure that survivors do not bear the financial cost of seeking justice.

59% reported income loss and 39% were forced to relocate, severing ties to community, livelihood and the social capital that could otherwise have anchored their recovery. Forced migration does not just cost money - it strips survivors of the very support systems that protect against further harm, leaving them more exposed, not less, in the aftermath of violence. The violence is inflicted once. The financial and social cost is inflicted again, by the very process meant to deliver justice. Compensation, especially for economically weak survivors, should be made available through mechanisms that are not unduly dependent on conviction, particularly given the delays and uncertainty associated with legal proceedings. Such frameworks must ensure timely and sustained support for survivors' recovery, rehabilitation, livelihoods regardless of how long the pursuit of legal justice takes.

4. Protect sexual and reproductive choice.

Every survivor of rape should have access to safe abortion as a basic and non-negotiable reproductive right, irrespective of where she lives. 15% of survivors in this study reported a pregnancy caused by rape - and for them, that pregnancy should not become a further consequence to endure because the law prohibits abortion, services are inaccessible, or economic and social pressures leave them with no meaningful choice. States must ensure survivors can access safe, timely and confidential abortion services, alongside the support necessary to make their own decisions about whether to continue or terminate a pregnancy - free from coercion, stigma or pressure. This must be accompanied by better access to information and comprehensive sexuality education on consent, bodily autonomy, reproductive health and support mechanisms.

5. Strengthen public systems while enabling civil society to continue its critical role.

NGOs and caseworkers often provide the legal, psychosocial, financial and practical support that enables survivors to continue seeking justice. From the 117 who sought legal justice, 72% cited NGOs as their key source of motivation. This should not become a substitute for state responsibility. Governments should strengthen public services and build clearer referral and coordination mechanisms with civil society, while ensuring that regulatory and funding environments do not interrupt essential survivor support.

6. Learn across countries and systems.

All six countries in the study have made progress through changes in laws and policies, guidelines, institutional mechanisms, staffing and budgets, although important gaps remain. Governments should use existing regional platforms more deliberately to share what has worked and what has not. This learning should include policymakers, government departments, police, prosecutors, and judicial institutions, and focus on practical experience that can be adapted across countries.

7. Fund the gaps that prevent survivors from accessing support.

Only 0.2% of global aid and development funding goes towards the issue of gender-based violence.⁴ National and international funders should use evidence to identify where concentrated investment could substantially expand access and how the work that they support can align with State systems. This could include trained community-level mental health practitioners and paralegal workers, stronger primary healthcare for sexual and reproductive health, services in remote areas, and better referral and case-management systems. Funding should be flexible and sustained enough to support survivors over time, while strengthening and scaling approaches that demonstrate effectiveness. International financial institutions should also recognise justice and gender-responsive systems as foundations of economic development and include these considerations in their investments and engagement with national governments.





METHODOLOGY



This research draws on the insights and experiences of sexual violence survivors in Bangladesh, India, Indonesia, Nepal, the Philippines and Sri Lanka.

For the purpose of this research, four different methods were used to collect data: Surveys, In-depth Interviews (IDIs), Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs).

The research was conducted in partnership with grassroots organisations working on the issue of Sexual and Gender-based Violence (SGBV) across the six countries. Each of these organisations was engaged in survey area selection and data collection for the research in their respective countries.

- Badabon Sangho – Bangladesh
- Jan Sahas Foundation– India
- Asosiasi LBH APIK – Indonesia
- Samari Utthan Sewa (SUS) – Nepal
- IDEALS – Philippines
- Grassrooted Trust - Sri Lanka

Country selection was informed by existing rapport and networks in both South Asian and South East Asian regions. Organizations across the six countries were chosen based on their direct access to survivors and family members.

Our primary participants included survivors of sexual violence at various stages of rehabilitation, and their immediate family members/caregivers. Secondary participants like caseworkers, criminal justice system actors, community members were also included in the study.

Table a: Data Collection Tools and Sample Size by Participant Type and Country

Participant Type	Data Collection Tools	Bangladesh	India ⁱ	Indonesia	Nepal	Philippines	Sri Lanka
Survivors	IDIs	10	25	11	10	8	10
	Survey	26	41	25	25	25	25
	Participatory Workshop	–	17	–	–	–	–
Family Members	IDIs	10	39	10	11	12	10
	Survey ⁱⁱ	25	43	20	22	25	25
Caseworkers	KIIs / FGDs	5	48	6	5	5	5
Community Workers	KIIs / FGDs	4	39	9	8	3	5
Criminal Justice System actors	KIIs	4	24	4	6	7	5
Total		64	196	64	66	65	65

ⁱThe total no. of participants for India, including qualitative and quantitative tools is 196. All survivors and survivor families have taken part in more than one data collection method. Out of the 42 survivors, 41 participated in the survey, one survivor dropped out during the data collection process. However, she participated in the IDI. Within the 42, 25 survivors participated in the IDIs and 17 participated in the participatory research workshop.

ⁱⁱFor all the countries, surveyed survivors and family members include participants who also took part in the IDIs.

Sampling

The research employed purposive and convenience sampling methods.

1. Purposive Sampling

- a. Survivors: Variables such as age group, type of case, and case status were deliberately considered to ensure diversity across categories and enable comparative analysis of survivor experiences at different life stages and points within the legal process. Survivors were therefore purposively selected to capture variation in age, nature of violence, and engagement with the criminal justice system.
- b. Secondary participants: Categories of secondary participants including criminal justice system actors, case workers, and community workers were pre-defined to ensure representation of stakeholders with different roles and levels of engagement with survivors and the criminal justice system.

2. Convenience Sampling

Within the purposively identified categories, participants were selected based on availability, accessibility, level of engagement, rapport, and relevance to survivor cases within each district. This was particularly applicable to secondary participants, where access depended on the availability of relevant actors and their willingness to participate.

Selection Criteria

1. Inclusion Criteria

- Time period of cases: Incidents that occurred between 2018 and 2024, to ensure that survivors had sufficient time to access psychosocial support services and engage, to varying extents, with the legal system.
- Age at the time of incident: Survivors who were a minimum of 15 years old at the time of the incident, to ensure the capacity to reflect on and articulate their experiences.
- Age at the time of interview: Survivors were required to be at least 18 years old at the time of the interview.
- Geography: Only direct engagement areas were chosen to ensure that survivors who were participants of the study had received end-to-end support.
- Nature of cases: The study included cases involving different forms of sexual violence. The types of cases included were determined by the forms of sexual violence recognised within the legal frameworks of the respective countries.
- Case status: Cases at different stages of the justice-seeking process were included to capture variations in survivors' experiences of seeking and accessing justice.

2. Exclusion Criteria

- Cases outside the study period: Incidents that occurred before 2018 or after 2024, as they fall outside the defined temporal scope of the study.
- Age below threshold at time of incident: Survivors who were under 15 years of age at the time of the incident, due to ethical considerations and limitations in eliciting reflective narratives from younger children.
- Inability to provide informed consent: Survivors who were unable or unwilling to provide informed consent, including situations where participation could pose risks to safety or well-being.
- Acute psychological distress: Survivors assessed by trained field teams to be experiencing severe or acute psychological distress at the time of recruitment, where participation could risk retraumatisation.

Study Design and Methodological Differences

The study was first conducted in India and served as the foundation for the subsequent research across the five other countries. The India study included 42 survivors and 43 family members. As data collection in India preceded the other countries by approximately one year, the research tools and methods were subsequently refined to enable deeper exploration of emerging themes and stakeholder perspectives.

The sample sizes in the other countries were smaller, reflecting the practical and ethical challenges of accessing survivors of sexual violence for research. These access constraints also affected the methods that could be employed. These differences should be considered when interpreting findings across the six countries. Some participatory research methods were employed in India but could not be replicated in the other countries, primarily because of challenges in accessing survivors. The later refinement of the research tools also meant that some areas explored in the subsequent country studies were not captured in the India study. Consequently, India-specific data are not available for some measures, including the mental health impacts experienced by survivors and family members and the physical impacts experienced by survivors.

The findings on income loss in India also draw on a smaller sub-sample ($n=25$), reflecting the number of survivors who participated in in-depth interviews that included this measure. These differences in sample size, methods and the timing of data collection mean that the findings are not intended as a directly comparable dataset across all six countries. Rather, the India study provided the conceptual and methodological foundation for the wider research, while the subsequent country studies built on and refined the inquiry to capture additional dimensions of survivors' and families' experiences.

Reading the Findings

The quantitative and qualitative findings should be read together rather than interpreted separately. The percentages presented in this report are intended to complement and contextualise the qualitative findings, rather than serve as standalone measures of the prevalence or significance of particular experiences. Given the differences in sample sizes, methods and data collected across countries, percentages should not be used to make direct comparisons between countries or to infer the relative importance of an issue.

It is also important to note that some survey questions allowed respondents to select multiple response options. As a result, the percentages for these questions may not add up to 100 percent. These percentages represent the proportion of respondents who selected each option and should therefore not be interpreted as mutually exclusive categories or as an expected 100 percent distribution.

The study's recommendations are grounded primarily in the themes and patterns that emerged through qualitative analysis including survivors' and family members' accounts of their experiences, priorities and understandings of justice. Quantitative findings are used to illustrate the extent to which these themes were reflected across the study sample and to provide additional context to the qualitative evidence. Accordingly, a lower percentage does not necessarily indicate that an issue is less significant, particularly where qualitative accounts reveal substantial consequences or systemic implications.

Study Limitations

- The study sample reflects the contexts and communities where the different organizations operate and therefore does not represent a statistically representative population.
- In some cases, survivors who are children were not interviewed directly due to the sampling criteria; their experiences were captured through interviews with their family members, which may limit the depth of first-person insights.
- The cross-sectional nature of the study captures survivor experiences at a single point in time and does not account for how perceptions of justice, healing, and support may evolve over longer periods.
- Survivor narratives relied on retrospective accounts and may be influenced by recall bias, particularly given the time elapsed between the experience of violence and participation in the study.

Ethical Safeguards

Ethical Oversight and Accountability

An Ethics Advisory Committee guided the ethical framework of the study and reviewed all research protocols to ensure adherence to safeguarding standards and ethical principles. A Steering Committee composed of members from mental health and programmes teams provided ongoing feedback on study design, data collection processes, and participant wellbeing. The research team also underwent an ethics assessment facilitated by UNICEF to strengthen understanding of ethical principles in evidence generation and ensure that all stages of the research followed responsible, trauma-informed, and safeguarding-aligned practices.

Informed Consent Protocol

Informed consent was an important ethical safeguard in the study. Participants, prior to participation were provided with clear and accessible information about the purpose of the study, what participation would involve (including the length and nature of the interview), and how their perspectives would be used. Participants were informed that participation was entirely voluntary, and that they could refuse to answer any question, and withdraw from the study at any time as per their will. Potential risks and benefits were explained, including the possibility of emotional discomfort, the absence of direct material benefits, and the broader aim of strengthening survivor-centred support systems and justice responses. Written consent was obtained from all participants, including specific permission to audio-record interviews, and participants were encouraged to ask questions at any stage. Researchers followed survivor-centric protocols throughout data collection to minimise distress and prioritise survivor safety and dignity, with safe spaces and referral mechanisms in place to provide emotional support where needed. In case of survivors below 18 years, consent was obtained from parents or guardians and additional safeguarding measures were followed to protect the survivor's wellbeing. For ethical and safety reasons, minor survivors were not directly included in in-depth interviews or surveys. Data collection was conducted with adult survivors, their family members and family members of minor survivors.

Confidentiality and Data Protection

All interviews were carried out in spaces which ensured utmost privacy and prioritised comfort of the survivors. Availability of immediate mental health support through professional counsellors was ensured prior to all interactions with survivors and their families. Anonymisation protocols were applied across transcripts and reports to protect participant identity. Research data were stored in password-protected folders with restricted access. Audio recordings were securely stored and will be deleted within one year of study completion.

Accountability to Participants

In India, the research findings and emerging recommendations have also been taken back to communities in accessible formats, creating an opportunity for participants to engage with how their experiences and insights have been interpreted. This process reflects an effort to ensure that participants remain co-owners of the knowledge generated through the research and that the research remains accountable to those whose experiences shaped it. The recommendations presented in the country chapters have been co-created with the respective research partners, drawing on their contextual knowledge and interpretation of the findings. Following the launch of this report, the recommendations and findings will also be discussed with partners in the other countries to further reflect on their relevance, contextualise them within national realities, and identify areas for collective action.



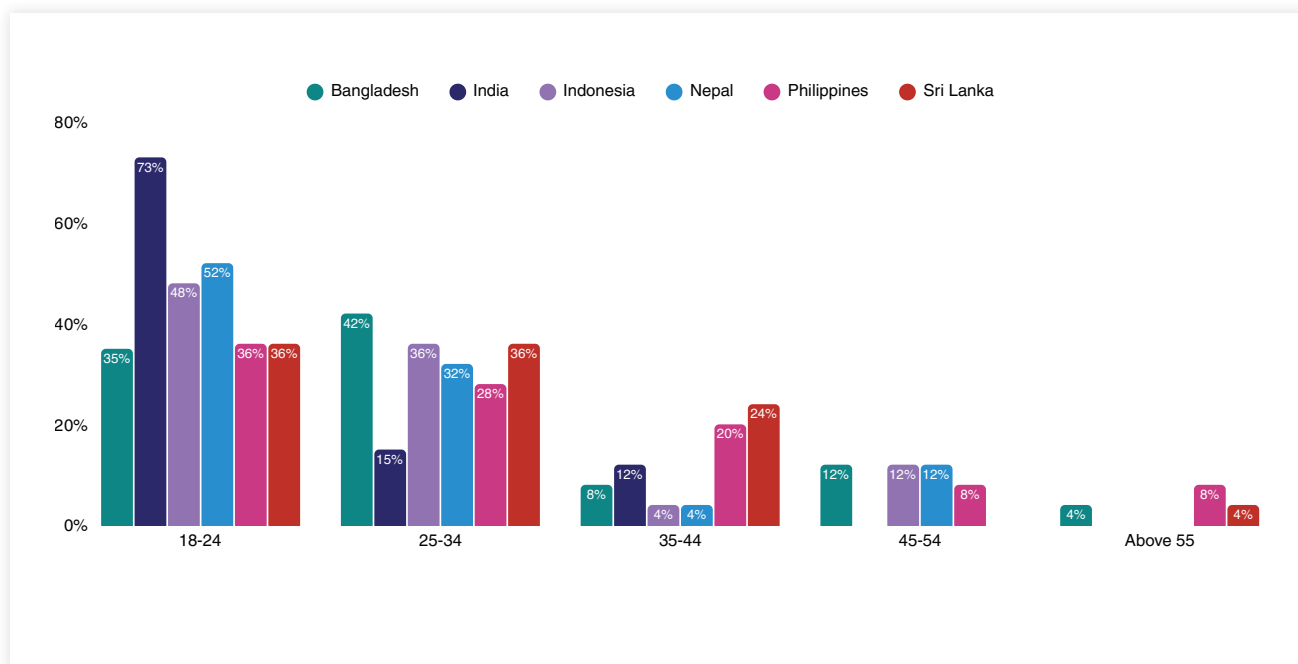


Figure a: Age-wise representation

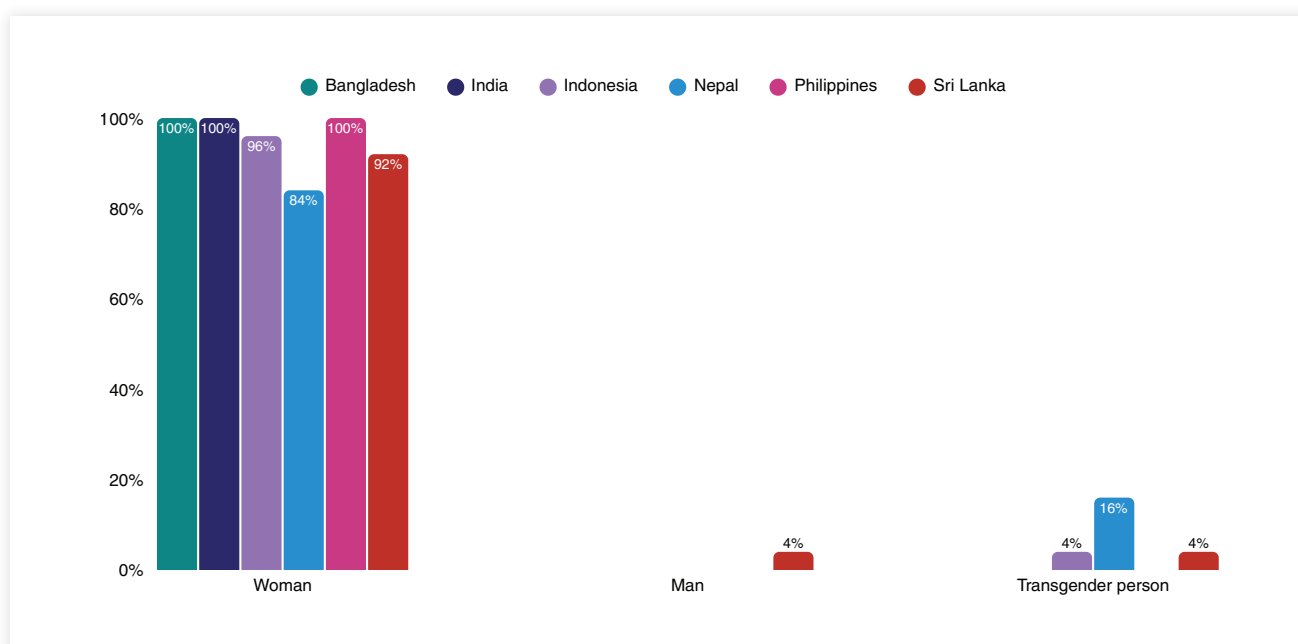


Figure b: Gender-wise representation

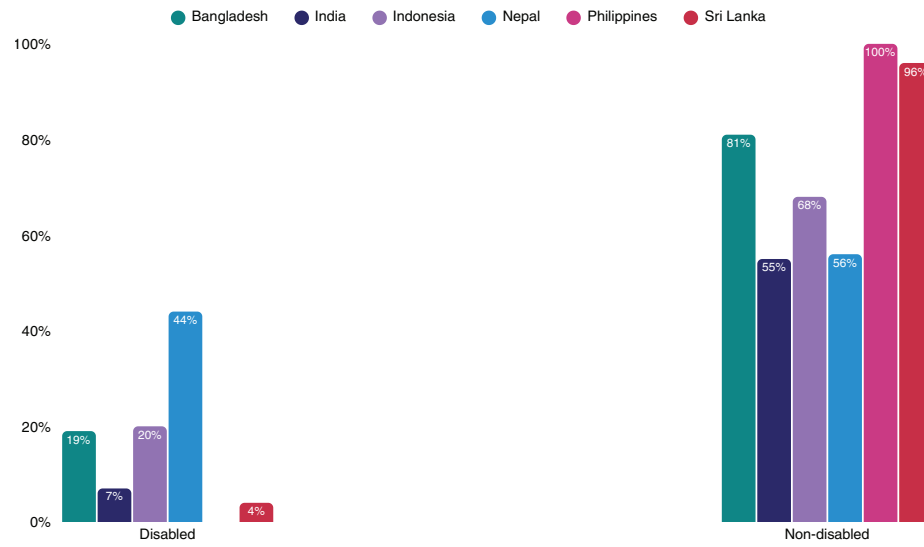


Figure c: Disability

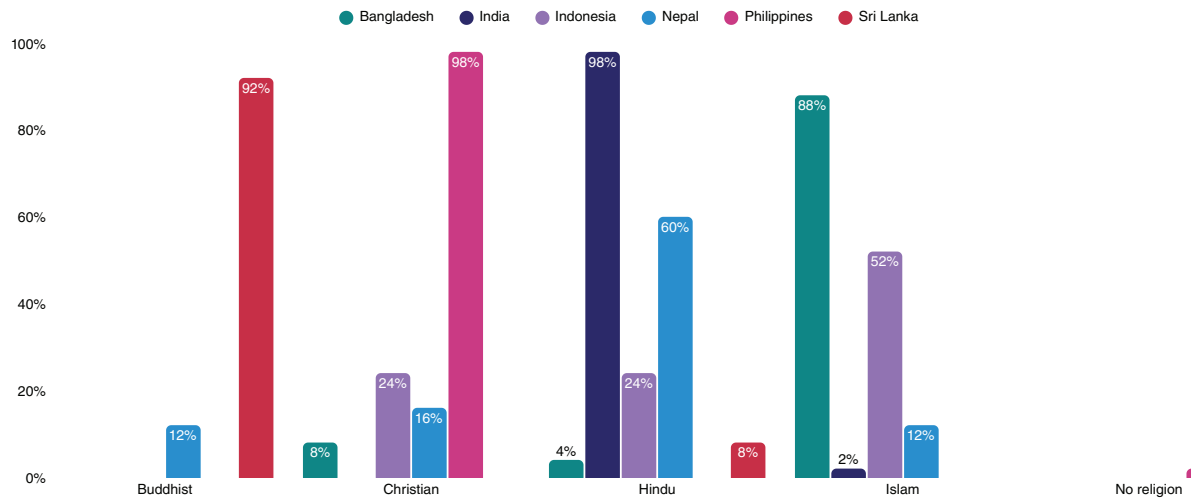


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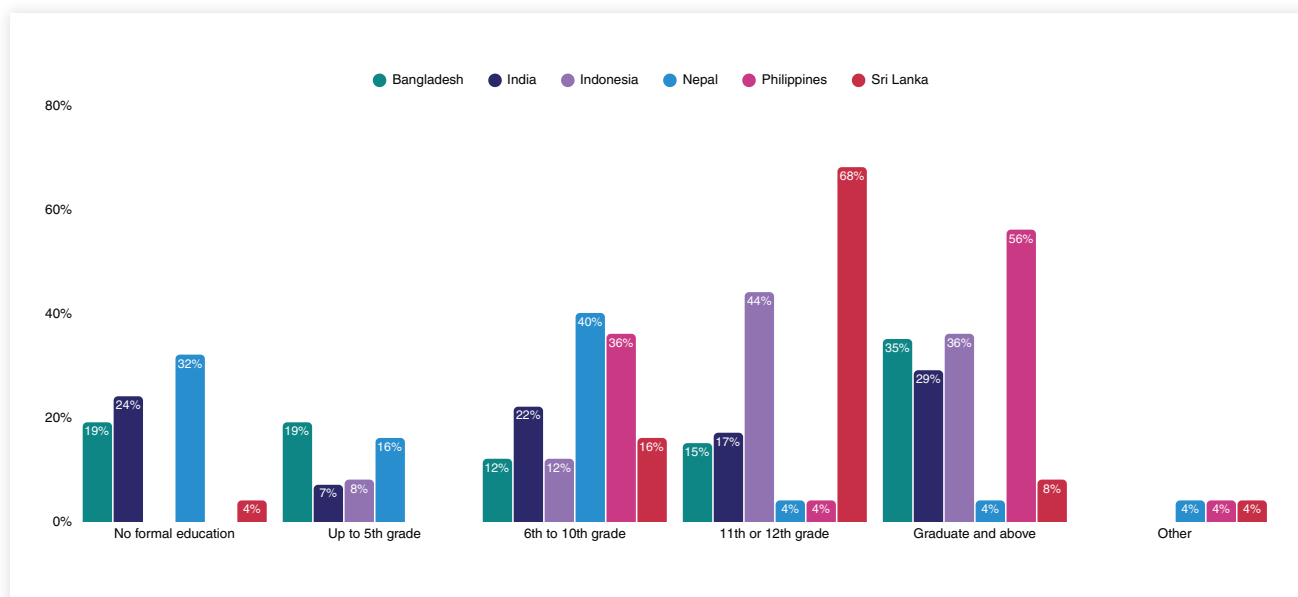


Figure e: Education-wise representation

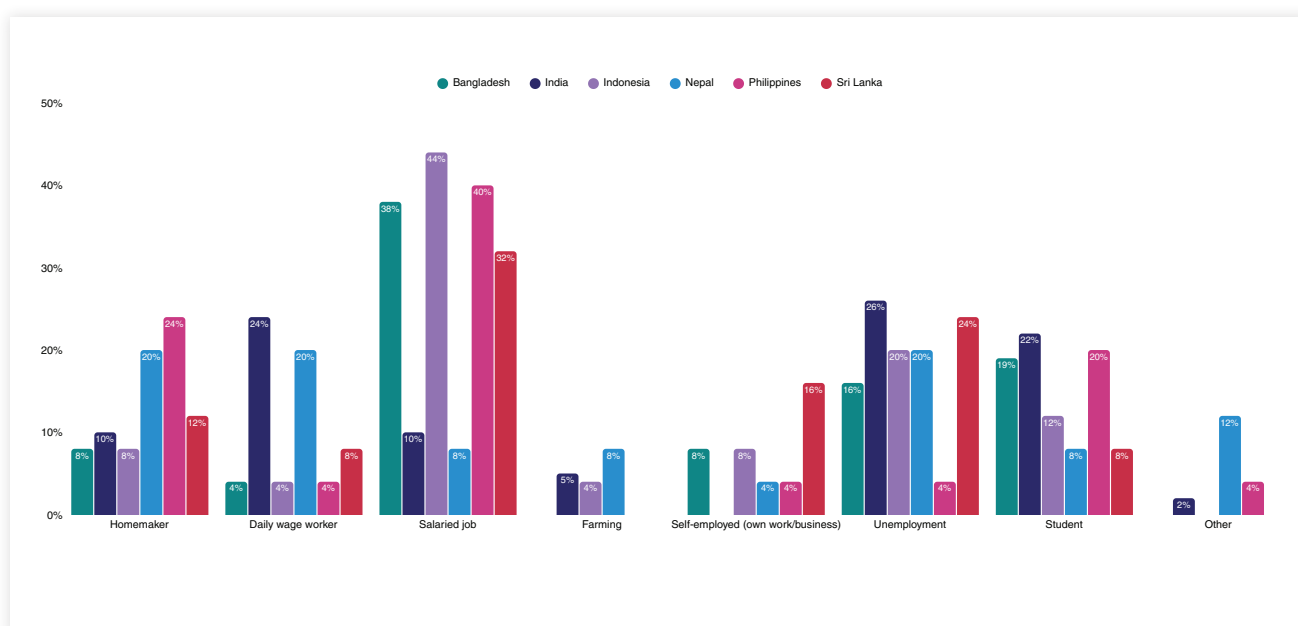


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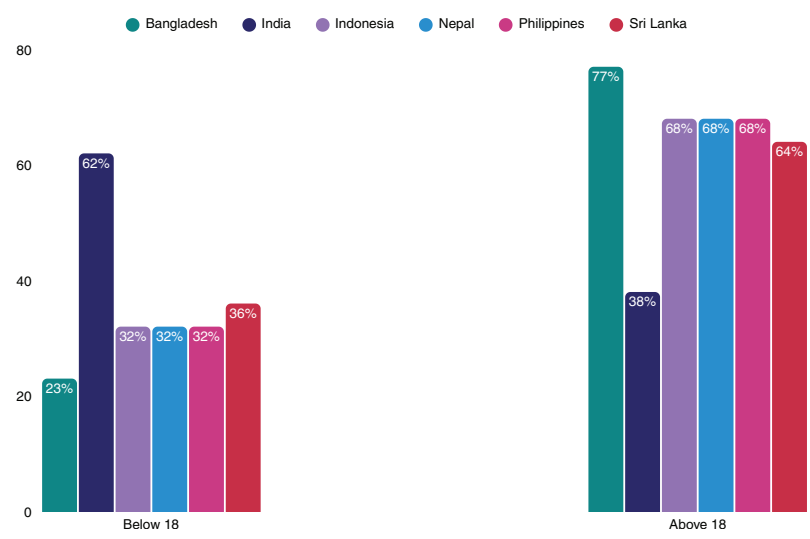


Figure g: Age at the time of incident



CHAPTER 1 SURVIVORS' IDEA OF DIGNITY AND JUSTICE: KEY THEMES AND FINDINGS



The Known Perpetrator Gap

International evidence consistently shows that rape and sexual assault are more commonly perpetrated by someone known to the survivor than by a stranger.^{5 6 7} The “known” category includes current and former intimate partners, dates, friends, acquaintances, relatives, colleagues and authority figures, while strangers constitute a minority. Similar evidence emerges from South Asia - in Bangladesh, lifetime sexual violence by husbands was reported by 29%, compared with 2.2% by non-partners.⁸ In India, in 97% of the police-registered rape cases, the offender was known to the survivor.⁹ Among women aged 15–49 who had experienced sexual violence in Nepal, 80% reported a current husband/intimate partner, 10.4% a former partner and 5.2% a friend/acquaintance; only 3.8% reported a stranger.¹⁰ In the Philippines, among survivors aged 15–49, 38.1% reported a current husband/partner, 30.0% a former partner, 6.7% a boyfriend and 10.6% another relative. 10.7% reported a stranger.¹¹

Data from our own primary research reinforce this pattern, where 84% of perpetrators were known to survivors. Despite sufficient evidence on known perpetrators, when we re-examine investigative procedures and the wider judicial architecture in light of this finding, a significant mismatch becomes visible. Our research identifies important gaps in how these procedures often fail to take adequate account of the compulsions and pressures a survivor faces, from the time of reporting.

Primary research conducted across all six countries in this report shows a consistent pattern of pressure on survivors where the perpetrator is known to them. Where the perpetrator is a family member, the reported trend is that the survivor is coerced into silence by the family, withdraws, or compromises the case. Where the perpetrator belongs to an extended family network, neighbourhood or community, reporting exposes the survivor to backlash, isolation and ostracisation. Financial and emotional dependence, shared living arrangements, concerns about family reputation and the fear of losing community support directly shape when and how the survivor reports the violence, whether they remain engaged with the case, and why they may continue to have contact with the perpetrator.

Evidence such as DNA, physical injury, weapons, eyewitnesses, CCTV and prompt reporting have legitimate case-specific value: it may identify an unknown suspect, establish that sexual contact occurred, or corroborate aspects of an account. The problem arises when these are treated as universal processes to establish accuracy. Police and judicial frameworks remain largely shaped around stranger-perpetrated rape, even though known-perpetrator cases constitute the majority of disclosed and recorded cases, as our research reveals. These investigative architecture procedures leave limited scope for any other responses: freezing or submission, delayed reporting, coercive control, financial and emotional dependence, shared housing, children, family pressure and attempts to manage continuing danger. Survivors described cases in which the identity of the accused and the occurrence of sexual contact were not disputed, but the proceedings centred on whether consent had been freely given and was legally valid. Others described cases in which the accused denied that sexual contact had occurred, disputed the nature or timing of the act, or relied on the prior relationship to claim that the survivor had consented. Across these accounts, the violence involved not only physical force but also threats, coercive control, intoxication, deception and abuses of trust, authority or dependency.

The findings also raise serious concerns as to whether the existing frameworks and protocols of enquiry are adequately equipped to assess known-perpetrator cases objectively – they direct attention towards whether the survivor as an imagined victim of a stranger attack, rather than towards the nature of the relationship, the conditions surrounding the sexual act and the conduct of the perpetrator.

A survivor may enter the formal justice system through police, a one-stop crisis centre or another state-authorised platform. This is generally followed by medico-legal and investigative procedures before the case reaches the court. This process is largely organised around collecting evidence and completing legal requirements. It does not routinely create space to address the survivor’s immediate psychological condition or the pressures that may affect their ability to continue with the case.

Given the prevalence of known-perpetrator cases, voluntary and psychosocial support should be integrated into the initial reporting process rather than provided only later or upon request. Survivors spoke about the need for a neutral space and person who would be able to listen without judgement and with empathy and concern. Survivors and family members articulated the need for trained professionals to be available to listen without pressuring the survivor to disclose, assess immediate safety and support needs, explain the procedures ahead, and identify pressures arising from the perpetrator, family or community. This support, therefore, must remain separate from evidence collection and should not be used to test credibility, secure a fuller statement or persuade the survivor to continue with the case. Where the survivor wishes, and where it is safe, appropriate support may also be offered to trusted family members or others supporting them.

Investigative procedures should begin by identifying the questions actually in dispute rather than applying a standard evidentiary template. Relevant forensic and medical evidence should continue to be collected, but it should form part of a broader, survivor-centred, suspect-focused and context-led investigation. This would include examining the history and dynamics of the relationship; differences in age, authority and dependency; previous violence, threats, grooming or controlling behaviour; and the circumstances before, during and after the alleged offence. Investigators should also consider communications and digital records, contemporaneous disclosures, witness accounts of the surrounding circumstances, and evidence of any subsequent apology, intimidation, retaliation or pressure to withdraw or compromise the case. Delayed reporting, continued contact, inconsistencies in recall or an attempt to withdraw should be examined in the context of trauma, safety, dependence and continuing exposure to the accused, rather than treated as automatic evidence against credibility. Interviews should be conducted by trained personnel, minimise unnecessary repetition and allow sufficient time, privacy, breaks and access to support. Such an approach would enable investigators to test competing accounts objectively while directing greater attention to the conduct of the accused and the conditions in which the sexual act occurred.



Beyond Rape Law: The Wider Legal Architecture of Sexual Violence

Although this report centres the meanings and experiences of justice expressed by survivors and their families, the primary and secondary research points to a wider concern: rape law does not operate in isolation. Laws governing consensual sexual activity and age, marriage, cohabitation, property rights, reproductive choice and family life also shape whether sexual violence is recognised, whether survivors can safely disclose it and how institutions respond. The experiences documented in Indonesia, Sri Lanka and India demonstrate three different dimensions of this problem.

Indonesia: When Criminalising the Relationship Obscures Violence

Article 411 of Indonesia's Criminal Code, which came into force on 2 January 2026, criminalises sexual intercourse between people who are not married to each other. The offence carries a maximum sentence of one year's imprisonment or a Category II fine (roughly 600-650\$). Prosecution is complaint-based; a complaint can be made by a spouse where either person is married, or by a parent or child where the person concerned is unmarried.¹² Rape and other forms of sexual violence remain governed by separate provisions.¹³

The distinction between consensual sex and sexual violence is therefore clear in law. In practice, however, a survivor reporting violence within an unmarried relationship must disclose a relationship that the law itself treats as criminal. Where the perpetrator characterises the sexual activity as consensual, attention can shift from whether coercion, refusal or an abuse of power occurred to whether the survivor engaged in sex outside marriage. Reporting can consequently expose the survivor to criminal scrutiny, family intervention, social stigma and pressure to preserve or formalise the relationship. These pressures contributed to survivors remaining silent, continuing to live with violence or experiencing legal recourse as unsafe and practically inaccessible. Criminalisation gives perpetrators and family members an additional source of leverage because disclosure can expose the survivor's sexual conduct to legal scrutiny and public judgement.

The International Commission of Jurists has raised concerns that Article 411 amounts to moral policing and may reinforce patriarchal attitudes that undermine women's rights.¹⁴ By treating marriage as the only lawful setting for the sexual intercourse covered by the provision, the provision risks directing institutional attention towards marital status and sexual respectability rather than consent, coercion and harm. A law intended to regulate sexual morality can thereby work against sexual violence laws by making disclosure more dangerous and violence within unmarried relationships less visible.

Sri Lanka: Protection Must Extend Beyond Punishment

A different concern emerges in Sri Lanka, where romantic partners accounted for 24% of the cases, from our research. Sri Lankan law treats sexual intercourse with a girl under the age of 16 as rape irrespective of purported consent. These provisions provide essential protection against sexual violence and exploitation.¹⁵ However, primary research demonstrates that criminal prohibition has not been matched by equal investment in enabling children and adolescents to understand sexuality, consent, bodily autonomy and the consequences of sexual activity below the age of consent. Young people described having little or no prior knowledge of sex and sexuality, how consent operates within an intimate relationship or the implications of the age-of-consent law.

Providing young people with this knowledge does not transfer responsibility for reporting sexual violence onto children or suggest that education alone can prevent abuse. Responsibility remains with the person who disregards refusal, exploits a power imbalance or engages in conduct prohibited by law. The purpose of education should be to complement the law's protective function by helping young people recognise coercion, respect boundaries, make informed decisions and seek help before the consequences become irreversible.

India: When Child Protection Becomes a Mechanism of Social Control

India's Protection of Children from Sexual Offences Act (POCSO), 2012, created gender-neutral protections for everyone below the age of 18, introduced child-sensitive procedures and imposed stringent penalties for sexual offences against children.¹⁶ These protections remain essential. At the same time, because the Act does not recognise consent below 18 or provide a close-in-age exception, it can also be invoked against adolescent romantic relationships that do not involve coercion or exploitation.¹⁷

A multi-state study by Enfold Proactive Health Trust found that 24% of 7,064 POCSO judgments examined were classified as “romantic” cases, with 80% initiated by parents or relatives and 94% ending in acquittal.¹⁸ While the 94% acquittal rate indicates a significant mismatch between the law and many cases reaching the courts, it should not be read as proof that all were consensual, since the study's broad “romantic” category included complaints of forced sex or kidnapping and acquittals arose for different reasons, including failure to establish age, lack of supporting testimony and judicial findings of consent. The findings, however, highlight how POCSO can intersect with family control over adolescent relationships, especially in cases of inter-caste and inter-religious romantic relationships, while criminal proceedings themselves may cause significant social and economic consequences, even when they end in acquittal. Legal reform in the POSCO law should introduce a narrowly defined close-in-age exception where both parties are between 16 and 18 years old, the age difference does not exceed three years, and encourage quicker dismissals when there is no evidence of coercion, exploitation, grooming or abuse of authority.

Marital Rape: Legal Recognition and its Limits

Across the six countries in this study, the legal status of marital rape varies considerably. In India, forced sexual intercourse within an ongoing marriage is excluded from the offence of rape where the wife is 18 or older,¹⁹ although non-consensual intercourse with a wife living separately is criminalised.²⁰ Bangladesh retains a marital exception to rape,²¹ while Sri Lanka recognises rape within marriage only where spouses are judicially separated.²² At the other end of the spectrum, Nepal, the Philippines and Indonesia recognise marital rape as a criminal offence, although the conditions for prosecution, penalties and other procedural requirements differ.^{23 24 25} Domestic violence legislation across several of these countries provides additional protection against sexual abuse within marriage, but such remedies are not equivalent to recognising forced sex within marriage as rape.

These differences in law are important. But the experiences of survivors in this study also point to a more fundamental problem: marriage itself can create the social conditions within which sexual violence is normalised, concealed and endured.

In Sri Lanka, husbands accounted for 48% of perpetrators in the survivor sample—the single largest perpetrator category. In Nepal, the study included survivors who described repeated forced sex within marriage, including during pregnancy. Their accounts differed in circumstance and severity, but repeatedly returned to a shared assumption that marriage gives a husband sexual access to his wife, and that refusing sex is itself a violation of what is expected of a wife.

This makes sexual violence within marriage particularly difficult to name. Several survivors married when they were young, with little knowledge of sex, sexual pleasure, consent or intimate relationships. Some described their first sexual experiences with their husbands as frightening and coercive, but did not initially have the language or social permission to understand what was happening was sexual violence. When survivors disclosed violence, some were encouraged by their families to compromise, preserve the marriage, protect family prestige or focus on their children rather than seek formal redress.

The harm described by survivors therefore went beyond individual incidents of forced sex. It was the experience of living with the person perpetrating the violence, often over years, while continuing to inhabit the social role of his wife.

Status of Marital Rape

An overview across six countries in South and Southeast Asia

Not criminalized

INDIA

Forced marital sex excluded from rape definition



Criminal law

Bhartiya Nyaya Sanhita 2023, Exception 2, Sec 63: Originally 15 yrs (Sec 375 IPC) raised to 18 later codified into BNS Exception 2.



Fallback recourse

PWDVA a civil legislation (protection, residence, monetary orders) ; Proceedings follow CrPC procedure per Section 28 of the Act.

Narrow exceptions apply

Wife under 18

Criminalized

NEPAL



Criminal law

National Penal Code (2017), Section 219: Marital rape is a crime while the marriage is subsisting.



Exceptions

Subsisting excludes a wife who has separated + filed a property case, taken her share and lives separately, or filed for divorce.

BANGLADESH

Marital rape is explicitly excluded for wife if 13+



Criminal law

Penal Code 1860, Sec 375: Forced marital sex with wife under 12 is defined as rape.



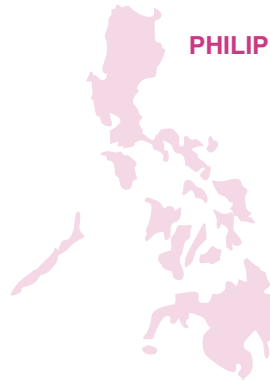
Fallback recourse

DV Act 2010 provides civil protection (protection order, residence, compensation) against sexual abuse but does not criminalize marital rape itself.

Narrow exceptions apply

Wife under 13

PHILIPPINES



Criminal law

Anti-Rape Law 1997 (RA 8353): Art. 266-A applies to husbands as it does to any offender.

Also prosecutable under Anti-VAWC Act (RA 9262)



Exceptions

"Forgiveness clause" (Art. 266-C) subsequent valid marriage or the wife's forgiveness extinguishes criminal liability/penalty.

SRI LANKA

Recognized with certain exception



Criminal law

Penal Code 1883, Sec 363: Rape includes wife, only if separated or wife below 12. Otherwise not regarded as rape.



Fallback recourse

PDVA : protection only, no criminal penalty

Narrow exceptions apply

Wife under 12 or
Judicially Separated

INDONESIA



Criminal Law

UU PKDRT 2004 & KUHP 2023: Forced sex within marriage is criminalized under both laws as sexual violence under DV Act (Art. 8) and as rape under the revised Criminal Code (Art. 473)



Procedural rule

Survivor must file complaint

One survivor described her husband forcing sex on her regardless of her mental or physical well-being. Her description of the experience was strikingly simple: *“He treated me as if I were an animal.”* Another survivor described being subjected to sexual acts that caused such severe physical pain that there were days when she could not stand while working. In these accounts, marital violence is also an experience of repeated humiliation and dehumanisation inside a relationship that in society’s view is expected to provide intimacy, trust and security.

These pressures become considerably stronger when combined with economic dependence. In the Sri Lankan survivor sample, 60% of households had neither land nor an independent source of income. For a woman who depends economically on the person perpetrating the violence, leaving is not simply a question of recognising abuse or deciding that she no longer wishes to tolerate it. It raises immediate questions of where she will live, how she will feed herself and her children, whether her family will take her back, and whether she has the education, employment or assets required to live independently.

Such experiences capture an important distinction emerging from this research: the ability to leave violence is not the same as the desire to leave it. Financial autonomy, housing, family support and access to services determine whether that choice is actually available.

Nepal demonstrates the other side of this problem particularly clearly. Its law recognises non-consensual sexual intercourse by a husband as marital rape,²⁶ yet the experiences documented in this study show that legal recognition does not automatically translate into access to justice. Only two of the four marital-rape survivors in the Nepal study were able to file formal complaints. The sanctity accorded to marriage prevents women from leaving without consequences. Families and communities can become invested in preserving marriage even when violence is known. The distinction between a “family problem” and a crime can also shape institutional responses. Survivors described pressures around preserving family prestige, economic dependence, caring responsibilities and lack of institutional support as barriers to pursuing cases of marital rape. The study’s prosecution data similarly points to the difficulty of translating complaints into convictions: between 2020/21 and 2024/25, High Government Attorney’s Offices recorded 84 marital-rape cases, with 10 convictions and 43 acquittals.²⁷

This is not an argument against criminalisation. Legal recognition matters profoundly. At its most basic level, a marital-rape law establishes that marriage does not extinguish sexual autonomy and that consent remains necessary within marriage. It gives survivors a legal language with which to name what has happened to them and creates a route, however imperfect, through which the state can be called upon to respond.

But the comparison across these six countries also demonstrates the limits of treating legal reform as the endpoint of change. A woman may possess a legal right to refuse sex and still live within a family that tells her she must submit to her husband; a community that regards marital violence as private; institutions that do not respond when she seeks help; and an economic reality in which leaving means losing housing, income and security for herself and her children.

The regional picture that emerges is therefore not simply a divide between countries that criminalise marital rape and those that do not. It is a continuum between legal recognition and meaningful sexual autonomy. Closing that distance requires the law, but it also means that legal recognition must accompany economic opportunities and social protection that make leaving possible; accessible health, psychosocial and legal services; spaces in which women and girls can speak about sexuality, consent and violence without shame; families and communities that do not make preservation of marriage more important than women’s safety; and police and justice systems capable of treating violence within marriage with the same seriousness as violence outside it.

Criminalising Marital Rape, Without a Right to Divorce

The Philippines illustrates a particular contradiction in the legal response to sexual violence within marriage. The Anti-Rape Law 1997 explicitly recognises marital rape while retaining the provision that a wife's subsequent forgiveness can extinguish criminal liability or the penalty.²⁸ Yet recognition of marital rape does not give most survivors the corresponding legal right to end the marriage through divorce.²⁹

The Philippines remains, alongside Vatican City, one of only two sovereign states without a generally applicable divorce procedure. Limited exceptions exist under Muslim personal law and for certain marriages involving foreign nationals. For most Filipinos, the available routes – annulment, declaration of nullity or legal separation – are fundamentally different from divorce: legal separation permits spouses to live apart but does not dissolve the marriage or allow them to remarry, while annulment and nullity apply only under specified legal grounds.³⁰ The Philippine Commission on Women has described these remedies as lengthy and expensive, sometimes prohibitively so for women engaged primarily in unpaid household work.³¹

For survivors of marital sexual violence, this creates an important gap between recognition of violence and the ability to exit the relationship. The economic implications are particularly significant. A survivor may already face loss of income, legal expenses and the costs of establishing an independent household. Requiring another potentially lengthy and expensive legal process to alter her marital status can make formal separation inaccessible precisely to women with the fewest resources. This reinforces the broader finding from this study that marriage laws can tend to obscure the impact of sexual violence.

The issue also exposes a deeper tension between the protection of marriage as a social and religious institution and the individual rights of those within it. Religious belief and the social value placed on marital permanence remain important parts of Philippine debates over divorce.³² But preserving marriage in law can have very different consequences when that marriage is violent. The Philippine Commission on Women has itself argued for divorce partly on the basis that women can otherwise remain trapped in abusive and irreparable marriages; national survey evidence cited by the Commission found that one in four ever-married women had experienced physical, sexual or emotional violence by a current or most recent husband or partner.³³

Here is the contradiction: The state may recognise that a husband has raped his wife, yet still provides her no generally available means to legally end that marriage. Criminalising marital rape is essential recognition of sexual autonomy within marriage; meaningful autonomy must also include an accessible way to leave a marriage in which that autonomy is repeatedly violated.

This remains a live area of legal reform. Multiple divorce bills are pending in the Philippine Congress as of 2026,³⁴ including proposals to reinstitute absolute divorce, while another pending bill specifically proposes making violence against women and children an automatic ground for marriage dissolution.

These examples show that law can fail in different and even opposite directions – by criminalising relationships in which violence occurs, relying on punishment without adequate prevention and support, or bringing consensual adolescent relationships into criminal proceedings. The underlying challenge is that laws often prioritise sexual morality, marital status, and family control over consent, coercion, harm, and individual agency. A gender-equal and humane legal framework must protect against violence and exploitation, distinguish abuse from consensual adolescent relationships, prevent morality-based barriers to reporting, and ensure access to sexuality education, healthcare, psychosocial support, and legal assistance. Its effectiveness must be measured not only by the severity of punishment, but by its ability to prevent harm, enable safe reporting, respect adolescents' evolving agency, and deliver proportionate justice.

Mental and Physical Health Support for Survivors

Bridging the Gap Between Provision and Access in Mental Health

The mental and emotional consequences of sexual violence reported by survivors were profound. Suicidal thoughts were reported across all six countries, ranging from 12% of survivors in Bangladesh to 56% in Sri Lanka. In Indonesia, Nepal, the Philippines and Sri Lanka, more than two in five survivors reported having experienced suicidal thoughts.

Survivors sought different ways of coping and healing. Formal counselling or support from a social worker or mental-health professional was important, but it was only one part of the support survivors accessed. Many turned to supportive family members, friends and communities, while others sought spiritual or religious guidance. At the same time, some survivors reported suppressing their feelings, ranging from 12% in Sri Lanka to 56% in Nepal. These findings suggest that responses to the emotional consequences of sexual violence cannot be confined to clinical mental-health services alone; survivors draw upon or retreat into very different forms of coping and support.

Importantly, healing also appeared in how survivors understood justice itself. Across the six countries, 16 to 44% identified counselling or healing support as a preferred form of justice. The importance of recovery was also evident among family members: when asked about their main hopes for survivors, 28% to 88% identified counselling or healing. These patterns point to an important dimension of justice that can be obscured when justice is understood primarily through criminal proceedings and punishment. For many survivors and their families, justice is also about what happens to the survivor after the violence: whether they are supported, whether they are able to heal, and whether they can rebuild their lives.

To understand whether survivors' needs are being considered and responded to by state, civil society, and community stakeholders, it helps to start with the bigger picture. Mental Health Atlas 2024 reports that the global median allocation to mental health is 2.1% of government health expenditure. This median decreases to 1.5% or less in low- and middle-income countries, compared with 4.3% in high-income countries. The workforce numbers make the capacity problem clearer. Globally, there are a median of 13.5 specialised mental-health workers per 100,000 people, but this falls dramatically to only 1.1–2.4 per 100,000 in low- and lower-middle-income countries, compared with 67.2 per 100,000 in high-income countries.³⁵ That is an almost 96–98% difference in investment in the mental health sector. World Health Organisation (WHO) in the South East Asian Region has reported treatment gaps for mental-health conditions reaching as high as 95%, while calling for greater investment in primary and community-based mental-health services.³⁶

The assessment of partner organisations in this study also reflects this gap. While organisations provide different forms of psychosocial support, only some are able to sustain the continuum from initial assessment and crisis support through ongoing trauma informed care, and specialist referral and follow-up, when needed. The challenge, therefore, is not simply to include mental health within the menu of services available to survivors from NGOs, but to resource it as a continuing component of recovery. A counselling session, psychosocial activity or referral may meet an immediate need; it does not by itself ensure that a survivor can access appropriate support early, close to where she lives, and continue receiving it for as long as she needs it.

Across the six countries, mental-health or psychosocial support is formally recognised to varying degrees within the response to sexual and gender-based violence and the data in the country chapters provides a more detailed view of this. The Philippines requires counselling and medical services to be arranged following a rape complaint;³⁷ Indonesia provides for psychological support through its integrated response system;³⁸ and Bangladesh, India, Nepal and Sri Lanka have one-stop or health-based mechanisms through which psychosocial support can, in principle, be accessed alongside medical, legal or protection services.^{39 40 41 42} Yet survivors' experiences in this study reveal a substantial gap between the existence of these provisions and their accessibility, and this has been confirmed by some of the State stakeholders. In the Philippines, some survivors received psychiatric treatment and medication, but distance, travel costs and the difficulty of repeatedly reaching services - particularly for those living on islands - made treatment difficult to sustain. Similarly, few survivors interviewed in Indonesia accessed state mental-health services directly;

those living outside major centres often depended on referrals facilitated by the partner organisation. No survivors interviewed in Bangladesh or Nepal reported receiving direct mental-health support through state systems, while in Sri Lanka only one survivor reported being connected to Mithuru Piyasa (a network of hospital-based care centers in Sri Lanka providing confidential support, counseling, and medical referrals for survivors of domestic abuse and gender-based violence) and receiving several sessions with a psychologist. India presented a different pattern: the partner organisation itself integrated mental-health support with legal assistance, enabling more survivors in the study to receive care. These findings underline an important distinction between the formal availability of a service and a survivor's ability to access and sustain it. The critical gap is therefore not recognition alone, but the ability to translate that recognition into timely, geographically accessible and continuous care.

These gaps cannot be addressed simply by increasing the number of mental-health specialists because that is in turn linked to the economic viability for public health funding and reform in the medical educational system. This study reinforces the survivors' needs for timely and consistent, trauma-informed care, which can be made possible if the state and the funding ecosystem aligns itself to the WHO recommendation of task-sharing as a means of expanding access to psychological care.⁴³ Survivors from India have also spoken positively about the impact of extending mental health services to caregivers and family members, as an important part of resolving conflict, addressing trauma and building fortitude. Evidence involving survivors of gender-based and sexual violence demonstrates the potential of defined interventions delivered through primary and community-based services by non-specialist providers who are appropriately trained and supervised. In Nairobi, WHO's five-session Problem Management Plus intervention, delivered in the community by lay community health workers trained for eight days, significantly reduced psychological distress among women affected by GBV.⁴⁴ In the Democratic Republic of Congo, community-based psychosocial assistants trained to deliver an adapted cognitive processing therapy to survivors of sexual violence achieved substantial improvements in PTSD, depression, anxiety and functioning; importantly, the intervention included structured training and continuing clinical supervision.⁴⁵ Together, this evidence points to a practical way to close the access and continuity gap identified in this study: trained community-based practitioners can provide trauma-informed psychosocial support closer to where survivors live, maintain contact and follow-up, recognise when specialist intervention is required, and facilitate referral. Such task-sharing should not substitute for professional mental-health services, but extend their reach, with clearly defined competencies, protocols for risk and referral, and regular supervision by experienced mental-health professionals.

Pregnancy, Abortion, and Reproductive Choice

Pregnancy was a significant consequence of sexual violence for survivors in this study: 25 of the 168 survivors (15%) reported becoming pregnant as a result of rape. Their accounts show, however, that the question was not simply whether abortion was legal or available. Survivors' ability to make decisions about a pregnancy was shaped by their age and knowledge of reproductive health, economic circumstances, family and community pressure, stigma, and the influence of perpetrators and others around them.

For some survivors, pregnancy was discovered only after considerable delay. In India, survivors described having little understanding of reproductive cycles or their relationship to pregnancy and learning that they were pregnant only around three months later. An Indonesian survivor similarly discovered her pregnancy after approximately two and a half months. Ostracised by her family, she relied on a friend for support and was encouraged to continue the pregnancy despite wanting otherwise. The baby was subsequently born prematurely and did not survive, adding considerably to the survivor's distress. Such delays are particularly consequential where access to abortion is restricted by gestational limits.

Other accounts demonstrate how both continuing and terminating a pregnancy can occur in circumstances where survivors have little meaningful choice. One Indonesian survivor, who was still attending school, described becoming increasingly isolated following the rape and withdrawing from social and religious life because she felt judged by those around her. After discovering that she was pregnant, she was pressured by the perpetrator to terminate the pregnancy and eventually took medication under that pressure. Rumours about the pregnancy circulated within her community, deepening her isolation. Years later, she continued to describe trauma associated with the rape, pregnancy and circumstances surrounding the abortion, including feelings of guilt and betrayal. Her experience points not to abortion itself as the source of harm, but to the consequences of coercion, stigma and the absence of supported reproductive decision-making.

The opposite constraint was also evident. In Sri Lanka and Nepal, survivors described pregnancies resulting from marital rape that they carried to term despite not wanting or feeling comfortable with the pregnancy, because economic dependence and community pressures or in some case was not a viable legal option. In the Philippines, the mother of one survivor described the family eventually relocating after her daughter was raped because of intense pressure from both the community and the perpetrator to “compromise”. Across these different experiences, a common thread emerges: survivors were frequently making decisions about pregnancy within conditions created by violence, dependency, stigma and pressure rather than genuine choice.

Status of Abortion Provision

An overview across six countries in South and Southeast Asia

INDIA



Legal Status Legal

Exception for Rape ✓

Gestational Limit
20 weeks with one doctor's approval; 24 weeks with two

Abortion Pills Available ✓

NEPAL



Legal Status Legal

Exception for Rape ✓

Gestational Limit
12 weeks generally; 28 weeks for rape, incest, health risk, or HIV

Abortion Pills ✓

BANGLADESH



Legal Status Illegal

Exception for Rape ✗

Gestational Limit
10 –12 weeks for cases of Menstrual Regulation (MR)

Abortion Pills Available ✓
(for MR)

PHILIPPINES



Legal Status Illegal

Exception for Rape ✗

Gestational Limit
No limit — abortion banned outright

Abortion Pills ✗

SRI LANKA



Legal Status Illegal

Exception for Rape ✗

Gestational Limit
No limit — permitted only to save the mother's life

Abortion Pills ✗

INDONESIA



Legal Status Illegal

Exception for Rape ✓

Gestational Limit
14 weeks

Abortion Pills ✗

Across the six countries, access to abortion varies sharply. India and Nepal permit abortion under specified circumstances, including pregnancies resulting from rape, while Indonesia—where abortion is otherwise prohibited—also provides an exception for pregnancies resulting from rape or other sexual violence. Bangladesh permits menstrual regulation within specified gestational limits but does not provide a specific abortion exception for rape.⁴⁶ In Sri Lanka, abortion is permitted only to save the pregnant woman's life, while in the Philippines abortion remains criminalised without a statutory exception for rape.⁴⁸

The findings therefore point to a more fundamental requirement. Every survivor of rape should have access to safe abortion as a basic and non-negotiable reproductive right, irrespective of where she lives. A pregnancy resulting from rape should not become a further consequence that a survivor is compelled to endure because the law prohibits abortion, services are inaccessible, or economic and social pressures leave her with no meaningful choice. States must ensure that survivors can access safe, timely and confidential abortion services,⁴⁹ alongside the support necessary to make their own decisions about whether to continue or terminate a pregnancy, free from coercion, stigma or pressure.

Reproductive autonomy, however, cannot begin only after a pregnancy occurs. The experiences of survivors in this study also expose significant gaps in access to comprehensive sexuality education and information about reproductive health, consent, choice and bodily autonomy. Survivors who did not recognise the possibility of pregnancy until several months after the rape illustrate the consequences of these gaps, particularly where abortion is subject to gestational limits. Comprehensive sexuality education must therefore be embedded within education systems and reinforced through public-health systems, so that children, adolescents and adults have the knowledge to understand their bodies, recognise sexual violence and coercion, and exercise informed reproductive choice. For survivors of sexual violence, safe abortion, accurate information and the ability to decide what happens to their own bodies are not separate services; together, they are fundamental to restoring autonomy after it has been violated.



Conviction as a Pathway to Justice

Across all 6 countries, except Sri Lanka, strict punishment for the perpetrator is viewed as the most important and preferred form of justice by all survivors who participated in the study. 90 (54%) from the 168 survivors and 120 (77%) from the 160 family members speak of justice in these terms.

However, what is essential to note here is that although the survivors and families of survivors perceive justice around outcomes that are focused around perpetrator and state accountability, conversations with survivors reveal how a conviction is seen as a pathway to experience justice in a more holistic, meaningful manner.

The need to unpack this lies in the fact that, for a majority of survivors, conviction is aspirational. For many survivors, experiencing even a single legal justice outcome is a dream that seems far-fetched. However, the quest remains. From our research, 75 (45%) cases are still ongoing in the courts, and in 29 (17%) cases, there was conviction. Indonesia and India have the highest rates of conviction from among the 6 countries - 28% and 21% respectively, and Sri Lanka having no conviction. In countries such as Bangladesh, the majority of cases have not even been reported - only 7 cases have been reported. For survivors who are yet to see a positive outcome to their cases, believe, *“justice will be served if the accused is kept in jail.”*

In contrast, in-depth conversations with survivors whose cases have resulted in conviction show that their quest for justice does not end with a verdict. For many, the conviction or imprisonment of the perpetrator is not, on its own, sufficient. At its simplest, survivors express this as a desire for longer terms of imprisonment. However, when explored in greater depth, this demand reflects four broader and interconnected needs.

First, imprisonment meant safety for survivors, which needs to be situated within one of the key challenges cited: threats and intimidation from perpetrators. Nearly 33% survivors from our research cited this as a major challenge, also one of the most significant challenges. Safety was often linked to the fear of having spoken out. Reporting takes courage for survivors, especially in a society that is unkind to women who speak out and where perpetrators enjoy considerable impunity. Underreporting rates across the six countries are a testament to this.⁵⁰

Second, imprisonment is often a proxy for legitimising that the perpetrator was indeed in the wrong. It is striking that survivors also speak of themselves as being in the wrong, as if this were the truth they must contend with, rather than the violence they experienced being recognised as an injustice. Disbelief of survivors' testimonies is common. Stigma and victim-blaming run deep. Support from extended families and communities is often lacking.⁵¹ Winning back trust of the society, the communities they belong to, their families, which should not have been lost in the first place, is cited as essential for survivors.

Third, survivors hope and believe that imprisonment and the subsequent losses, particularly pertaining to loss of social and cultural capital in perpetrators' lives, would give them a sense of closure. Perpetrators must experience the same pain that they endured, survivors remark.

Lastly, conviction is often equated with deterrence, with some survivors demanding capital punishment for perpetrators in the most graphic ways. Experts maintain that certainty of conviction and conditions that enable better reporting mechanisms for survivors have the potential to deter violence, as opposed to harsher laws and stricter punishments like death penalty.⁵² While rape is rooted in deeply ingrained gender, caste and religious hierarchies that routinely produce and legitimise sexual violence, and harsher laws alone seldom prevent such violence, it remains important to ensure accountability, strengthen prevention mechanisms and address the structural conditions that enable violence to persist.

The Need for Building Safer, Dignified Systems

As mentioned earlier, survivors' and families' understandings of justice and closure are often closely tied to securing a conviction through the criminal justice system, which serves to validate and legitimise their experiences of harm. Interestingly, survivors' experiences with the very system in which they place their faith have often left them disillusioned. Family members (n=133) who have interacted with police, more than half, 59% (n=78) cite they found this engagement difficult. Similarly, 67 out of 118 (57%) cited difficulty navigating court procedures, which included long and confusing procedures and insensitive behaviours. Their experiences are marked by days and months spent navigating bureaucratic and institutional processes, running from one office to another from the moment they report the violence; these experiences erode their sense of dignity at every step.

This is also indicative of the fact that current systems cannot be approached without facilitative support from organisations that undertake survivor-support work. Most survivors' interactions from our research were mediated by the organisations that support them, and this has become the norm, as our research indicates. 72% survivors report NGO support as a motivating factor, also the highest from all 6 countries. NGO support often extended beyond case assistance. It also extended to emotional and monetary support. NGOs, already grappling with funding shortages and cuts to international aid, are stretching their limited resources to fill these systemic gaps, which may not be equitable or sustainable in the long term.

Survivors' expectations of the system are not rooted in blind trust, but in the pursuit of accountability and the realisation of what is rightfully theirs. For many, this pursuit continues for years, even when there is little indication of when, or whether, it will yield an outcome. Our research examined cases that took place between 2018 and 2024, 75 of which remain ongoing in courts across the six countries. Of these, 39% have been in the justice system for five years or more. Despite hardships of varying kinds, survivors and their families continue to pursue their cases, articulating their reasons for seeking accountability in three interconnected ways. First, they see the criminal justice system as having a moral obligation to respond to the harm they have experienced and to deliver justice. Second, they maintain that they have done nothing wrong and therefore should not be required to bear the consequences of violence committed against them. Third, continuing to pursue a case despite repeated challenges reflects a belief that withdrawing or remaining silent can allow harm and impunity to persist. For some families, refusing to withdraw or compromise therefore becomes an act of resistance.

95% of survivors believe that the criminal justice system is important for them to experience a sense of justice. While, as experts have argued, stricter punishments or harsher laws have limited potential to deter violence on their own, greater certainty of accountability supported by reporting and justice mechanisms that are safe, accessible and dignified enables more survivors to come forward. Survivors' aspirations around conviction therefore extend beyond punishment. What they seek is an ecosystem in which they can report violence without fear of judgement or further harm, be treated with dignity throughout the justice process, and have confidence that their experiences will be heard and acted upon. In this sense, conviction is not simply an endpoint; it is part of a broader expectation that institutions will create the conditions in which survivors can pursue justice safely and with dignity.

Criminal justice systems must therefore strengthen their internal mechanisms and practices to respond more effectively to survivors' needs and uphold their dignity throughout the justice process.

Across Bangladesh, India, Indonesia, Nepal, the Philippines, and Sri Lanka, several legal and institutional mechanisms demonstrate efforts to make justice systems more accessible, responsive, and survivor-centred. These include child-sensitive adjudication, compensation mechanisms, specialised police services, integrated crisis response centres, and alternative modes of reporting.

The establishment of dedicated courts and child-sensitive procedures is an important practice for reducing the trauma associated with legal proceedings for children who have experienced sexual violence. Specialised courts can support the timely hearing of cases, minimise repeated questioning and create an environment that is more responsive to children's needs. In India, Fast Track Special Courts, including exclusive e-POCSO courts, have been established to expedite the adjudication of rape and child sexual abuse cases.⁵³ Such mechanisms demonstrate the importance of dedicated judicial infrastructure for cases involving children.

Compensation frameworks are essential to ensure that survivors and their families do not bear the financial costs of violence and the pursuit of justice. These costs may include medical treatment, psychological care, transportation, legal assistance, loss of income, relocation and educational disruption. India has developed a layered compensation infrastructure comprising State Victim Compensation Schemes under Section 357A,⁵⁴ the Central Victim Compensation Fund⁵⁵ and other statutory provisions. Nepal's Crime Victim Protection Act, 2018, and state-managed Victim Relief Fund also recognise compensation and rehabilitation as important components of survivors' rights.⁵⁶ Both countries offer practices that can inform the development of more accessible and comprehensive compensation systems. Other countries also provide legal avenues for compensation, restitution or financial assistance.

While all countries have witness protection mechanisms, statutory provisions exist only in three countries: Indonesia⁵⁷, Philippines⁵⁸ and Sri Lanka.⁵⁹ While there does exist a scheme, the legislation is yet to be enacted in India.⁶⁰ In Indonesia, the law allows for financial compensation to be distributed to survivors of severe crimes⁶¹. LPSK in Indonesia is an independent state institution which also allows for the protection to be guaranteed from the investigation stage, and in certain circumstances even before the formal application process is completed.⁶² In the Philippines, under its Anti-VAWC Act, survivors can access different forms of protection orders, including Barangay protection orders, temporary protection orders and permanent protection orders, the applications for which can be initiated not only by survivors but, in specified circumstances, by social workers, police officers, lawyers, healthcare providers and others. This also shifts the burden of initiating protection from survivors to actors within the support and justice system.⁶³

Specialised police desks and investigation units can provide survivors with a more accessible entry point into the criminal justice system. They can support sensitive reporting, improve coordination and facilitate referrals to medical, legal and psychosocial services. India has established Women Help Desks in police stations and Investigative Units for Crime Against Women.^{64 65} Indonesia and Philippines too have established dedicated entry points like the Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (UPTD PPA) and Barangay Violence Against Women (VAW) desk and the Women and Child Protection Desks (WCPD) at police stations, respectively.^{66 67} 62% family members from the research in the Philippines stated that their experience with the Barangay desks was easy to neutral and all family members from Indonesia stated that their experience with UPTD PPA was easy to neutral. These mechanisms are intended to improve the police response to gender-based violence and support more sensitive handling of complaints.

Rape crisis centres and One-Stop Crisis Management Centres provide an integrated response by bringing together medical care, psychosocial support, legal assistance, protection and referrals. These services can reduce the number of institutions survivors must approach and minimise the need to repeatedly narrate their experiences. One-Stop Crisis Management Centres have been implemented in Bangladesh, Nepal and Sri Lanka, among other countries.^{68 69 70}

Electronic reporting and Zero First Information Registration (FIR)ⁱⁱⁱ mechanisms can reduce procedural and geographical barriers to reporting sexual violence. Electronic reporting allows survivors to initiate a complaint without necessarily visiting a police station, while Zero FIR mechanisms enable a complaint to be registered at a police station regardless of territorial jurisdiction. In India, the Bharatiya Nagarik Suraksha Sanhita (BNSS) provides for reporting incidents through electronic communication and the registration of Zero FIRs at any police station.^{71 72} These measures are intended to reduce delays in initiating proceedings and improve access to reporting. However, digital reporting should complement rather than replace in-person and community-based support. Survivors may face barriers related to digital access, literacy, language, privacy, disability or the risk of monitoring by perpetrators. Electronic complaints must therefore be followed by timely verification, registration, investigation and communication with survivors.

NGOs cannot be treated as substitutes for state responsibility. Only 0.2% of global aid and development funding is going towards the issue of gender-based violence.⁷³ Shrinking funding for GBV work in recent years has placed significant strain on organisations' financial sustainability, staff well-being and long-term viability, particularly when they are already operating beyond capacity. At the same time, justice systems remain overstretched and understaffed, with bureaucratic delays and administrative barriers hindering frontline actors.⁷⁴ Strengthening legal and policy infrastructure, alongside sustained investment in public institutions and civil society, can help address these systemic gaps and build a more accessible, accountable and survivor-centred justice response.

ⁱⁱⁱFirst Information Report (FIR) is a written document prepared by the police when they receive information about the commission of a cognizable offence.

Financial Costs of Sexual Violence and the Pursuit of Justice

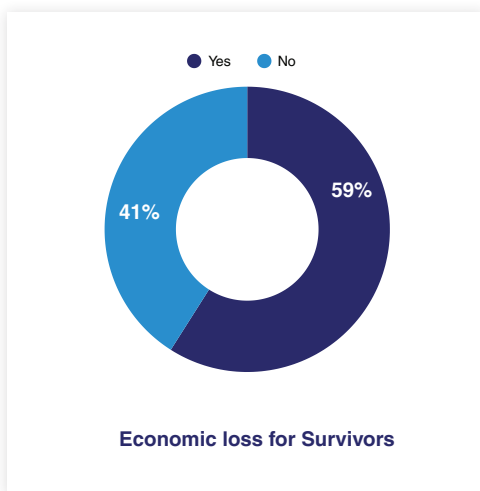


Figure h: Income loss across 6 countries

A significant proportion of survivors shared that they were economically impacted, as a direct consequence of violence. 59% (n=89) survivors reported income loss, of which a majority (n=37) had lost out on their daily wages, 25 reported losing out on their monthly salaries. Income loss was linked not only to the immediate effects of violence, but also to the demands of pursuing justice and recovering from its consequences. Survivors reported missing work to report the incident, attend court proceedings, relocate for their safety, and access medical care related to injuries, pregnancy and other health needs. Evidence from South Asia captures this clearly - violence lowers productivity in women,⁷⁵ resulting in loss of working days,⁷⁶ and that survivors incur additional costs to access support services.⁷⁷ Although it manifests in the most tangible and immediate ways in the lives of survivors and their families, economic consequences of violence are often overlooked and treated as secondary impacts.

UN Women estimates that gender-based violence costs roughly \$1.5 trillion every year, about 2 per cent of global GDP.⁷⁸ Direct economic costs typically include immediate out-of-pocket expenses like emergency medical costs, legal fees, counselling, transport and communication charges. From our research, 108 survivors reported that they incurred legal expenses and medical costs too were borne by 110 out of 168 survivors in the aftermath of violence. Incidental costs like these lead to additional out-of-pocket expenditure for survivors. A macro-analysis of income loss across the countries in our research reveals that the average income loss reported due to the violence is more than the average household income of the majority of survivors.

In addition to these, long-term impacts of violence like relocation, education disruption and loss of livelihood were also reported. Long-term impacts are life-altering in nature. The discourse on the intersections of migration, displacement and sexual violence is typically contextualised within conflict-related settings;⁷⁹ relocation due to non-conflict-related sexual violence and its implications remain under-researched. Our study reveals that 39% survivors had to relocate as a direct consequence of violence, often due to stigma, lack of support from the community, peers and family.

While it undoubtedly takes a toll on the financial health of survivors and their families,⁸⁰ it is also a loss of social and cultural capital for survivors. Forced relocation is often a coping strategy, a difficult decision borne out of helplessness, one which has lifelong consequences. Gender-based violence in the home country is also recognised as a leading cause for women to migrate, especially from South Asia.⁸¹

For survivors who are forced to relocate, uprooting themselves from their homes, communities, and familiar surroundings often becomes a difficult and life-altering reality. Severed family ties, having to start afresh, building new relationships, learning new skills - all of this, alongside the burden of trauma (of the violence) they carry, have emotional and financial consequences. Starting afresh in the aftermath of violence is particularly characteristic of survivors who have had to leave abusive relationships, marriages, families. As evidenced in one of the earlier sections, our research too revealed such patterns. Documented anecdotal evidence from a domestic violence survivor in the UK reveals loss of income, relocation costs and legal fees as constituting key financial challenges, when leaving her abusive partner.⁸²

Relocation, migration, essentially, heighten women's vulnerability and leave them out of existing safety nets. Social protection coverages are compromised, increasing their susceptibility to more violence with lesser pathways for reporting.⁸³

Another key developmental outcome, education, was found to be disrupted for at least 64% (n=107) survivors at the time of the incident. Out of this, 31 reported permanently dropping out. This undoubtedly has implications on the long-term economic stability of survivors and pushes them further to the margins.⁸⁴ 15 survivors reported taking temporary breaks - this has the potential to fundamentally alter life trajectories of survivors against their will.

The Pursuit of Justice Pushing Survivors to Taking Loans

The economic impacts of violence cannot be viewed in isolation from the social-economic inequalities that shape survivors' experiences. Caste and class-based inequalities can contribute to vulnerability to violence and influence survivors' ability to access justice.⁸⁵ Those with fewer resources may face disadvantages from the outset, including difficulties in covering legal, medical, transportation and other case-related expenses.^{86,87} In India and Nepal, from our survey, a majority of survivors were daily wage labourers, indicating economic vulnerability. Although in other countries, the majority of survivors were in salaried jobs, average monthly income categories of the majority of survivor households across countries is below the national average household income, particularly across Bangladesh, Nepal, the Philippines and Sri Lanka. In Bangladesh, survivors predominantly reported household incomes of BDT 20,001–30,000 per month (~USD 163–244 per month), compared with a national average of BDT 32,422 (~USD 264) as per 2022⁸⁸; in Nepal, the predominant category of NPR 0–10,000 (~USD 0–65) was substantially below the national average of approximately NPR 45,929 (~USD 300) per month.⁸⁹ Similarly, the PHP 10,001–20,000 (~USD 174–348) category reported by survivors in the Philippines falls below the national average family income of approximately PHP 34,279 (~USD 597) per month,⁹⁰ while the LKR 30,001–50,000 (~USD 100–167) category in Sri Lanka is below the national average household income of LKR 76,414 (~USD 255) per month.⁹¹

Out of 117 survivors who sought justice through formal means, 56 (48%) had cited taking loans to solely meet case-related expenses. The trend differed across the regions - loan-seeking behaviour was predominant in South Asian countries. In both India and Sri Lanka, more than half had taken loans - 56% and 52%, respectively. In Bangladesh, although the number of people who took loans is low, it is important to contextualise this within formal-justice seeking. Out of 7 survivors who sought legal justice, 2 had taken loans to meet case-specific costs. In the 2 Southeast Asian countries, loan-seeking behaviour was low - 24% in Indonesia and 20% in the Philippines.

Financial strain was also cited as one of the most prominent challenges faced by survivors and their families - 36% and 53%, respectively. In 4 out of the 6 countries, namely India, Indonesia, Nepal and Sri Lanka, families identified financial strains and expenses as one of the top 3 challenges they encountered while supporting survivors. A similar trend was visible for survivors with an exception of the Philippines in lieu of Indonesia - this is interesting because survivors from the Philippines reported not having adequate support from their immediate family members through the process of legal justice, which meant they bore the expenses on their own. Families' ideas of systemic reform were linked to the challenges they experienced while navigating the system. As an improvement in the way the current justice system operates, financial support to survivors emerged as the second most chosen need by families of survivors - 54%.

Loans are often not the only coping strategies for survivors and families. In some cases, out-of-court settlements may be pursued not necessarily as a preferred form of resolution, but more as a pragmatic solution, mostly due to economic hardship or a sense of helplessness.



Survivor Protection Mechanisms: Institutions, Actors, and Gaps

Consequences of delayed justice are evident in the financial burdens survivors and their families incur over the course of seeking justice. Survivors and families need money not just to meet their immediate costs, but also to sustain themselves in the justice process.

Violence is not an event for which survivors and their families can financially prepare. Where infrastructure is inadequate and justice systems are overburdened, civil society organisations and NGOs often step in to cover costs that should not fall solely on survivors. 61 survivors who had applied for compensation from our research, of which 73% (n=45) reported that it was completely facilitated by the NGO which was supporting them. Our interactions with partner organisations indicate that NGOs themselves struggle with resource constraints, with some organizations sometimes even relying on personal networks to raise funds for survivor support or liaising with other key stakeholders based on rapport.

This highlights the fragility of an ecosystem that remains heavily dependent on the goodwill and personal resources of civil society actors to address structural gaps.

While provisions for long-term rehabilitation and compensation exist across the six countries studied, their legal recognition, institutionalisation and implementation vary. India provides a developed statutory framework for victim compensation,⁹² while Nepal offers an important basis for examining the role of state responsibility in ensuring access to redress.⁹³ In Bangladesh, no framework exists, and compensation for survivors may be pursued through court-ordered relief and is dependent on conviction. In Sri Lanka, the Assistance to and Protection of Victims of Crime and Witnesses Act, 2023⁶² establishes victims' entitlements, creates a Victims' Assistance and Protection Fund and mandates the formation of a national authority to oversee implementation, including payment of compensation to victims of crime. In Indonesia, existing victim protection and recovery provisions provide a basis for support, but their implementation and accessibility need to be assessed in relation to survivors' specific needs.

The gaps in the legal and institutional architecture of compensation for survivors and the prevailing political landscape and its implications for advancing compensation reforms are two key challenges the countries part of the research are currently grappling with.

Countries should establish statutory obligations for the provision of compensation, with clear responsibilities assigned to relevant government authorities. Compensation schedules should allow awards to reflect the nature and severity of harm, survivors' needs and the costs of recovery, while avoiding rigid approaches that prevent adequate support. In India, Section 357A of the Code of Criminal Procedure (CrPC), now reflected in Section 396 of the BNSS, 2023, provides a legal basis for states to establish victim compensation schemes.⁹⁴



Governments should recognise survivor compensation and recovery support within national legislation, policies and institutional mandates. Dedicated compensation schemes may be necessary, but they should operate as part of a coordinated system of justice and social protection rather than as isolated interventions. India's framework provides compensation under two major acts - the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 (SC/ST PoA Act)⁹⁵ and the Protection of Children from Sexual Offences (POCSO) Act, 2012.⁹⁶ The SC/ST PoA Act and its accompanying Rules provide for relief and rehabilitation at different stages of proceedings, including for specified offences involving sexual violence against SC and ST survivors. The framework allows for staged payments and, in certain circumstances, relief that is not exclusively dependent on conviction.

Countries should establish minimum compensation thresholds for specified forms of harm, accompanied by needs-based assessment and provisions for enhanced assistance in cases involving severe or prolonged consequences. Compensation schedules should be periodically reviewed to reflect inflation, changes in living costs and the actual costs of recovery. In India, under the Women Victims Compensation Fund, 2018, developed by the National Legal Services Authority (NALSA), survivors of gang rape were eligible for compensation ranging from approximately US\$5,219 to US\$10,438, while cases of rape and unnatural sexual assault received compensation ranging from approximately US\$4,175 to US\$7,307.⁹⁷ Following a Supreme Court order in 2018, all states and Union Territories were directed to align their respective victim compensation schemes with the NALSA framework.

Governments should establish the state as a payer of last resort, where legally appropriate, to ensure that survivors can access compensation when perpetrators are unidentified, absconding, deceased or unable to pay. The framework should define clear procedures for state disbursement, without requiring survivors to wait indefinitely for criminal proceedings to conclude.

These gaps become particularly significant in countries experiencing economic and fiscal pressures. Out of the six countries, Sri Lanka's economic crisis and IMF-supported recovery programme,⁹⁸ alongside fiscal pressures in Bangladesh and Nepal,⁹⁹ highlight the importance of examining whether survivor support systems are backed by predictable public financing and institutional continuity. Economic adjustment and political transitions do not directly establish that compensation systems are compromised; however, they call for the need for governments to protect essential justice and recovery services amid competing expenditure priorities. For survivors, whose experiences of violence may already involve income loss, prolonged legal proceedings and substantial recovery costs, interruptions or limitations in public support can further constrain their ability to recover. In light of this, compensation must be integrated into national law, public policy and governance systems, with consistent budgetary allocations and clear institutional responsibility. International aid and financing architecture should reinforce these obligations rather than treat survivor support as a discretionary or exceptional intervention.

Governments should establish predictable and adequate budgetary allocations for survivor compensation and related recovery support. Funding should be incorporated into regular public financial planning, with clear expenditure responsibilities, monitoring mechanisms and safeguards against interruptions in disbursement. Multilateral institutions, bilateral donors and development partners should incorporate survivor-centred justice and recovery within relevant governance, social protection and public service financing frameworks. Financial assistance should support the establishment and continuity of national systems, rather than relying exclusively on time-bound projects or exceptional funding windows. International financing arrangements should encourage governments to maintain essential survivor support and protect access to justice, while recognising national policy priorities and the need for accountable public expenditure. Governments and development partners should establish safeguards to maintain essential survivor support during economic and political disruptions. These should include continuity plans for compensation disbursement, legal aid, medical care, psychosocial support and livelihood assistance, alongside mechanisms for monitoring service interruptions and addressing emerging gaps.

Our research highlights the importance of examining the economic costs of violence not only as an immediate financial concern but also as a factor that shapes survivors' and families' longer-term trajectories. The consequences extend beyond the survivor to affect household financial stability, children's education, employment, housing and access to support. Financial support requires systems that ensure survivors and their families are not left to bear the costs of violence and the pursuit of justice from their own limited resources. This calls for policy and legal reforms that establish comprehensive, accessible and survivor-centred compensation frameworks, addressing both the immediate and long-term impacts of violence. Compensation should be available through mechanisms that are not unduly dependent on conviction, particularly given the delays and uncertainty associated with legal proceedings. Such frameworks must ensure timely and sustained support for survivors' recovery, rehabilitation, livelihoods and long-term well-being, regardless of how long the pursuit of legal justice takes.



NGOs as a Critical Support System

An overwhelming majority of 72% (n=84) survivors in the study stated support from NGOs/caseworkers was a critical motivator for seeking justice. While this is not indicative of the relationship between incidence and support, it does point to an important role that the NGOs are performing in filling the existing gaps across all countries. NGOs who supported survivors engaged in this study played a critical role in survivors' support ecosystem by providing legal assistance, addressing legal concerns, and meeting survivors' immediate needs, such as financial support, psychological care, and livelihood assistance, standing as a solid pillar of strength for survivors.

NGOs as a Bridge to Justice and Sustained Support

Across countries, survivors' and families' accounts show that NGOs provided holistic support beyond legal representation, including legal guidance, economic aid, mental health support, and rehabilitation. NGOs' engagement was sustained and not just limited to service delivery. They frequently became the point of entry into the justice system for survivors who lacked knowledge of legal procedures or anticipated poor institutional response. In India, for example, survivor families described relying on NGOs to understand procedures and obtain information that state actors had not adequately provided. Across countries, survivors also attributed NGOs as a safe space where they were trusted, heard and assisted without judgement, helping them navigate justice systems.

Through practical and sustained support, NGOs thus catered to survivors' needs in a comprehensive manner and helped them rebuild their lives. The significant role NGOs played also aligns with the UN Essential Services Package (ESP) prioritising integrated legal, medical, and psycho-social mechanisms for survivors within the justice process rather than isolated interventions. It advocates for a holistic support ecosystem for survivors, including mental health counselling, economic assistance, crisis information, safe accommodation, legal and advocacy services, and employment support.¹⁰⁰

Filling Systemic Gaps: The Need for an Integrated Support System

Government departments involved in facilitating justice for survivors often experienced limitations in terms of adequate funding, human resources, excessive workload, poor inter-departmental coordination and referrals impacting quality services for survivors, the study finds. Provision of survivor-centric mechanisms such as One-Stop Centres, departments/ministries catering to women's safety and security, compensation schemes, and provision of free legal aid often lacked proper implementation, limiting their access to survivors. For instance, in Nepal, the UNFPA revealed how there was uneven utilisation of Nepal's Gender Based Violence (GBV) Elimination Fund, including inconsistencies in mobilisation of allocated resources to meet survivors' immediate and long-term needs.¹⁰¹ Similarly, a 2026 UNFPA evaluation of One Stop Centres in India found ongoing challenges related to human resources, infrastructural provisions, accessibility, survivor-centred care, case management, referral mechanisms, monitoring systems and inter-departmental coordination across sectors, while a 2022 UN Women report revealed funding limitations and implementation gaps affecting access to shelters, helplines and hospitals for sexual and gender-based violence survivors in India.¹⁰²

Absence of state infrastructure while responding to survivors often puts a burden on NGOs, compelling them to take on additional responsibilities. Interviews with state actors for the study observed how institutional responsibility was frequently shifted to civil societies and NGOs, leaving them to manage multiple tasks beyond their own designated functions. NGOs across countries had to step up and become sole service providers on the state's behalf. However, the sustainability of such support is questionable, as increasing funding limitations and surveillance on rights-based organisations have greatly impacted their ability to provide sustained services for survivors¹⁰³ potentially leading to stalling progress in survivor support mechanisms.

Interviews with key respondents involved in the justice process highlighted the necessity of a collaborative effort to respond to survivors holistically. They emphasised improving government services and institutions and building effective coordination and collaboration among state actors and civil societies to deliver quality support to survivors. For instance, in the Philippines, government policies have focused on increasing coordination between NGOs and the Department of Social Welfare and Development to support survivors. Such approaches recognise that survivors benefit when civil society expertise is integrated into, rather than separated from formal systems doing standalone interventions. Therefore, strengthening such collaboration between the state and NGOs can contribute to a comprehensive support system, where NGOs complement state services while the state takes on the responsibility for ensuring accessible and sustained support for survivors.

Increasing State Restrictions on Civil Society and its Impacts

While NGOs play a critical role in filling gaps in state systems, their ability to sustain this role is increasingly constrained by growing legal, financial, administrative and advocacy restrictions in several of the countries studied.

Governments, rather than improving their systems, have been creating additional barriers for NGOs, which can have direct implications on the availability and quality of services delivered to survivors. Where NGOs provide critical services in the form of legal assistance, psychosocial care, referrals, and financial support, reduced funding can mean fewer staff, smaller geographic coverage, interrupted services and fewer survivors being reached. These unnecessary impositions could create an additional layer of vulnerability for both survivors and the NGOs.

NGOs' role in filling systemic gaps therefore has to be understood within the broader context of increasing restrictions on civil societies, limiting their ability to function. Rather than viewing NGOs as separate service providers, the focus should instead be on how their role can be integrated into the survivor support ecosystem as complementary.¹⁰⁴ Creating an enabling environment for NGOs and civil society to co-exist alongside state-led support mechanisms becomes crucial in building a wider support infrastructure that facilitates survivors' access to justice.



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CHAPTER 2

BANGLADESH



1. Country Context

Bangladesh's total population is 175.7 million.¹ The population is 91.58% Muslim and 7.54% Hindu, with small Christian and Buddhist minorities.² Ethnic minorities make up 0.91% of the population, concentrated mainly in Chattogram division.³

Bangladesh's Human Development Index value for 2023 is 0.685, which puts the country in the Medium human development category, positioning it at 130 out of 193 countries and territories. (UNDP,2023).⁴ The report also highlighted persistent inequality in income distribution within Bangladesh. The poorest 40% of the population hold only 20.4 per cent of the national income, while the richest 10% control 27.4%. The top 1% alone possess 16.2% of the total income.⁵

Women's rights in Bangladesh have developed against a long backdrop of sexual violence and a slow, contested path toward legal protection. The country witnessed large-scale sexual violence against women during the 1971 Liberation War. This shaped early public and political awareness of sexual violence as a national issue. Over time, Bangladesh has developed a space for addressing violence against women by continuous civil society efforts and state action spanning from historical harm. In 1984, Bangladesh ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). But with reservations on articles 2, 13(a), 16.1(c), and 16.1(f), i.e. official exemption from full compliance with CEDAW's mandates on equal rights in policy, family, and marriage, citing "conflict with Sharia law based on the Holy Quran and Sunna".⁶

The existing legal infrastructure for protection of women and children against violence consists of the following legal provisions:

- Penal Code, 1860: Defines rape under Section 375 and prescribes punishment under Section 376.⁷
- Nari o Shishu Nirjatan Daman Ain, 2000: Provides specific legal provisions for offences against women and children, including rape.⁸ The 2020 amendment introduced the death penalty as the maximum punishment for rape, replacing life imprisonment.⁹ Again, the two-finger/virginity test has been formally banned by the High Court of Bangladesh since 2018.¹⁰
- Evidence Act, 1872 (Amendment 2022): Repeals 155(4), the colonial-era provision letting the defense introduce a rape complainant's generally immoral character as evidence.¹¹ Related 146(3) restrictions on cross-examining a victim about past sexual history were also targeted by the same litigation.¹²
- Women and Children Repression Prevention (Amendment) Ordinance, 2025: Cuts the investigation period from 30 to 15 days and the trial period from 180 to 90 days. Allows trial to proceed on medical certificate/ circumstantial evidence without mandatory DNA confirmation.¹³
- Legal Aid Services Act, 2000: created by the National Legal Aid Services Organization (NLASO), the act, provides free legal representation and covers litigation costs for rape, trafficking, and torture survivors.¹⁴ According to a 2026 report based on NLASO data, 1,437,736 people received government-funded legal aid services between 2009 and March 2026 including 657,334 women, 75,463 children and 74 third-gender persons.^{15 16}



Additionally, several mechanisms have been established by the government to support survivors and facilitate access to justice.

- One-Stop Crisis Centres (OCCs): Under the Ministry of Women and Children Affairs, OCCs have been established to provide women and children affected by violence with access to essential services from a single location.¹⁷ As of June 2026, Bangladesh has 15 functioning OCCs in medical colleges and 95 at district and upazila (sub-district) levels. The government plans to expand OCCs to all 37 public medical colleges and across all districts and upazilas.¹⁸
- Women Abuse Prevention Cell and Women's Help Centres: Operated by the Department of Women Affairs, in the six divisional cities these centres provide mediation, legal counselling and shelter support up to six months.¹⁹
- National Trauma Counselling Centre and Helpline 10: The MSPVAW also operates a National Trauma Counselling Centre and a national 24-hour helpline (109) for reporting violence and connecting callers to services.^{20 21}
- Kaan Pete Roi, Bangladesh's first dedicated emotional-support and suicide-prevention helpline (founded in 2013), offers confidential counselling relevant to survivors of violence, alongside newer services like the Dosh Unisher Mor helpline for gender-based violence and sexual and reproductive health psychosocial support.²²

2. Demographic Profile of Survivors

The Bangladesh sample set study included 26 survivors and 25 family members from four districts: Noakhali, Naogaon, Bagerhat, and Dhaka. Family members were selected from the same households as the participating survivors. Where family members were unavailable or unwilling to participate, trusted friends identified by the survivors were involved in their place. The Bangladesh survivor sample is predominantly young, with 77% below 35 years (42% aged 25-34 and 35% aged 18-24), while 12% were between 45-54 years, 8% between 35-44 years, and 4% above 55 years. All survivors were women (100%). Half of the survivors were married (50%), while 38% were unmarried, 8% divorced, and 4% widowed. In terms of religion, 88% were Muslim, 8% Christian, and 4% Hindu.

Table 2.1: Sample Distribution by Participant Type

Participant	Sample Size
Survivors	26
Family Members	25
Case Workers	5
Community Workers	4
Criminal Justice System actors	4
Total	64

In terms of disability, 85% of survivors reported no disability, while 8% reported physical and mobility disabilities, 8% reported sensory disabilities (vision and hearing), and 4% reported speech and communication disabilities. Educational attainment was relatively mixed, with 35% having a graduate degree or above, while 19% had no formal education and 19% had education up to the 5th grade, 15% had 11th or 12th grade education, and 12% had education between 6th and 10th grade. For employment, the highest proportion of survivors held salaried jobs (38%), followed by students (19%), homemakers, self-employed individuals, those unable to work, and those in the other category (Caretaker, House Help) each accounted for 8%, while daily wage workers, those looking for work, and not looking for work each comprised 4%. Regarding land ownership, 54% reported that they or their family do not own any land, while 46% reported owning land.

Overall, the Bangladesh sample reflects a predominantly young, married, and Muslim survivor population with relatively low reported disability, mixed educational attainment, and economic vulnerability.

Nature of Case

In the sample, sexual harassment constituted the largest proportion of cases, accounting for 77% of the cases. Gang rape accounted for 12%, while attempt to rape and rape accounted for 8% and 4%, respectively.

Relationship with perpetrator

As shown in Figure 2.1, in a large number of cases in the study, perpetrators were known persons (69%), and 31% were unknown. Under the known category, neighbours accounted for the maximum percentage, i.e 27%, followed by relatives at 19%, superior/boss/employer constituted 15% and romantic partners at 8%. (A detailed breakdown of perpetrator categories is provided in the Annexure.)

Stage of Case

Out of the 26 survivors in Bangladesh, only 27% sought legal justice through formal police and court processes, while a significant majority of 73% entered into a compromise or decided not to legally pursue the case further indicating a significant gap in survivors' access to or ability to pursue formal justice. Only in 4% (N=1) cases conviction happened while 23% cases were under trial.

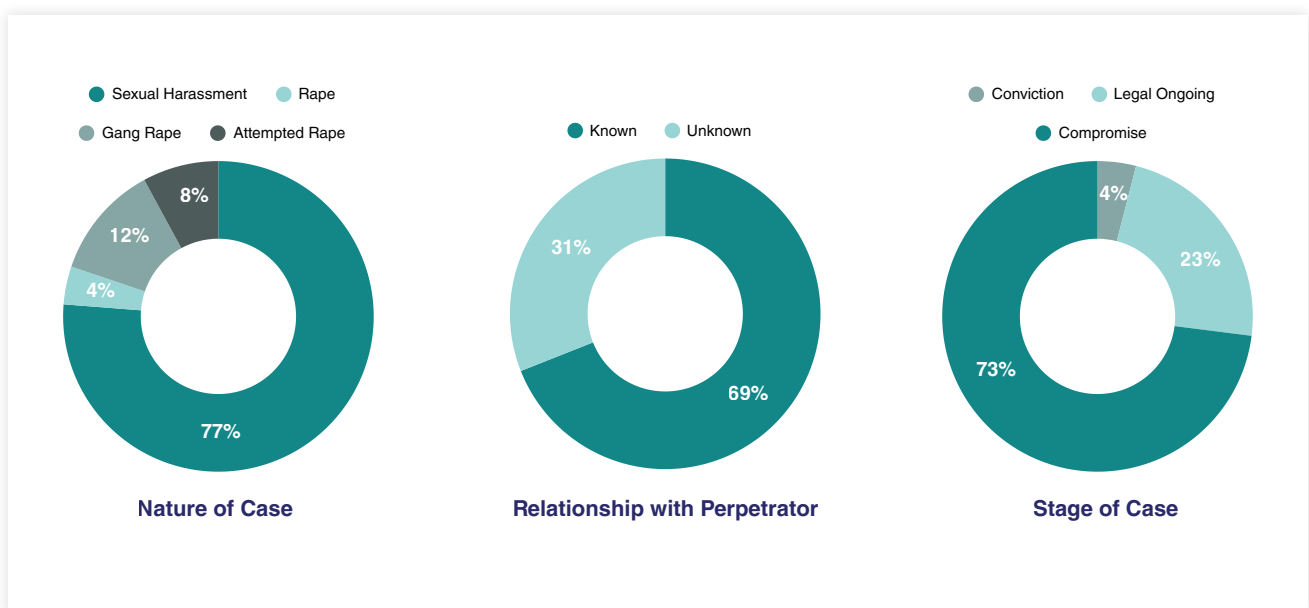


Figure 2.1: Demographic Profile

3. Justice Perspectives

This section sheds light on the varied perceptions of justice and experiences of navigating different systems, shared by survivors and their family members.

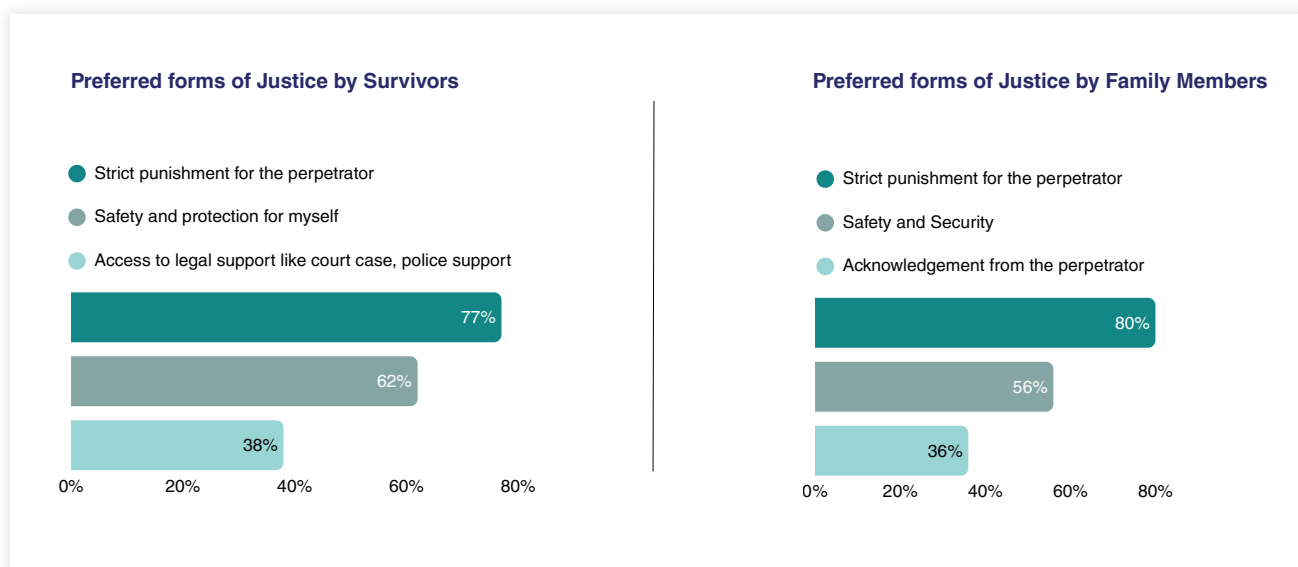


Figure 2.2: Top 3 Preferred Forms of Justice: Survivors & Family Members

Survivors' Perspectives of Justice

Through the study in Bangladesh, legal penalties and accountability from perpetrators were seen by survivors as core components of justice. As demonstrated in Figure 2.2, a majority (77%) prioritised strict punishment for the offender. Achieving justice also involved factors beyond legal outcomes, as shared by the survivors, where 62% believed that personal safety and protection are important aspects of justice. 38% reported that the legal system, police, and courts are crucial to their path to justice.

For survivors, justice centred around holding the perpetrator accountable. They often viewed punishment as the clearest proof of justice, primarily because it offered official recognition that the harm done to them was a grave violation that demands a formal reply. While imprisonment highlights justice as direct accountability from perpetrators, survivors' accounts show it also encompasses recognition, deterrence, and prevention. For instance, Tuli framed true justice in opposition to a financial settlement in which she was offered money to withdraw her case. She says, *"Justice will be served if the accused is kept in jail. I said that I had been wronged and that I wanted justice. I am not so greedy for money that I would sell my honour for it."*

For survivors of gang rape, this demand for accountability intensified sharply into calls for the maximum available penalty, and this is not an individualistic reaction. It echoes a demand that has already reshaped Bangladeshi law in October 2020 through nationwide protests, which were triggered by a series of gang rape cases, including the incidents in Sylhet and Noakhali, which forced the government to amend the Women and Children Repression Prevention Act, replacing life imprisonment with death penalty as the maximum sentence for rape.²³ Nodi's words describe this sentiment of harsher punishments. She says, *"Sister, they should be executed publicly, in an open field so that people can see how serious the crime of rape is. Others should see and learn from it. They should have been executed immediately. Sister, how could anyone take a mother away from her children and do this?"*

For survivors who pursued legal justice as their preferred form of redress, this path was itself marked by structural and interpersonal obstacles that stood between them and the justice they sought. Several barriers were reported at an equal, and highest, rate of 33% each: slow and delayed legal processes, a lack of clear guidance on where to seek help, and intense pressure from perpetrators to remain silent or withdraw their cases (Figure 2.3). Notably, these barriers directly undercut the very outcomes survivors valued most. Delayed processes eroded their hope for timely punishment, while pressure to withdraw cases threatened the legal accountability they saw as central to justice. Prioritizing a speedy trial shows that justice includes the timeline, not just the verdict. Delay itself can become part of the burden of violence for survivors pursuing legal redress as one survivor explains,

“Want the trial to be, I mean, as quickly as possible; they should be tried. The trial is being delayed a lot for us. And how long will it go on like this? I mean, we want this to happen quickly. If there is punishment, there will definitely be remorse.”

— Shilpi, Survivor

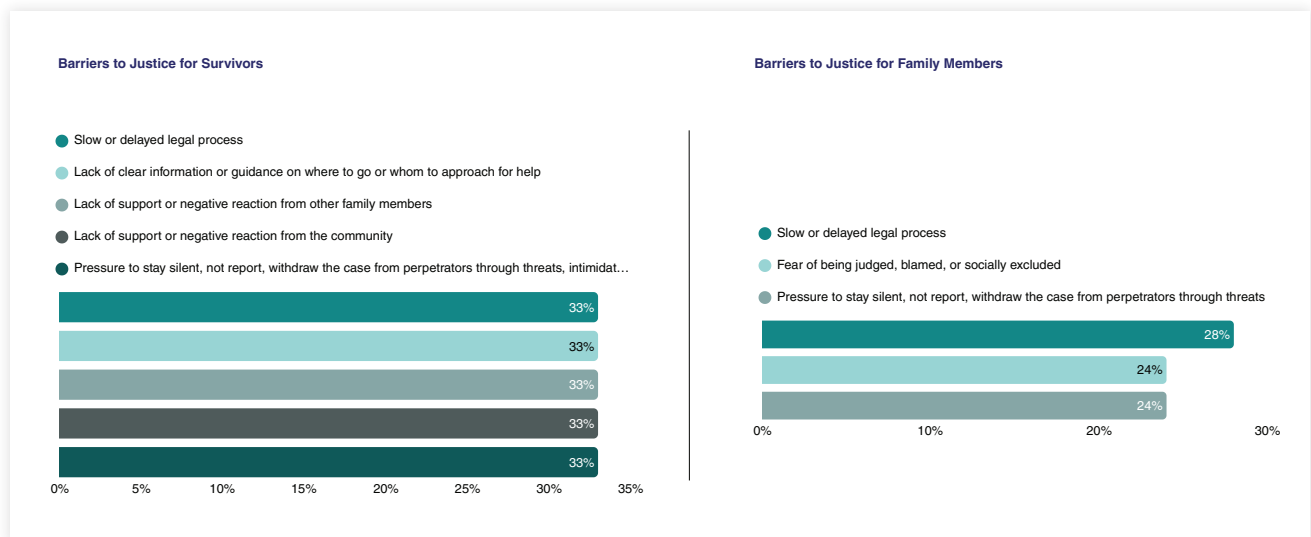


Figure 2.3: Top 3 Barriers to Justice: Survivors & Family Members

An overwhelming majority of 73% of survivors in the study did not pursue justice via the formal justice mechanism and had to go for compromise. Even if their preferred form of justice was through legal redress, due to attached social stigma, they opted out of it. The strong influence of social and family pressures is evident, with fear of social stigma or backlash emerging as the most significant reason for compromise (84%), followed by family pressure (26%), threats or danger from the perpetrator (21%), and the long and tiring legal process (16%).

Financial assistance was not raised by survivors as an independent objective of justice, but emerged indirectly across narratives as a recurring facilitator, reflecting the economic burden that pursuing justice imposes. “If financial support could be provided” was Tuli’s direct response when asked what would make her journey easier.

Again, survivors’ aspiration for the prevention of violence as justice was closely connected to the broader idea of social change. Bindu shares the decline of sexual harassment and attributes this partly to legal measures. She says, “Eve-teasing (Sexual Harassment) used to be much more common before. But now, because of legal effective measures, eve-teasing has decreased a lot. So I think that should be made even more effective. These young children are being raped, they are being teased—actually, it all starts from here. These public punishments—people do not get to see them. Because we only see that someone has been raped, but we do not see the justice with our own eyes. I think there should be one or two public crossfire punishments. Then people would become cautious after seeing that.”

Through this quote, Bindu reinforces how visible punishment serves as a deterrent, signalling that sexual violence brings consequences. Her focus on sexual harassment as an entry point to broader assault highlights the importance of early intervention in the cycle of abuse. Survivors also linked psychosocial support to social prevention. Bindu linked psychosocial support with prevention, emphasising counselling and awareness among survivors, parents and adolescents to address harmful attitudes and prevent future violence. Preventive aspiration was thus expressed directly in survivors' expectations of legal action.

Survivors thus viewed justice as both personal and collective. It required holding specific perpetrators accountable while simultaneously building safer environments to protect women and children. Hence, justice for survivors functioned on interconnected levels in survivors' clear expectations of what should happen, as a process encompassing the complex legal and social spaces they navigate, and as an outcome which is determined by whether those pathways have actually produced accountability, safety, healing and the possibility of recovery. Ultimately, a survivor's experience acts as a foundation for driving broader social shifts.



Families' Perspectives of Justice

For family members, justice for survivors was primarily understood through punishment, safety and accountability. As shown in Figure 2.2, strict punishment for the perpetrator was their primary hope and preferred form of justice (80%), followed by safety and security for the survivor (56%) and acknowledgement from the perpetrator (36%).

For many, punishment was not simply about retribution but about deterrence, a signal to society that such violence would not be tolerated. As Himi's sister explained, *"They should receive severe punishment so that they never do such things to girls again. One person's punishment should serve as a lesson for ten others. Actually, I directly want the death penalty for them."*

Families also emphasised the need for community and institutional support as shared by a survivor's friend, calling for greater community solidarity and accountability from law enforcement: *"instead of harassing them, instead of making taunting remarks, supporting them (survivors), for justice so that they move forward, so that they report to the police, and the police should not neglect this matter."*

While families had clear expectations of justice, their experiences highlighted significant barriers to realising them. Delays in the legal process top the difficulties reported by family members at 28%, while supporting survivors in their fight for justice, with equal proportions citing fear of social stigma and exclusion (24%) and pressure from perpetrators through threats and intimidation (24%). Tuli's mother described how she rejected repeated offers of land and money to continue the case, only to be left with neither compensation nor resolution: *"I accepted nothing. Yet in the end I got no justice. I didn't get the land, I couldn't secure my daughter's future, I couldn't keep the accused in jail, and I couldn't get my daughter married. By filing this case, it all turned into a scandal."* Her account reflects how the pursuit of formal justice could still end in a profound sense of loss.

Nodi's husband similarly shared about the delays faced in legal proceedings. *"The accused were arrested and sent to jail, but some of them were later released on bail and now walk freely in front of us. We have nothing to say and nothing we can do. We also received very little financial support from the government."*

Together, these findings reflected family members' own accounts of what justice meant to them, and how far short reality fell. While families strongly valued punishment, safety and accountability, delays, social pressures, threats from perpetrators and limited institutional support often made these expectations of justice difficult to realise.



4. Impacts on Survivors and their Families

This section examines the different ways in which violence affects survivors and their families in its aftermath, including its impacts on their physical health, emotional well-being, employment and financial security, and social lives.

Physical Impacts

46% of survivors in Bangladesh reported experiencing physical health impacts following the incident (Figure 2.4). Among those affected, 64% reported sleep disturbances and insomnia along with 50% suffering physical injuries. Shilipi narrates her ordeal, *“I mean, that day they raped me. At that time, I got hurt. In this body, you know, that place became swollen, it was difficult to walk, and my mouth was also hurting. I mean, I couldn’t eat.”*

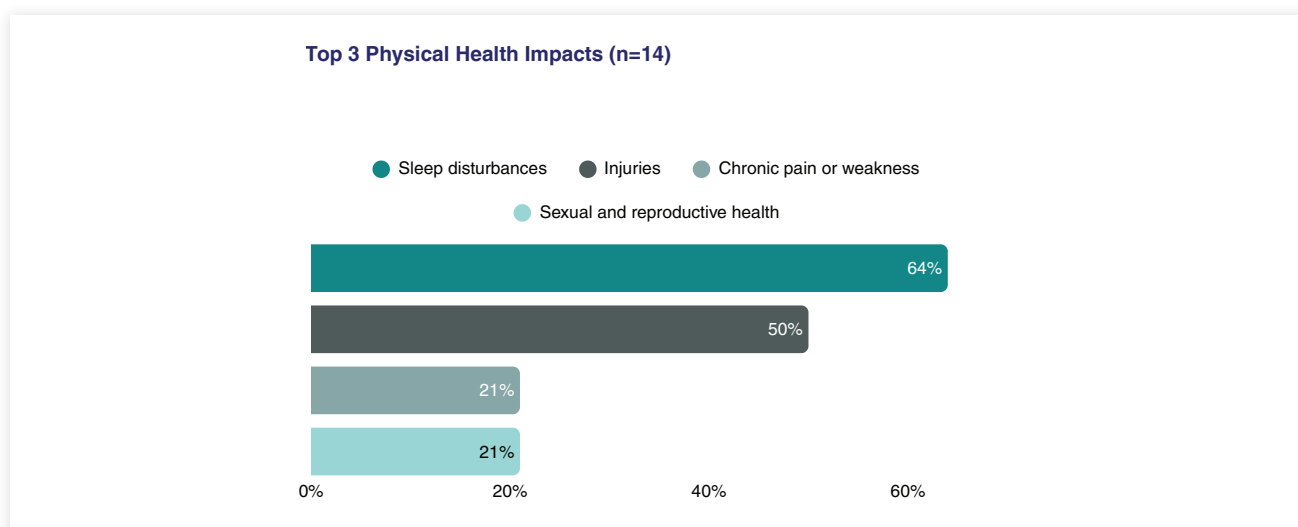


Figure 2.4: Physical Health Impacts on Survivors

Family members also described the severity of physical harm on survivors during the interviews. Nodi’s husband recalled the grievous sexual assault, leaving her hospitalised for sixteen days at a stretch, highlighting how serious her condition was. Similarly, Muna’s sister described how Muna’s head was cut open, and she was repeatedly hit with a stick. He says, *“After that, when she came here, I saw that her head was cut. With a torchlight, they were hitting her head with a stick. My sister is very protest-oriented. She is a little angry-tempered person. My sister said, ‘Come, let’s inform the Member and Chairman and see what they say.’ After they went, they did not give much importance to it. We went again and said, ‘Look, we have no guardian; nobody comes to ask about us. Everyone in the house was listening, but nobody came.’”*

Chronic pain or physical weakness and impacts on sexual and reproductive health were each reported by 21% of survivors. One survivor also spoke about facing irregular menstruation after the incident. Some survivors also reported experiencing discomfort from ongoing pain during intercourse. For married survivors, this created an additional burden, as the violence and its impact intersected with their marital lives. Survivors had to negotiate physical intimacy while they continued to experience pain, as they didn’t want to upset their supportive husbands.

“From what happened before, there is still pain and suffering in my body; it hurts. But I still have to satisfy my husband.”

— Nodi, Survivor

Psychological Impacts

Psychological harm caused by the incident was not an isolated event; rather, it was layered and long-lasting, impacting survivors' present and the future. Survivors' narratives detailed feelings of persistent fear, isolation, shame, lack of confidence, difficulty in forming intimate relationships, along with physical manifestations of emotional distress. Psychological impacts were further compounded by family and societal stigma, concerns over honour, anxiety about the uncertain future, and lack of survivor-centric attitudes from state actors, as well as delayed response from institutions. In the absence of institutional mental health support, survivors often relied on personal coping strategies to deal with these impacts on their mental health.

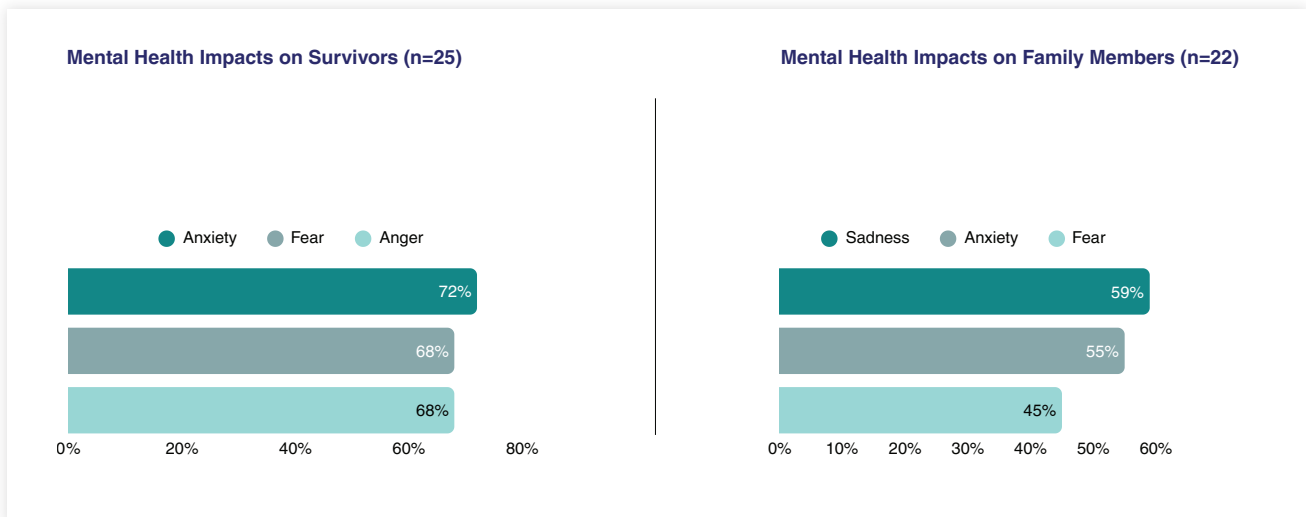


Figure 2.5: Top 3 Mental Health Impacts: Survivors and Family Members

An overwhelming majority, 92% of survivors and 88% of their family members reported experiencing mental or emotional health impacts following the incident. Figure 2.5 shows that the most common psychological symptoms for survivors were anxiety at 72%, followed closely by fear and anger, both reported by 68%, while sadness experienced by 56%. 12% experienced suicidal thoughts, reflecting the severe impact of the violence on survivors' mental well-being. For family members, sadness was the most widespread psychological strain, experienced by 59% of family members, followed by anxiety at 55%, fear at 45%, and anger at the same proportion towards survivors.

Our study revealed, survivors in most cases self-isolated to avoid being judged and to give themselves a sense of security from impending trauma. They often described withdrawing from friends and family because disclosure could mean victim-blame, rejection or further harm. One survivor described not coming out of her room for over a month after the incident, experiencing feelings of extreme loneliness and being unsure how others would react if she disclosed the violence. Another survivor avoided people as a way of protecting herself.

“It has changed, meaning I used to have many friends before, but now I don’t really talk to friends like that. I don’t have any friends now. Since this incident, I don’t really talk to anyone like that. I believe that talking to people means putting oneself in danger. I mean now I don’t talk unless necessary, and because I have corrected myself, I am not falling into danger now.”

— Shilpi, Survivor

Community responses often compounded survivors' psychological distress. Survivors and family members described continuous taunting, gossip, character assassination and social exclusion. In some cases, perpetrators remaining in the community or being released on bail reinforced perceptions that the survivor, rather than the perpetrator, was responsible. Muna's sister during the interview described how members of the community laughed and made nasty remarks about her family as they failed in holding the perpetrator accountable. She says, *"People talk, but the incident actually happened in our life; nothing happened to them (the perpetrators). Everyone there also laughs and whispers about this."*

During interviews, survivors also revealed how they had internalised the blame, which continued to affect their sense of self-worth. 48% survivors in the survey reported feelings of guilt and shame after the violence. Stemming from these feelings, survivors further shared their concerns about engaging in future romantic relationships. Avi, a survivor, narrates her fear of men post the incident. She says, *"I feel scared that if boys are like that, and the one who will come into my life is also like that, then what will happen."* This loss of trust in men further extended to male family members of survivors' families, as noted by Nodi, a gangrape survivor.

These experiences also reflect a broader gap in access to mental health support in Bangladesh. A joint WHO and the Government of Bangladesh assessment under WHO's Special Initiative for Mental Health shows 92.3% of Bangladeshi adults with diagnosable mental disorders were not receiving any mental health treatment as of its 2020 review.²⁴ Additionally, the National Trauma Counselling Center (NTCC) and Regional Trauma Counselling Centres (RTCCs) created by the Ministry of Women and Children Affairs (MoWCA) in 2009 as part of the multi-sectoral program on violence against women to support survivors face severe funding and manpower shortages. Only six of the 22 approved clinical psychologist jobs at NTCCs and RTCCs are occupied, with survivors in many places only getting assistance through phone counselling.²⁵

The limited capacity of mental health institutions thus reflects the gap between survivors' needs and available institutional support. Bindu's statement, *"Justice comes later, first is my mental health,"* introduces a critical perspective on survivor-centered justice making it synonymous with psychosocial healing. This particular idea of justice does not ask the state to expand its legal framework, but to adequately resource the institutions already mandated to provide care.

Economic Impacts

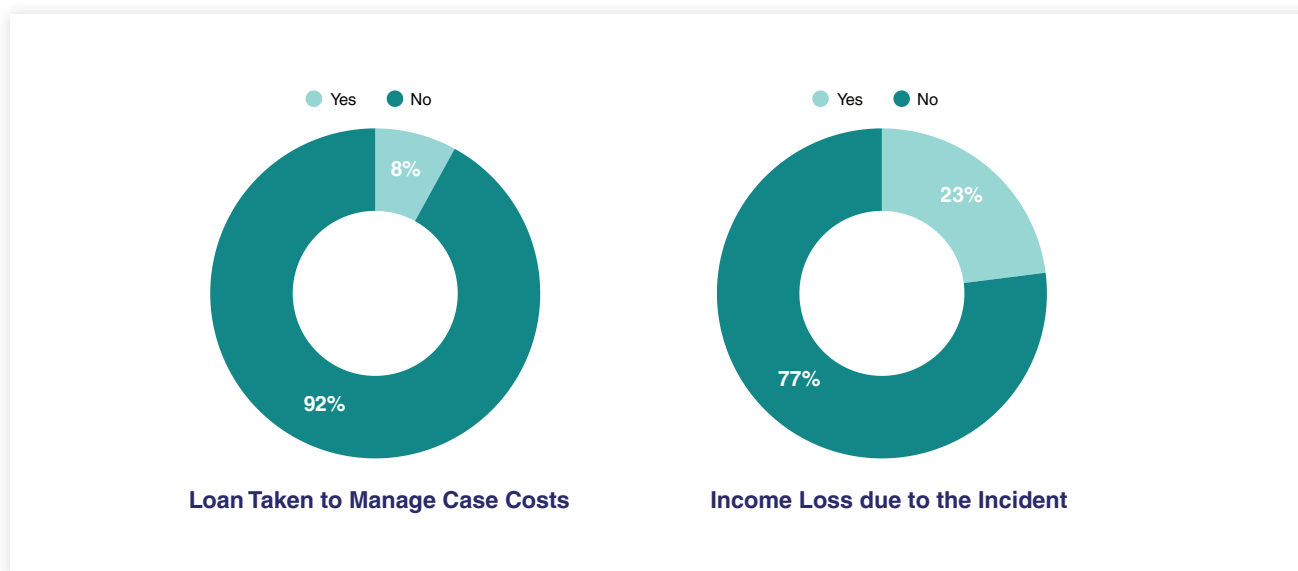


Figure 2.6: Economic Impacts of Violence

The economic consequences of sexual violence were reflected in both loss of income and the financial burden associated with seeking justice and accessing services. 23% of survivors reported experiencing income loss as a direct consequence of the incident. Among the 6 total responses recorded for specific income loss types, 33% missed daily wages, 17% lost a monthly salary, and 17% reported permanent job loss (see Annexure.).

Loan-seeking behaviour was also observed among a few survivors, as can be seen in Figure 6. 8% (n=2) had taken out a loan to manage case costs. Among those who borrowed, 1 survivor took a loan from relatives and 1 took a loan from a moneylender. Both of the borrowing survivors reported that their loans remain outstanding.

Lengthy procedures, repeated interactions with institutions, uncertainty about case progress and limited communication often created frustration and exhaustion among survivors. Survivors also incurred legal and medical expenses. Medical costs often exacerbated the already existing financial strain on survivors and their families. One survivor narrated such an incident: *"My son has no money; today it has been six months, and he cannot take me to the hospital. He says, 'I cannot take you to the hospital because I don't have money'"*

A caseworker during the interview also explicitly described the economic challenges survivors face while pursuing their cases. One case worker mentions, *"Courts are not located near their homes. Many survivors have to travel long distances. Each visit requires time and money. The financial condition of many people in our country is such that they cannot easily afford lawyers' fees"*

Adding to this, community workers highlighted how lack of adequate information on free legal services prevented survivors from accessing state support mechanisms, making their justice journey difficult. A community worker in Dhaka reported, *"Another issue is that many times they do not have the correct information about where they should go. We have a legal system, such as the government Legal Aid services, but people are often not aware of them. We often advise them to go there. However, even there, if they do not have financial strength, many times they still do not receive proper justice."*

These economic impacts were further echoed by survivors and families during the interviews. A survivor's sister recounted what she was told by the perpetrator when deciding to file the case, *"Your financial condition, we know you do not have the means to afford a legal battle"*. She further added that, post the incident, all her savings from work were exhausted on the legal expenses.

These accounts reveal how financial stress caused by the violence was structural in varied ways and not just incidental, shaping survivors' access to the justice-seeking process.

Social Impacts

Stigma, victim-blaming and social silence emerged as significant barriers influencing how survivors understood, pursued and experienced justice. These social dynamics operated across multiple levels, from family to the community and justice institutions, and shaped both the decision to report violence and the survivor's expectations of what justice meant.

Survivors' vulnerabilities in seeking justice was aggravated by a lack of support from family. Families often had the pressure to preserve their social image and often responded by prioritising their prestige and honour over survivors' well-being. The absence of family support further resulted in delaying survivors' decision to seek legal support, or preventing them from pursuing formal justice altogether. Family members, as revealed during the study, were often reluctant to allow such matters to be discussed outside the family due to societal fear. Runi, who experienced sexual abuse by her tutor during childhood, reflected how her mother asked her to consider the consequences of disclosing the incident, as society would perceive it differently, which eventually led to her settling the case out of court. She says, *"Told my mom, my dad after telling then told my mom, mom later told dad. Dad got very angry but my mom said look, we have to live in society. A girl's, they say, that a girl is like a white cloth if even a little stain falls. many various talks arise in society however."*

The stigma around sexual violence often prevents survivors from disclosing the violence to their friends and families. The Bangladesh 2024 Violence Against Women Survey backed the study's findings. It found, 76% of women had experienced at least one form of intimate partner violence in their lifetime and that 64% of survivors who experienced physical or sexual violence by their husbands, had never disclosed it to anyone.²⁶ In our study we could see similar patterns. The family perceived the incident as a consequence of survivors' actions. This made survivors' immediate ecosystem really hostile, complicating their ability to seek support and justice.

“My family’s reaction was very negative. I could not make them understand that I had not done any of it willingly. I did it out of fear. I was a victim of blackmail. Everyone kept saying, “Why did you knowingly get involved in a relationship with someone who lives next door?” Everyone thought I was in a relationship with him, but in reality, I was a victim of blackmail. I could not make anyone understand that.”

— Himi, Survivor

Survivors’ social lives were further impacted by displacement, with 19% of survivors reporting migration following the incident, with 15% migrating out of their village and 4% migrating back to their village. The incident also disrupted their educational journey. 17% continued their studies while facing difficulties, and 9% were forced to take a temporary break from education. Furthermore, 4% permanently dropped out of school as a direct result of the incident. Bindu, during the interview, reflected on how the incident affected her studies. *“I cannot concentrate on my studies. I keep thinking, why did this happen to me? I always felt that maybe it happened because I am insignificant. Why did this happen? Why was I born a girl? I used to tell myself that too—why was I born a girl?”*

The findings reveal how the impact of violence was interconnected and varied, influencing survivors’ and families’ capability to seek justice and rebuild their lives.



5. Support Systems

This section examines two key dimensions of survivors' journeys towards justice: what motivates survivors to pursue justice and sustain their efforts over time, and how they navigate and cope with the formal and informal systems they encounter along the way.

Motivations for Seeking Justice

Survivors in the study repeatedly described their consistent sources of support, which included their immediate family and NGOs. It was observed that the primary motivation for survivors (n=7) seeking legal justice was support from NGOs or caseworkers – cited by 86%, while 57% referred to the support from their family and friends as motivation and for 43%, it was their belief in themselves.

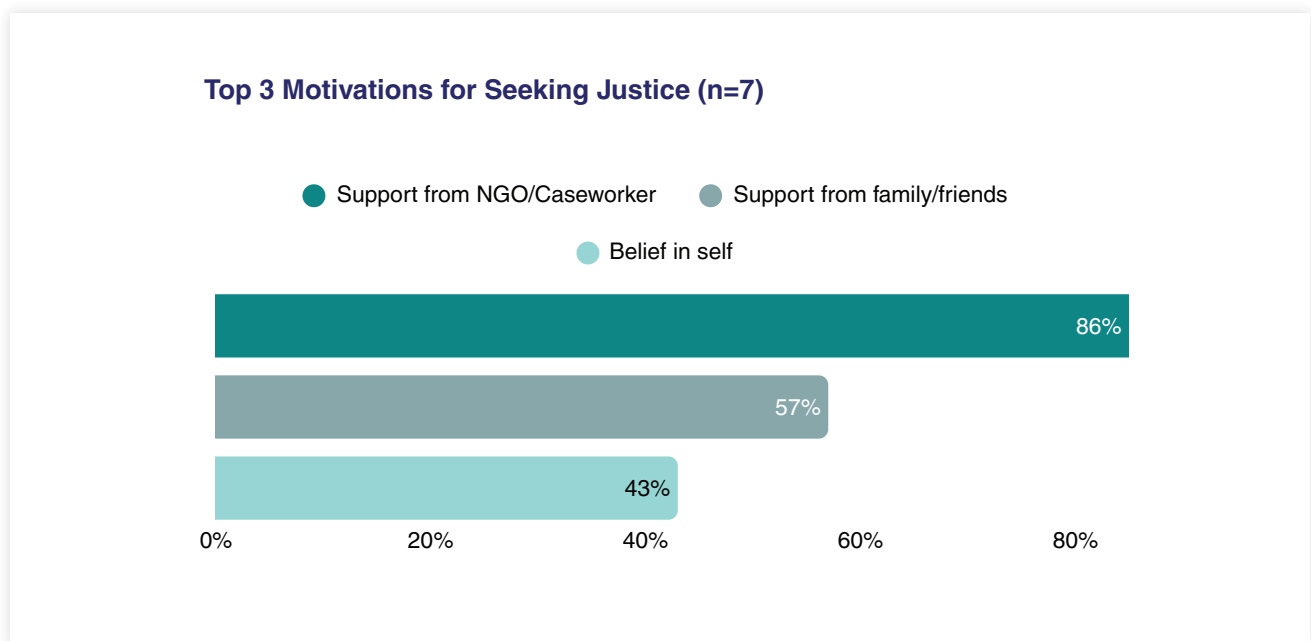


Figure 2.7 : Motivations for Seeking Justice for Survivors

Across survivor narratives, family emerged as a critical pillar of support throughout the justice journey. Mothers were often the most consistent source of emotional strength, helping survivors rebuild their confidence in the aftermath of the violence. Educated family members played a particularly valuable role in navigating formal legal and institutional processes, given their greater familiarity with such systems. Husbands, too, were identified as a source of emotional assurance that helped survivors move forward. Few even mentioned how the incident didn't impact the nature of their marital relationship, with some mentioning that they grew closer when disclosing the incident to their partners.

Yes, I received support from everyone from my family to the judges involved in the justice process. My family supported me throughout. My husband stayed by my side and gave me emotional support, which strengthened me mentally."

— Nodi, Survivor

This support from family manifested in both emotional and practical ways. Educated family members assisted with tasks such as approaching the police, filing cases, and ensuring timely medical examinations, steps that were important to preserving evidence and strengthening the case. As one survivor recounted,

“My sister is a nurse. So, the day the incident occurred, the suspects were caught on that very day. Then they were sent to court. Later, my sister called again and said that, I mean, I should be taken for a medical test quickly, otherwise the evidence might be lost. Then my sisters told the OC sir. After that, they took me to Rajshahi that evening. The medical test was done the very next day.”

— Shilpi, Survivor

Apart from family members, survivors placed immense trust in NGOs, which helped them navigate the formal justice system. Caseworkers from NGOs assisted survivors in taking the legal route specially when societal pressure and stigma discouraged legal action or when they experienced poor response from criminal justice system actors. Survivors during interviews explained how NGO staff encouraged them to share their experience of violence, which made them feel confident and helped them overcome their fear. NGOs often became survivors' safe spaces where they could confide without judgement or blame. Himi, a survivor, mentions, *“I could no longer continue living in fear. I attended a training organized by the NGO, and then I found the courage within myself to share everything.”*

NGOs also helped survivors navigate the justice system by managing their cases and, when needed, providing legal representation free of cost. This was reassuring for survivors, as they often encountered challenges with formal justice system actors trying to access institutional support mechanisms.

“Everyone treated me well. I went to the lawyer (the NGOs side), and the lawyer asked me questions. Then I told everything. After that, Aunty from the organization also came. After she arrived, I told her everything as well. After I told her, they handled my case properly. They told me, “You are not at fault. He is the one who is guilty.”

— Tuli, Survivor

The findings reveal how survivors' journey to justice was shaped by both personal support systems and institutional support, with families providing emotional and practical assistance and NGOs bridging gaps in the formal justice system.



Coping Mechanisms

Survivors developed their own coping mechanisms to deal with psychological stress post the violence. Spiritual/religious guidance and talking with supportive family, friends, or community members emerged as the most common healing support, each reported by 46% of survivors (Figure 2.8), suggesting a reliance on informal networks in the relative absence of institutional mental health services.

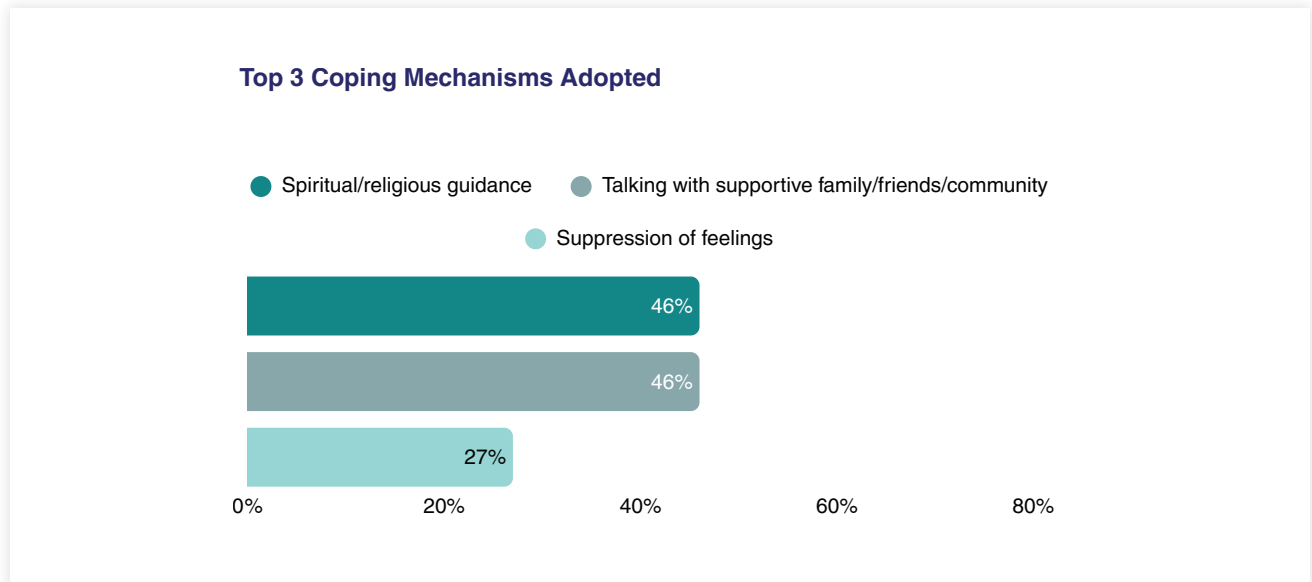


Figure 2.8: Coping Mechanisms Adopted by Survivors

Notably, 27% of survivors coped by suppressing their feelings rather than seeking active support, pointing to a segment of survivors who may have lacked access to or comfort with more open avenues of emotional processing. They also made dedicated efforts to not remember the incident, as it would open unhealed wounds and cause them greater agony. They often engaged in household work or other activities, allowing time to pass, hoping for it to heal them. Khushi's sentiments align with this, as she says,

“The reason is, there is no use for me remembering that. Yes, no use, just remembering it means discomfort. I mean, mental pressure becomes too much.”

— Khushi, Survivor

Survivors also placed importance on trust, love and consent while thinking about future romantic relationships, showing a strong desire to rebuild their lives, rejecting the idea that the violence defined them, as Runi reflected, *“It was his fault, my harm was done. There are many people who are of understanding, they will definitely, surely understand.”*

Ultimately, healing emerged as a continuous and deeply individual process, shaped by survivors' subjective choices in identifying what helps them cope, recover, and grow. These self-devised strategies also raise serious questions about the limited availability of formal psychosocial support and place the responsibility for recovery largely on survivors themselves.

6. Experience with the System

This section examines the experiences of survivors and their families with the criminal justice system, namely police, medical, judiciary and other localised formal support systems. First-hand accounts from criminal justice system actors are also captured in this section to identify the structural and infrastructural challenges that hinder the effective delivery of support to survivors and their families.

Survivors' experiences in accessing institutional support varied considerably across service points, though difficulty was the dominant experience overall. Among survivors who sought help from the police (n=14), 71% found it difficult, while only 14% described it as easy. A similar pattern emerged with courts (n=14), where 71% found accessing help for hearings and trials difficult, compared to 21% who found it easy. Hospitals (n=14) were comparatively more accessible, though still challenging for half the survivors in the sample (see Annexure).

In spite of these barriers with police, some survivor responses reflect the positive experiences which helped their justice journey. Shilpi narrates how, in her case, the Officer-in-Charge comforted her, saying, *"You guys stay right here. You are just like my sisters. I am personally looking into this."* This was very reassuring for her. Similarly, Muna describes her experience where the police treated her with dignity and respect and actively investigated her case. These accounts are poignant as survivors and families were often apprehensive about approaching the police.

However, survivors also explained how their experience with the police was highly negative, which often made them anxious about their decision to continue their justice journeys. Survivors often encountered challenges while registering their cases, leading to delayed investigation, as Himi recalled, *"The first time I went to file a General Diary, they did not want to write it"*.

Police frequently engaged in behaviour such as victim blaming, reinforcing the social stigma rather than challenging it. Talking about survivors' experience with the police, a caseworker observed how poor police interactions could also become an additional source of psychological distress for survivors. She further added that when survivors are repeatedly questioned at police stations, *"it is as if they become a victim of rape once again"*, highlighting the secondary trauma survivors have to undergo while seeking support.

With medical services, survivors' experience around health professionals was comparatively positive, especially in cases where they received timely and compassionate treatment. Medical practitioners were described as empathetic and supportive.

"The medical staff was shocked by my condition. They said, "How could anyone do something like this to another human being?" They cried. Even the doctors felt deep sorrow while examining me. They said that no human being should ever torture another person in such a way."

— Nodi, Survivor

However, gaps in maintaining survivor's confidentiality and ensuring ethical conduct of medico-legal examinations were also identified during the interviews. Tuli's mother questioned the impartiality in the medical report of her daughter and strongly believed that it may have been influenced by the perpetrator. She says, *"No, they (the medical staff) did not maintain confidentiality. Secretly, they might have taken money. The way we expected the case to be, that's not how we found it in the medical report."*

Thus, such disparity in experiences demonstrates how the healthcare system could become a source of supportive and comprehensive care for survivors, whereas loopholes in medical procedures could also deter survivors and families from seeking support.

Dealing with the courts for survivors involved significant barriers that undermined their trust in the formal justice system. Experiences with the judiciary were often characterised by prolonged delays in case trials and uncertainty over the case status, adding to further frustration. During interviews, both survivors and their families described repeated travel to courts, case delays, poor communication from lawyers on case progression, and limited information on trials, adding to their misery and delaying justice. Expressing her dissatisfaction with the system, Shilpi's sister informed, *"If we had spent about one to two lakh taka (~ USD 1,630) behind this case, then I think we could have gotten the result much earlier"*

Delays in the legal system also created significant barriers for survivors. Interviews with lawyers explained the systemic nature of these delays. Transfer of investigation officers, lack of witnesses, repeated adjournments and procedural complexity were cited as major reasons for case delays. Adding to this, one lawyer in the study notes, *"cases remain pending for 10 years, 20 years"*. A community worker further added that survivors and their families might have to attend hearings repeatedly in the absence of adequate legal information on what steps to take, limiting their access to timely justice. Court delays only compound trauma, making swift proceedings essential for healing. In March 2025, Bangladesh amended the Women and Children Repression Prevention Act (WCRPA) 2000 via ordinance to speed up rape case investigations and trials. The amendment cuts the investigation period from 30 to 15 days (Section 18) and trial completion from 180 to 90 days (Section 20). To address delays caused by DNA test requirements, courts may now proceed with trials based on medical certificates and circumstantial evidence alone, without waiting for DNA results (Section 32).²⁷

Survivors also pointed towards other structural gaps such as poor accountability among state actors, lack of capacity-building training of government departments involved in supporting survivors, as well as lack of coordination across institutions responsible for facilitating the justice process.

Survivors' experiences with the formal justice system are influenced by different institutional responsiveness, where supportive response facilitated access to justice while case delays, procedural and structural gaps questioned their belief and trust in the system.

Access to Compensation For Sexual Violence Survivors in Bangladesh

In Bangladesh, compensation in sexual violence cases is primarily dependent on conviction and judicial discretion, as there is no nationwide state-funded victim compensation scheme for survivors. Under the Women and Children Repression Prevention Act, 2000, courts can convert imposed fines or realise convicted perpetrators' assets as compensation. However, in practice, this is rarely enforced. BLAST, one of Bangladesh's largest legal services organisations providing free legal aid to vulnerable sections, noted that only 6.8% of rape cases were given court-awarded compensation, often in small amounts.²⁸ In our study as well, of the 26 survivors, only 2 could apply for compensation, and neither received it.



7. Emerging Themes

This section presents findings that are visible across different stakeholder perspectives and point to features of the Bangladeshi context that are particularly relevant to understanding responses to sexual and gender-based violence.

The Only Choices Offered: Normalisation of Violence, Delay & Compromise

This theme examines how sexual harassment and violence are consistently treated as private, manageable matters rather than criminal violations. Normalisation discourages reporting in the first place, which further leads to a widening gap between survivors' aspiration for formal legal accountability and the compromises reality forces upon them through the informal community mechanisms that ultimately substitute social settlement for criminal justice.

The lived experiences of survivors from the research reveal that sexual harassment is an omnipresent threat spanning private, professional, institutional, and public spheres. In domestic settings, intimate proximity is routinely exploited. Survivors reported forced physical contact and kissing by close relatives and ongoing intimidation by neighbors during active court cases. In professional and educational environments, authority and economic vulnerability are similarly weaponised. Women in the readymade garment (RMG) sector faced persistent advances, anonymous messages, and physical confinement in the waiting room that forced them to quit, while students endured suggestive comments and non-consensual touching by private tutors. This pattern reflects a broader trend across Bangladesh. In the RMG sector itself, studies have estimated that up to 80% of workers have experienced or witnessed workplace sexual harassment,²⁹ with the vast majority of such incidents going unaddressed due to institutional inaction and social normalisation.³⁰

Trivialisation of harm caused by sexual harassment conditions women to expect indifference, eroding their confidence in formal redress, and laying the groundwork for survivors to not report "minor" offences, limiting their choices to seek redressal.



77% survivors reported sexual harassment in our sample, making it the most common type of violence encountered by them. However, these cases faced almost complete procedural dismissal even before reaching a court. In alignment with this, it must also be noted, 73% of all survivors compromised their cases, and 18 out of 19 sexual harassment cases (94.7%) ended in an out-of-court compromise. This sharp drop before formal filing reflects a broader pattern of minimising sexual harassment. Comparing it against national data underscores that while sexual harassment rates across Bangladesh are exceptionally high, official metrics reflect a massive reporting gap rather than low prevalence. Joint research by UNDP and the National Human Rights Commission in Bangladesh, revealed that nearly 87% of women have faced harassment at least once in public or digital spaces, yet only 1% report the incident to law enforcement.³¹ Similarly, the Bangladesh Bureau of Statistics (BBS) Violence Against Women Survey 2024 confirms that while technology-facilitated and non-partner harassment affect young women disproportionately, formal help-seeking remains under 10%.³² The high percentage of cases involving sexual harassment in study samples suggests an environment where harassment is prevalent but public and judicial institutions often minimise its seriousness. Dismissing sexual harassment as little or unavoidable creates a risky precedent that encourages more violent abuse, undermines public confidence, and upholds a widespread norm of silence. The system conveys to women that state protection is unachievable until severe, permanent harm occurs by delaying action, as highlighted by a case worker during the interview, *“Now I feel that the question of justice comes later. If you survive, then there is no justice. After you die, there is an uproar.”*

Our data further reveals that while the majority of survivors opted for legal pathways as their preferred form of justice, 73% eventually reached an out-of-court agreement rather than receiving a complete legal resolution. The irony of the situation is that these findings reveal that survivors’ goals for justice cannot be comprehended by looking only at the results they ultimately attained. A survivor’s acceptance of a compromise does not always indicate that it reflects her ideal idea of justice. Instead, the interviews imply that the justice process occurs in an institutional and social setting where formal accountability is co-existing with pressures from society, family and community for restoration, settlement, and mediation. An analysis of Bangladesh’s rape data found there is a persistent, large discrepancy between police records, rights-group monitoring, and actual events. This discrepancy includes unreported cases due to family pressure, local mediation which usually go in favour of powerful individuals or the survivors’ decision to remain silent.³³ Avi’s account aligns with this understanding. She mentions, *“Yes, they wanted to complain, but thinking about me, they didn’t do it anymore because if a complaint is made in one place, later all the people in the neighbourhood will know that this happened to that girl, there will be a bad name.”*



According to Bangladesh police data, just 2.61% of crimes involving women and 0.52% of cases involving children resulted in convictions in the first half of 2025. In contrast, Bangladesh has an overall criminal conviction rate of about 28%. Systemic issues are reflected in low conviction rates. Perpetrators obtain stay orders, victims drop accusations because of social pressure, investigations are postponed, and evidence is destroyed.³⁴ There is currently a huge backlog in the legal system that prevents justice from being served. For survivors who opted for formal legal action, the journey of justice is transformed into an agonising process of attrition, with cases remaining legally ongoing for over five to six years. While statutory frameworks like the Nari O Shishu Nirjatan Daman Act, 2000 mandate rapid case resolution, the lived reality for these women is defined by trial delays, procedural stagnation, and backlogs. Rather than offering accountability, the court process subjects survivors to prolonged emotional and financial strain as hearings are repeatedly postponed and investigations linger unresolved. This gap between legal aspiration and judicial reality demonstrates that even when survivors actively seek state protection, the formal justice system often prolongs their ordeal rather than delivering timely closure, as another survivor Nodi explains, *“The case was first heard in Majidee Court. Later, after the verdict, it was sent to the High Court in Dhaka. Now I am waiting for the High Court’s final implementation of the judgment and wondering when it will happen.”*

While statutory frameworks exist to protect survivors of violence, procedural and structural barriers within the criminal justice system systematically marginalise the survivor from the core of the legal process. By treating the survivors’ justice as secondary to procedural state mechanics, the formal system effectively renders legal access functionally unavailable, driving many back towards informal out-of-court compromises.³⁵

Another attribute that contributes to this is family attitudes. They significantly shape the environment surrounding disclosure and justice-seeking. Relatives are hesitant to revisit sensitive experiences or allow them to be discussed outside the household, viewing these occurrences as private matters tied to family prestige. Consequently, even when survivors felt motivated to seek help or share their stories, familial attitudes ranging from fear of social consequences to denial prevented them from doing so.

Families and survivors primarily turned to informal justice mechanisms because they are geographically accessible, low-cost, fast, and carry strong socio-cultural acceptance within the community. Unlike the formal legal system, local informal frameworks consist of Union Parishad representatives, religious salish structures, and traditional village elders who arbitrate disputes locally. However, because the governing principle across all these informal groups is the preservation of social cohesion and family honor rather than individual criminal accountability, the decision-making power resides almost entirely with community elites rather than the survivor as interviews with key informants during the study revealed. While the formal legal system presents administrative and procedural hurdles, informal community mechanisms often serve as an immediate, social barrier to accessing formal justice. Rather than offering protection, local power structures, family networks, and community elders routinely exert immense pressure on survivors to bypass the legal system entirely. A lawyer interview for the study explains, *“A political influence works there. Someone or other also becomes a victim of this politics. It is seen that they are also connected with some family or other. It could be that they are even a member of the accused family. In that case, getting justice is actually very difficult, I think. I don’t think the correct justice will come from there.”*

This informal dispute resolution system operated primarily through traditional village arbitrations (salish), where local leaders and village elders attempt to arbitrate criminal matters, including sexual violence and rape, outside of court. Legal human rights organisations like Ain o Salish Kendra (ASK) have repeatedly highlighted that rape and sexual offenses are non-compoundable criminal acts under Bangladeshi law that cannot legally be settled through out-of-court mediation. Despite the High Court explicitly directing law enforcement to stop local salish proceedings for sexual offenses and asking why such unauthorised arbitrations should not be criminalised, research findings indicate that such arbitrations continue, effectively bypassing statutory justice.³⁶ Our study found that community members and local leaders frequently intervened to prevent police involvement, viewing sexual violence as a private dispute to be managed through traditional mediation rather than a criminal offense.

For many survivors, local leaders acted as a barrier by substituting state punishment with social settlement, allowing perpetrators to avoid formal accountability. When perpetrators' family and community networks tried to reintegrate sexual assault into society through forced reconciliations, this barrier became even more oppressive. In order to maintain family honour and communal harmony, survivors were frequently coerced into accepting forced marriages or insignificant settlements through informal arbitration systems that strongly rely on patriarchal social norms. Lived experiences of survivors reflect how local leaders and perpetrators' families pressured survivor households to accept marriage as a substitute for prosecution. Shilpi, a survivor of sexual harassment, recalls, *"Among us, it was said that within our society, those big leaders/elders are there. We have heard from people's mouths, the local people there told us, that when the accused were taken away, when they were in that jail, they used to say that they would call a meeting in their village, we heard. Then they themselves held a meeting, and the family of the accused would come to our house and they talked about marriage. They asked to marry one of them, one was married and two were unmarried. So, they said to marry any one of them, they told me. Then my sisters also refused, and I also refused"*

By offering marriage as a remedy, community elders and family networks attempted to neutralise legal proceedings, using social pressure to erase the crime and force survivors into accepting a lifelong compromise. Resisting these informal settlement mechanisms required survivors to explicitly reject community norms, although they had the same experiences when institutional actors offered similar choices.

What is visible here is that when an Officer-in-Charge asks a survivor to choose between a settlement and court, the system presents an illusory choice. Formal legal filing is a mandatory statutory duty for non-compoundable offenses, yet institutional actors treat it as a negotiated favour. By offering settlement as a valid option, state officials normalise the same patriarchal pressures encountered at the village level, forcing survivors to repeatedly contest authority just to receive bare minimum access to formal legal procedure.

CASE STUDY: Huge Uproar in Country, Still Justice Missing for Muna

Muna, a survivor from Noakhali, was gang-raped by a group of local men who filmed the assault and later uploaded the video online. When the footage went viral, it triggered nationwide outrage and became one of the catalysts for the Women and Children Repression Prevention (Amendment) Bill, 2020, which introduced the death penalty for rape. However, national uproar and legislative reform did not translate into individual justice or social protection for Muna.

Her case has moved through the courts – two out of three cases have concluded and one still remains sub judice. Some of the accused have been sentenced to ten years, while the main perpetrator was awarded life imprisonment. Yet, for Muna, this outcome offered no real protection *"They all came out on bail. Now they laugh. They say, 'You can't do anything.'* Some of the released perpetrators now approach her casually, even inviting her to socialise, leaving her uncertain how to respond: *"If I talk to them, I don't even know what I'll say or what I won't say. My mind doesn't work properly anymore."*

The aftermath of this violence extends into her domestic life. She was forced out of her home by her in-laws, accusing her of bringing "dishonour" on to the family name, and turned first children against her. Her husband has also remarried and left.

Muna has since lived without a permanent home, moving from place to place. She is unable to access her family home, which remains in control of the perpetrator. Muna's family and social support networks remain severed rather than strengthened by the case's public profile. She faces health issues, ongoing gynaecological problems – menstrual irregularity, and discharge. Without any income, Muna is unable to see a doctor. Her mental health has also deteriorated since the violence, she reports, since the violence, the sadness has only grown worse. She has received no counselling or institutional support. The only solace for Muna is praying and distracting herself through work. She has received no compensation or assistance. Muna reported feeling systematically dismissed by the local administration, police and judicial personnel when seeking financial and institutional support, describing how officials doubted her motives when she sought statutory aid.

She says she no longer feels safe going out alone and fears for her children's safety more than her own. The system with its institutional failures has failed to bring her any justice. Muna's experience illustrates how despite the state recognition and legal action, survivors may remain vulnerable to renewed stigma, institutional compromises, and the erosion of family and community support.

8. Recommendations

This section presents actionable recommendations derived from the study's findings to address the identified gaps in the justice journey of a survivor. It outlines practical measures for policymakers, judicial authorities, and service providers to strengthen system-wide accountability and survivor-centred practices.

Legal / Judicial Process



- Enact and implement a comprehensive Victim and Witness Protection Act,³⁷ including clear institutional mechanisms for protection, shelter and safety of survivors and witnesses.³⁸
- Strengthen the Women and Children Repression Prevention Act, 2000 to address gaps in protection against GBV and sexual harassment, including in workplaces,³⁹ educational institutions and public spaces; and move the High Court Sexual Harassment Guidelines 2010 towards a comprehensive legislative framework.⁴⁰
- Strengthen institutional accountability and enforcement to address corruption, political influence and abuse of power within the justice system.
- Institutionalise survivor-centred and gender-sensitive training within police recruitment and ongoing capacity-building, rather than relying on individual trained personnel.
- Strengthen NGO–state referral mechanisms and expand community-level interventions, particularly to improve access to justice and awareness among rural and marginalised communities.
- Strengthen GBV response services from national to sub-district levels through the operationalization of a survivor-centered case management approach and nationwide rollout of a contextualised Essential Services Package (ESP), ensuring coordinated, multisectoral support across health, justice, legal and civil societies.

Psychosocial Support



- Integrate psychosocial and mental health support with referral linkages into the formal justice system and strengthen police-based survivor support mechanisms.
- Provide funded, peer support-oriented, and wellbeing programmes for frontline lawyers and caseworkers who experience secondary trauma through their work with survivors.
- Expand state investment in psychosocial support services and integrate NGO-run mental health provision more directly into public health and social service structures, to increase coverage beyond its current limited reach.

Financial Assistance/Compensation



- Establish a dedicated state compensation scheme for survivors of sexual violence, covering medical, legal, and related costs, to reduce dependence on conviction or informal settlement as a condition for financial redress.
- Develop targeted livelihood, employment, and economic empowerment programmes for women, recognising financial dependence as a barrier to disclosure and a driver of vulnerability to violence.

Prevention/Community-based Interventions



- Targeted sensitisation of local religious and political leaders, clarifying that rape cases fall outside the legal scope of shalish, and building their capacity to redirect survivors toward formal channels would address a leverage point identified directly by stakeholders.
- Institutionalise GBV-response training for frontline health and community workers on confidential first-line support, survivor consent, safety and referral to legal, medical and psychosocial services.



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CHAPTER 3 INDIA

1. Country Context

India is one of the fastest-growing economies, globally the sixth largest. Its share in the global economy has doubled in a span of over 20 years, from 1.6% in 2000 to 3.4% by 2023. This growth is accompanied by a substantial reduction in extreme poverty and a significant increase in infrastructure and services.¹

As of July 2026, Labour Force Participation (LFP) is at 55.4%, and Unemployment Rate (UR) at 5.1%, one of the lower rates the country has witnessed.² A lower-middle-income country, India has a diverse economy spanning agriculture, industry and services. Agriculture employs a majority of India's workforce - 42% and has a contribution of 18% to the GDP.³ The services sector contributes more than half of the country's GVA and grew by 9.1% in Financial Year 2026, emerging as a major driver of economic growth.⁴

India's social structure is defined by its caste system, a hierarchical social structure historically organised around principles of purity and pollution and closely associated with hereditary occupation.⁵ Although prohibited constitutionally,⁶ and caste may no longer be practised in its traditional form, evidence indicates that caste-based discrimination remains embedded in the country's social fabric.⁷ Affirmative action policies and legal frameworks, including the SC/ST (Schedule Caste/Schedule Tribe Prevention of Atrocities) Act and reservations in public employment and education, seek to address these inequalities.⁸ However, caste continues to shape access to resources, opportunities and livelihoods, intersecting with class, gender, disability and sexuality to influence patterns of vulnerability and socioeconomic disadvantage, particularly among historically marginalised groups like SC and ST communities.

Globally, India ranks 131 out of 148 countries in the Global Gender Gap Report of 2025.⁹ According to the latest National Crime Records Bureau (NCRB) data, a crime against a woman was registered every 71 seconds in India in 2024, of which cruelty from husband was the highest registered form of violence against women - 27.2%.¹⁰ Over 67,000 cases of sexual offences against children were reported the same year, where 98% were girls. Nearly 30,000 cases of rape were reported in the country in 2024. While this data is alarming in itself, this is only the tip of the iceberg. In a tight-knit community where patriarchal values and attitudes are upheld by institutions of family, marriage, religion – women often do not report violence. Only 0.6% of cases see the daylight, particularly in the context of rape within marriage.¹¹ Conviction rates for rape in India ranged between 27% to 28%, according to the NCRB data from 2018-2022.

Dowry deaths, acid attack, forced marriages, sexual harassment at workplace are also prominent forms of sexual and gender-based violence reported by women in the country annually.¹² However, it is worth noting that India has a relatively robust legal framework for addressing SGBV, with 77.8% of legal frameworks that promote, enforce and monitor gender equality under the SDG indicator on violence against women reported to be in place.¹³



As mentioned before, India has a relatively comprehensive legal framework addressing sexual violence:

- Bharatiya Nyaya Sanhita, 2023 (BNS): This is the principal criminal law governing sexual offences. Sections 63–73 cover rape and other sexual offences, including rape, aggravated rape, gang rape, sexual intercourse by a person in authority, sexual intercourse through deceitful means, and disclosure of a survivor's identity. Sections 74–79 cover related offences such as sexual harassment, voyeurism, stalking and assault.¹⁴
- Protection of Children from Sexual Offences Act, 2012 (POCSO): Provides a dedicated, child-specific framework for sexual offences against persons below 18, covering penetrative and non-penetrative sexual assault, aggravated sexual assault, sexual harassment and child pornography.¹⁵
- Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH Act): Provides a legal framework to prevent and address sexual harassment of women in workplaces, including through Internal Committees (IC) and complaint and redressal mechanisms.¹⁶
- Protection of Women from Domestic Violence Act, 2005 (PWDVA): Recognises sexual abuse as a form of domestic violence and provides civil/protective remedies, including protection orders, residence orders and monetary relief. It complements rather than replaces criminal law.¹⁷
- Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 (SC/ST Act): Provides enhanced protection against atrocities targeting SC and ST communities. Certain forms of sexual violence and sexualised conduct against SC/ST women can attract offences under the Act in addition to offences under general criminal law.¹⁸
- Criminal Law (Amendment) Act, 2013: Significantly strengthened India's legal framework following the 2012 Delhi gang-rape case also called Nirbhaya, including expanding the range of recognised sexual offences and introducing/strengthening provisions on sexual harassment, stalking, voyeurism and acid attacks. Many of these provisions are now incorporated into the BNS.¹⁹
- Criminal Law (Amendment) Act, 2018: Further strengthened penalties for rape, particularly rape of children, including enhanced punishment for certain aggravated offences. Relevant provisions have subsequently been incorporated into the current criminal-law framework.²⁰

Beyond the comprehensive legal framework addressing sexual violence in the country, a range of protective mechanisms has also been established to support survivors' immediate needs and facilitate their long-term rehabilitation.

- Victim compensation for survivors of sexual violence:
 - Sections 357 and 357A of the Bharatiya Nyaya Sanhita provide the key statutory framework for victim compensation. It aims to provide relief and rehabilitation to survivors or family members who have suffered loss or injury due to a crime.²¹
 - Under the Probation of Offenders Act, 1958, courts can require offenders released on probation to pay compensation.²²
 - Protection of Women from Domestic Violence Act, 2005 allows compensation for physical and emotional harm and monetary relief for expenses, lost income, economic abuse, property loss, and maintenance.²³
 - Section 20 of the PWDVA allows the court to order monetary relief for expenses and losses incurred due to medical expenses, lost income, economic abuse, property damage or loss and maintenance to the victim and her children.²⁴
 - POCSO Act, 2012 allows courts to award compensation for physical or mental trauma and immediate rehabilitation of child survivors.²⁵
 - India's evolving victim compensation framework, including state-level victim compensation schemes and the Central Victim Compensation Fund (CVCF)²⁶ under the Nirbhaya Fund, provides financial assistance to survivors of sexual assault and acid attacks.²⁷
- One-stop Centre (OSC) Scheme: One-Stop Centre (OSC) Scheme is a key rehabilitative initiative launched by the Ministry of Women and Child Development (MWCD) in 2015 under the Sambal vertical of Mission Shakti. OSCs provide integrated support to women affected by violence or in distress, bringing together medical assistance, police support, legal aid and advice, psycho-social counselling, temporary shelter and referrals to other welfare and rehabilitation services under one roof.^{28 29}
- Legal services under the Legal Services Authorities Act, 1987 extend beyond the provision of free legal representation to economically weaker and marginalised groups. They encompass legal advice and assistance at all stages of civil and criminal proceedings, including representation by an advocate, preparation of legal documents and pleadings, payment of court-related expenses, and access to certified copies of legal records.³⁰

2. Demographic Profile of Survivors

Out of the 42 survivors who were part of the study, a majority belonged to the age category 18-24 at 74%, followed by survivors between the age of 25-34 at 14%, and 35-44 years of age at 12%. Survivors from the SC category constituted the largest group at 40%, followed by OBC at 31%. Survivors from ST and General categories made up 21% and 7% of the total, respectively. A majority of survivors were graduates - 29%, followed by those with no formal education at 24%. With respect to employment status, daily wage labour and unemployment were the more commonly reported categories - 24% each. 22% of survivors were students. Very few survivors cited farming as their occupation.

Table 3.1: Sample Distribution by Participant Type

Participant	Sample Size
Survivors	42
Family Members	43
Case Workers	48
Community Workers	39
Criminal Justice System actors	24
Total	196



Nature of Case

A majority of cases reported in the sample was that of rape - 50%, followed by sexual harassment - 33%. Gang rape accounted for 17% of the total cases from the sample.

Relationship with Perpetrator

From the sample, 81% reported having known the perpetrator from before. (A detailed breakdown of perpetrator categories is provided in the Annexure.)

Stage of Case

A vast majority of cases are still ongoing in the court - 60%. 21% cases have resulted in conviction, and 17% resulted in acquittal. From the total cases in the sample, only in one case did the survivor enter into out-of-court settlement.

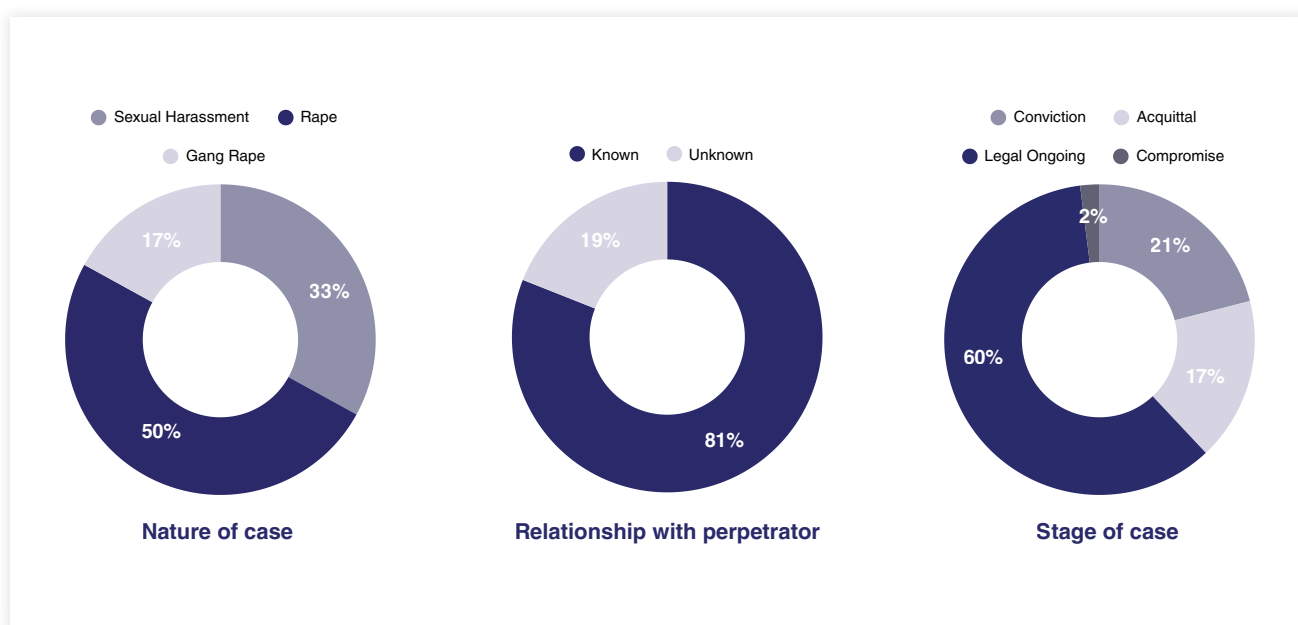


Figure 3.1: Demographic Profile

3. Justice Perspectives

This section sheds light on the varied perceptions of justice and experiences of navigating different systems shared by survivors and their family members. Perceptions of justice are not always linked to the outcome of the cases.

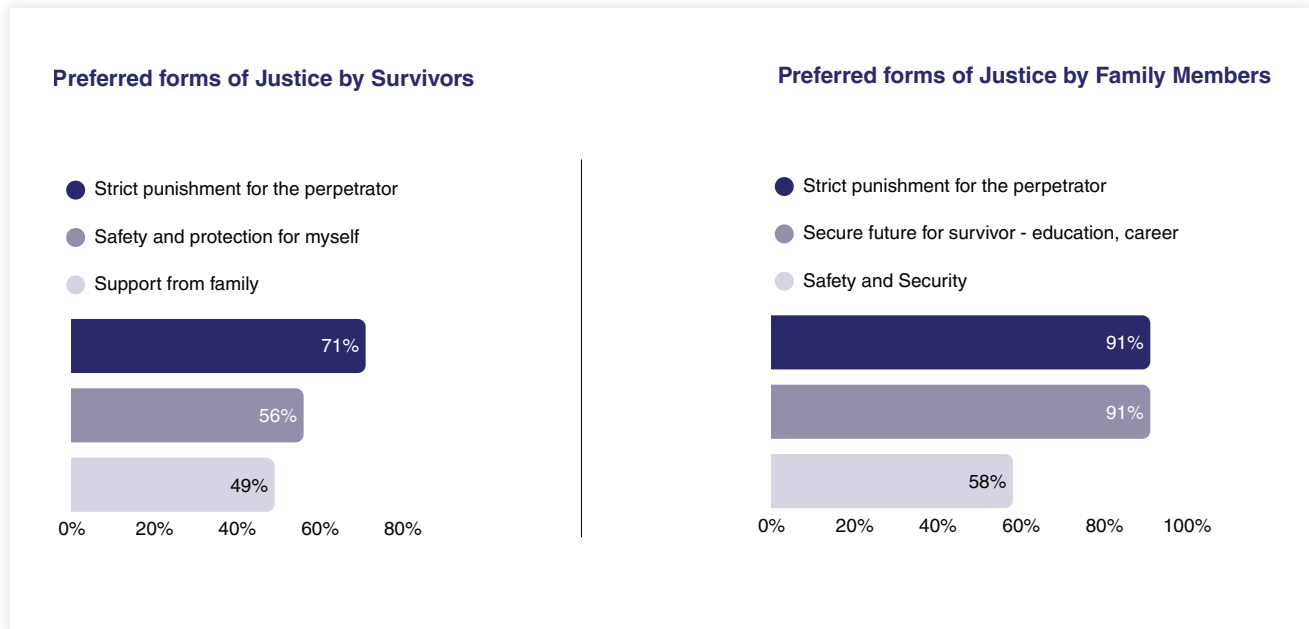


Figure 3.2: Top 3 Preferred Forms of Justice: Survivors & Family Members

Survivors' Perspectives of Justice

71% survivors cited punishment as the top-most preferred form of justice, followed by safety and protection for themselves (56%). Support from family was the third most preferred form of justice for survivors (49%) (Figure 3.2).

Qualitative insights point to survivors believing that punishment is a means of prevention, stemming from the hope that accountability deters perpetrators from committing similar acts in the future. This was almost always accompanied by a strong sense of responsibility towards other women, with survivors stating that they sought punishment so that no one else would have to endure the same harm.

"I just want the accused to be punished. Because he did something wrong. If he's not punished, he might do it again to someone else."

— Ritu, Survivor

For a few other survivors, punishment would help regain their status in the society and prove to others that they are not wrong, with at least a quarter describing punishment as a means to be treated better by the society. When asked about their preferred form of justice, 56% cited safety and protection from perpetrators, which was the second most preferred form of justice. The need for safety as a form of justice directly stems from the significant challenges faced by survivors - 62% survivors cited intimidation/threats from perpetrators and pressure to withdraw as another one of the challenges. These statistics are indicative of survivors and families calling for better witness/victim protection mechanisms in the country, given the degree of violence they endure post incident and its impact on their daily lives. While there is a Witness Protection Scheme of 2018 in place in India,³¹ the legislation is yet to be passed.

“Actually, his father and someone else are connected with some political connection, and this is how things work in police stations. If I come from a well-off family and I go to the police station, for a case on me, and give them twenty thousand rupees, they will immediately release me, even serve me tea.”

— Suman, Survivor

In the context of India, caste hierarchies play a significant role in determining the root causes of violence, as well as the level of support survivors and families received post incident. Existing research shows that caste dynamics can suppress reporting, influence police behaviour, and silence community support - patterns that emerged in several interviews from the study.³² In cases where the perpetrator belonged to a higher caste group than the survivor, it is found that there was intensified fear, social pressure, and lack of support for families at the community level. In the cases where the perpetrator belonged to the same caste, survivors and families cited significant class differences between the two parties.

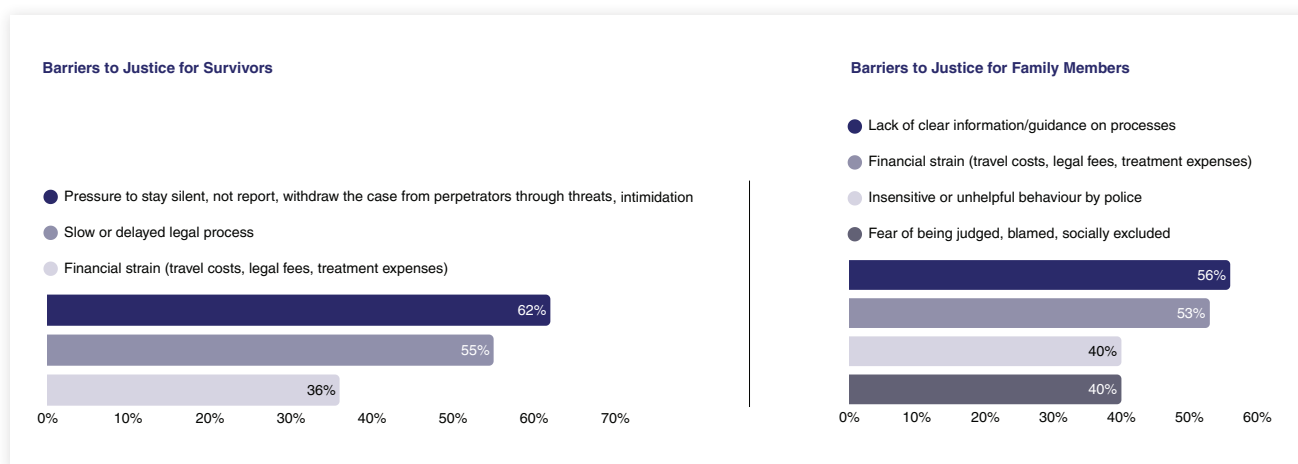


Figure 3.3: Top 3 Barriers to Justice: Survivors & Family Members

Survivors' experiences of encountering the structural barriers of a slow and delayed justice system, compounded by caste and class inequalities that can shape their ability to access protection, pursue legal remedies explains why support from family emerges as their third most preferred form of justice (49%). In this context, family support becomes critical, not only as an immediate source of care and protection, but also as a means of helping survivors navigate the prolonged aftermath of sexual violence. Importantly, despite the social stigma and family pressures that survivors of sexual violence typically face in countries like India,³³ most survivors in this study reported receiving support from their families from the time they disclosed or reported the violence, with this support continuing in many cases beyond the immediate crisis. In this sense, family support is not merely an informal source of assistance; for survivors, it forms an important part of what justice looks like in the aftermath of sexual violence.

Families' Perspectives of Justice

In this research, families shared almost similar views about justice as survivors - 91% cited equally for secure future of survivor like education, career along with punishment for the perpetrator, followed by safety and protection for survivors (58%).

Studies have shown that families equate justice with the punishment of perpetrators, reflecting a belief that punitive action is essential for ensuring accountability, safety, and deterrence.³⁴ Findings from the study also aligned with this pattern, where families' perceptions of justice for survivors were predominantly centered around punishment for perpetrators. Among the family members surveyed, 91% identified punishment as the primary form of justice, while 14% felt that the perpetrator acknowledging his mistake was essential. This demand on the part of families stemmed from two reasons: first, punishment would ensure safety and security for survivors, which was their primary concern, and second, it would prevent similar incidents by deterring potential offenders.

Families during the interviews expressed a strong belief in the criminal justice system to deliver the justice they envisioned for survivors. As per the survey for the study, an overwhelming majority (around 90%) of families expressed that the criminal justice system was highly important in seeking justice. While there are different ways in which they articulate the necessity of seeing through the case until they achieve conviction, one thing is certain - that the perpetrator must be punished.

“That’s why I’m fighting this case with all my courage. No matter what happens, I’ll see it through to the end. Even if I have to leave the village, beg for food, or face any other hardship, I won’t back down. If I withdraw the case now, the whole village will mock me, thinking I’ve taken money from the accused and been bribed. They’ll think I’m a coward, but I’m not. I’ll fight this case till my last breath, no matter what.”

— Sarita’s husband

Despite this strong pursuit for justice, many expressed frustration and dissatisfaction with the case status, demanding swift and effective action against perpetrators. Shreya’s mother reported, *“The case should move forward properly. Justice should be served. The one who did this should be punished, so that no one else dares to do such a thing again.”*

Two of the major barriers cited by families were also centred around their dissatisfaction with (navigating) the system - 56% cited lack of clear guidance on the processes, and 40% cited insensitive attitudes by the police. Interviews with families also revealed how they struggled to navigate the criminal justice system which was largely insensitive. Families reported that proceedings of cases were often heavily dependent on NGOs’ assistance, revealing systemic gaps in institutional responsiveness and support. This led to moments of dissatisfaction with the criminal justice system despite their initial faith, adding to the emotional burden already faced by survivors’ families.

Having no support of the community or extended family was another key challenge for family members, which informs why they perceive it as a key component of justice - 35% family members said extended family was unsupportive and more than half (56%) reported lack of support from the community.

“It’s because of our society. If people find out about this, no one will marry her. They’ll try to humiliate us. If no one in the village knows about it, who will speak up? That’s why we don’t want to tell anyone. If people find out, they’ll use it against us. Who will marry our daughter? We don’t want to reveal this.”

— Devika’s mother

Research shows that in the aftermath of sexual violence, survivors in South Asia often face societal stigma, victim-blaming, and judgement,³⁵ causing retraumatisation and impeding their recovery.³⁶ Families were constantly worried about what might happen if the husband eventually learned about the incident. They feared that this would destroy the marriage, which they viewed as survivors' pathway to stability, leading to stigma, judgement, or emotional abuse. As a result, families often were not in favour of disclosing the truth to potential or current partners of survivors.

While 63% of family members reported apprehension about how society would treat the survivor, they nevertheless continued to pursue justice alongside survivors, while encouraging them to move beyond being defined by their experience of violence and build their lives centred on their aspirations, relationships and sense of self.



4. Impacts on Survivors and their Families

This section examines the different ways in which violence affects survivors and their families in its aftermath, including its impacts on their physical health, emotional well-being, employment and financial security, and social lives.

Physical Impacts³⁷

Graver consequences which emerged from the study point to rape-induced pregnancy, subsequent abortions, which had significant impact on the mental and physical health of survivors. 17% of survivors who were part of the research reported rape-induced pregnancy, out of which 4 did not know about the pregnancy until a few months later, indicating low levels of awareness about their bodily changes. This could also be a trauma response to the violence they experienced. Shockingly, 17% of survivors were children at the time of the incident, which is also indicative of the lack of awareness of the bodily changes after the incident.

“ I left [my home] at 8 am as she had fainted at school. The teacher asked me to take her to the hospital. I took her [to the hospital] the first day, for the examination, they asked us to come the next day as well to collect the report. [The next day] They examined her again, it took an hour. The day went like that. It was around 2:30 pm-3:00 pm when they took my daughter for an examination. I went to thana (police station) where the police told me that the report of the girl has come and she is 3 months pregnant.”

— Pallavi’s father

4 out of the 7 women underwent abortion in private hospitals and paid a hefty amount for the same.

Mother of a minor survivor says, *“My daughter wasn’t aware that she was pregnant. My nephew took her to a private hospital. There she didn’t get better, so she was admitted to civil hospital in Mumbai. On the first day, they did a check-up and found that she was 1 month pregnant. She called us and the police also came immediately. They got the report somehow. We didn’t know how it all works so they registered the case. There was no medical examination, they directly aborted it there. It was a private hospital, we paid around Rs.20,000 (~USD 210).”*

In other instances, where they had exceeded 6 months when they found out, 2 survivors gave birth, of which, one is raising the child as a single mother and the other survivor gave up her child to the Child Welfare Committee (CWC) for adoption. The perceptions about carrying the child, motherhood varied for both the women, who are still young and remain unmarried.

“When the question of leaving my child came up, I didn’t think much. I let go of what wasn’t mine. I didn’t pay much attention to that either. I did feel a bit troubled, but after that, I looked at my family. Family is everything, and nothing is more important than family.”

— Devika, Survivor

In this case above, the survivor knew the perpetrator from before, and the violence was a result of a pre-existing conflict. The below quote illustrates a different perception of motherhood, where the survivor was in a relationship with the perpetrator, and the pregnancy resulted from a sexual relationship that became non-consensual.

Suman, the survivor who decided to raise the baby, says, *“He told me that the child wasn’t his and demanded a DNA test. I was hurt that he would say such a thing after what had happened. I agreed to the test, and my father also wanted me to do it to clear things up. The DNA test confirmed the child was his. Now, he’s crying and saying the child is his and wants the baby back. I told him I’d rather kill his entire family than give up my child. He’s insisting he’ll take the baby, and his lawyer is working to get the child registered in his name. I’m firm that no one can take my child from me until he’s grown up, and as long as I’m alive.”*

However, these narratives do not suggest that a survivor’s acceptance of motherhood in cases of rape-induced pregnancy is determined solely by the nature of their relationship with the perpetrator. Rather, decisions around motherhood are shaped by a complex interplay of trauma, age, financial precarity, familial pressures, and legal uncertainties. Compounding this is the reality that many survivors must continue to live within the same social and geographic spaces as perpetrators who remain at large and often moving freely without consequences. This coexistence exacerbates fear, retraumatisation, and vulnerability, even as survivors are forced to navigate the aftermath of a profoundly life-altering experience such as childbirth. Irrespective of whether they choose to raise the child or not, survivors carry the physical, emotional, and social repercussions of pregnancy and birth while simultaneously negotiating safety, stigma, and survival in environments where justice remains partial.



Psychological Impacts³⁸

Sexual violence has profound and often enduring psychological consequences for both survivors and their families. For survivors, the impact is frequently felt through fear, distress, self-blame, alienation, and difficulties processing or moving beyond the incident. Among the 25 women with whom we conducted in-depth interviews, 8 reported self-harming tendencies, including suicidal ideation or having harmed themselves following the incident.

“At that time, I used to think, what will happen, maybe I should just die. It would’ve been better if I had died, I felt no one was helping me. But thinking about my family, I didn’t take that step. I thought if I die, what will happen to them? “

— Devika, Survivor

Many survivors expressed a strong desire to forget the incident and avoid discussing it, while describing how difficult it was to escape memories of what had happened. One migrant survivor from Bhopal, Madhya Pradesh, described the emotional distress triggered when the incident was brought up,

“I try to forget everything that happened, to not bring up the past. I think about the kids, what if I say something and they hear it? They’re still small, and sometimes they ask questions like, Mother, what was that about? What were you talking to Didi or Mausli about? So, I just don’t talk about it. This is always on my mind, I just want to forget all the troubles I’ve been through. I don’t even want to remember them. When someone brings it up again, I feel really strange inside. I just can’t, Didi. I really can’t. Whenever someone talks about it, I start crying. Then I start thinking – What’s going to happen now? Even though I try really hard to forget, telling myself over and over not to think about it, still my mind always goes back to the same thought– Why did this happen?”

— Nirmala, Survivor

These accounts are reflected in the survey findings: 34% of survivors reported always feeling alienated from people around them after the incident, while a further 29% reported feeling alienated sometimes. Qualitative interviews further highlighted heightened fear, with 44% of survivors specifically recalling experiencing fear after the incident, alongside immediate consequences such as loss of appetite and sleep, anger, and confusion. Kamla, survivor from Dhule, Maharashtra, described living under persistent threats, *“[Yes] There was a lot of tension. I wouldn’t eat food. I was scared, I would also lock my door before sleeping. I was scared that they would come here. They were threatening me saying if you’re seen anywhere or say anything, then we’ll share the video or murder you. I’m not educated, so I used to be really scared.”*

The psychological impact also affected survivors’ ability to engage with support systems and the justice process. Caseworkers, field counsellors, and social advocates described survivors experiencing severe distress and fear that sometimes prevented them from speaking about the incident or seeking help.

“[Yes] The survivor’s mental state plays a significant role. They often don’t want to talk to us, instead, they’re consumed by fear and distress internally.”

— Social Advocate

The psychological consequences, however, extended beyond survivors to their families. Family members described experiencing secondary trauma, emotional distress, and prolonged psychological strain from the incident itself, as well as from interactions with unsupportive relatives, hostile community members, threats, and the demands of navigating the criminal justice system. Families reported sadness, grief, fear of the violence recurring, anger towards the perpetrator, and emotional exhaustion. Many also struggled to articulate these experiences, particularly in rural contexts where mental health vocabulary and access to formal support are limited. In some cases, family members themselves reported thoughts of self-harm, highlighting the severity of their distress.

A recurring theme was self-blame among families, with parents in particular questioning whether they could have prevented the incident or protected the survivor. This sense of responsibility persisted despite the fact that the violence was solely the perpetrator’s responsibility. The psychological toll also manifested physically, with family members describing reduced appetite, poor sleep, weakness, and deterioration in their overall health. A survivor’s mother from Jhansi, Uttar Pradesh, described the prolonged physical effects of her distress,

“Yes, for three years my health was very bad all because of the stress. My whole body – hands, feet, head – everything ached. Even eating well didn’t help. I felt very weak.”

— Shreya’s mother

In the absence of accessible formal mental health services, families largely relied on self-initiated coping mechanisms, including withdrawing from social interactions, keeping themselves occupied with work, speaking to trusted relatives or neighbours, prayer and spirituality, and seeking emotional support within the family. One mother from Khargone, Madhya Pradesh, described withdrawing from others while turning to prayer,

“I didn’t talk to anyone much. I was preoccupied with my daughter’s situation and didn’t feel like interacting with others. I mostly stayed at home and prayed to God for justice.”

— Kavita’s mother

Counselling provided by the NGO was also described as helpful in enabling families to process their emotions, understand the legal process, and regain a sense of control. However, the reliance on withdrawal, emotional suppression, and other self-initiated coping strategies in the absence of accessible mental health services points to a significant gap in support.

Overall, the findings demonstrate that the psychological impact of sexual violence extends beyond the individual survivor to the wider family. Survivors experience fear, distress, alienation, and, in some cases, self-harm or suicidal ideation, while families experience secondary trauma, self-blame, emotional exhaustion, and physical manifestations of prolonged stress. Despite these challenges, families consistently expressed a desire to support survivors and continue their pursuit of justice. This underscores the need for integrated psychosocial support that extends beyond individual survivors to their families, recognising the family both as a recipient of trauma and as a critical source of sustained support throughout the survivor’s recovery and justice journey.

Economic Impacts

The economic consequences of sexual violence extend beyond the immediate costs of the incident, with families often bearing a substantial financial burden while supporting survivors through the justice process. Financial burden was among the top three challenges reported by families, cited by 53% of respondents. This burden is particularly significant given the economic vulnerability of many survivor households: 51% of survivors came from families primarily dependent on daily wage work, while nearly half reported that their families did not own land. The costs associated with pursuing justice therefore risk deepening existing economic precarity.



Figure 3.4: Economic Impacts of Violence

Taking on loans emerged as a key coping mechanism - 59% survivors reported taking loans to manage case-related expenses, with only two having repaid it. Among the 25 survivors whose post-violence expenditure was analysed, 22 families had taken loans, often from informal sources such as moneylenders and relatives, to meet case-related expenses. The average loan was Rs. 1,00,955 (~USD 1,052), with only 24% of families managing to repay it. The largest share of expenditure went towards loan-related interest and charges (48.6%), followed by police and legal processes, including travel and documentation (32%); the remainder was spent on medical care, transportation, and counselling. As one survivor's husband from Chittorgarh, Rajasthan, explained,

“I’m a daily wage labourer, earning only 300 rupees a day. If any police officer or lawyer demands 20,000(~USD 208) or 50,000(~ USD 521) rupees from me, where will I get that kind of money?”

— Gauri’s husband

For some families, these costs became unsustainable, forcing them to sell assets or incur additional debt. A survivor's maternal grandmother from Jhansi, Uttar Pradesh, described the extent of the financial strain,

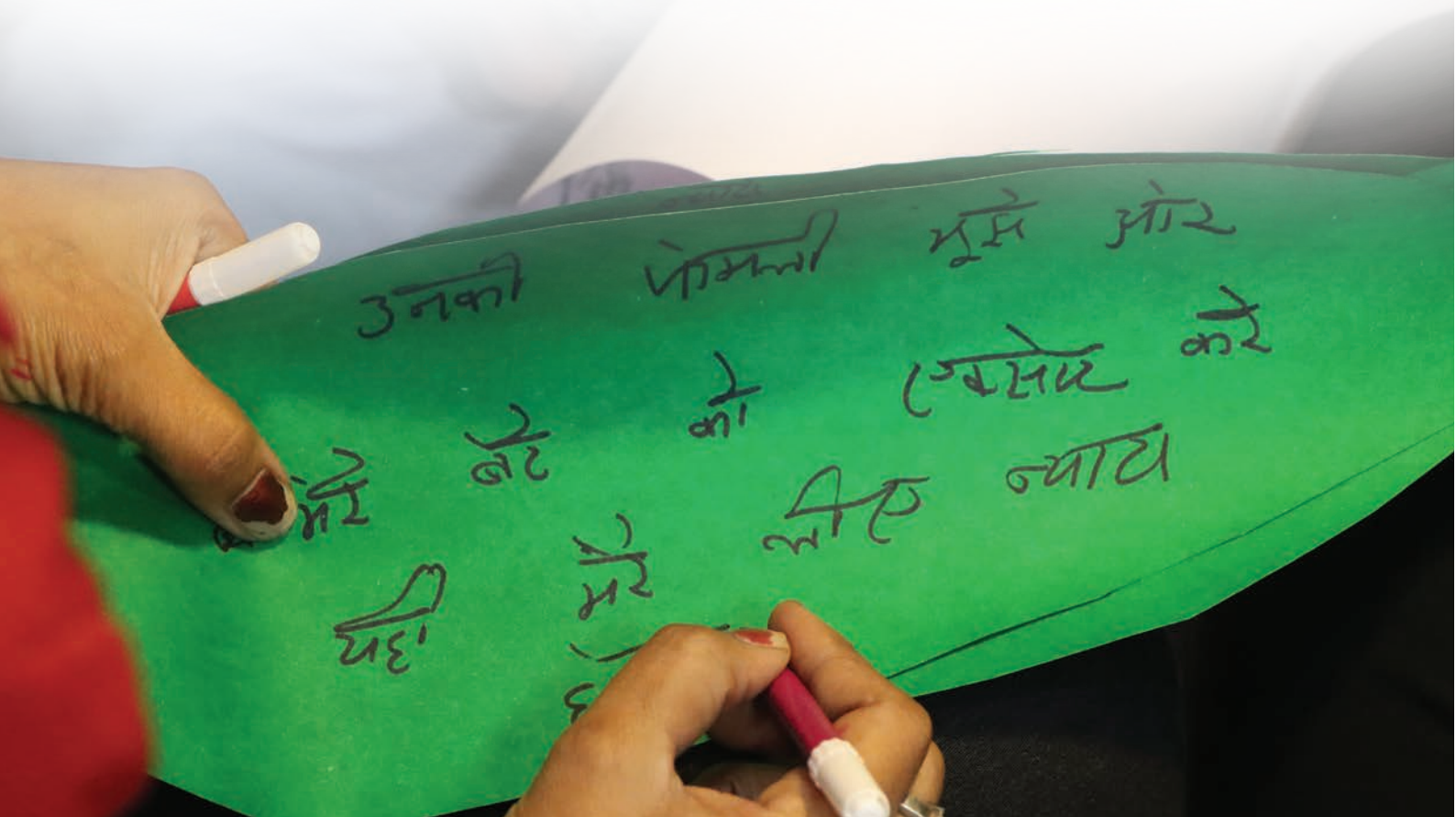
“We’ve spent all our money, and now we don’t even have enough for food. We told the police we can’t afford expenses anymore. It’s going on daily travel, and whatnot.”

— Pallavi's maternal grandmother

The economic impact was also reflected in household incomes. All survivors reported income loss as a result of violence due to missing days of work, injuries, relocation. From the 25 survivors who were interviewed whose expenses were analysed, more than half (56%) of survivor families experienced a decline in monthly income following the incident, with average monthly income falling from Rs. 12,880 to Rs. 9,363 (~USD 134 to 98 USD). Approximately 52% of families fell below the Rs. 10,000 (~USD 104) monthly poverty threshold, with some households experiencing income declines of between 30% and 80%. These losses may reflect the disruption of livelihoods as survivors and family members navigate legal proceedings, alongside other costs associated with the aftermath of violence. In this context, 33% of all family members surveyed identified financial support for survivors as a key improvement needed to enable survivors to rebuild their lives with dignity.

These economic pressures were compounded by limited awareness and delays in accessing compensation. Among the 41 survivors surveyed, 88% were unaware of compensation or legal aid schemes such as NALSA. The majority of the survivors in our study had applied for compensation with support from NGOs. Even where survivors applied for compensation, access was often delayed or uncertain. Survivors who received compensation, many of them experienced delays of one to two years or more. Funding constraints and bureaucratic processes further contributed to delays, leaving families to bear the costs of pursuing justice in the interim.^{39 40} For households already living with economic insecurity or pre-existing debt, delayed compensation can therefore compound rather than alleviate financial vulnerability.

Overall, the findings demonstrate that the economic impact of sexual violence is both immediate and long-term. Families incur substantial costs in pursuing justice while simultaneously experiencing loss of income and, in many cases, taking on significant debt. Limited awareness of available schemes, reliance on NGOs to access them, and delays in compensation further intensify this burden. Timely and accessible financial assistance is therefore critical not only as a form of immediate relief, but also to prevent the pursuit of justice from pushing already vulnerable survivor families deeper into poverty and debt.



Social Impacts

Other impacts like distress driven migration, driven by social ostracisation exacerbated the psychological distress experienced by the survivors. Out of the 42 survivors, 17% had migrated as a result of the incident, either as a family or alone. The anonymity of cities offers survivors the possibility of moving on with life without their extended families knowing about the incident. However, this was also found to be a lonely experience for some, especially with the lack of adequate social networks in the new locations. Distress driven displacement strips them of social capital and leaves many living in secrecy and isolation, with serious implications for their mental health.

Around 62% of survivors were below the age of 18 at the time of incident – this meant their mobility was impacted as a result of the incident, most importantly through dropping out of schools. This was reported to be either self-imposed or imposed by families out of fear of repeated offence, temporary disability due to physical injuries, and/or extreme mental duress. Out of the 42 survivors, 21% reported to have discontinued education as a result of the incident.

“ Yes, that’s why I completed 12th privately. I was scared that something like this might happen again, and I had a lot of trouble with the injury I sustained. After that, I studied from home and went to give my exams. I studied from home and appeared for the exams, and I passed in 11th grade, I filled out a private form for 12th grade and completed it privately. My parents wanted me to do regular 12th grade, but I didn’t. I didn’t feel like it.”

— Kavita, Survivor

As a result of violence, the life trajectories of survivors often differ from those of their peers, particularly in education. Evidence from India indicates that experiences of abuse, including sexual violence, have a significant impact on school attendance and completion. A survey in Jharkhand found that 38% of children dropped out of school due to various forms of abuse, with girls disproportionately affected.⁴¹ Further, studies on school-related gender-based violence (SRGBV) show that harassment and unsafe environments within schools and on the way to school reduce girls’ motivation to continue education and increase dropout risk.⁴²

In one of the harrowing cases documented through our research, the child went missing from the school, and was drugged, kidnapped and raped by a repeat offender who is believed to be trafficking girls. The school coerced the father to enter into a compromise to maintain the reputation of the school.

“Yes. They started saying things like, It’s a mutual issue in the neighbourhood. There had already been a fight going on. We said, Friend, this incident happened—who can do such a thing? But nobody said anything. It just got brushed off as something between them.”

— Shreya’s father

In situations like this, where all protective systems fall short, the impact of violence is exacerbated. Survivors and their families are left to navigate trauma with little support, while perpetrators benefit from impunity. Educational disruption, social isolation, and psychological harm are compounded, and the social and economic vulnerability of the survivor is intensified, particularly when families depend on the same institutions or individuals that enabled or ignored the abuse. In such circumstances, if not most circumstances, where community support mechanisms fail, leaving survivors in a cycle of violence reproduced by the system, legal protections alone are not sufficient.

5. Support Systems

This section examines two key dimensions of survivors' journeys towards justice: what motivates survivors to pursue justice and sustain their efforts over time, and how they navigate and cope with the formal and informal systems they encounter along the way.

Motivations for Seeking Justice

From the research, it was revealed that families emerged as active supporters who helped survivors navigate the repercussions of violence: complex legal process, emotional turmoil, and social exclusion. Out of 40 survivors reflected this positive shift, where 88% of survivors reported that support from family or friends was their primary source of motivation in continuing their pursuit of justice. This support strengthened survivors' determination to fight their case, despite the slow and complex criminal justice system.

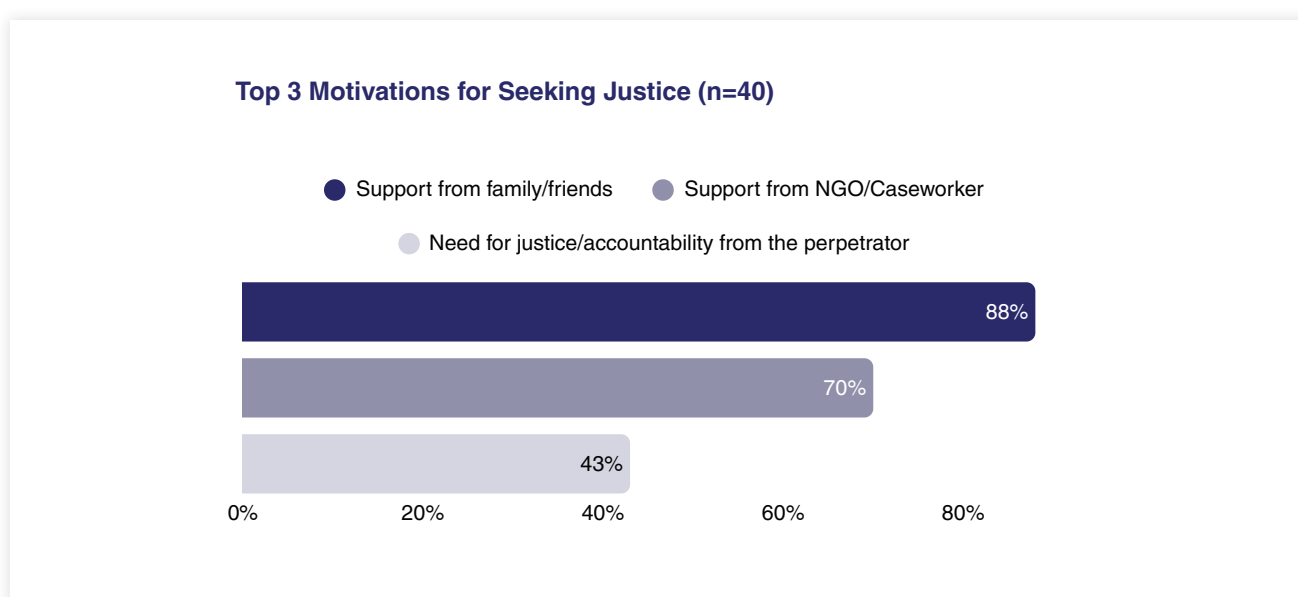


Figure 3.5: Motivations for Seeking Justice for Survivors

Along with parents, another positive insight emerged from the in-depth interviews with families, it was the support survivors received from their partners, particularly in cases where survivors were newly married or engaged. Partners demonstrated care and emotional understanding, which helped survivors in their recovery. Even though initially, due to the incident their marital relationships were in conflict, partners eventually acknowledged the survivors' need for emotional comfort and stood beside them.

Besides family, 70% of survivors surveyed for the study noted that support from NGO was critical in operationally pursuing legal justice. This was often expressed in relation to navigating a hostile criminal justice system. Caseworkers from NGOs were found to be extending support beyond case registration, but also involved bridging information gaps, offering emotional support.

Coping Mechanisms

Survivors employed a range of coping strategies to manage psychological distress following sexual violence, including self-isolation, withholding emotions, seeking support from family, and drawing on spirituality and other familiar sources of comfort. While self-isolation was reported by only a small proportion of survivors, caseworkers observed that fear and concern about social judgement could lead survivors to withdraw from conversations and social interactions.

“After the incident, they are too scared to talk about the case. They isolate themselves, avoid conversations, and stay lost in thoughts. They’re under a lot of pressure. They don’t respond to parents urging them to go out. They worry about what others will say, especially girls their age. Because of this fear, they stop talking.”

— Caseworker

In contrast, 62% of survivors reported relying on conversations with family members to cope with trauma and psychological distress. Survivors described mothers, fathers, husbands, and siblings as important sources of emotional reassurance and support, often extending well beyond assistance with the legal process. Nazia, a survivor from Maharashtra, described how spending time with her family and travelling with her mother helped her regain a sense of calm. She says, *“Everyone used to talk to me nicely, did things for me. Later, mom took me out. Whenever we went out, the whole family went. After the incident, mom took me far away on a trip. We went to Ajmer Sharif (a pilgrimage site in Rajasthan) for a trip, I felt fresh there. There, I felt very relaxed, and from there, I started moving on.”*

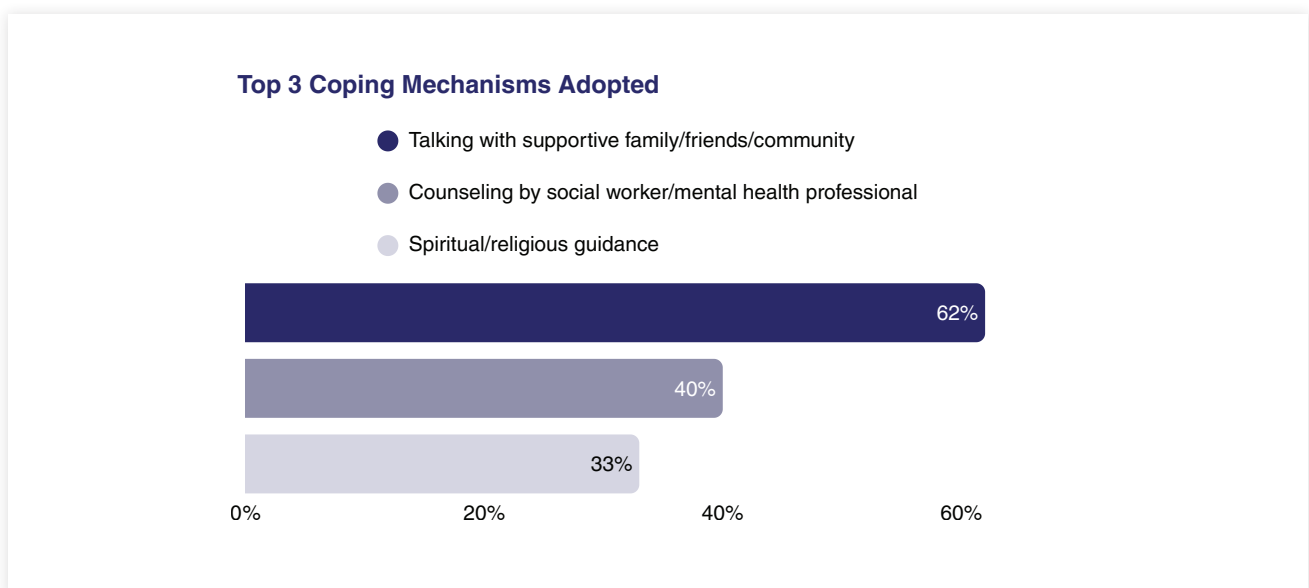


Figure 3.6: Coping Mechanisms Adopted by Survivors

Spirituality and faith also emerged as important sources of solace, with 33% of survivors citing God or spirituality as a coping mechanism. Some survivors described becoming more engaged with religious practices following the incident.

“We would visit the temple. In fact, after the incident, we started visiting the temple more often. My mother would tell us to go to the temple for peace of mind. It felt good. Initially, I was a bit hesitant because the temple was a bit far, but after my mother encouraged me, I started going regularly. Now, I go to the temple daily.”

— Mandira, Survivor

These findings suggest that survivors frequently draw comfort from relationships, practices, and social networks that are familiar and meaningful to them. While 40% of survivors cited professional counselling as a way of relieving stress, field interactions indicated that this often referred to speaking with didi or caseworkers from the organisation rather than accessing a trained mental health professional. This reliance on informal and non-clinical forms of psychosocial support reflects both survivors' preferences for trusted and familiar forms of support and the limited availability of accessible, contextually relevant mental health services, particularly in rural and semi-urban areas.

For some survivors, the absence of supportive social networks resulted in particularly isolated forms of coping. Devika described finding companionship and emotional comfort from caring for cows, at the cowshed where she works. *“[No] I only found peace with the cows. Other than that, I didn't have any friends or anything. It was just the cows. I don't have friends because there's no one nearby.”*

While this represents an individual coping strategy, the account also points to the profound social isolation and unmet psychosocial needs that some survivors experience. These findings highlight the importance of reimagining psychosocial support beyond a predominantly clinical model. Survivors often derive comfort from family, community relationships, spirituality, and other culturally and personally meaningful practices. Mental health interventions that build on these existing sources of resilience, while ensuring access to trained professionals where needed, may be better positioned to provide sustained and contextually appropriate support to survivors.



6. Experience with the System

This section examines the experiences of survivors and their families in navigating the criminal justice system, including the police, medical services, judiciary, and other localised formal support systems. It also draws on first-hand accounts from criminal justice system actors to identify the structural and infrastructural challenges that hinder their ability to provide adequate, timely, and survivor-centred support to survivors and their families.

A positive finding from the study was the relatively shorter duration of case disposal in a few cases. The 7 cases which ended in conviction, the trial concluded within one to two years, and included cases of rape, gangrape and molestation. Typically, sexual offence cases in India take several years to conclude and often are delayed at the first stage itself. For instance, a 2020 study analysing 14 rape cases in Uttar Pradesh found that in 11 cases, delays in filing FIR by police ranged between 2 to 228 days.⁴³ While delays were reported by survivors in our study, it was also that some cases progressed swiftly, particularly cases from recent years. The nature of the offence did not always determine the speed of judgement, as findings from the primary research revealed, indicating scope for timely justice delivery. It was also found that disposal rate was much faster in POCSO cases. Interviews with case workers reveal that special courts play a key role in ensuring timely investigation and the speedy trial processes in the context of POCSO. Consequently, increasing the number of special courts for adult survivors was highly recommended as a measure to improve case disposal timelines.

Existing literature highlights how survivors' interactions with state actors, particularly police, medical professionals, and lawyers, play a critical role in shaping their experiences with the system. And a lack of survivor-centric actions by state actors often proves detrimental to survivors' justice journeys.⁴⁴

While this is true to most survivor experiences, findings from the study also reveals something critical - that positive interactions between survivors and CJS actors helped navigate the system relatively easier, reinstating their faith in the criminal justice system. Survivors and family members reported positive experiences with medical staff, especially in cases where examinations were conducted sensitively and without judgement. Similarly, engagement with supportive lawyers, often facilitated through NGOs, helped survivors understand legal processes, prepare for court proceedings, and receive updates on case progression. During the interviews, a rape survivor from Madhya Pradesh who got pregnant as a result of the violence, recalled her positive experience with the medical staff, stated that the doctors examined her very patiently and, when they found out about her situation, were even willing to file a case on her behalf.

“The hospital was a government hospital, and the staff there gave me a lot of courage. The doctor told me, don’t be afraid, we’re with you. Other staff also gave me courage. I cried a lot, but people gave me strength. The police helped me, and outsiders also supported me. They came to my house to see me, and the village police station also sent officers to take a map of my house. The collector sahib (district collector) also gave me courage, saying, Don’t be afraid. The judge madam (female judge) also told me not to be afraid.”

— Pooja

While small in number, it is to be noted that instances where survivors experienced an empathetic attitude by state actors had a significant impact on their willingness to participate in the justice delivery process - survivor-friendly behavior and other procedural support, were affirming for survivors. While institutional challenges exist, simple actions like these of state actors performing their role were reassuring for survivors— reinforcing their belief in the system to deliver justice.

Alongside these positive experiences, the respondents shared a wide range of challenges affecting survivors' access to justice and the capacity of CJS actors to deliver effective support. These challenges were frequently structural and systemic in nature and were acknowledged by both survivors and criminal justice system actors. A prominent challenge emerging from the primary research was the difficulty survivors faced in navigating the system, especially at the initial stage. Key barriers included the absence of effective institutional support, lack of information about legal processes, financial hurdles, and lack of a survivor-centric attitude of state actors such as the police, lawyers, medical staff, etc.

Many survivors and families reported unsupportive police behaviour, lack of guidance on legal procedures, and an overall absence of legal assistance, which forced them to rely on external actors such as NGOs for even basic procedural steps. 70% of survivors surveyed for the study noted that support from NGO was critical in operationally pursuing legal justice.

Criminal justice system actors highlighted several institutional challenges that limited their ability to respond effectively to survivors and families. These included a lack of inter-departmental coordination, bureaucratic delays, infrastructural constraints such as shortage of staff, and other procedural inefficiencies. These operational challenges significantly affected the delivery of services to survivors. This underscores the need for strengthening departmental coordination and ensuring streamlined processes meet their desired objective of providing holistic support to survivors.

A key structural issue identified during primary research for the study was the shortage of staff across police departments and courts. Secondary research points to inadequate staffing in government departments, gravely impacting the quality of services delivered to survivors.⁴⁵ India Justice Report of 2025 highlights the increasing pendency of cases, where as of 2024, pending cases across courts crossed five crore, marking an increase of over 30%, reflecting procedural inefficiencies.⁴⁶ Pending cases in lower courts were over 6.5 crore as of July 2025, which was an exponential increase from 4.5 crore as of December 2024. Staffing constraints were evident across judiciary and police departments. Shortages were most acute in district and subordinate courts, which handled the bulk of cases. As of July 2025, against a sanctioned strength of 25,843 judges in lower courts, only 21,122 were in position nationally, with over 4,700 posts left vacant. The highest number of vacancies was recorded in Uttar Pradesh at 1025.⁴⁷

Vacancy rates at police departments also remained stagnant at 21–23% nationally, including 28% at the officer level and 21% among constables as of January 2023.

⁴⁸Findings from our study also echoed similar systemic gaps where CJS actors are often described as being overburdened with work, managing high caseloads with limited personnel, contributing to delays and constraining their capacity to actively respond to survivors' needs.

Both state actors, as well as Jan Sahas team members, during interviews acknowledged this systemic challenge, often creating hurdles in supporting survivors. Courts overburdened with cases and limited human resources were slow to respond to cases, resulting in prolonged trials. Nearly half of the cases analysed as part of the study, were still under trial, with some dating back to 2018 and 2019, underscoring the systemic delay in the justice delivery system. Reflecting on these institutional inefficiencies, an Urja Desk (a women help desk in police stations in Madhya Pradesh for improving women safety) staff member in Bhopal shared,

“Another issue is with the court system. When we take survivors or accused individuals to court, we are often told that the matter will be handled quickly, but instead, we end up waiting until the evening. This causes a lot of delays in our work.”

— Urja Desk staff

Delays were also compounded by systemic barriers across institutions resulting from delays in filing FIR, conducting medical examinations, filing chargesheet of cases, etc, as revealed from primary research. These institutional hurdles often made the justice process extremely difficult for survivors.

Additionally, there was an absence of integrated mental health support for survivors and families within the criminal justice system, as pointed out during the study. The after-effects of sexual violence result in emotional distress not only for survivors but also for their families. Despite the urgent need for holistic support recognised by survivors and families, mental health services remained largely absent within the system. Talking to organization team members during the study also revealed that there was low mental health awareness among criminal justice system actors, explaining this structural gap in the system. State actors during interviews acknowledge how their mental health was affected by the nature of their work. However, they received little to no formal training on mental health, thus having no recourse to deal with the emotional distress caused by handling cases of violence.

These structural gaps highlight how the effectiveness of survivor support is closely linked to institutional capacity. As seen above, even where criminal justice system actors had the will to assist survivors, procedural and structural limitations constrained their ability to respond in a holistic manner.

A prominent theme emerging from survivor narratives as well as conversations with certain state actors was the presence of regressive attitudes towards survivors. 65% of family members during the study reported that getting support from courts was difficult. Studies have also revealed how survivors often report experiences of police disbelief from the initial stage, even subjecting them to misogynistic remarks. Interviews from the study with state actors further confirmed this perception, where it was assumed that sexual violence complaints were often false or were filed by survivors with the intention to misuse legal provisions. This lack of a survivor-centric attitude was reflected by a senior medical professional at a government hospital in Agra, Uttar Pradesh,

“Rape is rare in our country, and most cases are consensual. If a case is reported, it’s usually because of a dispute or family pressure.”

— Department Head (District Hospital)

Victim-blaming attitudes were also reported, including instances where responsibility for the incident was directly or indirectly placed on survivors or their mothers by state actors. Survivors described experiences of intimidation from officials, including manipulation of legal procedures, and coercion to compromise, often favouring the perpetrator. Such practices made engagement with the criminal justice system extremely difficult for survivors and their families, particularly at the initial reporting stage.

“The lady police officer kept blaming me, saying, you left him, you did wrong. I was scared from the beginning. While recording my statement, she pressured me to say that everything happened with my consent. She kept saying it was my fault and questioned why I was no longer staying with him. In the end, she made me sign a statement saying that I would not file any further complaints.”

— Suman, Survivor

Absence of survivor-friendly attitudes reflects broader societal norms around gender and power hierarchies, significantly influencing the manner in which survivors are treated within institutional spaces.

Access to Compensation For Sexual Violence Survivors in India

Compensation provision for survivors of sexual violence in India aims to provide financial assistance to survivors for their rehabilitation and recovery. Under Section 357A of the Code of Criminal Procedure (CrPC), each State is required to establish a Victim Compensation Scheme.⁴⁹ The Central Victim Compensation Fund (CVCF), established under the Nirbhaya Fund, supports and supplements these schemes.⁵⁰ However, limited awareness of compensation schemes was a challenge reported by survivors in the study. Only 12% were aware of such schemes. Of the 22 survivors who applied for compensation, 73% were able to do so with support from NGOs, compared with assistance from police (23%), lawyers (9%), and survivors or families themselves (5% each). Again, across the 25 cases tracked, 32% of survivors received interim compensation and 8% received final compensation, while 28% of applications remained under process. A further 4% were pending, and 8% had received no update after applying. Among those who received compensation, many reported waiting one to two years or more for payment, highlighting the gap between the availability of compensation mechanisms and timely access to financial support.

7. Emerging Themes

This section presents findings that are visible across different stakeholder perspectives and point to features of the Indian context that are particularly relevant to understanding responses to sexual and gender-based violence.

Family support: Challenging the dominant narrative

In the broader discourse on sexual violence, families are often understood as spaces where survivors may face victim-blaming, ridicule, restrictions on mobility, and the burden of protecting family 'honour'.⁵¹ Our study also found instances of these responses, with some survivors initially facing judgement, violence, isolation, or blame from family members. However, the findings also point to an important shift in family responses. While several family members initially struggled to process the incident and experienced shock, anger, fear, or confusion, many soon recognised that blaming or isolating survivors was not a solution. Instead, families increasingly positioned themselves as sources of support, particularly in survivors' pursuit of justice.

Seeking justice through the legal system emerged as one of the key outcomes families desired for survivors. Families expressed a strong belief in the need for perpetrators to be held accountable and, in several cases, actively supported survivors in pursuing legal action despite social pressure and attempts to encourage compromise or withdrawal. Shreya's father explained, *"It was our own decision to move forward legally. I said to myself that we'll fight this case here. Sir from the organisation (field team member) asked if we wanted to continue it, we said yes, we will. What happened with my child, when we had clearly told him to leave her at home, instead he didn't, he lied and took her. That's why I stood firm. I said we'll go ahead with the case for my daughter's safety."*

He described their refusal to remain silent despite pressure from others, *"Yes, these kinds of incidents are happening, and such people still roam around. That's why we said we cannot compromise. We must speak out and oppose it. If we keep suppressing it, pretending it's okay, we'll end up pushing the pain inward, and that will cause more harm. We need to speak the truth and confront it. So many people call us, try to talk us out of it. But we keep saying, "We've done nothing wrong."*

These accounts demonstrate how families can view legal action not only as a means of seeking justice for the survivor, but also as a way of challenging the normalisation of sexual violence and impunity. Most family members interviewed also demonstrated an emerging understanding of the gendered nature of stigma surrounding sexual violence, questioning the social norms that place shame on survivors.

"Yes, this is also wrong. If a girl does something, the whole family abandons her. If a boy does something, the whole family supports him. Isn't this wrong? Boys and girls are equal, aren't they? If a boy brings someone, the whole family will treat her well. If a girl does something, they say, she has done wrong, she has cut off our nose. They drive her away. Why not support her? The girl is also your own."

— Suman's mother

By locating wrongdoing with the perpetrator rather than the survivor, such responses challenge the idea that survivors should bear the burden of shame or 'lost honour' and can create a more supportive environment for survivors to reclaim their dignity.

Another emerging finding was the support survivors received from their partners, particularly among those who were newly married or engaged. Although the incident sometimes created tension within marital relationships, partners described developing greater emotional understanding and recognising survivors' need for comfort and support.

“No, no, madam, there is no change in our relationship. It has only grown stronger. Now, I’m a different kind of person, madam. I can understand my wife’s situation. I can understand her problems.”

— Usha’s husband

Families also described making deliberate efforts to create a calm and stable environment at home, extending their support beyond practical assistance with the legal process. Some spoke about being mindful of survivors’ mental state and avoiding conversations that could trigger distress, helping restore a sense of normalcy and safety.

“I gave her courage and told her that we would fight for justice. I also encouraged her to eat and take care of herself so that she could face the situation strongly. I motivated her to cooperate with the investigation and told them what happened to her.”

— Pooja’s mother

These findings suggest that, while families can initially be sites of stigma and harm, they can also become important sources of resilience and support. Across the interviews, parents, siblings, and partners described standing by survivors, supporting their pursuit of justice, and resisting social pressure to remain silent or compromise. For many survivors, this shift within the family created a safer and more nurturing environment from which to navigate both recovery and their justice journeys.



Communities enabling harmful gender norms, subsequent impunity

Sexual violence in the communities studied was often enabled by a combination of entrenched gender norms, community silence, social privilege, repeat offending, and substance use. Perpetrators were frequently known to survivors and, in many cases, their harmful behaviour was already recognised within the community. For the purposes of this study, we interpret repeat offending as habitual harmful behaviour recognised by community members, but not necessarily previously investigated or resulting in a conviction. Among the 42 survivors, nearly 36% reported that the perpetrator was a repeat offender. While NCRB data from 2016 indicates a recidivism rate of 6.4% among all convicted offenders,⁵² there is no aggregated NCRB data on recidivism specifically among sexual offenders. Importantly, therefore, our findings do not establish whether these perpetrators had been previously convicted, but indicate that similar harmful behaviour was often known to survivors, families, neighbours, or other community members.

The risk was particularly acute when the perpetrator was a family member, given survivors' continued proximity and dependence. In one case from Jhansi, Uttar Pradesh, a father had sexually abused his daughters over several years, she described how the community was aware of the abuse but discouraged the family from reporting it.

“Everyone knew that this was happening. But no one wanted to raise a voice. Everyone used to tell me and my mother not to file an FIR. They used to tell my mother that your house will be ruined. They used to ask her, who will feed her four children?”

— Sneha, Survivor

The survivor's sister had died by suicide following the abuse even before the case was reported. This case illustrates how economic dependence, fear of social consequences, and community pressure can prevent families from seeking timely justice, even where legal protections exist. It also demonstrates how the family and community, rather than serving as protective spaces, can become sites where violence is concealed and repeated.

In other cases, survivors' decisions to report violence brought previously hidden patterns of offending to light. Nazia, survivor from Maharashtra, reflected, *“When this happened to me, he seemed normal before, like everyone else. But after this happened to me, and my case came out, it was found he had ruined other girls' lives too. He had done this to others. There are [other] cases against him too.”*

Similarly, community members often described being aware of perpetrators' behaviour but not necessarily intervening. A husband of a survivor, Usha from Dhule described a perpetrator who repeatedly targeted women, *“He has troubled many girls. His intentions are not good. Even though he is married, he keeps doing such things. Like, he looks at every girl, and proposes to them. It's like it has become his habit.”*

Mother of Dhanashree, a survivor from Chhattisgarh, described a perpetrator against whom a previous complaint had been made, *“Yes, someone else had filed a case against him for molestation. It was an old case, the accused had been harassing a woman in the village. The accused had entered her home and assaulted her with a stick when she asked him why he was there.”*

These accounts suggest that repeat offending is not simply an individual concern but is shaped by the wider social environment in which perpetrators operate. Where harmful behaviour is known but remains unchallenged, and where perpetrators benefit from caste, class, economic, or social privilege, silence can become a form of enabling impunity. The fact that women often came forward only after another survivor reported the perpetrator also highlights how community silence can conceal patterns of violence, while survivor solidarity can help expose them.

Alcohol and substance use emerged as another factor that could exacerbate violence and reinforce harmful gender norms. In 24% of cases, survivors reported that the perpetrator was under the influence of alcohol when the violence occurred. Survivors and families from Uttar Pradesh, Madhya Pradesh, and Maharashtra described alcohol use as being associated with impaired judgement, aggression, and unpredictable behaviour. Kiran, survivor from Agra, Uttar Pradesh, described an assault by a perpetrator who was heavily intoxicated. *“He was very drunk. Anyone would be sober by 3 to 4:00 PM, but not him. I also have hands. Police madam asked why I could not defend myself. I said without being deceived, anyone can hit. Had he come in the front, I would have hit. He caught me from the back, threw my stick away. What could my 11-year-old nephew who was with me do in this situation, but be helpless and watch?”*

Other stakeholders similarly identified alcohol and substance use as factors associated with violence. An SHG member from Mahasamund, Chhattisgarh, said, *“The main reason behind these incidents is intoxication, whether it’s alcohol or ganja (marijuana). People do wrong things under the influence of these substances.”*

In Chhattisgarh, stakeholders particularly linked alcohol consumption with conflict within intimate and marital relationships and broader attitudes of male dominance. As one social advocate from Mahasamund explained, *“We discuss these issues, and most of the time it’s the men who drink and think women are inferior. They’re the ones who commit atrocities and speak badly about women.”*

While alcohol should not be understood as a cause that excuses or explains away sexual violence, the findings indicate that substance use can interact with existing gender inequalities, aggression, and weak accountability mechanisms to heighten the risk of violence.⁵³ Alcoholism, like repeat offending, therefore needs to be understood not only as an individual issue but within the wider community and structural environment. Where harmful gender norms remain unchallenged, perpetrators are protected by silence or social privilege, and mechanisms for accountability are weak, violence can become normalised and repeated. Addressing sexual violence consequently requires interventions that go beyond individual perpetrators and survivors to engage communities in challenging gender norms, confronting harmful behaviour, reducing stigma around seeking support, and strengthening mechanisms of accountability and survivor support.

CASE STUDY: Seeking justice while rebuilding her life

Devika, a 19 year old survivor, lives in Bhopal, Madhya Pradesh with her mother and brother. She works in a cowshed and spends most of her time with the cows, who she lovingly calls her friends. Devika is a survivor of gang rape, boys from near her workplace raped her for complaining about their behaviour.

For Devika, justice is closely tied to accountability, but it also means being able to feel safe, regain confidence and rebuild her life. Initially, fear and threats prevented her from speaking about what had happened. Even after disclosing to her family, she continued to experience anxiety, sadness and persistent thoughts about what had happened. She found some relief through the support of her family and by keeping herself occupied. Spending time working in the cowshed and caring for the calves became an important way of coping; she described it as a peaceful space where the tension in her mind would ease. Later, support from didi and others helped her feel mentally better and gave her the confidence to speak more openly about her experience.

Her recovery has also involved finding activities and opportunities that allow her to look beyond the incident. She has begun learning sewing with a machine provided through the support she received and participates in drama activities, which she enjoys. She spoke about wanting to learn and being able to do things despite having limited formal education: *“I’m not highly educated, but I can still do many things.”*

Her aspirations extend beyond her own recovery. Drawing on what she experienced, she wants to help other girls become more confident and learn self-defence so that they can protect themselves. She also imagines a future relationship with someone who understands her, cares for her and supports her *“like a friend.”* These aspirations reflect a desire for safety, independence, meaningful relationships and the ability to support other girls.

Yet her sense of justice remains deeply connected to accountability. Although she says she now feels better, the fact that the accused remain free continues to occupy her thoughts and cause distress. For her, justice therefore encompasses both accountability for the harm she experienced and the opportunity to move forward with dignity, support and hope for the future.

8. Recommendations

This section presents actionable recommendations derived from the study's findings to address the identified gaps in the justice journey of a survivor. It outlines practical measures for policymakers, judicial authorities, and service providers to strengthen system-wide accountability and survivor-centred practices.

Legal / Judicial Process



- Police, prosecutors, judges and other criminal justice system actors should adopt survivor-sensitive practices through mandatory, regular training, clearly defined protocols for interacting with survivors, and institutional mechanisms to monitor adherence and address gaps in implementation.
- Strengthening Panchayat-level Legal Aid Clinics, in line with the NALSA Legal Aid Clinics Scheme, 2010, can significantly bridge gaps in legal awareness by providing accessible, survivor-friendly information, early guidance, and referrals on rights, remedies, and entitlements at the community level.
- District hospitals should have a full-time, qualified forensic medical professional, with services extended to block-level hospitals through appropriate staffing or referral arrangements. Reporting of all cases of violence against women should be mandatory, alongside timely and appropriate medical care. Gender-responsive training and adherence to Supreme Court-mandated protocols should be integrated into both nursing and MBBS curricula, so that healthcare professionals are equipped to respond to survivors with the required clinical, forensic and ethical standards.
- State Governments, District Administrations and the Ministry of Women and Child Development should ensure that One Stop Centres function as effective district-level convergence points for survivors by maintaining adequate and trained staff, clearly defining the roles and referral responsibilities of police, health, legal and psychosocial service providers, and ensuring confidential and private spaces for survivors. Coordination between OSCs, Women Helplines, police, hospitals, DLSAs and shelter services should be institutionalised through clear referral protocols, designated nodal officers and mechanisms to track referrals and follow-up.

Psychosocial Support



- State Health Departments, district hospitals and primary healthcare facilities, with support from One Stop Centres (OSCs), should ensure early and simplified mental health screening for survivors presenting with a history of violence. Survivors identified as requiring additional care should receive prompt referral to qualified mental health professionals, with access to psychosocial support and counselling available as a minimum. Medical Councils, universities and medical colleges should integrate competencies on recognising mental health concerns, providing basic psychological first aid and counselling, assessing suicide risk, and making appropriate specialist referrals into undergraduate medical and nursing curricula.
- State Health and Women & Child Development Departments, OSCs and district-level survivor-support services should extend psychosocial and emotional support to family members, recognising that violence and prolonged justice processes can affect their mental and emotional well-being. Police, prosecutors, judiciary and other frontline criminal justice institutions should also establish appropriate mechanisms for addressing case-related stress and psychosocial needs among frontline personnel.
- State Women & Child Development and Health Departments, OSCs and district administrations should build the capacity of frontline workers, counsellors and other survivor-support personnel to recognise trauma and mental health concerns, provide basic psychosocial support, identify risk—including suicide risk—and make timely referrals to qualified mental health professionals.

Financial Assistance/Compensation



- State governments, District Legal Services Authorities (DLSAs), Social Welfare Departments and other designated compensation authorities should ensure timely, transparent and accessible compensation and interim relief, with clear information on eligibility, application status and disbursement timelines, so that survivors can access support needed for recovery and stability.
- State governments, District administrations, Social Welfare and Women & Child Development Departments, and relevant livelihood and skills agencies in coordination with civil society organisations and survivor-support providers should strengthen livelihood and economic rehabilitation through vocational training, livelihood opportunities, employment linkages and longer-term support for survivors seeking economic independence.

Prevention/Community-based Interventions



- Strengthen community-based referral and support networks through panchayats, frontline workers, community leaders and trained local women.
- Invest in sustained gender and rights awareness, including work with men and boys on gender equality, consent, respect and healthy relationships. Inculcating values of respect, empathy, and dignity in boys from an early age is critical to preventing violence and nurturing equitable relationships.
- Promote community-led prevention and safety initiatives and strengthen awareness of legal rights, child protection and available services.



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CHAPTER 4 INDONESIA



1. Country Context

Indonesia is a decentralised democratic republic and Southeast Asia's largest economy with a population of 278.8 million. A significant proportion of Indonesia's workforce is employed in informal employment, including agriculture, fisheries, manufacturing, domestic work and small-scale trade.¹ As of 2025, the rate of informal employment was higher in Indonesia as compared to the average rate in East Asia and Pacific with more women (59%) than men (44%) engaging in these work arrangements.² Women also earn roughly 23% less than men for work of equal value despite having better educational qualifications as compared to men.³ While Islam is the predominant religion in the country, Indonesia's social landscape encompasses diverse religious and cultural traditions, with local norms and practices influencing family life, gender relations, and access to institutions. Gender relations are shaped by the intersection of patriarchal values, religious teachings and customary (adat) laws, which often prioritise family honour, community harmony and social reputation over individual rights and autonomy, sometimes resulting in forced marriages between the survivor and the perpetrator or simple financial compensation paid to the survivor or their family.⁴

Indonesia ranked 106th globally in the World Economic Forum's Global Gender Gap Report 2026, with 68.7% of its gender gap closed.⁵ However, violence against women remains widespread in the country - the National Commission on Violence against women in its 2025 annual report documented 22,484 reported cases of sexual violence reaffirming the global trend of huge disparity between prevalence and reporting.⁶ Findings from the 2024 National Women's Life Experience Survey (SPHPN) indicate that approximately one in four women aged 15-64 years have experienced physical and/or sexual violence by a partner and/or non-partner during their lifetime.⁷ Online gender-based violence is also an emerging concern with increasing use of the internet and social media.⁸

The SPHPN survey found that only 11.3% of the women who experienced physical and/or sexual violence by a partner reported to formal institutions, with fear, economic dependence and social stigma identified as barriers. The survey also identifies economic dependence and structural barriers as factors limiting reporting and access to services. These challenges also extend to the resolution of cases. Conviction rate for sexual violence is not publicly available in the country.

Indonesia is a decentralised democratic republic, with responsibility and authority shared across national, provincial and district/city governments. This decentralised governance structure means that implementation of national laws and services varies considerably across regions.⁹ In the context of sexual violence, several key provisions exist:

- The Law on the Crime of Sexual Violence (Law No. 12 of 2022), commonly referred to as the Sexual Violence Crime Law (UU TPKS), which criminalises sexual violence, including physical and non-physical sexual violence, sexual exploitation, forced marriage, and electronic-based sexual violence. It also provides for survivors' rights to protection, restitution, and recovery.¹⁰
- The Criminal Code (KUHP), which criminalises rape and certain sexual offences, although some provisions have historically been criticised for narrow definitions and limited survivor protections. The KUHP operates alongside the Sexual Violence Crime Law (UU TPKS), with the two laws providing complementary legal provisions for addressing and prosecuting sexual violence, depending on the nature and circumstances of the offence.¹¹

- Law No. 23 of 2004 on the Elimination of Domestic Violence, which addresses violence occurring within domestic relationships, including forced sexual intercourse within marriage.¹²
- Law No. 35 of 2014 on Child Protection, which provides protections for children who experience sexual abuse and exploitation.¹³

Additionally, several other mechanisms have been established by the Indonesian government to support survivors and facilitate access to justice:

- UPTD PPA (Regional Technical Implementation Units for the Protection of Women and Children): Integrated services for case handling, protection, psychosocial support, and survivor recovery.¹⁴
- P2TP2A (Integrated Service Center for the Empowerment of Women and Children): Women and child protection and service centres operating in some regions, providing assistance and referrals.¹⁵
- Police PPA/PPO units: Specialised police units handling cases involving women and children, including sexual violence.¹⁶
- Komnas Perempuan: National Commission on Violence Against Women, undertaking monitoring, documentation, advocacy, and recommendations on violence against women.¹⁷
- Restitution (UU TPKS, Law No. 12 of 2022): Survivors of sexual violence are entitled to restitution, which may cover loss of property or income, suffering, medical and psychological care, and other losses resulting from violence. The investigator, prosecutor, and judge must inform survivors of this right.
- Dana Bantuan Korban (DBK) — Victim Assistance Fund: Under Government Regulation No. 29 of 2025, Indonesia established a mechanism for funding victim assistance and recovery. Under the 2026 Witness and Victim Protection Law, survivors of sexual violence may receive compensation for unpaid restitution through the victim assistance fund
- Law No. 31 of 2014 on Amendments to the Witness and Victim Protection Law: Amends Law No. 13 of 2006 and establishes provisions for the protection and assistance of witnesses and victims, including protection from threats and support during legal proceedings.
- Civil society organisations;¹⁸ including the Legal Aid Foundation of the Indonesian Women's Association for Justice (LBH APIK) and other local NGOs, that also provide legal assistance, counselling, referrals and advocacy.¹⁹

2. Demographic Profile of Survivors

A vast majority of survivors (48%) were from the 18 to 24 years age category, and 36% between 25 to 34 years of age. In Indonesia, at least 32% survivors were below the age of 18 at the time of the incident. 96% of the survivors were women, and 4% were transgender persons in the sample. 68% of the survivors are unmarried, followed by 12% survivors who were married, 8% each for divorced and common-law marriage,²⁰ followed by 1 person who is widowed.

In terms of ethnicity, Indonesia has a diverse set of participants - at least 13 different ethnic groups. A majority of survivors belonged to Sundanese and Balinese groups respectively - both at 24% each. This was followed by 8% of survivors from Javanese and Betawi ethnicities each. Indonesia being an Islamic country, a majority of the sample is Muslim (52%). However, given the research was conducted across different provinces, there is representation from Hinduism and Christianity, both at 24% each.

A majority of survivors are in salaried jobs - 44%. 20% of the sample are currently unemployed, of which 16% are looking for work and 4% are not looking for any work. Students account for 12% of the sample, given the young sample set.

Table 4.1: Sample Distribution by Participant Type

Participant	Sample Size
Survivors	25
Family Members	20
Case Workers	6
Community Workers	9
Criminal Justice System actors	4
Total	64

Nature of Case

A majority of survivors had reported rape 48% in the sample set, followed by 28% cases of sexual harassment. Electronic-Based Sexual Violence (EBSV) accounts for 12% of cases from Indonesia sample set.

Relationship with perpetrator

An overwhelming majority of perpetrators were already known to survivors - 96%. (A detailed breakdown of perpetrator categories is provided in the Annexure.)

Stage of Case

The majority of cases were legally ongoing (40%), followed by conviction (28%) and acquittal (16%). A further 12% were non-legally ongoing, while 4% involved a compromise.

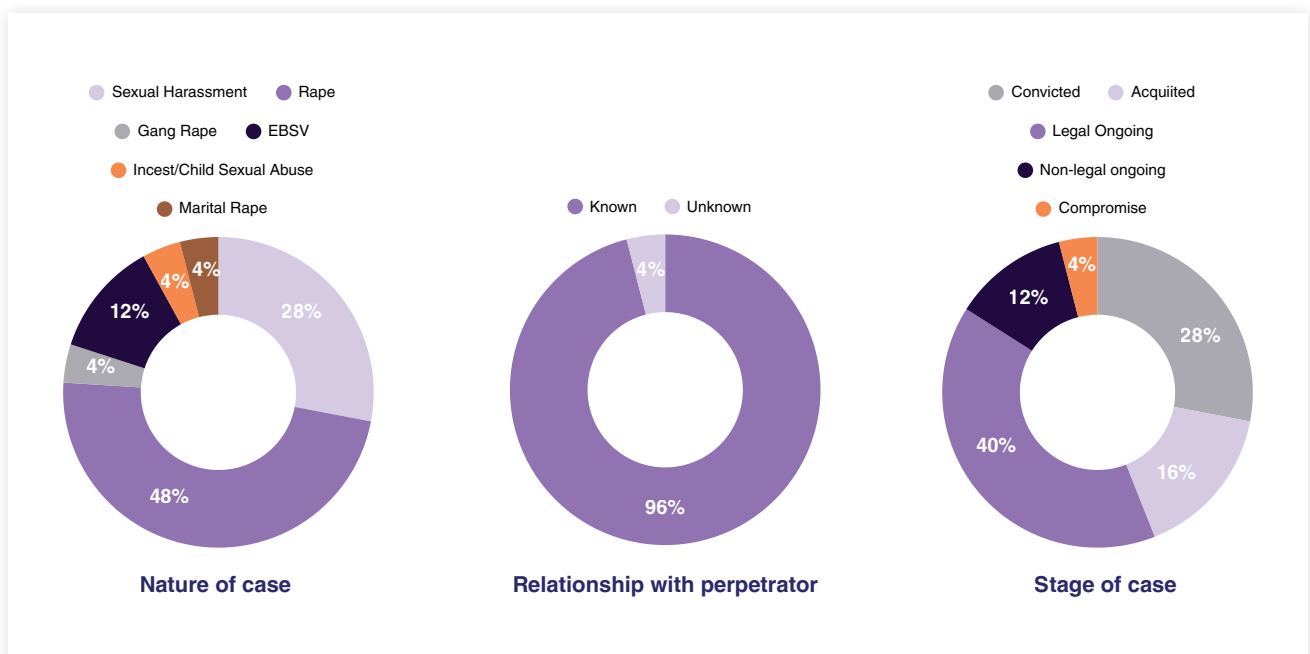


Figure 4.1: Demographic Profile

3. Justice Perspectives

This section sheds light on the varied perceptions of justice and experiences of navigating different systems shared by survivors and their family members. Perceptions of justice are not always linked to the outcome of the cases.

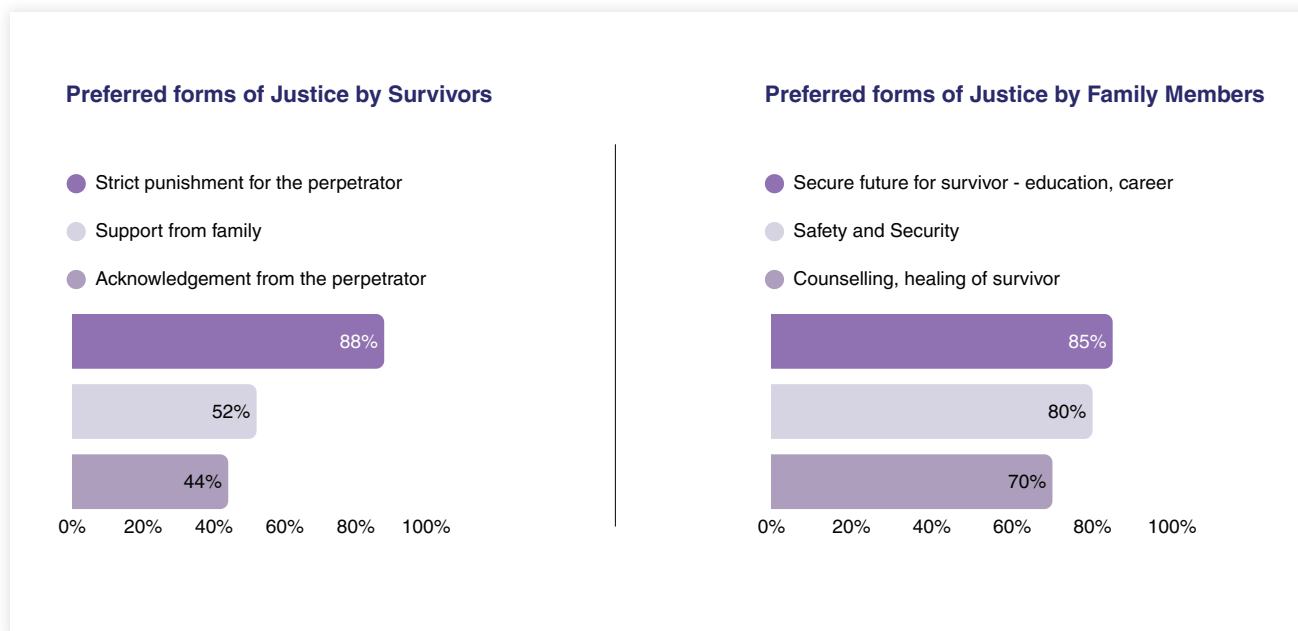


Figure 4.2: Top 3 Preferred Forms of Justice: Survivors & Family Members

Survivors' Perspectives of Justice

For survivors, justice perspectives were largely focused around the perpetrator with most citing strict punishment (88%) followed by acknowledgement from perpetrator (44%). 52% survivors cited support from family/extended family as also a form of justice.

From the sample set in Indonesia, 28% of cases resulted in conviction (Figure 4.1). Slow or delayed legal justice process is cited as the most commonly experienced challenge for survivors - 79% (Figure 4.3). This implies that a large majority of survivors are yet to experience legal justice system outcomes, which explains why strict punishment of the perpetrator is still aspirational for many. Conviction rates are not publicly available in Indonesia. A landmark study from Indonesia in 2021 which surveyed 2,210 respondents revealed similar findings: nearly 81% of survivors wanted to see a maximum term of imprisonment for the perpetrators, followed by 57% seeking compensation as priority for their recovery.²¹

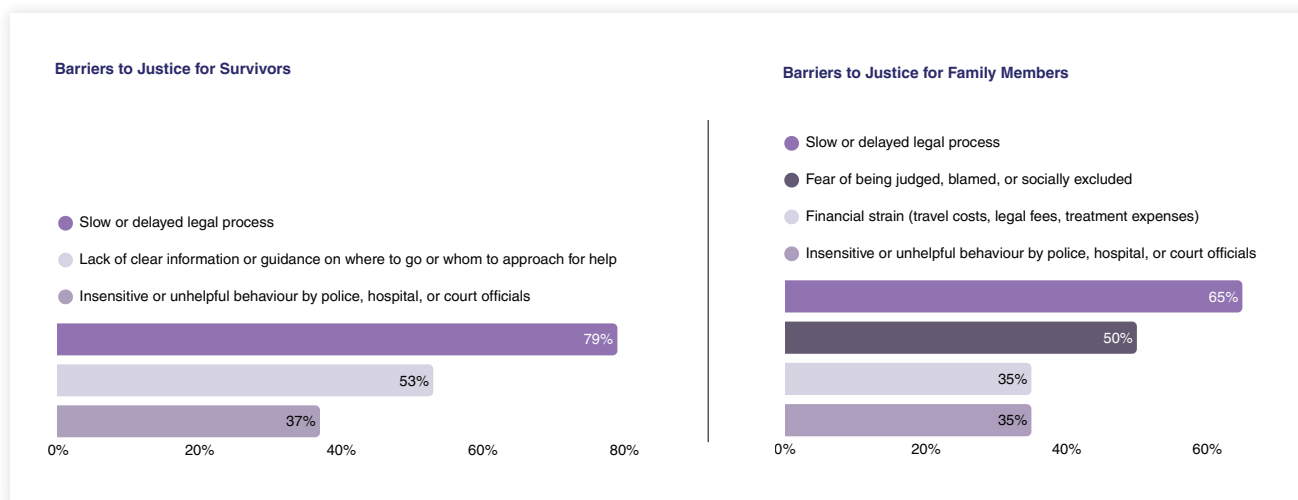


Figure 4.3: Top 3 Barriers to Justice: Survivors & Family Members

Having said that, our research reveals that survivors do not necessarily view imprisonment as an end in itself. Rather, punishment is seen as a pathway to several other outcomes: deterring future violence, ensuring survivors' safety, publicly recognising the wrongdoing, and addressing the reputational harm and disproportionate burdens borne by survivors and their families.

“There are many versions of justice, aren’t there? Apart from our aim here, which is to fight in court, justice also means, well, for example, that they face social sanctions too, that’s a blessing, really. They’re not at ease at work either; they experience the same thing. Even the support, if there’s support from the organisation, they’re transferred far away, aren’t they? So, it’s just that what we’re for in court is that we want the case to go ahead; we want them to be punished in a way that truly serves as a deterrent.”

— Sirih, Survivor

The emphasis or rather the need for social sanctions to be imposed on perpetrators by survivors was also echoed by a lawyer from Jakarta who was interviewed, *“Until now, it’s still quite rare for victims to want to see the perpetrator imprisoned, or even for a perpetrator to be proven guilty of a sexual violence offence and subsequently imprisoned; that’s still rare. Consequently, on average, victims end up advocating for social sanctions against the perpetrator. This is because, as mentioned earlier, there may still be a legal vacuum or bias on the part of law enforcement officials, or perhaps a pessimistic mindset on the part of victims regarding how cases are handled by law enforcement agencies, like the police.”*

Extreme forms of punishment are also aspired for, by survivors with the hope that it leads to deterrence.

“Not just prison, but chemical castration. Because they might one day commit the same offence again, and they already know the steps they need to take to avoid going to prison or becoming even more dangerous. But the offender must be chemically castrated so that they cannot repeat the offence. Perhaps that is one deterrent effect.”

— Mawar, Survivor

Mawar, a transgender person, was sexually harassed by a village leader, and was subsequently threatened with expulsion from the village. The perpetrator was ultimately acquitted, causing Mawar severe distress. In Indonesia, chemical castration was authorised by law in 2016 as a punishment for certain convicted perpetrators of sexual violence against children. The provision has been strongly contested by human rights organisations, civil society groups, and medical professionals, including over questions about its effectiveness as a deterrent.²² However, there has been no documented evidence of its execution.²³

Most survivors who participated in the interviews viewed justice holistically, that it should be a combination of imprisonment, deterrence, community support, including family support. From the 52% survivors who equate justice to support from their family, some articulated this in the form of needing emotional support and encouragement essential for their recovery. Some, like Dahlia, are yet to experience this.

“Recovery is important, isn’t it? It’s about recognition from the victim’s family, recognition from the victim’s community, that’s important so that our mental state can get back to normal, you know, ma’am. It’s like that, but because I’ve experienced it myself, well, I just don’t know what it feels like.”

— Dahlia, Survivor

Overall, the sample from Indonesia reported positive accounts of family support. However, in cases where survivors chose not to disclose the incident to their family members, this decision appeared to stem from their own emotional exhaustion and an inability to bear witnessing the psychological impact that disclosure might have on their families.

Acknowledgement from perpetrators as a form of justice differed from survivor to survivor. Lavender, a survivor from our interviews, cited acknowledgement from the perpetrator as particularly important, given she had not pursued justice through legal or formal mechanisms. She says, *“At that time, yes. I really did get justice because, well, it wasn’t entirely in my favor during the mediation – it wasn’t entirely in my favor, but I felt at that moment that it was fair because it was like, “Oh, so you were indeed in the wrong.” Oh, so that means (the perpetrator) was indeed at fault. I felt that was fair because at least I could see where I’d gone wrong. I knew where he’d gone wrong. I felt that was fair at the time. That really was it, I felt a sense of justice there.”*

In the case of Lavender, the perpetrator was her romantic partner who she had trusted. In Indonesia, sex outside marriage is criminalised, and offenders can receive up to 1 year of jail term.^{24 25} Her decision to not report was a result of this. From the sample set in Indonesia, 24% survivors reported romantic partners as the perpetrator. This is also reflective of the national statistics - in 90% of violence cases against women reported in the country happen in the personal sphere.²⁶ In cases like that of Lavender, where there is no scope for legal redressal for survivors, acknowledgement is often the most viable option when it comes to feeling any sense of justice or closure.

This is not to say that acknowledgement is often sought as an alternative to punishment. Those who have experienced legal justice outcomes like conviction of perpetrators also cite acknowledgement as an end result of conviction, that imprisonment should serve as a learning opportunity for perpetrators, through which they must accept that they have caused harm, repent and never repeat the harm.

“I hope that if he goes to prison, he can change his perspective on looking down on women. In my opinion, from what I’ve seen of people who’ve been to prison, they say that prison is a place where they can learn to become better people.”

— Teratai, Survivor

All survivors, irrespective of their perceptions of what justice should look like, describe life after the incident as a life-altering ordeal marked by hardship of varying degrees and kinds. For these survivors, being able to heal, reclaim their lives, and move forward without the incident defining their identities or futures is central to what justice means. Nearly all survivors we spoke to emphasised the importance of being able to recover in this broader sense.

“Healing is very important in my view, because it affects our daily lives. We mustn’t let the fact that we haven’t yet recovered prevent us from having a better future; and I still have a long future ahead of me.”

— Mawar, Survivor

Recognising that the harm cannot be undone, survivors share a common desire: that such violence is not repeated, and that they are able to recover in the truest sense, that is reclaiming their lives, dignity, and ability to move forward.

Families’ Perspectives of Justice

While survivors expressed a strong desire to experience perpetrator-centred outcomes to feel a sense of justice or closure, families of survivors placed greater emphasis on non-legal outcomes as their preferred forms of justice. 85% cited career and education aspirations for survivors, followed by 80% citing safety and protection for survivors, 70% stated counselling and healing support for survivors (Figure 4.2).

Families of survivors, regardless of the outcome, articulated justice for survivors beyond punishment. Although this is not a complete rejection of legal justice outcomes, all family members believe that legal justice is important for them to feel a sense of justice. However, most family members believe that punishment is only a part of it, and that the trauma of violence can never be undone through incarceration of the perpetrator.

Out of 7 survivors whose cases ended in conviction, two survivors and their families shared how they perceived justice through our in-depth interviews.

“In my opinion, it’s not fair yet, ma’am. For example, if the woman is still suffering from the trauma, how does that pain feel?”

— Dahlia’s elder sister

She strongly believes that once the perpetrator serves his jail term, he will come back and lead a life that is free of stigma, free of life-long trauma, unlike her sister.

On the other hand, in one of the graver cases recorded in the sample where the father was the perpetrator, the mother of the Matahari shares, *“Justice has been served, because the perpetrator has been imprisoned. Because, if my daughter has received justice, then that is also justice for the family.”*

In this case, given the perpetrator was from within their own home, it was a relief to have him removed physically from the space they shared with him. However, when probed further, she emphasises on the need for sensitivity on the parts of the criminal justice system and communities. Additionally, tangible outcomes like education support, particularly when the primary earner of the household is the perpetrator are rightful demands made by the mother, as justice for herself and the survivor. *“Yes, to help the victims. I have children at school, so it would help with their education costs”*

While survivors and their families recognise the critical importance of the legal justice system, this does not mean that they view the system as efficient, accessible, or survivor-centred. Even among families whose cases resulted in convictions, accounts point to a criminal justice system marked by significant ruptures and gaps. Their experiences suggest that, while legal accountability remains an important component of justice, the system has a considerable distance to go in ensuring that survivors are heard, supported, protected, and treated with dignity throughout the process.

"Justice is sharp at the top, blunt at the bottom. There is no justice for common people." - Mother of Kamboja, who was drugged and raped as a child, from West Java. The case has been ongoing since 2021, however the mother's articulation of justice is not limited to achieving conviction or punishment. Instead, she also emphasises employment support and psychological support for recovery as essential components of justice.

The emphasis families place on employment and education support stems not only from immediate economic needs, but from the grief of witnessing their daughters and sisters give up dreams, aspirations and opportunities that once shaped their futures, as a mother remarks her "daughters' adolescence was stolen". For families, supporting survivors to return to education, pursue employment or regain economic independence is therefore closely tied to restoring the lives they had envisioned for themselves.



4. Impacts on Survivors and their Families

This section examines the different ways in which violence affects survivors and their families in its aftermath, including its impacts on their physical health, emotional well-being, employment and financial security, and social lives.

Physical Impacts

96% of survivors reported impacts which manifested in different forms, physically. Sleep disturbances were cited as a frequently experienced issue for survivors. Many survivors reported that they could not go to sleep because they would be frequently reminded of the incident every time they closed their eyes. Frequent and chronic sleeplessness led to further impacts like headaches, migraine.

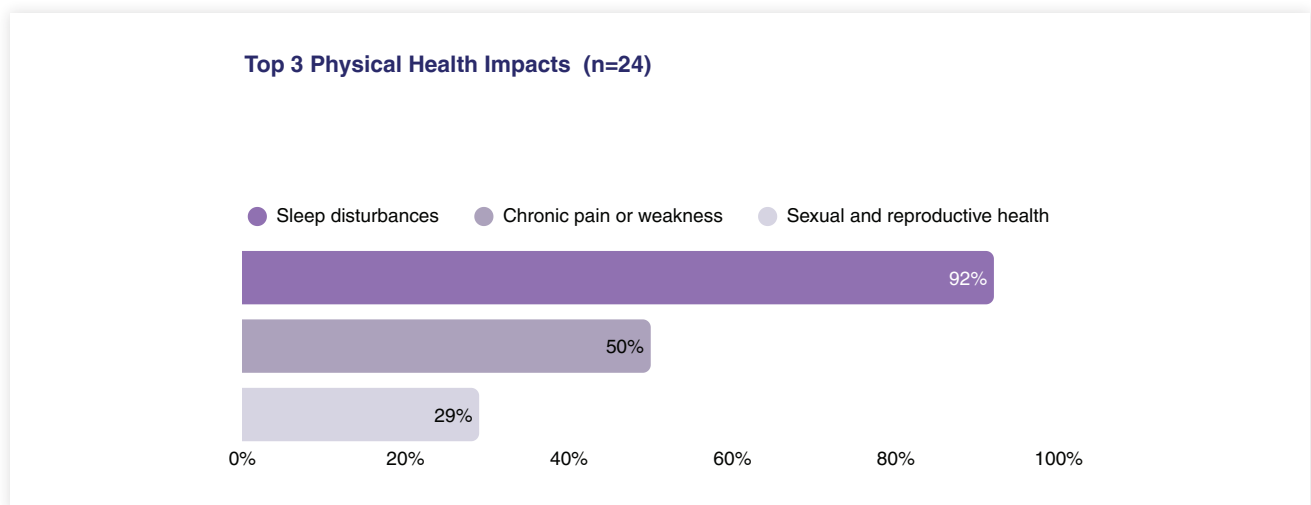


Figure 4.4: Physical Health Impacts on Survivors

“I felt I had no future; I was terrified and anxious, unable to get out of bed. Eventually, I sought treatment from a psychiatrist, and the psychiatrist prescribed me sleeping tablets because I couldn’t sleep, couldn’t eat, and couldn’t get out of bed.”

— Sirih, Survivor

Survivors like Sirih had to seek medical intervention, and were prescribed sleeping tablets. Other survivors also shared similar experiences, who stated sleeplessness as also an outcome of guilt, and relying on sleeping medicines helped.

“Well, what I feel is that it’s worse at night, of course, Ma’am. Sometimes at night I can’t sleep because of those thoughts. So after taking the medicine, I can sleep. I feel more relaxed, you know. So it’s easy for me”

— Kenanga, Survivor

Chronic pain, physical weakness, injuries were also cited as a significant form of physical impact. Often injuries, physical changes in their body were observed much after the incident, leading survivors to seek further examinations, which also revealed internal injuries, bleeding. Sirih, who hails from Jakarta, is a survivor of rape by two perpetrators, she details out other impacts like weight loss that she experienced, *“I was definitely extremely exhausted at the time. Then, well, my weight dropped drastically...from 56 to 47 or 46; it dropped so drastically I couldn’t eat at all...it was really hard to eat; food just wouldn’t go down. As for my reproductive health, well, I suffered from a fungal and bacterial infection at the time. I’m still undergoing treatment for recovery even now.”*

Impact on sexual and reproductive health often manifested as both immediate and long-term challenges, for which survivors had to seek additional medical intervention. Closely related, and most important to highlight is that 4 survivors from the sample reported rape-induced pregnancy. One of the survivors, Kenanga, stated that she had no prior knowledge or awareness about her pregnancy. In her case, it took her at least two months to discover that she was indeed pregnant. She informed, *“Actually, I really had no idea at all. Because I’d never been through it before, I didn’t feel anything at all. But two months later, I realised because I had missed my period. To be honest, I wasn’t suspicious at that point. Because, well, I really didn’t know, you see. But a friend of mine suggested I get tested and have an ultrasound scan. She was worried I might actually be pregnant, you see. So, that’s when I had the ultrasound scan. It was only after the result came back positive that I realised I was pregnant.”* She was just 19 years of age at the time of the incident, and was further ostracised by her own family due to the pregnancy. Kenanga was supported by her friend who encouraged her to carry it to term against her wishes. The baby was born prematurely and did not survive, causing Kenanga a great deal of mental distress.

Dahlia, another survivor hailing from West Java was just 16 when pregnant, had undergone abortion upon the wishes of her then boyfriend and the perpetrator. While abortion is heavily restricted in Indonesia, it is allowed in two situations: when a pregnancy results from sexual violence and is under 14 weeks, or when the pregnancy involves a medical emergency. The law also allows for the provision of abortion medication in these limited cases.²⁷ Implementation, however, remains uneven and abortion services are nearly inaccessible.²⁸ Survivor accounts point to stigma being a key detrimental factor, in addition to other procedural challenges that prevent them from seeking abortion services in the country. Out of the 4 survivors who had unwanted pregnancies, only Dahlia had undergone abortion, but sought no further medical interventions. She shares, *“I don’t know, ma’am, I really don’t know. When it happened, oh my goodness, what’s going on, ma’am? I had cramps as if I needed to go to the loo, and then it just plonked out like that, it was all over in a flash. I wanted to go to the river because of the cramps, but the midwife said there was no amniotic fluid. Maybe that was the amniotic fluid, then? Oh, I don’t know either; I didn’t have any examination at all.”*

For survivors, and in cases like the above, young survivors in particular, experiences such as unintended pregnancy and being subjected to forced abortion can be deeply distressing. Gaps in knowledge and awareness may compound this distress, alongside the fear of ostracisation, lack of family support, and the judgement of communities that may continue to stigmatise survivors and remind them of the incident long after it has occurred.



Psychological Impacts

All survivors and a majority of family members (85%) reported that they experienced at least one form of psychological impact as a result of the incident. As evidenced in Figure 4.5, survivors experienced anxiety the most - 96%, followed by fear - 88% and sadness - 84%. Feelings of sadness, grief are what was experienced most by family members - 88%, followed by anxiety - 71% and feelings of guilt, shame - 59%. Significantly, 48% survivors reported to have had suicidal thoughts from time to time, and at least 12% of family members stated that they too contemplated ending their lives.

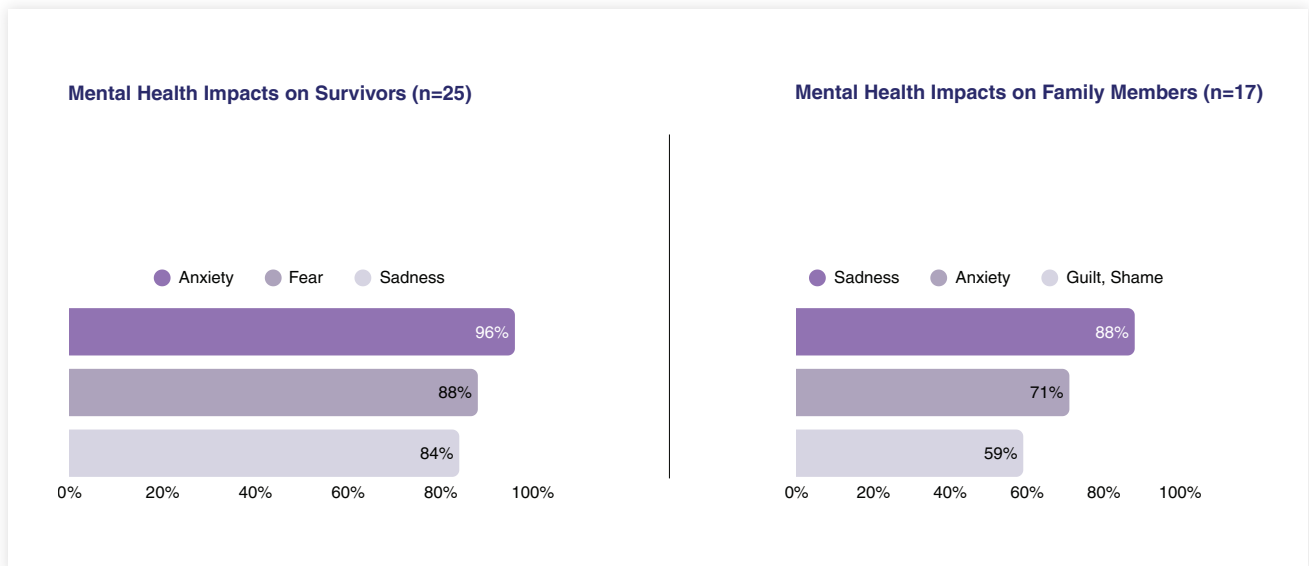


Figure 4.5: Top 3 Mental Health Impacts: Survivors and Family Members

The psychological impact of violence is multi-layered. Feelings of fear and anxiety are long-term for most survivors, are often recurring, and are a result of different factors operating within the survivor ecosystem. Survivors who experienced heightened anxiety articulated their experiences differently. Melati, survivor of sexual harassment, who is also a widow and mother of 3 sons from Bali, shares,

“Yes, without me realising it, it might have been part of an accumulation, a build-up. I had anxiety and it also affected my other issues. I went to a psychiatrist; at the time, I was at Sanglah Hospital, so I asked for a mental health consultation. That was my own decision, because I was already feeling uncomfortable. Uncomfortable in the sense that when I was doing an activity, I’d get this cramp-like pain, even though I hadn’t eaten anything, just this vague cramp.”

— Melati, Survivor

In Melati’s case, the perpetrator was her late husband’s boss, who harassed her after the passing of her husband. Her widowhood, as shared by Melati, also plays a key role in how emotions are experienced in the aftermath of violence. The breach of trust by someone her late husband respected, absence of a partner, and the need to protect her reputation and social standing all contributed to the emotional burden she carried.

While a supportive ecosystem like families and friends can help manage these feelings, survivor testimonies prove that it is not sufficient to address deeper feelings of guilt and shame which have been internalised by survivors.

“Objectively, I know my family’s support is guaranteed. My anxiety projects into the post-resolution domestic environment, specifically navigating persistent internal feelings of shame during routine family interactions. That long-term emotional exposure is what I am not yet prepared to confront.”

— Kenanga, Survivor

Feelings of fear were experienced by many survivors for a range of reasons, all a direct consequence of the violence. For some survivors, fear of social ostracisation led to non-reporting, or non-disclosure to family members even. Some reported that they developed a fear of building relationships post the incident. Others experienced fear while interacting with authorities, undergoing medical examinations - all of which were intimidating events for survivors. Others feared for their safety, given over 90% of survivors had known their perpetrator from before.

The brother of a survivor spoke of the evident shift in his sister’s behaviour, which helped him reach out to her, and subsequently, helped the survivor to report the violence.

“I was worried because I could sense something was off. This wasn’t like her at all; usually, she’s a confident person, meaning she’s not afraid to take the lead. In fact, wherever we went, she was the one who led us. When we went on family vacations, she’d be the one saying, “Let’s go here, let’s go there...take this route, take that route.” But after she got back from Jambi, she became really withdrawn, and shy. I don’t know why; it’s really strange because she usually loves being an MC, even at family gatherings, but now....she doesn’t even want to meet with the extended family anymore. She’s really shut herself off, like she’s ashamed or something.”

— Sirih’s brother

Here, he also highlights how her relationships with extended family members were affected by the guilt and shame associated with the violence she experienced. For young women like Sirih, the experience of violence can profoundly undermine their sense of confidence and self-worth, with consequences that extend across their personal relationships and professional lives. These impacts can constrain their ability to recover, pursue opportunities, and live with a sense of autonomy and dignity.

One survivor, who is also a transgender person, captures this experience by describing how broader perceptions of their identity already place them at a disadvantage, leaving them to rely heavily on themselves for safety and protection. They share,

“Because I feel that not everyone is kind to us, I feel I have to take good care of myself so as not to encounter the same sort of person again.”

— Mawar, Survivor

For survivors like Melati and Mawar, who already experience marginalisation due to their identities, the violence may compound existing experiences of stigma and exclusion, making recovery and the possibility of living free from the psychological imprint of violence even more difficult.

Although not clinically diagnosed, Dahlia from West Java describes experiencing what she calls a “*split personality*,” particularly in her interactions with her children and husband. She describes experiencing intense and rapidly shifting emotions, “*When I get angry with my child, it’s as if I have a split personality. Sometimes I’m nice, sometimes I’m not; sometimes I’m gentle with my husband too, you know, but sometimes I get physically aggressive. Like that. I’ve actually kicked my husband out twice, you know, because I just felt like it.*”

Chronic mental health challenges are often a consequence of violence, which is further compounded by a lack of supportive ecosystem, absence of a robust mental health infrastructure, and general stigma which prevent survivors from seeking help.

Family members, as immediate caregivers of survivors, too experience a great sense of loss, grief, leading to a range of psychological impacts, as evidenced by our study findings. Breaking down in tears, going into shock, sensing a feeling of helplessness were all responses shared by families of survivors when they first learned about the incident.

“I do feel ashamed. I’m ashamed that my dignity is gone. It’s gone. I feel like my dignity is gone too. Because at the time of the incident, she was on her way home from work. A lot has changed, I feel like I have no self-confidence, but I’m still fighting to get back on my feet, knowing that there’s still a sky above the ground. Right now, I can’t be away from my child if I’m going to regain my self-confidence.”

— Kamboja’s mother

Despite it all, the mother highlights that acceptance of her reality has taken her a long way, despite difficulties.

However, it is important to note that anger was also a significant emotion shared by many family members, directed at themselves - 47%, the perpetrator - 18%, and, most importantly, towards the survivor - 41%. Families also described how the nature of their relationships with survivors evolved over time, reflecting the difficulty of living with and coming to terms with violence.

“We just couldn’t believe it. I mean, she seemed like such a good kid on the outside, but then she acted like that. If there was a problem, why didn’t she just tell us? Instead, she kept hiding it and wouldn’t open up to us like that. Yeah, after it came out that she was pregnant. So why didn’t she tell us from the start—I mean, before she got pregnant? I mean, they could’ve gotten married, things could’ve worked out. I mean, once she’s that far along, people are going to react a certain way, you know?”

— Dahlia’s elder sister

After the incident Dahlia’s relationship with her sister was strained for a very long time, however, it has improved now. A few other survivors reported similar instances, where their families have learned to come to terms with what had happened. Aftermath of sexual violence is often not an easy reality to accept or navigate; its effects can reshape relationships within families, often in complex and contradictory ways.

Economic Impacts

In the aftermath of sexual violence, survivors and their families often have to stretch themselves financially to meet the costs associated with the violence and its aftermath. These expenses can have a significant bearing on their financial well-being. In Indonesia, it was reported that at least 36% had incurred income loss as a direct consequence of violence (Figure 4.7).

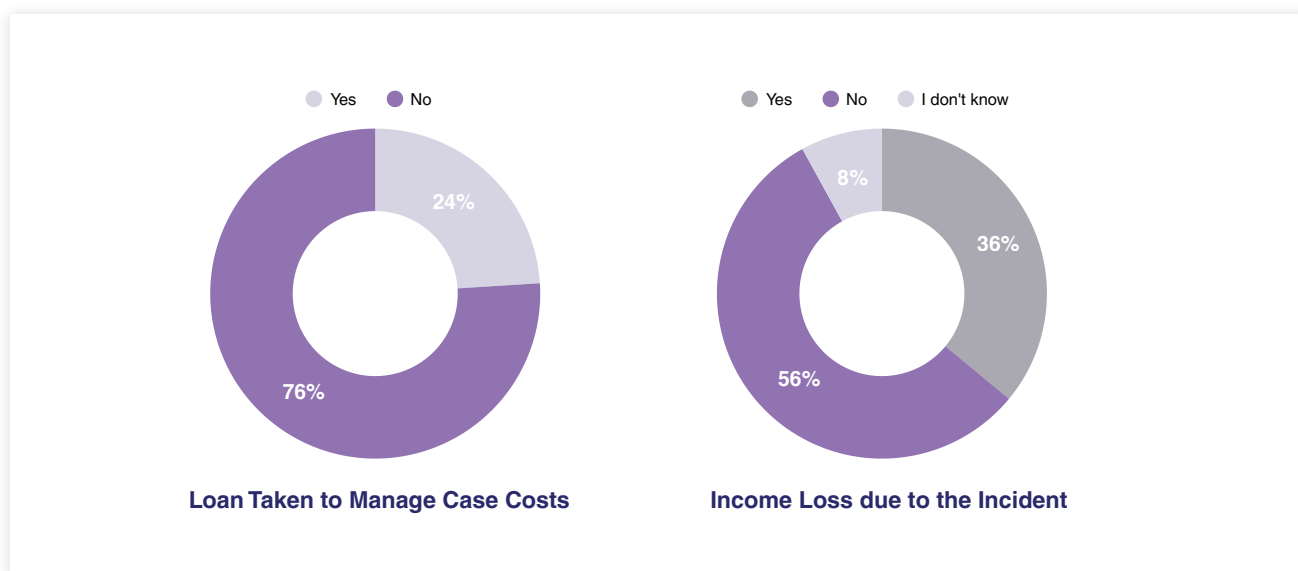


Figure 4.6: Economic Impacts of Violence

Job loss due to relocation was a commonly cited consequence by survivors. This was particularly pronounced when the perpetrator was someone in a position of power, especially within the workplace, making it difficult for survivors to continue in the same environment. Anggrek, a survivor from our sample had reported sexual harassment at her workplace (the university), a case that attracted significant public attention given the high-profile individuals involved as perpetrators.²⁹ She was asked to transfer from the campus multiple times, causing her severe mental distress, threats continued even after she moved.

“The termination letter came after I’d moved to a new office. So I was on my own, without any support. In the end, I decided to leave; after a new rector was appointed, I decided to leave in 2025. “

— Anggrek, Survivor

Another survivor who also had to leave her job due to continuous taunts and victim blaming had to leave the job to protect herself from further mental distress. Another survivor who used to run a business in her village along with her family speaks about losing income due to stigma.

“It’s because of that problem, you see....it’s linked to me. Business is slow just because of me, and then there are those who are spiteful because of me, so nobody wants to come to the shop because of this issue; nobody comes to the shop at all.”

— Dahlia, Survivor

However, income loss was not limited to permanent job loss; survivors also experienced loss of earnings due to missed days of work for court proceedings and medical care, as well as the financial disruption caused by relocation.

Evidence from our research indicates that significant costs went into mental health costs, out of 19 survivors first medical examination costs and follow-up medical care - all three at 42%. Obtaining a psychological forensic report was also an expense for a few survivors - 16%. 2 survivors reported that they sought medical care owing to rape-induced pregnancy and one person cited seeking abortion-related costs. A significant majority of survivors had sought public health care services - 55%, 23% had sought private health care and 23% had sought both.

In terms of legal expenses, out of 17 survivors the most significant expense incurred was travel and accommodation for hearings - 94%, followed by phone recharge costs - 82% and 18% cited lawyer fees. 4 survivors cited incurring the cost of meals during the legal process. Criminal justice system actors, community workers, case workers who were part of the research share financial difficulties experienced by survivors and families at length.

There is a general anxiety of spending out of their pockets, which prevents survivors and families from seeking justice in the first place, as cited by a paralegal caseworker from West Java, *"Survivor's actually asked me, 'If I don't have the money, do I still have to pay?' But because I've explained to them that it's all free, they eventually agree. So one of the driving factors is us, the support workers. We explain that, as society is unfamiliar with the reporting process, they assume it costs money and takes a long time, but I tell them that's not the case. It's all free; the medical examination is free too. At most, we just cover the travel costs and the cost of a meal. Ultimately, that's what encourages them to file a report."* However, even when survivors are willing to pursue their cases, financial constraints as a result of legal and medical requirements, can make continued participation practically impossible.

Sometimes, due to the delay in case proceedings, their financial vulnerabilities compound, leading to debts. A community worker shares, *"In one of the cases, where the husband was unemployed, the wife (survivor) ended up borrowing money here and there, mostly high-interest loans and the debt kept piling up."* 24% survivors had taken a loan to meet the expenses of the case (Figure 4.6). Out of this, 3 had repaid their loans and 3 had outstanding loans. Those who had taken loans had borrowed them from informal sources like moneylenders, loan sharks and online money lenders.

Where formal support is hard to access, it is often the families and civil society that absorbs the costs. This also means that justice can only be sought as long as survivors are able to afford it. Financial hardship does not merely accompany the aftermath of sexual violence, it can also shape survivors' ability to pursue and sustain engagement with the justice process itself.



Social Impacts

Closely related to the above forms of impact survivors reported experiencing, there were also other significant consequences which survivors endured post the incident - relocation, strained relationships, education disruptions.

52% survivors reported having to relocate as an immediate consequence of violence. Structural factors often contribute to survivors and families being forced to move. Lack of general support from community members, colleagues, continued threat by perpetrators, fear of ostracisation were all reasons cited by survivors.

“Oh, absolutely. The social shunning happened at the office. And as for our house, we moved. Because we became so afraid, you know? Like, what if people find out, or what if the perpetrator comes by? Just like last time, the perpetrator actually came because he knew where our house was.”

— Sirih, Survivor

Families are also often forced to uproot themselves, and view this as the only solution. Sirih continues, *“My mom and dad are even thinking about moving to a different city altogether once this is all over. They are even still fighting for me to see if I can transfer to a different institution.”*

Mother of Kamboja, a survivor who became pregnant as a result of rape shares the multitude of challenges she faced. She shares, *“The impact has been enormous, it's been extremely difficult to find work, we've lost our income, things aren't like they used to be, we had to leave our home, and the survivor's mental health has suffered; her adolescence was stolen from her.”*

Another key impact of violence has been on the education of survivors; violence has disrupted their educational trajectories. There were 18 survivors who were pursuing their education during the incident - of which, as a direct consequence of violence, 39% continued with difficulty, 17% dropped out permanently and another 17% took a temporary break. One survivor continued privately and 22% reported no impact.

Lavender is survivor of EBSV whose images were non-consensually shared by her then boyfriend with her family, friends and campus dean at the university she studied in. She informs, *“The impact we experienced was just like that. I dropped out of university because of discrimination; there was bullying from my peers because of the content that was circulating. So, the impact on me was that I felt as though I'd been ostracized by my peers. So, I chose to drop out of university.”*

In more than one case, survivors reported having no adequate support from their peers, community members, extended family, which led them to move to relocate, change jobs, or withdraw from social life altogether - all of which have significant consequences on the well-being of survivors.

36% of survivors from the study reveal that they often felt alienated from the rest of the community. At least 45% of family members stated that they did not involve the community and extended family respectively, while 10% said they (both community and extended family each) were completely unsupportive. As Sirih shares, *“The impact is just so massive, from having to change where we live, to the social shunning, and even with relatives, we keep our distance now. I mean, we only interact as much as absolutely necessary. It has just been incredibly life-altering.”*

Overall, this is indicative of a broader ecosystem with limited social support for survivors and families. Where formal systems themselves are fragmented, and when the consequences of violence extend beyond what can be quantified, the social costs of violence often are life-altering and difficult to reverse.

5. Support Systems

This section examines two key dimensions of survivors' journeys towards justice: what motivates survivors to pursue justice and sustain their efforts over time, and how they navigate and cope with the formal and informal systems they encounter along the way.

Motivations for Seeking Justice

Out of the 19 survivors who sought legal forms of justice, 89% cited support from their immediate ecosystem i.e. family and friends who stood by their side through this ordeal and continue to support. This was followed by 79% citing NGO/Caseworkers as a significant source of support and motivation while pursuing justice.

The role that NGOs, caseworkers play is often one that fills the gap in the availability and responsiveness of formal systems and institutions.

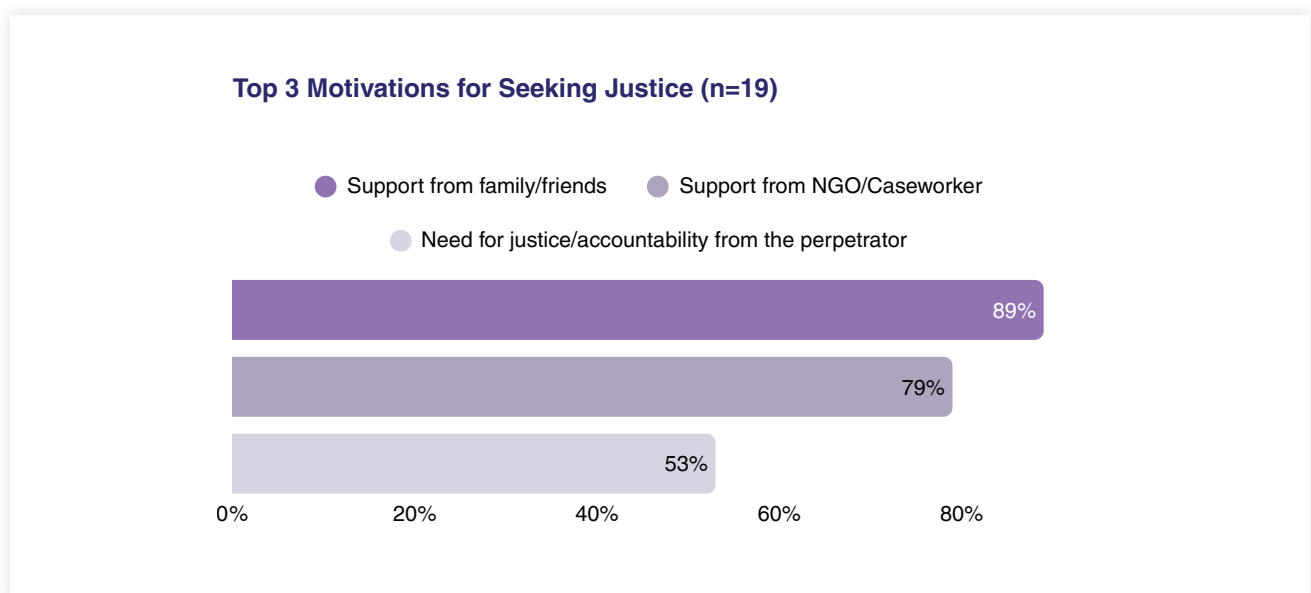


Figure 4.7: Motivations for Seeking Justice for Survivors

The accounts suggest that civil society organisations, particularly the organisation, play a critical intermediary role in enabling survivors to access and navigate the formal justice system. For some survivors and families, NGO was the first point of contact when they were unsure about reporting or lacked trust in the police. Lavender's guardian shares, "At first, I didn't want to report it to the police, because we don't really trust the police, so I rang my friend to ask for his opinion on what to do. I then reported it to the organisation. They then advised me to report it to the police because of the threat involved."

This support extended beyond legal representation to police accompaniment, information, counselling, referrals and emotional reassurance. Kenanga, a survivor who was raped by her high school teacher, described how being escorted by the organisation to the police and supported when triggered was what made her braver to pursue the case.

At the same time, survivors' experiences reveal that engaging with formal justice institutions can itself be distressing. Some survivors described police interactions as mentally draining. In contrast, survivors valued NGO's for providing a space where they felt understood and treated with dignity.

“The reason I felt brave enough to share my story at the organisation is that I saw that everyone there is mostly women, the lawyers are women too. Because of that, the women there really understand what’s in our hearts as women; they deeply understand our feelings. So when we confide in them there, it’s like confiding in your own mother, you know?”

— Melati, Survivor

Importantly, support was not limited to the justice process itself. Assistance with education, shelter, finances and livelihoods helped survivors and families rebuild their lives. These accounts suggest that survivors’ experience of justice is shaped not only by legal outcomes, but also by whether they are supported, informed, treated with dignity and enabled to recover.

Coping Mechanisms

Survivors in the sample described different ways of navigating the aftermath of violence (Figure 4.8). Counselling from social workers or mental health professionals and talking to family members or friends were the most commonly reported ways of coping, cited by 84% of survivors each. This was followed by seeking spiritual or religious guidance (40%). Only 16% reported suppressing their feelings.

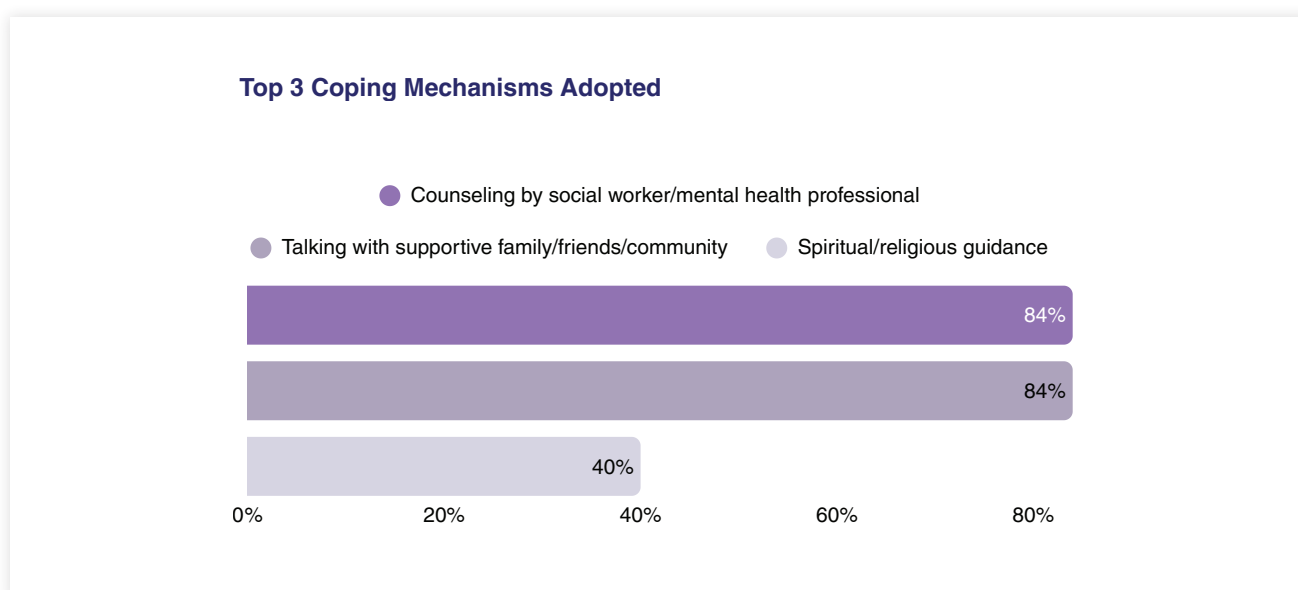


Figure 4.8: Coping Mechanisms Adopted by Survivors

Survivors often relied on multiple means of coping and support. For some, professional psychological support, encouragement from family, and keeping themselves occupied were important in managing the emotional aftermath of the violence.

“It’s certainly down to the support from the psychologist as well. Perhaps it’s not quite like it was last month. I’ve been seeing a psychologist from the LPSK (Witness and Victim Protection Agency). So I met with them and was given some encouragement, you see. And I was told not to dwell on it too much. To keep myself busy so I don’t dwell on it, you see. And also, of course, from the support of my mum.”

— Kamboja, Survivor

Survivors who shared their experiences at length during the interviews were cognisant that healing takes time and is a multilayered process. They spoke of how different forms of support need to come together for them to truly recover from the trauma. Highlighting this Kamboja shares,

“In my opinion, a psychologist is definitely the most important because we need to be supported throughout the healing process; that support from family is absolutely vital because if it’s not there, you really do get severely depressed – you’re already feeling guilty and then you’re blamed again and again, it just gets worse and worse, basically”

— Kamboja, Survivor

While survivors emphasised the importance of psychological and family support in their healing, family members themselves often underwent significant emotional trauma and took upon caregiving responsibilities. Yet, support systems for families appeared to be inadequate. Only 35% of family members felt that adequate support systems existed for them. Sirih’s brother stated, *“Psychological support for victims’ families are important, especially the first one who found out...is my dad, he was in his room, asleep, with his pillow already soaked. He was sobbing uncontrollably. My mom even more so...that child (his sister/survivor) was born to her.”*

In the absence of adequate psychological support for families, prayer emerged as an important source of comfort and a way of coping. Family members spoke of praying not only to manage their own distress, but also as a means of helping survivors feel stronger and cope with the uncertainty that followed the violence.

“Well, first of all we prayed. We prayed together. Then we often gave her encouragement to stay strong. As a child, she was probably as we could see, certainly feeling afraid. “Oh dear, what’s going to happen?” But as parents, we supported her by letting her know that we were leaving everything to the legal process.”

— Teratai’s mother

Thus, for families, prayer often served a dual purpose: it provided a way of coping with their own distress while also helping them support the survivor through the aftermath of violence.

6. Experience with the System

This section examines the experiences of survivors and their families in navigating the criminal justice system, including the police, medical services, judiciary, and other localised formal support systems. It also draws on first-hand accounts from criminal justice system actors to identify the structural and infrastructural challenges that hinder their ability to provide adequate, timely, and survivor-centred support to survivors and their families.

Survivors' experiences of the criminal justice system were shaped not only by whether institutions were accessible, but also by how they were treated and whether institutions were able to move their cases forward. While some institutional mechanisms were experienced positively, particularly the integrated UPTD services, some described interactions with the police as emotionally difficult. Across interviews, survivors and families described delays, inadequate follow-up, insensitive attitudes, and concerns about the way investigations were handled.

The police emerged as the most difficult point of contact. Half of the family members who had interacted with the police described their experience as difficult, considerably higher than those reporting difficult experiences with hospitals (11%). Experiences with courts were relatively positive or neutral, although fewer family members had accessed court services. Survivors' accounts provide insight into what underlies these perceptions. Some described feeling uncomfortable with the attitudes and conduct of police personnel, including being questioned by male investigators despite having raised concerns about this.

“The police, they should just have done their job, just carried out the investigation, without making comments or putting me on the spot. There were a few words that made me feel uncertain and cornered. I was questioned by male investigators, that’s what made me feel uncomfortable, from the start.”

— Sirih, Survivor



For other survivors, the difficulty lay less in a single interaction and more in the prolonged uncertainty created by the lack of progress in their cases. Delays could leave survivors watching perpetrators remain free and visible within their communities, reinforcing a sense that the police were not serving them.

“My case just keeps going round in circles, how come the perpetrator keeps getting away? Even though he’s been in Kupang all this time, there’s been no sign of the police making any move to arrest him or anything, because he’s often out and about, I’ve often seen him right in front of me, driving a bemo or walking with his mates.”

— Teratai, Survivor

Interviews with criminal justice actors point to larger institutional constraints, including high caseloads, limited numbers of investigators, changes in investigators during an ongoing case, difficulties securing expert and witness testimony, and lack of funds for survivors and witnesses to travel. One investigator explained how the volume of new cases could result in older cases being overlooked.

“Yeah, it’s still moving forward. As investigators handling the cases, we might receive three new police reports in a single day. New reports. As for the old ones, we work on those too, but sometimes the old ones get delayed because we’re too caught up with the new ones. Unless we get a phone call or a follow-up, then we realise. Usually, they get delayed for too long like that; we’re working on other things”

— Police officer



Other criminal justice actors similarly described how limited staffing and resources can cause cases to remain unresolved for years. These constraints extend beyond the police. The lack of funds for expert witnesses, difficulties in securing witness attendance, and survivors' inability to afford travel to hearings can all affect the progression of a case. As one legal advocate who works as a case worker explained, *"At the Provincial Police Headquarters or the City Police Headquarters, there are many cases coming in, but the number of investigators in the Women and Children's Protection Unit (PPA) is limited, so many cases drag on for years and remain unresolved."* She also highlighted how resource constraints can interact with survivors' own financial circumstances. Delays may stem from systemic constraints rather than deliberate inaction, but their consequences are nevertheless experienced by survivors as uncertainty, frustration and a lack of protection.

Medical services were generally experienced more positively than police services, although positive experiences did not necessarily mean that survivors felt particularly supported by medical personnel. Rather, medical officers were often perceived as simply doing their jobs and providing a fair service. At the same time, survivors described instances where the medical examination process did not translate into effective follow-up within the justice system. Dahlia, a survivor mentions, *"And afterwards, I also had a medical examination. The medical examination report is already at the police station. But that's just it, Ma'am. There's been no further response whatsoever. Even now, the DNA test hasn't gone ahead, has it? There's been no news. Even the Head of the Unit lied. She claimed that the DNA sample didn't exist. Yet it's clearly there. And it was the Head of the Unit herself who took that DNA sample from the hospital. It was from the hair of her baby (who had passed away), wasn't it? But why did she have to lie like that to the Legal Aid Institute, to me? So, basically, things were made difficult for me. I've been back and forth to the police station several times, and they've made things difficult for me every time."*

This highlights an important distinction between access to a service and the effectiveness of that service within the wider justice process. A medical examination may be completed, but if evidence is not followed up or survivors are not informed about what happens next, the service can still leave them feeling that their case has stalled.

In contrast, the UPTD, a regional government technical unit providing integrated frontline services, legal aid and recovery support for women and children experiencing violence and discrimination, was consistently described more positively. It functions as a one-stop integrated system and is often among the first points of contact for survivors. 75% of survivor families described their experience with the UPTD as easy, while the remaining 25% described it as neutral. This relatively positive experience suggests the value of integrated services that reduce the need for survivors to navigate multiple institutions independently.

The importance of institutional support extends beyond simply processing a case. Criminal justice actors themselves articulated a broader understanding of what justice should mean for survivors - one which entails emotional support too. A prosecutor who was interviewed shares her insights, *"From a prosecutor's perspective, for survivors, justice means the presence of a representative of the state who not only prosecutes the perpetrator under the law but also serves as a companion, protector, and guarantor of the survivor's rights throughout the judicial process. By demonstrating empathy, protecting the survivor's privacy, preventing retraumatization, and advocating for restitution and recovery, prosecutors become a tangible source of hope for justice, safety, and the opportunity for survivors to rebuild their lives."*



Access to Compensation For Sexual Violence Survivors in Indonesia

Indonesia's framework for survivor compensation has expanded through the UU TPKS and Government Regulation No. 29 of 2025, which establishes the Dana Bantuan Korban (Victim Assistance Fund).³⁰ From our research, 12 survivors reported applying for compensation from the government. Of which, 9 reported receiving monetary support. Most survivors reported that this was facilitated by the UPTD PPA unit (64%) and through the support of NGO/Caseworkers - 57%. Given the DBK fund is yet to be implemented, some participants may have received compensation from other government programmes rather than a dedicated compensation fund.

An additional dimension to compensation in Indonesia is the role of customary law in addressing sexual violence cases within communities. In some contexts, customary mechanisms may involve informal settlements, including compensation or reconciliation, which can operate alongside or outside the formal justice system. This raises concerns about whether survivors' rights to restitution, protection, and formal legal redress are adequately upheld.

A prosecutor shares, *"In my experience, there had already been a settlement before the case reached us. There was a customary resolution involving a traditional fine known as tutup malu ("covering the shame"), along with the payment of compensation, essentially a customary fine of a certain amount of money."*

Although Article 23 of the UU TPKS prohibits the resolution of sexual violence offences outside judicial proceedings, informal settlements may continue to occur in practice. These can be due to family or community pressure, financial agreements, or forced marriage, potentially undermining survivors' access to justice and recovery. While survivors and families do opt for restitution as an option, there are also challenges including perpetrators' inability to pay, perpetrators showing lower income to absolve themselves, delays in asset seizure and auction processes. Recent evidence reveals that restitution rates across all crime categories remained below 7% between 2021 and 2023, rising to 26.3% in 2024 and 16.3% in 2025, highlighting persistent challenges in translating legal entitlements into actual financial support.³¹



7. Emerging Themes

This section presents findings that are visible across different stakeholder perspectives and point to features of the Indonesian context that are particularly relevant to understanding responses to sexual and gender-based violence.

Forensic Evidence: Implementation Gaps and Delays in Justice

Article 24(3) of Indonesia's Sexual Violence Crime Law (UU TPKS) recognises expert testimony, including psychological expert testimony, as admissible evidence in sexual violence cases.³² This represents a significant development in Indonesia's legal framework, particularly in recognising the psychological harm associated with sexual violence and expanding the evidentiary framework beyond conventional forms of evidence under the KUHP. In principle, this is an important step towards acknowledging the broader impacts of sexual violence on survivors.³³ However, evidence from the region points to ambiguities in the legal provision, leading to consequent gaps in procedural clarity and practice limiting its effective application and creating challenges for survivors engaging in the justice process.³⁴

Participants highlighted these challenges in relation to *Visum et Repertum* (VeR), a medical forensic report prepared by a doctor at the request of investigators. Although the VeR is not legally mandatory in all circumstances, it carries considerable weight in the prosecution process and is treated as effectively non-negotiable in practice. A caseworker who is also a lawyer shares, *"As soon as a victim of sexual violence comes forward, when they file a police report, there should already be a support worker present, a psychologist, and perhaps a medical team or a safe house, all gathered in one place."* Penalties too exist under the Penal Code for doctors who refuse to make VeR,³⁵ which underscores the formal role of the VeR within the criminal justice process and the expectation that medical professionals cooperate with investigators in documenting evidence.

Given this context, several challenges persist, as reported by participants across groups. Shortage of staff particularly specialised personnel, including forensic doctors, clinical psychologists, and psychiatrists is one such challenge. Data compiled from respective professional organizations in 2025 revealed that Indonesia has 2,800 clinical psychologists and 1,200 psychiatrists, and a majority concentrated in urban centres.³⁶ While general practitioners or other specialists may conduct examinations in their absence, this creates confusion regarding procedures, responsibilities, and the quality of documentation.³⁷

"We're currently severely short of clinical psychologists. In NTT there are only five. Of those five, we also discussed yesterday that the number of female psychologists is very low. Then there's the availability of psychiatric services... In some cases the prosecutor insists that a psychiatric assessment must be carried out. Yet as this service is not available, it becomes a problem."

— Head of Unit, the Directorate of PPA and TPPO

Participants also described limited training, unclear or absent SOPs, inadequate infrastructure, and shortages of examination facilities and equipment. Survivors living in rural areas are seldom able to access these services, and have reported long-distance travel, repeated examinations, and delays in accessing timely care. A caseworker shares, *"They've had to go back three times just for the medical examination. Not to mention seeing a psychologist. They're exhausted, but there's no progress; they feel no sense of satisfaction, it's like, 'Madam, what's going on? We've run out of money for the travel costs,' you know. They still have reservations even about the travel costs alone. Because we're in Bojonggede and Depok [West Java Province], and the medical examination is in Kramat Jati [Jakarta Province], so it really is a long way to get there."*

These shortages also affect the quality of VeR reports. The challenge is not only whether an examination occurs, but whether it produces sufficiently comprehensive and reliable evidence for the justice process. Inadequate reports can lead to further clarification, repeated examinations, and back-and-forth between institutions, creating additional financial and emotional burdens for survivors. Research on primary healthcare centres (Puskesmas) similarly identifies limitations in conducting forensic examinations, including insufficient training, the absence of VAW-related SOPs, and inadequate infrastructure for counselling and examination.³⁸ Access to psychological support presents related challenges. Although psychological expert testimony is recognised under the UU TPKS, services remain unevenly available, and meaningful support requires trust and continuity rather than referral alone.

Participants further highlighted limited transparency regarding medical examination results and their implications for case progression. Caseworkers reported that investigators often refused to share even general information. Their requests were not for unrestricted disclosure or a determination of whether rape had occurred, but for basic information on whether findings supported the allegation or indicated other forms of sexual contact. This highlights that the gap concerns not only access to examinations, but also access to information generated through them.

These accounts demonstrate how shortages of specialised personnel, inconsistent examination practices, low-quality documentation, limited psychological services, and inadequate transparency can delay case progression and restrict survivors' participation in the justice process. As one caseworker repeatedly asked, *"So what else is left?"* The question reflects the experience of survivors and families who have complied with procedural requirements but remain unable to understand what the system is doing in response. Survivor-centred justice therefore requires more than the completion of legal and forensic procedures; it requires accessible services, reliable evidence, transparency, and meaningful survivor participation.

Abortion Access: Gaps Between Law and Practice

Between 2013 and 2018, there were 103 reported rape cases resulting in unintended pregnancies recorded by Komnas Perempuan in Indonesia.³⁹ Indonesia's legal framework permits abortion for survivors of sexual violence up to 14 weeks of pregnancy.⁴⁰ However, participants' accounts and stakeholder interviews indicate that legal permission does not necessarily translate into timely or accessible abortion care. Survivors may have to navigate multiple administrative and institutional requirements, including documentation from law enforcement confirming their status as a survivor of sexual violence, medical documentation establishing gestational age, counselling, and approval from a hospital's medical or ethical review board. These requirements can create delays, particularly when survivors have not reported the violence immediately or face difficulties having their experience recognised by authorities as sexual violence. In addition to this, in Indonesia, sexual relationships outside of marriage are criminalised and the offenders can receive imprisonment up to 1 year.⁴¹ From our sample set, survivors often delayed reporting pregnancy due to this fear.

Access is further constrained by the limited availability of facilities able to provide abortion services.⁴² There are also concerns about the limited number of health care facilities authorised to provide abortion services. Participants noted that survivors may have to travel long distances, including to another island, to access appropriate care. This becomes particularly consequential given the 14-week legal limit, where delays in recognising the pregnancy, reporting the violence, seeking care, obtaining documentation, or securing institutional approval can mean that survivors reach services only after the legal time limit has passed.

Stigma surrounding abortion can compound these barriers. Abortion continues to be viewed by many as morally wrong or sinful, potentially leaving survivors feeling guilty, ashamed or hesitant to seek care. Concerns were also raised about counselling practices, including instances where counsellors may hold pro-life views and exert pressure on survivors not to proceed with an abortion.

For some survivors, the consequences of these gaps are deeply personal. One survivor Kamboja described initially wanting to terminate a pregnancy resulting from the violence, but ultimately carrying the pregnancy to term after her best friend advised her not to have an abortion due to excessive stigma around the same, *"I just wanted to have an abortion. But my best friend told me not to, she said, 'Don't do that. It's a shame; you'd better just carry it to term.' So I carried the baby to term."*

Her account indicates how decisions about pregnancy following sexual violence often plays out in a context where formal services, information, social attitudes and personal support intersect. The challenge, therefore, is not limited to the legality of abortion, but whether survivors can access timely, safe and non-coercive care when they need it.

Civil society organisations (CSOs) in Indonesia have raised concerns that restrictive abortion laws continue to undermine women's reproductive autonomy, where they also highlight that abortion can be sought for other ranges of circumstances including economic hardship and psychological distress that fall outside the legally recognised exceptions.⁴³ They, therefore, view the continued criminalisation of abortion as a form of state control over women's bodies and argue that Indonesia should uphold its international commitments to sexual and reproductive health and rights. Access to abortion medicines remains restricted. In particular, mifepristone⁴⁴ is not widely available in Indonesia, despite WHO recommendations supporting the use of mifepristone and misoprostol for abortion care.⁴⁵ CSOs also raise that such restrictions on access can push women towards unsafe providers and unregulated abortion medication.

CASE STUDY: When justice ends in court, but not in the community

Dahlia was 16 when she was raped by her then-boyfriend and became pregnant as a result. He persuaded her to take abortion pills, but the pregnancy continued and she eventually gave birth prematurely. Six years later, she continues to live with memories of the incident and its aftermath, including the legal proceedings and tensions between the two families.

Dahlia currently lives in West Java with her husband and child and she describes ordinary moments of family life, cooking, looking after her children and laughing with them as some of the happiest parts of her day. Yet beneath these everyday experiences, she continues to carry memories of the incident and its aftermath. As she reflected *"Even though it's all over now... I still find myself remembering the hardest parts of what happened back then."*

For Dahlia, justice did eventually mean seeing the perpetrator punished. He was sentenced to five years in prison, a punishment she considered sufficient. Yet years after the incident, she continues to live with fear, stigma and the emotional consequences of what happened to her.

After the incident, Dahlia became increasingly isolated as she avoided going outside, stopped attending religious study sessions because she felt people saw her as a "bad person". Her situation worsened when she discovered that she was pregnant. She was still in school then and felt that she had little support. She described being pressured by the perpetrator to have an abortion and eventually took medication under pressure.

Dahlia said that rumours circulated about her and her pregnancy and the stigma became so deeply internalised that she began questioning her own worth and whether she was deserving of a normal life. The stigma surrounding the case affected her family as well, as her mother's business, which had previously been doing well, declined sharply, further making her mother deeply distressed and ill during this period. She described being called a "burden" and recalled community leaders making hurtful comments about her family. Even after the perpetrator was imprisoned, the judgement did not stop. Dahlia spent a period largely staying at home and avoiding work and social interaction because she was afraid of what people would say.

Dahlia's experience also reveals how difficult it can be for survivors and families to navigate justice processes when they do not understand the law or know what support they are entitled to. After accepting compensation from the perpetrators family, Dahlia and her family faced conflicting information about its implications and later learned that accepting compensation could affect the legal process. Local community leaders treated the payment as a settlement and discouraged the family from continuing with the case. While P2TP2A (Integrated Service Centre for Women and Children Empowerment) encouraged them to pursue justice. For Dahlia, the lack of information and guidance left her confused about her own position in the process. She explained *"I didn't actually feel like a victim... I was so confused about my role in all that."*

Dahlia went ahead with pursuing the case, however doing so also placed financial burden on her and her family. She used her savings for travel to police stations and government service units, while her family's financial situation was already under pressure. Yet not all of Dahlia's experiences with formal justice systems were negative. She described the police officer and judge handling her case as kind, supportive and encouraging. They reassured her and made her feel that she deserved justice.

For Dahlia, being believed and not being blamed mattered deeply because much of her experience outside the courtroom had involved precisely the opposite. To recover, she accessed therapy through a government service. However, for her, recovery requires more than professional services. It requires recognition from people around her. Reflecting on what recovery means to her, she noted *"Recovery is important... It's about recognition from the victim's family, recognition from the victim's community... so that our mental state can get back to normal."*

Dahlia wants survivors to feel safe, supported and accepted. She believes that they should not have to navigate police stations, government and legal processes alone. She also believes that families and communities have a responsibility not to judge, mock or ostracise survivors. Instead, they should talk to them, support them and help them feel accepted again.

For Dahlia, justice is therefore not simply about what happens to the perpetrator. It is also about what happens to the survivor afterwards: whether she can leave her home without fear, work without stigma, access services without humiliation, maintain relationships, care for her children and once again feel that she belongs. Most importantly, Dahlia yearns for a future where her daughter does not inherit the fear and shame that she was made to carry.



8. Recommendations

This section presents actionable recommendations derived from the study's findings to address the identified gaps in the justice journey of a survivor. It outlines practical measures for policymakers, judicial authorities, and service providers to strengthen system-wide accountability and survivor-centred practices.

Legal / Judicial Process



- Guarantee safe abortion access for survivors of sexual violence through clear, accessible, and uncomplicated procedures under the UU TPKS operational regulations and relevant abortion access guidelines. Procedures should be victim-centred, minimise administrative and institutional barriers, and ensure that survivors can access timely services without further trauma or discrimination. Healthcare providers, including doctors and other medical personnel, must be equipped with a stronger understanding of survivors' legal rights, specific needs, and lived experiences. This should include training on trauma-informed care, respectful communication, confidentiality, and non-judgmental service delivery.
- Accelerate and monitor the implementation of integrated training curricula mandated under the UU TPKS operational regulations, including Presidential Regulation No. 9/2024. All investigators handling sexual violence cases, alongside prosecutors, judges, and other frontline personnel, should receive mandatory and periodic training on sexual violence, survivor rights, trauma-informed engagement, empathy, communication, and non-discriminatory case handling. Training should be practical, role-specific, and responsive to the challenges encountered throughout the justice process. Completion of the required training should be established as a prerequisite for handling TPKS cases, supported by institutional monitoring and accountability mechanisms to ensure consistent implementation.
- Expand the availability of trained forensic doctors and psychologists/psychiatrists, particularly in geographically remote areas. Strengthen quality standards, training and oversight for Visum et Repertum and psychological assessments so that the availability of an examination also translates into reliable evidence. It is strongly urged that initial psychological examination results issued by the UPTD PPA (Regional Technical Service Unit for the Protection of Women and Children) or other service providers (include civil society based service provider) be immediately recognised as valid documentary evidence or circumstantial evidence (alat bukti surat/petunjuk) without bureaucratic hurdles.

Psychosocial Support



- Integrate mental health and psychosocial support (MHPSS) into the justice response from the earliest point of reporting, rather than limiting support to the conclusion of criminal proceedings. Survivors should have timely access to trauma-informed, rights-based psychosocial care throughout reporting, investigation, trial, and recovery. Service providers must be equipped to recognise the diverse psychological and social impacts of sexual violence and ensure that legal and medical processes do not create further trauma, stigma, or harm.
- Position psychosocial support as a long-term recovery intervention that extends beyond symptom management. Support should help survivors rebuild confidence, relationships, and participation in education, employment, family, and community life, while strengthening their sense of safety, autonomy, and control. Recovery must be understood in relation to the survivor's broader social and economic circumstances, including the risk of isolation, stigma, and loss of livelihood. As highlighted in survivor and practitioner perspectives, sustained support from families, communities, and institutions is essential to ensuring that survivors are not left to navigate recovery alone.
- Recognise that the effects of sexual violence extend beyond individual survivors to families and those involved in providing support. Families should have access to appropriate psychosocial interventions that help them respond without stigma, victim-blaming, or pressure on survivors. Case workers, legal aid providers, and other frontline professionals should also receive regular supervision, opportunities for professional support, and measures to address secondary trauma and burnout. These interventions should strengthen the quality and sustainability of survivor-centred assistance.

Financial Assistance / Compensation



- Medical examinations, psychological care, transportation, court attendance and other case-related expenses should be covered through clearly defined public financing mechanisms, particularly for survivors facing economic hardship or living in remote areas. Participants specifically highlighted the need for uniform rules and dedicated funding to cover medical and examination costs.
- Develop the Dana Bantuan Korban (DBK) as a comprehensive recovery mechanism addressing survivors' physical, psychological, social, and economic needs. Financial assistance should not be restricted to compensating for unpaid restitution or limited to one-time payments following a court decision. Support should be responsive to survivors' individual circumstances and may include medical and psychological care, education, livelihood assistance, and other measures that enable social reintegration and sustained recovery. State-funded assistance must complement, not replace the perpetrator's responsibility to pay.

Prevention / Community-based Interventions



- Prevention efforts should reach communities at the local level, including villages, customary villages, women's groups, schools, religious institutions and community organisations. Information should cover sexual violence, survivor rights, available services, reporting pathways and prevention of victim-blaming.
- Strengthening community capacity is also essential to prevent cases of sexual violence from being treated as private disputes or resolved through informal reconciliation with perpetrators. Instead, community actors should be equipped to support survivors in accessing appropriate formal reporting, justice and protection mechanisms. Community-based paralegal networks can serve as an important bridge between survivors and formal institutions.
- Move beyond awareness-raising by empowering communities to support safe reporting, early intervention, survivor recovery, and social reintegration, in line with the UU TPKS.
- Establish local support mechanisms that promote collective accountability, reduce survivor isolation, and strengthen long-term protection and recovery. As one participant observed, greater willingness to speak out and support survivors can increase both protection and community-led recovery, while preventing others from experiencing similar violence.
- Expand justice beyond punishment to include survivors' physical, psychological, and economic recovery, as well as social reintegration.
- Strengthen prevention by addressing harmful gender norms and behaviours that enable sexual violence, while ensuring accountability mechanisms prevent informal compromises and forced marriages.
- Use case experiences to inform systemic improvements in prevention, response, and survivor recovery.

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CHAPTER 5

NEPAL



1. Country Context

Nepal became a federal democratic republic (ending the monarchy) in 2008 and adopted its current democratic constitution in 2015.¹ The country is characterised by political instability,² leading to fewer domestic economic opportunities and resulting in economic instability that has shaped the country's landscape in terms of social and political context.³ Most of Nepal's workforce, approximately 62.2% of the 7.1 million employed workers, remains employed in the informal sector, and representation of women is disproportionate (66.5% of female workers) compared to 59.7% of male workers.⁴ Due to the presence of limited employment opportunities, there is a higher trend of international labour migration in Nepal, and thus remittances often contribute a major part of the country's revenue.⁵

The recent political upheaval in Nepal, the protest led by the younger generation (Gen Z)⁶ in September 2025, has led to a deteriorating economic situation, accompanied by mass unemployment and corruption.⁷ In this backdrop, the country now faces the challenge of restoring political stability and addressing persistent economic concerns, including limited employment opportunities, weak investment and structural constraints on growth.⁸

In the Gender Inequality Index, Nepal is ranked at 110 out of 162 countries as per 2020.⁹ Reflecting persistent gender disparities from birth, the 2021 census in Nepal recorded 112 male births per 100 female births, suggesting a continued preference for male children.¹⁰ Women's economic participation also remains significantly lower than that of men, with a female labour force participation rate of 27.5% compared with 52.9% for men in 2025. Moreover, 90.3% of employed women are in vulnerable employment,¹¹ compared with 69.1% of employed men.¹²

These persistent gender inequalities are also reflected in the prevalence of gender-based violence (GBV) in Nepal. According to Nepal Police data, more than 2,000 rape cases were reported annually in recent years, with over 2,500 cases recorded particularly in 2023–2024.¹³

Patriarchal norms, victim-blaming attitudes among communities and state actors, caste discrimination, and harmful cultural practices also continue to influence gender norms in Nepali society. Stringent social norms and stigma around marital rape lead to its normalisation, preventing survivors from reporting it.¹⁴ National data specifically on marital rape thus remains extremely scarce. According to a study by the Feminist Dalit Organization (FEDO), 11.54% of the survivors of violence registered by the police were Dalit women and 19.44% were Dalit girls.¹⁵ The unregulated adult entertainment industry, particularly in Kathmandu, also increases risks of sexual exploitation for young women and girls, especially those from socio-economically vulnerable sections.¹⁶ Sexual violence against children remains disproportionately high, with a majority of reported rape survivors (63%) below 18 years as per the last five year police data.¹⁷ Reported across workplaces, educational institutions and public spaces, with women facing heightened risks.¹⁸ 46% of Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual or Aromantic (LGBTQIA+) participants in a national study reported experiencing sexual violence, rising to 65% among transgender women.¹⁹

To address sexual violence and strengthen protection for women, children and gender and sexual minorities, Nepal has developed a relatively progressive legal framework. Key provisions include:

- National Penal Code Act, 2017: Under the Act, survivors of marital rape can report the violence, making Nepal the first country in the South Asian region to criminalise marital rape.²⁰
- Sexual Harassment at Workplace (Prevention) Act, 2015: Prohibits and provides mechanisms to address sexual harassment in workplaces.²¹

- Human Trafficking and Transportation (Control) Act, 2007: Criminalises trafficking and transportation for exploitation, including sexual exploitation.²²
- Domestic Violence (Offence and Punishment) Act, 2009: Provides legal protection and remedies for survivors of domestic violence.²³
- Right to Safe Motherhood and Reproductive Health Act, 2075 (2018): Allows abortion up to 12 weeks of pregnancy without any justification, and in special cases it is allowed up to 28 weeks.²⁴
- Act Relating to Children, 2018: Provides protection against sexual abuse and exploitation of children.²⁵
- Legal recognition of gender and sexual minorities: Nepal has progressively recognised the rights of LGBTQIA+ people, including through the Supreme Court's jurisprudence and legal recognition of gender identity.²⁶ The recent landmark judgement of June 2026 granted equal marriage rights and protection to LGBTQ+ communities and same-sex couples.²⁷

Additionally, several mechanisms have been established by the Nepal government to support survivors and facilitate access to justice.

- One-Stop Crisis Management Centers (OCMC) is one such scheme introduced by the government in 2011 to provide free hospital-based health services to support survivors of gender-based violence. There are currently 92 OCMCs in the country operating across the 77 districts of all 7 provinces of Nepal.²⁸
- The 24-hour toll-free National Women Commission Helpline provides information, referrals and support, including access to legal aid, psychosocial support, and shelter support.²⁹
- Free legal aid under the Legal Aid Act, 1997, is provided to economically disadvantaged and vulnerable sections who are unable to afford legal representation.³⁰

The Nepal government, post-enactment of the constitution in 2015, allocated specific funds for gender equity and improving support services for survivors of gender-based violence. However, the majority of these funds were at the federal level, limiting their use at the provincial level.³¹ Again, in 2022, the Asian Development Bank approved a US\$12 million grant to strengthen institutional responses to gender-based violence. However, despite such investments, the implementation of survivor support mechanisms remains weak. OCMCs in Nepal reportedly have no funding of their own and suffer from a lack of adequate staff, capacity-building training and the unavailability of proper psychosocial counselling.³²

These intersecting forms of gender, caste, economic and systemic factors are important for understanding how survivors of sexual violence experience justice in Nepal.

2. Demographic Profile of Survivors

The Nepal sample set included 25 survivors and 22 family members. The Nepal survivor sample is predominantly young, with 84% below 35 years. Given the purposive nature of sampling for the study, participants comprised mainly women (84%) alongside transgender survivors (16%). Unmarried survivors (48%) outnumber married survivors (36%). In terms of religion, 60% are Hindu, 16% Christian, and 12% each Buddhist and Muslim.

Nearly half (44%) reported a disability. 36% survivors were Dalits and 32% belonged to ethnic communities. Educational and economic vulnerability was evident, with 32% having no formal education, 52% not owning land, and daily wage labour and homemaking each accounting for 20% of livelihoods. Overall, the sample reflects intersecting gender, caste/ethnicity, disability, educational and socio-economic vulnerabilities.

Table 5.1: Sample Distribution by Participant Type

Participant	Sample Size
Survivors	25
Family Members	22
Case Workers	5
Community Workers	8
Criminal Justice System actors	6
Total	66

Nature of Case

Among the survivors in Nepal, 56% reported cases of rape, followed by marital rape (24%). Attempted rape and sexual assault each accounted for 8% of cases, while 4% involved incest.

Relationship with perpetrator

As seen in Figure 5.1, in a large number of cases in the study, the perpetrators were known persons, corroborating global evidence that sexual and gender-based violence is often perpetrated by people known to survivors.³³ The vast majority of perpetrators (92%) were known to survivors, while only 8% were unknown. (A detailed breakdown of perpetrator categories is provided in the Annexure.)

Stage of Case

From the sample, as can be demonstrated in Figure 5.1, 8 cases (32%) resulted in conviction, while 7 cases (28%) were ongoing within the formal legal system at the time of the study. In 10 cases (40%), survivors had compromised or discontinued their pursuit of formal legal action. None of the cases resulted in acquittal.

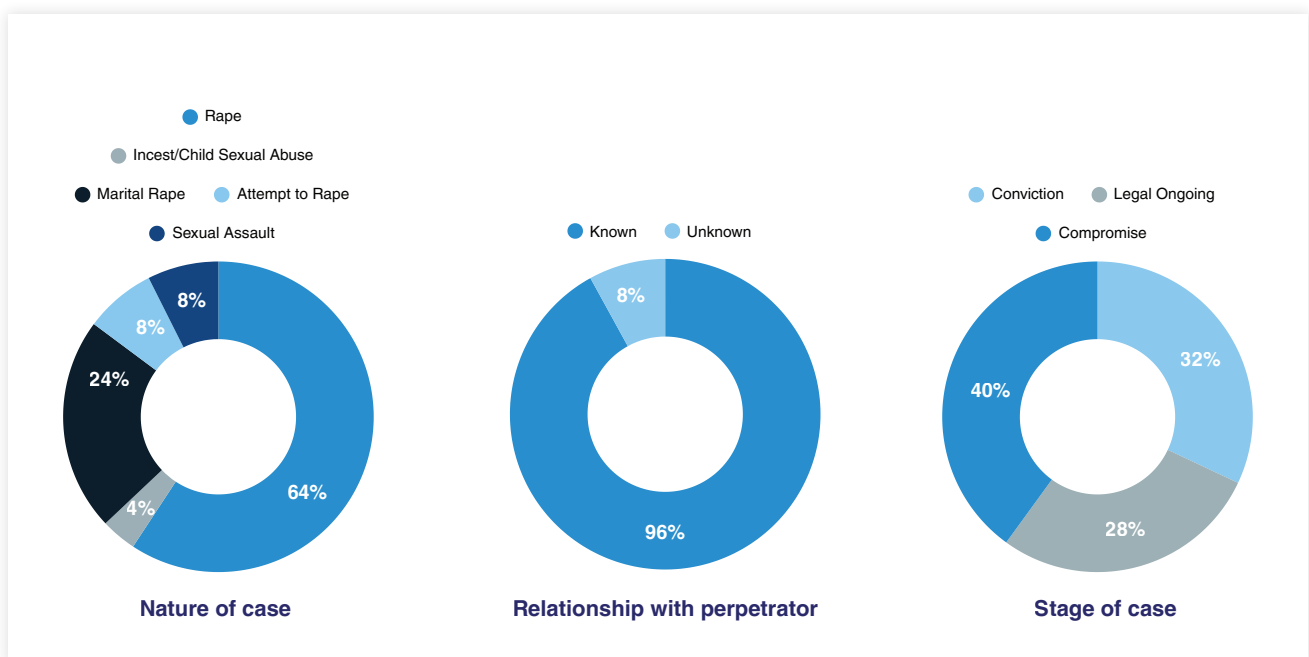


Figure 5.1: Demographic Profile

3. Justice Perspectives

This section sheds light on the varied perceptions of justice and experiences of navigating different systems shared by survivors and their family members. Perceptions of justice are not always linked to the outcome of the cases.

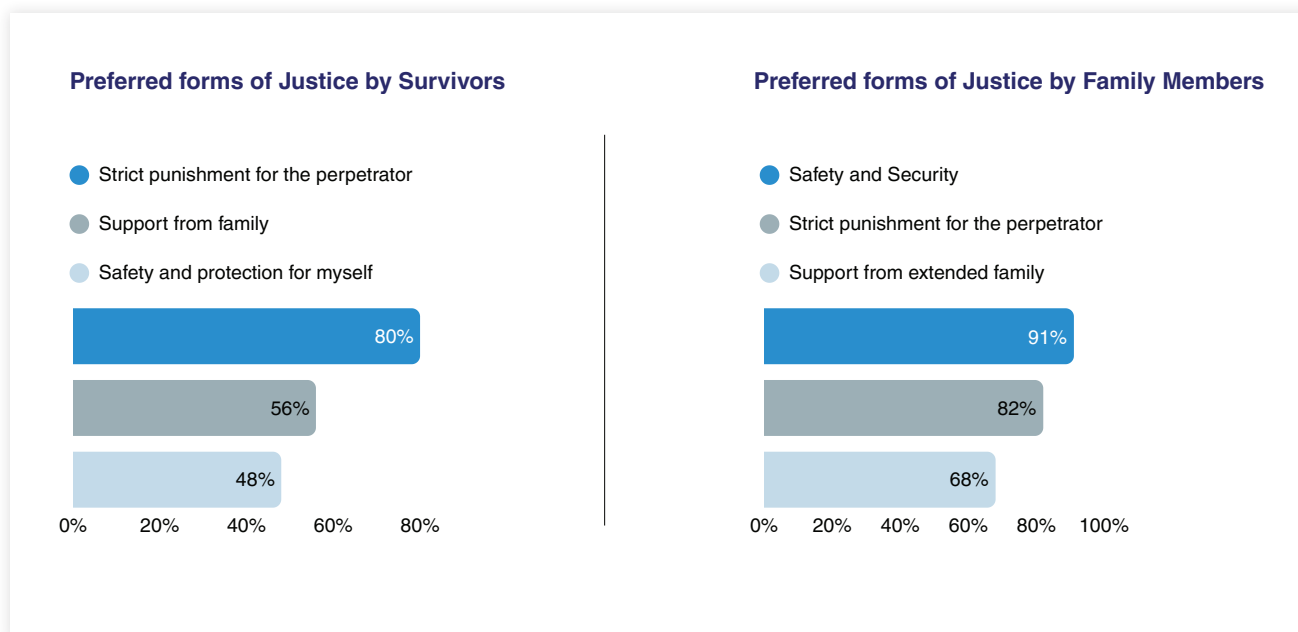


Figure 5.2: Top 3 Preferred Forms of Justice: Survivors & Family Members

Survivors' Perspectives of Justice

Survivors in the research explained strict punishment for perpetrators as the most preferred form of justice (80%) for survivors, as seen in Figure 5.2. However, survivors' idea of justice also extended beyond legal outcomes, as 56% desired support from family as the ideal form of justice, followed by safety and protection (48%) for themselves.

Though convictions were secured in 8 cases (Figure 5.1), survivors reported remaining unaware of the extent of punishment imposed on perpetrators. This left survivors with a persistent fear of the perpetrator and concerns about their safety. At least 29% of survivors reported pressure to withdraw the case through intimidation and threats by perpetrator (Annexure). Saru, an 18-year-old rape survivor, mentions, *"I am not happy. The same fear is still there. I am scared that when I get married, no one will accept me. And I feel like — what if they get out and kill me?"*

While conviction remains important to survivors, few of them cite that conviction and subsequent imprisonment could not compensate for the lifelong harm caused to them.

"My father was punished for his crime. But honestly, his punishment does not change anything for me. Sometimes I still feel I have not received justice. It feels like the pain he caused me will never fully heal."

— Samriddhi, Survivor

One of the significant barriers cited by survivors in pursuing justice was the lack of support and negative reactions from family members - 46% (Figure 5.3). Given the central role families often play in survivors' justice journeys facilitating their engagement with the legal system,³⁴ being supported, believed and accepted by family members emerged not merely as a form of assistance, but as an important dimension of justice in itself for survivors, as highlighted in our research. Sonisha, a survivor of marital rape, talks about the absence of family support and how it made her justice journey more difficult. She says, *"I had a little bit of knowledge about violence, but when the situation came upon me, I became completely helpless. There was nobody to support me. In the beginning, I told only my sister-in-law, but she did not support me."*

Few survivors also discussed acknowledgement or apology from the perpetrator as a form of justice, indicating that recognition of harm caused by the perpetrator was less important in their pursuit of justice. Sexual violence occurs in the context of unequal power relationships and broader social structures. An apology, therefore, could account for harm caused but could not account for meaningful responsibility for the violence according to survivors.

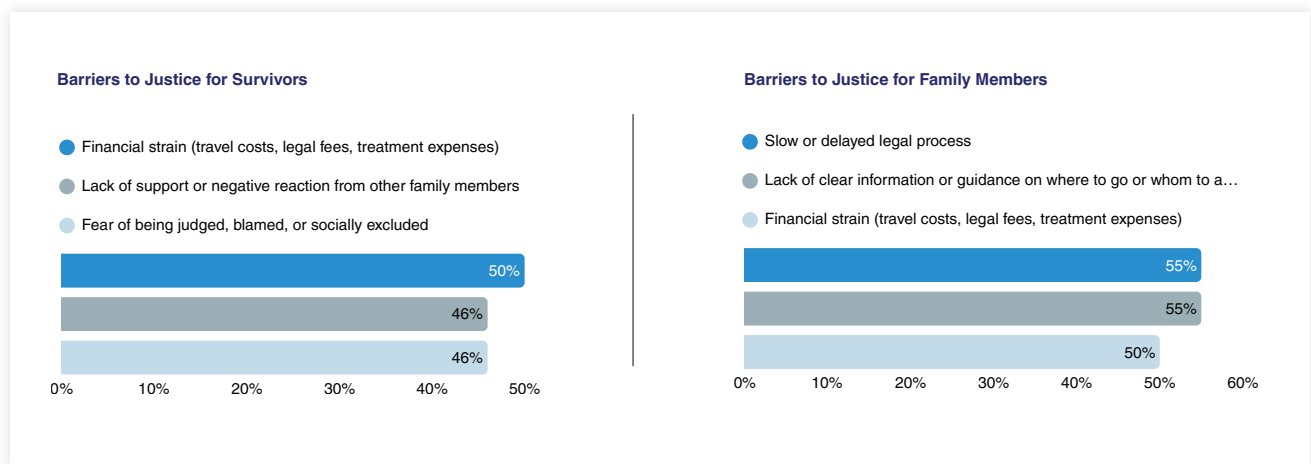


Figure 5.3: Top 3 Barriers to Justice: Survivors & Family Members

Certain legal barriers reflect survivors' expectations of justice beyond legal accountability, particularly in relation to family support and safety. For instance, economic costs of violence in the form of legal and medical expenses increased survivors' vulnerability while seeking justice. Financial strain (50%) emerged as the most widely reported challenge for survivors, followed by fear of judgement, blame or social exclusion (46%).

The study also found that 40% (n=10) survivors compromised on pursuing legal justice – reflecting that even though legal justice may have been the most preferred form of justice of survivors, its pursuance wasn't always likely. Survivors' narratives suggest that compromise is not always a voluntary choice, but a consequence of inadequate support and circumstances that compelled them to forgo formal legal action against the perpetrators.

Survivors of marital rape constituted the other major group who compromised on pursuing legal justice. Of the 6 marital rape survivors from the total 25, 4 were unable to seek legal redressal. Survivors reported that despite the brutality of sexual violence, they continued to stay in the marriage, hoping that things would eventually change.

Family pressure and fear of stigma emerged as frequently reported factors, each cited by 80% of survivors who compromised. Secondary research shows how often cases of sexual violence often end up being resolved internally due to numerous factors such as societal stigma, fear of the perpetrator, etc.³⁵

Additionally, threats and intimidation from perpetrators were reported by half (50%) of survivors who compromised as another important driver of their decision. This concern around safety is also reflected in family members' understanding of justice, with 91% prioritising safety and protection for survivors as an outcome of justice (Figure 5.2).

Survivors' narratives reveal that justice is not merely confined to legal outcomes. It is an ongoing process that involves legal accountability, safety, recognition, family support, healing, dignity and the ability to rebuild one's life. The formal justice system remains central to these aspirations, but its ability to deliver meaningful justice is shaped by the wider ecosystem of family, community, NGOs and other support systems.

Families' Perspectives of Justice

95% of family members of survivors felt that healing from sexual violence formed an important aspect of justice for them, highlighting that emotional well-being should form an integral part of justice for survivors, alongside legal accountability. Safety and protection for survivors was prioritised by 91% of family members as an outcome of justice. This was followed by 82% of family members stating the importance of strict punishment for perpetrators and 68% citing support from extended family as their preferred form of justice (Figure 5.2).

Although strict punishment was one of the most significant forms of justice preferred by families, families report that their experience with the legal system had been challenging: 55% reported slow and delayed processes as one of the primary challenges in supporting survivors, while the same proportion reported a lack of information on where to go or whom to approach for help (Figure 5.3). Here, it can be understood that legal justice system outcomes are often aspirational for family members. Conversations with family members such as Runi's mother reveal similar aspects. She says, *"The process is very slow. The case is still going on, and it has already been a long time. She has to go again and again, missing her work, spending money on transportation. The system asks so many questions, and sometimes the questions themselves feel like punishment. We need the case to finish faster. We need a survivor-friendly system, not just laws on paper."*

Supporting survivors also comes at an economic cost for family members. 50% cited financial strain as a major challenge in supporting survivors in their pursuit of justice (Figure 5.3).

Family members also provided recommendations for the urgent need to improve institutional mechanisms for rape response. 82% of family members advocated for financial aid due to loss of economic resources in the aftermath of rape. 68% family members suggested the need for speedy processes with police and legal action, and 50% suggested improvement in the quality of legal aid and information provision.

However, family support was not found universally for all survivors the study finds. Concerns over family reputation and prestige often deterred some survivors from disclosing the violence to families and relatives. Thus, family functioned both as a critical source of support and as a source of pressure that shaped survivors' justice trajectories.



4. Impacts on Survivors and their Families

This section examines the different ways in which violence affects survivors and their families in its aftermath, including its impacts on their physical health, emotional well-being, employment and financial security, and social lives.

Physical Impacts

Survivors in the study reported experiencing a range of health impacts as an outcome of sexual violence. 59% of survivors experienced chronic aches and pains, followed by sleep disturbances (50%), reproductive health issues (45%) post the violence (Figure 5.4). Nepal's Demographic and Health Survey 2022 highlighted that an overwhelming 77.2% of women who reported violence identified their husbands or intimate partners as perpetrators of violence and that 27.2% women experienced at least one form of violence from their intimate partner, leading to physical, gynaecological, and psychological health impacts.³⁶ Survivors' testimonies reveal physical impacts of the violence as well.

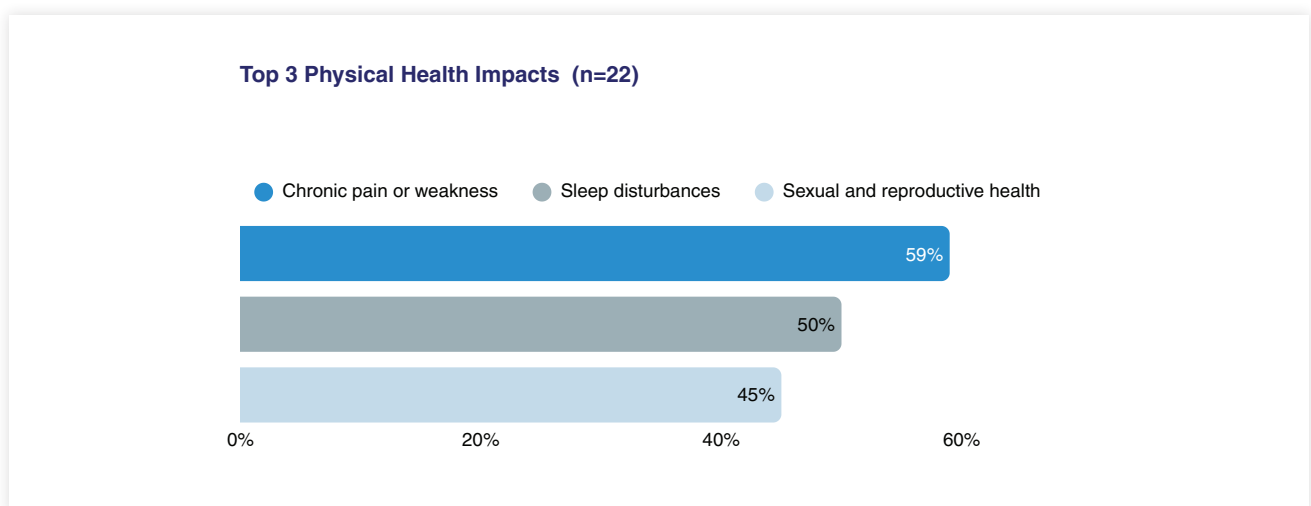


Figure 5.4: Physical Health Impacts on Survivors

“Yes. I have chronic headaches. I had this condition before, but the incidents made it significantly worse, and I have never fully recovered from that. Even years later, I still experience regular headaches. I usually try to manage the pain and move on, but I believe the trauma has made it worse. Even when the mind moves forward, the body can still remember.”

— Suntali, Survivor

Other survivors also reported long-term impacts on their sexual and reproductive health. Runi, a marital rape survivor, reported, “After this incident, I experienced several health problems. I had pain in my lower abdomen, irregular menstruation, pain during sexual intercourse, and a white discharge. My body also became weak. I sought healthcare services to solve these problems. The health post is near my home, so it was not difficult for me to access the service. However, I had trouble buying medicines because I did not have enough money.”

The above narratives underline a critical need for long-term support for survivors, given existing health conditions can become chronic in the aftermath of sexual violence. However, evidence from Nepal points to a lack of comprehensive care for survivors due to limited availability of trained psychosocial providers, weak referral systems, and inadequate follow-up.³⁷ Absence of trauma-informed and long-term psychological care can further hinder survivors' recovery and healing. It is important to note that in our study, both survivors had visited One-stop Crisis Management Centers (OCMCs) for medico-legal examination procedures, but neither recalled being informed about the range of health consequences and ways of dealing with them.

While half the survivors sought health care from government medical institutions, a majority incurred expenses on recurring health care besides medications. They found it cumbersome to access public health services and ended up going to private clinics, which led to out-of-pocket expenditures. Few survivors also highlighted that while health services may be free in government facilities, lack of medicines and aftercare compelled them to access private health services.

Nepal's Demographic and Health Survey indicates a strong correlation between sexual violence and unwanted pregnancies. The 2016 NDHS data noted that 22.7% of survivors experienced unintended pregnancies as a result of sexual violence from their husbands. Survivors experiencing sexual violence from husbands were 2.3 times more likely to have unintended pregnancies than those who did not experience it. Male dominance in sexual decision-making and women's limited control over their fertility were important considerations in unwanted pregnancies; similarly, men's refusal to use condoms and women's fear of negotiating contraceptive use were also found to be factors leading to unwanted pregnancies.³⁸

In our study, 6 survivors experienced an unwanted pregnancy as a result of sexual violence. Of them, 3 carried it to term, while 3 accessed abortion services with support from NGOs. For those who carried it to term, two were survivors of marital rape and had little decision-making authority for terminating an unwanted pregnancy. The situation worsened in their case, with one survivor being deserted by her husband, whereas the second survivor experienced aggravated violence. Threats to her life and to that of her child compelled her to seek refuge with her mother. The narratives highlight how disability can heighten vulnerability to sexual violence and create additional barriers for survivors to recognising bodily changes and disclosing experiences of violence.

Saru, a survivor with psycho-social disability, was sexually assaulted by her uncle and his son. She reports on her discovery of the pregnancy and the impact it had on her life. She says, *"One day my period stopped. It had been two months since it stopped. My stomach also kept getting bigger. I used to go to school. When I went to school, people saw my stomach and said it looked like I was going to have a baby. So, I stopped going to school altogether. It was very, very difficult. Walking, sitting, sleeping everything was very hard. After that, Didi told me I have to get an abortion"* Her narrative highlights not only the trauma of the unwanted pregnancy but the social stigma that it caused.

For Devika, a visually disabled survivor, it was similar. She says, *"I became pregnant as a result of the incident. The baby also passed away 15 days after being born. Whatever happened, it was not my fault; it was that man's fault. People started saying terrible things after that."*

Both narratives indicate the disadvantageous situation of young survivors with disabilities in the aftermath of rape. Saru's mother revealed that she kept wondering as to why her daughter looked so puffed up and kept scolding her till she carried out a pregnancy test on her daughter and learned that she was sexually assaulted. Her interview also underlined several health impacts post-abortion, ranging from pain during urination, preventing breast milk development and inability to walk – all of which put a disproportionate caregiving burden on the mother. The second survivor, Devika, had a visual disability and was sexually assaulted by her brother-in-law, who denied responsibility for the violence and subsequently refused to acknowledge paternity. Unlike other survivors, Devika carried it to term as per her wish, but the baby passed away in fifteen days, leaving a deep impact on her.

Nepal has a progressive Abortion law (Right to Safe Motherhood and Reproductive Health Act) with free abortion services at public health facilities under its Nepal Public Health Act, 2018, allowing termination of pregnancy up to 12 weeks of gestation and, in special cases, up to 28 weeks.³⁹ However, survivors in the study had no information about the abortion services. Three survivors were supported by NGOs to terminate unwanted pregnancies, underscoring the importance of timely facilitation of support and health care and the urgent need for community-level awareness on accessibility of abortion services free of cost at the public health facilities.

Psychological Impacts

A 2020 study of 100 trauma-exposed patients in an OPD clinic in Kathmandu found that lifetime Post-Traumatic Stress Disorder (PTSD), depression and generalised anxiety disorder were reported in 83%, 45% and 40% of participants, respectively. Among the eight participants who reported sexual assault other than rape, 63% identified sexual assault as their worst trauma.⁴⁰ Our study demonstrated that all 25 survivors reported negative mental health impact following sexual violence.

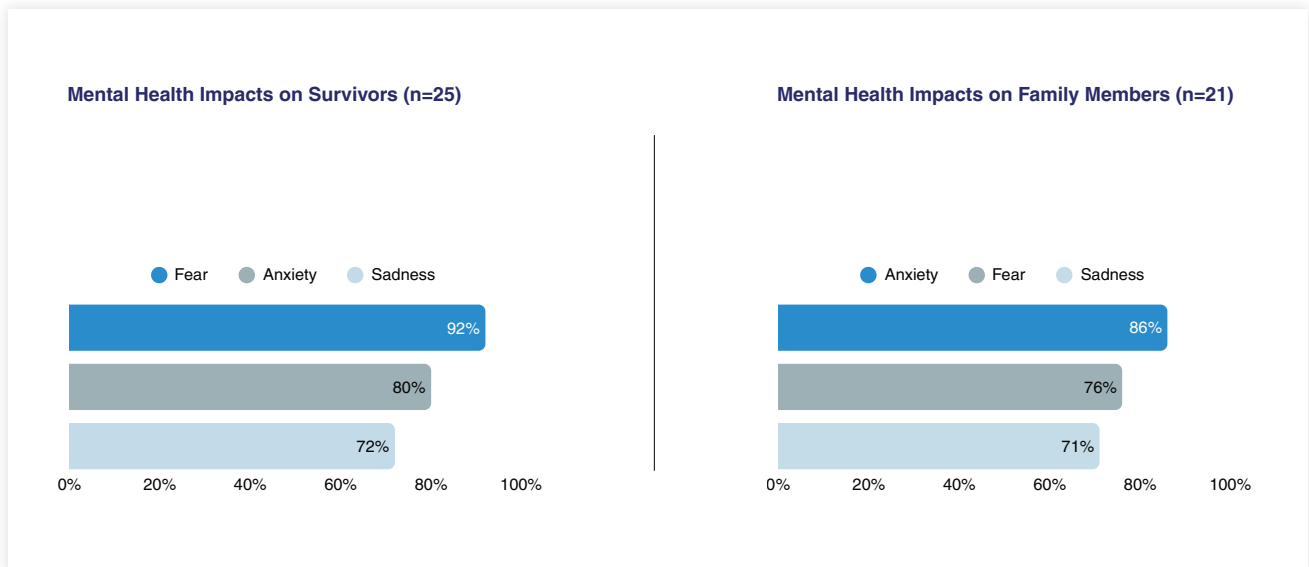


Figure 5.5: Top 3 Mental Health Impacts: Survivors & Family Members

The most commonly reported consequences included fear, anger, shame and persistent sadness of mood. Perpetual fear was reported by 92% followed by anxiety (80%) and sadness (72%) (Figure 5.5) of the survivors, encompassing concerns for their safety while travelling for work or school, threats from perpetrators or their families, fear of repeated sexual violence, fear of revenge and anxiety about facing the world at large. Fear was not limited to concerns about immediate physical safety; survivors also described uncertainty about their everyday lives and what might happen to them in the future. For some, the lack of information about the status of their cases and perpetrators further intensified this uncertainty and fear.

“Before the incident, I used to walk freely and happily. But after the incident, I walk and work with fear. I feel scared even at dawn in narrow alleyways. Sometimes I feel okay. Sometimes I feel scared; I don’t know why. It may be due to anxiety or stress hormones being released even when I am not thinking about the incident. Sometimes I feel like I am healing, and sometimes I feel anxious. After registering the case, I still remain uncertain. I have no information about him — whether he is still in jail or has been released. I am living in doubt on a daily basis.”

— Devika, Survivor

More than half (52%) of the survivors reported experiencing thoughts about suicide in the aftermath of rape. Survivors described experiencing helplessness and shame following the violence. They often thought of what they could have done to avert the assault on them. Loss of control over their lives coupled with feelings of hopelessness contributed to suicidal ideation amongst survivors. Samriddhi, a survivor of incest abuse, says, “It made me feel like I was born for nothing... like it would have been better if I had died before I was born. That’s how I felt. I feel like I am a bad person. Because of me, I could not stay with my siblings. I think my mother also suffered because of me. Sometimes I wonder what I would do if I became a parent.”

Lack of support from immediate families and limited access to material resources prevented survivors of marital rape from filing a complaint. This lack of legal intervention led to community perceptions being formed of their suffering, often being termed as fictional or “false cases”, compounding their psychological trauma. Runi, a marital rape survivor, mentions: *“At that time, I was totally blank. I had a fear that if I reported to the police, other people would find out and blame me as a culprit. I have a small son, so I did not want him to face obstacles in the future. That is why I did not dare to report the incident.”*

Similar experiences were also described by transgender survivors, indicating that they experience an added layer of discrimination and transphobic attitudes due to their gender identity. For transgender survivors, fear of disbelief, discrimination, or mistreatment compounded these barriers to disclosure and seeking support, as reflected in the experience of Namaste, a trans woman and a survivor of gangrape,

“I fear that the same incident would repeat, that the gang would come again and beat me. While walking on the road, there might be an encounter. If he sends his friend as a client to take revenge, those kinds of thoughts come to my mind”

— Namaste, Survivor

Besides the trauma of sexual violence itself, unsupportive responses from family members, neighbours, and government service providers compounded survivors' psychological distress. They reported a lack of belief and victim-blaming by the community as compounding factors to their existing trauma, highlighting the absence of a survivor-friendly support ecosystem.

Studies on community attitudes towards rape survivors have found that women are sometimes blamed for provoking sexual violence through their attire or behaviour, while the absence of visible physical injuries is interpreted as evidence that the encounter was consensual rather than rape.⁴¹ Such attitudes place the burden of preventing and proving sexual violence on women and their families, rather than on perpetrators.

Lastly, the emotional consequences of sexual violence also extended to survivors' families. Nearly all family members (95%) reported mental and emotional impacts following the incident. Anxiety was the most commonly reported impact (86%), followed by fear (76%) and sadness (71%), highlighting the wider emotional burden on families as they supported survivors and navigated the aftermath of sexual violence (Figure 5.5).

“I kept everything inside myself. I felt a lot of pain and sorrow. I could not sleep. I cried many nights. I had constant stress and headaches. The pain is still there. I still feel very angry when I remember him.”

— Devika's Mother

Economic Impacts

Sexual violence has grave consequences on education, livelihoods, economic security and living arrangements of rape survivors, including their families.⁴² Survivors during the study widely reported economic impacts in the aftermath of rape. Overall, 72% reported financial losses as a consequence of the violence; among those affected (Figure 5.6), 56% experienced loss of daily wages, 28% reported loss of monthly income, and 6% permanently lost their job. Case-related expenses also created financial pressure, with 6 survivors (24%) taking loans, primarily from family (50%) and moneylenders (33%) (see Annexure). Land ownership was low, with only 12 of the 25 survivors owning land, further reflecting their economic vulnerability.

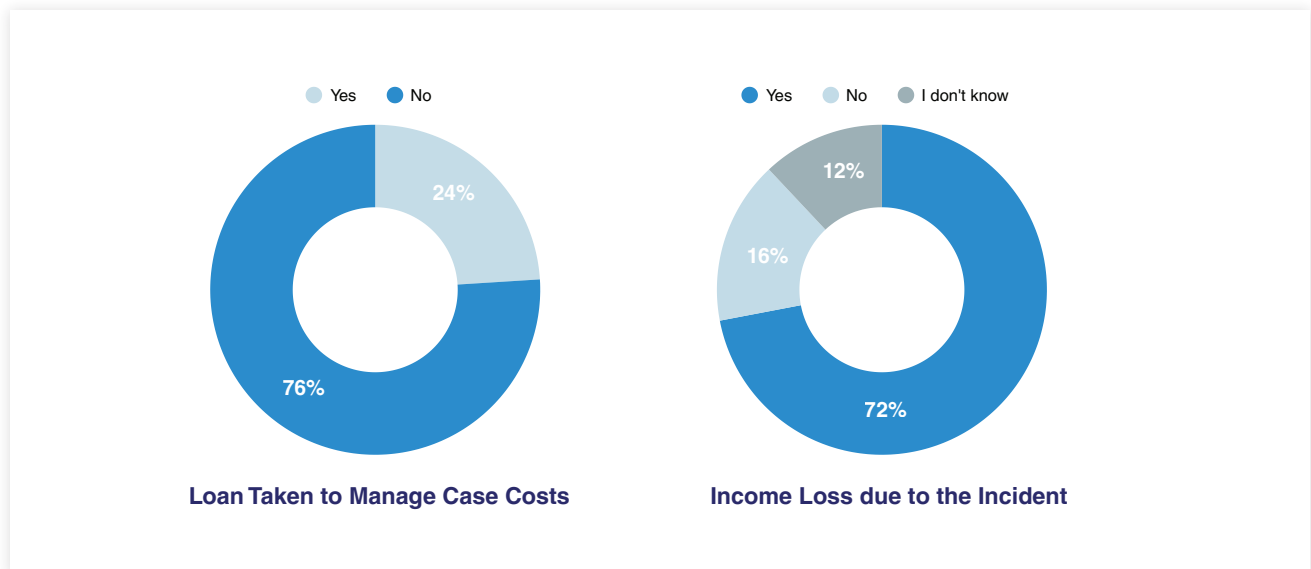


Figure 5.6: Economic Impacts of Violence

Survivors also incurred various legal and medical expenses following the incident. Among legal expenses, court fees and travel and accommodation for hearings were each reported by 47% of survivors, while 40% incurred lawyer fees. Medical expenses were more commonly reported, with 63% incurring costs for the first medical examination, followed by 54% for follow-up medical care and 42% for mental health counselling (see Annexure). These expenses added to the financial burden of pursuing justice and accessing necessary care.

The fear and anxiety associated with spending high amounts of money often restrained survivors from seeking support legally as, a criminal justice system actor explained,

“Due to financial reasons, they often hold the misconception and fear that they must hire a lawyer and that it will be very expensive. They worry, “I don’t have money; how can I fight a case?” There is also a fear that lawyers will demand a lot of money.”

— Representative, Office of the Attorney General

The economic consequences were also felt by survivors’ families. Most of the family members in the study earn their living through daily wages and farming. Attending to the rape survivor, visiting hospitals, police stations and courts meant losing daily wages. Additionally, most did not have (68%) awareness of existing schemes relevant for the rape survivors, leading to further financial strain as reported by half of the family members. Police or legal expenses constituted a large part of the family’s expenditures.

Social Impacts

Survivors' mobility and living arrangements were also impacted, with 12 survivors (40%) migrating from their village following the incident, while a further 8% were forced to return to their village. These disruptions affected not only their livelihoods but also their social networks and economic stability.

A community worker during the interview noted how stigma and social exclusion following an incident can contribute to survivors relocating from their place of residence:

“After the incident, it’s uncomfortable for them (survivors and their families) to attend local community gatherings or mothers’ groups because people there don’t trust them and look at them differently. It becomes very hard for survivors to blend in socially. Because of this, many have even been displaced, moving elsewhere.”

— Community Worker

Survivors in the study reported their education being impacted as a result of the violence. Of the 15 survivors studying, only 27% (n=4) reported continuing education without any difficulty. This was not the case for the rest. Secondary research points to how culture of victim-blaming and shaming and widespread social stigma result in restrictions in accessing formal education for survivors.⁴³ Survivors in the study whose education was disrupted in the aftermath of violence narrate breaches of confidentiality by teachers leading to gossip among co-students, discouraging them from continuing studying in the same school. Namaste mentions, *“Yeah, before the incident, I was studying in college. I used to think my current job is risky. I should study more and work in NGOs and INGOs; that was my dream. But suddenly after the incident, I became mentally disturbed and could not continue my education.”*

Survivors also mentioned wanting to enroll in new schools in different locations where others did not know about their past. 60% (n=9) survivors permanently dropped out of the school system because the parents did not have the financial capacity for relocation to new schools. In addition to this, a sense of hopelessness among survivors was visible with limited optimism towards their futures.



5. Support Systems

This section examines two key dimensions of survivors' journeys towards justice: what motivates survivors to pursue justice and sustain their efforts over time, and how they navigate and cope with the formal and informal systems they encounter along the way.

Motivations for Seeking Justice

NGOs played a critical role in encouraging survivors to pursue justice through the legal system. Of the survivors seeking legal justice, 52% identified NGO support as a motivation for continuing their legal journey, followed by support from family and friends (43%), while 33% reported that belief in themselves motivated them to continue (Figure 5.7). A further 24% stated that they had belief in the legal system. Survivors also reported strong NGO support in coordination with justice systems that resulted in convictions. Several of them reported that without NGO support they would not have filed a police complaint given the negative and stereotypical attitudes of those surrounding them.

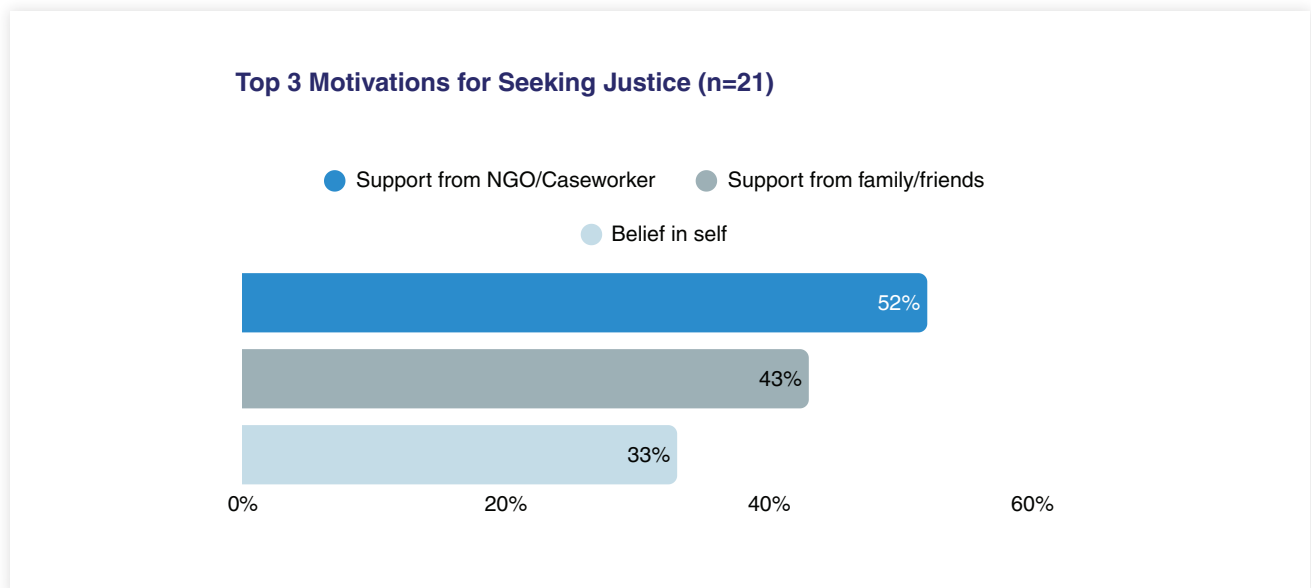


Figure 5.7: Motivations for Seeking Justice for Survivors

NGOs' role ensured that survivors' engagement with the justice process was sustained, particularly in cases where they lacked adequate information with regard to legal aid, financial resources or other forms of support, which was the case for the majority of survivors.

“If this organisation had not been there, how could I have been able to get him sent to jail. I would not have been able to. I did not know anything about this process. In my opinion, it was because of their [organisation] support that it became possible to successfully get the perpetrator sent to jail. Imprisonment can change a person's thinking because after experiencing suffering themselves, they may begin to understand the pain of others.”

— Devika, Survivor

Emerging as the primary support system, NGOs provided a wide range of services to survivors such as legal aid, psychosocial counselling and rehabilitation, as a result of government provisions having limited accessibility.⁴⁴ Our conversations reveal, NGOs fill in these gaps for survivors. Rani reports, *“My financial background was not good, and my income was low. At that time, I was worried that I would have to bear all the expenses myself, since we were traveling by taxi. But the NGO supported me financially.”*

Additionally, NGOs also provide emotional support to survivors which was critical in their path towards healing. This was particularly highlighted by survivors who had limited support from their family or community.

“Many women in society are affected by violence. Because of fear and lack of support, they often do not know where to go or how to seek help, and even when they do, they may be forced to leave their homes. Many cases remain unreported. In such situations, support from cooperatives, local authorities, and non-governmental organizations is very important, including support from people like you (referring to the NGO representative).”

— Runi, Survivor

Family members also report the important role played by NGOs in navigating cumbersome procedures across institutions and system actors. However, despite NGOs, the system interface continues to be challenging. But families stood by survivors and actively advocated for their rights and dignity. Runi's mother mentions, *“I just want to say, supporting a survivor is not easy, it takes time, money, courage, even our own safety is at risk, as I told you, his family threatened me too. But still, I will support her till she gets justice, because I believe if we do not stand for each other as women, nobody else will. I hope, in the future, no woman has to fight this hard just to get her basic dignity.”* Runi's mother showed exceptional courage, standing by her daughter despite significant challenges. She was also able to contact an NGO that supported the survivor in filing the complaint. For Runi, her mother became her primary source of support thereafter. These anecdotes highlight how NGOs emerged as the strongest support system for survivors, helping them navigate the legal justice system, increasing their awareness on legal aid, providing economic as well as psychosocial support, thus functioning as a bridge between survivors and their justice journeys.

Survey findings from the study revealed that 43% of survivors (Figure 5.7) indicated strong parental support as being crucial in their journey of justice, from navigating the legal process for justice to tackling community pressures.

“When my family found out, they were upset and frightened, as any family would be. But they supported me as much as they could. They encouraged me to go through the legal process, even though none of us fully understood what that would involve. My mother was the one who truly handled it. She attended court hearings, she followed up with lawyers, and she did not give up even when the process stretched on for years. I was still young, and I did not understand many things, but I felt something important when I saw my mother fighting for me. I felt that I was not alone. That feeling mattered more than I can say. People should fight for their rights so that similar incidents do not happen to other girls in the future. Justice should be delivered quickly. My mother had to keep going to court for many years. But I am glad that my mother chose to fight.”

— Suntali, Survivor

Coping Mechanisms

Beyond formal and informal support systems, survivors described a range of individual coping strategies. Counselling from professionals was the most commonly reported coping mechanism; 64% survivors cited it (Figure 5.8). 40% survivors also mentioned engaging in spiritual activities and reading religious texts helped them calm their minds, while others reported that spending time with their loved ones helped them take their mind off the incident.

“I read Namaaz and pray to God. A counsellor from a local NGO also provided me with counselling. That helped me feel somewhat better.”

— Sani, Survivor

Another survivor, Suntali, adds, *“I feel happy when I chat with my friends and spend time with older people in the neighbourhood. I do not eat fish, but I eat chicken. Sometimes my mother cooks, and sometimes I cook for myself. The simple things make a day good. Like: good food, conversation with friends. I feel happy when my daughter smiles. I try not to let my mind stay in dark places too long.”*

Top 3 Coping Mechanisms Adopted

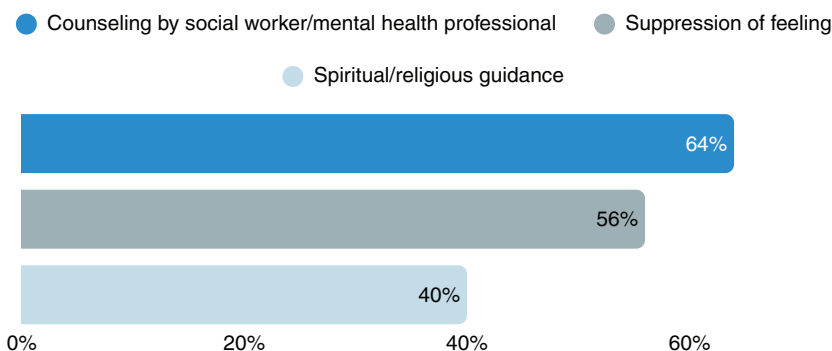


Figure 5.8: Coping Mechanisms Adopted by Survivors

However, it is important to note that 56% survivors disclosed suppressing their feelings and emotions to deal with the impacts of violence. Survivors may do this to protect themselves from getting hurt, may not feel comfortable expressing their emotions or may fear that doing so may burden those around them.

6. Experience with the System

This section examines the experiences of survivors and their families in navigating the criminal justice system, including the police, medical services, judiciary, and other localised formal support systems. It also draws on first-hand accounts from criminal justice system actors to identify the structural and infrastructural challenges that hinder their ability to provide adequate, timely, and survivor-centred support to survivors and their families.

88% considered the formal justice system as important in achieving justice with the majority vocalising punishment of perpetrators was important to them. However, survivors in the study narrated that after filing a legal complaint, they were not informed about the legal status and process of the case. Our research found that it was left to survivors to carry out multiple follow-ups at the local police stations and the prosecution team. In line with this, Runi mentioned, *"I do not have much information about my case. It has been four years since it was registered. I am not receiving full information about the case; the police is not properly listening to us, having to travel repeatedly, which is expensive; and a lack of transportation facilities. I also feel scared. I want legal action to be taken against him. I want him to be jailed. I feel that the government's justice system has no real strength. I also spent around 40–50 thousand rupees (~ USD 260 to 325), but nothing happened. So, what can I say?"* Information barriers persisted even post a conviction for survivors such as Rani. She says, *"I am still uncertain about how many years he has been sentenced to. If I knew that, I would feel that justice has been served. For me, sending him to jail is justice."* In spite of these hurdles, family members kept survivors morale high and prevented them from withdrawing from the formal legal redressal system altogether.

Importantly, even where cases resulted in convictions, survivors were not always aware of the outcome or the nature and extent of the punishment, leaving them with a sense that justice remained incomplete.

Additionally, a high majority of survivors (88%) reported being unaware of government schemes, while 33% said they lacked clear information or guidance on where to go or whom to approach for support while seeking justice. An official in a rural municipality notes, *"Most survivors don't know their rights, don't know what to expect from the police or the courts, don't know what services they're entitled to. And often, nobody is explaining it to them in a language or manner that feels safe."*

Describing their experience of navigating the institutional response, amongst hospitals, police and court systems, family members experienced the highest difficulty (62%) in following and understanding the court procedures and systems. This was followed by struggles in accessing police systems, as cited by 55%, while 50% family members found it relatively easy to access health care and hospitals for the survivors (see Annexure). Similar experiences were also noted with regard to the child welfare committees.

While most survivors in the research sought health care in government health systems, they followed up for health care at private health facilities and incurred expenses to deal with the health impacts. 63% survivors had to pay upfront for medical first aid, and 54% survivors had to pay for follow-up medical care.

It is pertinent to note that the Government of Nepal launched hospital-based One Stop Crisis Management Centres (OCMCs) in 2012 with the view of offering comprehensive support primarily for women and girls who are survivors of gender-based violence. OCMCs have expanded to 97 hospitals across all 77 districts in Nepal, predominantly within government healthcare facilities.⁴⁵ However, several survivors in the study reported that they did not receive concrete support from OCMCs. These centres faced a shortage of skilled personnel to provide psychosocial counselling. Survivors in our research reported receiving counselling primarily from NGOs, highlighting the important role NGOs played in filling gaps in psychosocial support. A key informant from an OCMC also pointed to gaps in staff capacity: since her appointment, she had received no training, and the centre lacked specialists to diagnose and manage mental health conditions, requiring survivors to be referred to larger hospitals with OCMCs. Survivors further described the fragmented referral process, which required them to visit different facilities for different forms of care, prompting some to seek treatment from private clinics. This was a significant example of out-of-pocket expenses for survivors in seeking health care.

Law enforcement officials during the study also acknowledged institutional gaps within the system, recognising that these challenges limit their ability to provide survivors with adequate and timely support. Key informants from the central and state investigative departments explained that while they provide psycho-social counselling to survivors, they agreed that it was insufficient. Officials from the Police Women Cell explained the inadequacy of the department in comprehensive care due to transfers of staff, leading to a constant need for training and re-training. Participants mentioned that staff of Women and Children Service Centers (WCSCs) are intermittently deployed for other duties, leading to a gap in service provision for gender-based violence survivors. An inspector in the Nepal police mentioned, *“Women’s Cell staff should not be pulled into other duties, and transfers should not disrupt the continuity of this work. If skills and relationships are built and then the person is transferred, everything is lost. Staff at the constable and sub-inspector level who are more likely to remain in one location should be specially trained and kept dedicated to this function.”*

One of the reasons for repurposing of staff is related to low funding to the WCSCs. Though they make efforts to provide psycho-social counselling, staff acknowledge limitations in their capacity to address survivors’ varied emotional and psychological needs and provide appropriate support. WCSC key informants mentioned closely collaborating with NGOs for additional support services such as specialised counselling as well as other support services.

Further accounts from NGO staff indicate that actors of the criminal justice system listen less and talk more, hindering survivors’ articulation. Constant barrage of questions about the episode, along with the procedure of recording statements and appearing before courts, leaves survivors exhausted. NGO representatives suggested an urgent need for institutional actors to bring about an attitudinal change in their interactions with rape survivors. A key informant notes, *“First, create safe spaces where survivors can genuinely speak and share. Second, cultivate an environment of deep listening in our current world; speaking has overtaken listening. System people arrive with answers before the question is complete. Healing requires patience and presence. Third, once a problem is heard, provide clear guidance on which institution or mechanism is best suited to address it. When a survivor feels truly heard, her mental state begins to improve, and from there, the healing process can move forward.”*

The aforementioned findings present limited institutional capacities in supporting survivors in rebuilding their lives. Consistent counselling and hand-holding, coupled with clear information on litigation, timelines, safety planning, trauma management and healing, are critical to sustaining survivors’ engagement with the justice process and preventing disengagement or hostility. Although concerted efforts have been taken by the government over the years to recognise mental health as a key component of recovery for survivors,⁴⁶ including additional funding from international bodies,⁴⁷ implementation remains uneven to date, as shared by key informants.⁴⁸ Additionally, Nepal is faced with a critical shortage of mental health workforce such as psychiatrists, psychiatric nurses, psychologists and social workers, creating a gap in service provision. These have impacted access to psycho-social care for rape as well as other GBV survivors.

Access to Compensation for Sexual Violence Survivors in Nepal

In Nepal, compensation for sexual violence survivors remains inconsistent, as there is no standalone scheme dedicated to rape or sexual violence survivors. Compensation is available under the Crime Victim Protection Act and the Victim Relief Fund, but awards depend heavily on court discretion, and disbursement has been inconsistent. Courts can also order perpetrators to pay directly, with the state stepping in only when recovery isn’t possible, often delaying access.⁴⁹ In our study, despite 15 of 25 survivors filing legal cases, only 6 received police support to apply for compensation. NGOs supported 76% of applications. Only 3 survivors received compensation, and that too only after conviction. Two received NPR 50,000 (~ USD 327) each, one from the perpetrator and one from the Relief Fund based on court order and the third survivor received NPR 10,000 (~ USD 65) as compensation through community mediation.

The maximum compensation currently available to survivors in Nepal is NPR 2,50,000 (~ USD 1,637) interviews with state actors revealed. Key informants in the study considered this amount inadequate to support survivors in rebuilding their lives and advocated for an increase in the compensation ceiling.

7. Emerging Themes

This section presents findings that are visible across different stakeholder perspectives and point to features of the Nepali context that are particularly relevant to understanding responses to sexual and gender-based violence.

Marital Rape: Law and the Implementation

Nepal is among the first countries in Asia to recognise non-consensual sex within marriage as marital rape, through a judgment by the Supreme Court in 2002, which was subsequently codified and retained in the 2017 Penal Code, affirming women's right to consent within marriage. Marital rape is punishable by up to five years' imprisonment, although the law does not prescribe a minimum sentence.⁵⁰

Despite these legal advances, only 2 of the 6 marital rape survivors in the study could file a formal complaint. Cultural norms prioritising husband's unquestioned sexual rights over his wife which further create barriers for survivors to seek legal action.⁵¹ Convictions in marital rape cases also remain low in the country. Between years 2020-21 and 2024-25, High Government Attorney's Offices recorded 84 cases, of which only 10 resulted in convictions and 43 in acquittals.⁵² These figures point to a significant gap between the prosecution of marital rape cases and successful convictions.

Our study reveals that survivors were often married through their family networks, where limited background information about the husband and his family was available prior to marriage. When the sexual violence became unbearable, they disclosed it to their parents, but were usually hushed in an attempt to keep family prestige intact. Sani's incident sheds more light on this, *"I continued to stay in the marriage and tolerate it. Despite being pregnant, violence continued. After the birth of my daughter, my husband left me and went to India. A few months later, he remarried. My family did not support me because of concerns about family prestige. They also did not consider this incident to be a crime. Moreover, I was married into a relative's family, so my relatives did not support me either. They advised me to compromise and said that things would get better with time. They asked me to focus on raising my children rather than filing a police case against him"*

In another case, despite having a supportive mother, the survivor could not file a formal complaint because her mother was the sole earning member caring for her disabled children in addition to the survivor and her daughter and she also lacked institutional support.

Marital rape survivors in our study were under 30 years of age and had also married early. Many reported limited knowledge of sexual intercourse, sexual pleasure, and romantic relationships, with the few who had some information on these, it was primarily through close female friends. Participants in this study suggest that the stigma surrounding discussions of sexuality and safe sexual practices often discouraged girls and women from seeking accurate information.⁵³ Instances such as of Sonisha reveal that her first encounter with marital sex felt coercive. She says, *"On the very first day of my marriage, my husband came home drunk and behaved inappropriately. Before marriage, he and his family had said he did not drink alcohol... but later I realized those things were not true. It was my first night in a new home with a man I barely knew. When he suddenly started touching me, I felt extremely uncomfortable and very afraid. I didn't know what to do. I didn't allow anything that night, I was not ready. Even though nothing happened that night, he kept coming close, touching me, resting his head on me. I couldn't sleep the whole night. The next day, my sister-in-law asked me what had happened between us. When I said nothing had happened, she said if a wife refuses, a husband might become distant or go elsewhere."*

Another survivor described feeling dehumanised in her marriage.

“Every night, I used to be scared, wondering what he would do. He used to drink a lot and come home. Then he would force himself on me brutally without my consent. He never asked whether I was sick, tired, or unhappy. He would simply come and fulfill his desires. He treated me as if I were an animal.”

— Runi, Survivor

It is a known fact that even if survivors do not seek formal redressal to address marital rape, when their health deteriorates, they are compelled to seek healthcare. An old study conducted in 2014 on gynaecological consequences of living with marital rape found that women experiencing marital rape had a statistically higher chance of experiencing gynaecological morbidities ranging from white discharge, lower abdominal pain, prolapsed uterus, amenorrhea and dysfunctional uterine bleeding, amongst others, than those who do not experience sexual violence.⁵⁴

6 survivors reported pregnancies resulting from sexual violence, including 2 who became pregnant following forced sex by their husbands. Survivors reported that despite being pregnant, they did not get any respite from forced sex. Their narrations revealed concerns about the health of their unborn children and that prompted them to seek healthcare. Despite having a difficult relationship with their husbands, both survivors were advised by their marital family that birth of the child would improve their relationship.

“I had no visible physical injuries on my body, but I was worried about the baby inside me, so I went for an examination. Both my children have disabilities. After the birth of my daughter, my husband left me and went to India. A few months later, he remarried.”

— Sani, Survivor

Some of the survivors experienced lower abdominal pain, white discharge and pain during sexual intercourse, but they could not reveal the reasons for it to the health providers. Even if they tried to seek healthcare, some survivors disclosed not having the financial capacity to buy medicines for their own treatment.

5 of the 6 marital rape survivors returned to their parental homes with the children and were finding it difficult to make ends meet. While some found work as daily wage labourers, the income was irregular and insufficient, leaving financial security and their children's education beyond reach. They articulated their sense of justice in different ways. Runi narrates, *“I feel like I need someone who can speak on my behalf to make the process of seeking justice easier. I also feel that if I had money, things would be easier. It has been four years since it was registered. There are several problems, such as not receiving full information about the case, police not properly listening to us, having to travel repeatedly, which is expensive, and a lack of transportation facilities. I also feel scared.”*

Four survivors who did not seek legal redress defined justice in different ways. They emphasised the importance of validation from their extended families and communities. Through their engagement with NGOs, some survivors accessed temporary shelter, support to establish small livelihoods, and assistance with police and legal processes. However, they had little opportunity to process the physical and psychological trauma of marital rape and lacked access to psychological counselling. Sonisha, a marital rape survivor whose didn't receive any financial support from her husband, shared, *“I heard that he (perpetrator) had a second marriage. So, in this case, I have no hope that he will take care of my daughter and me. So, for me, justice is that, if I got any property or any compensation from his side, it would make it easier to raise my daughter. And another thing is that she has not had a birth certificate till now. Some people said that filing a complaint would have a negative impact on my social reputation and that it would make it difficult for my daughter to get married in the future.”*

These narrations reveal the hardships and desperation of the survivor to escape poverty, that she was willing to live with her husband and suffer the physical and psychological impact of violence. It tells us that the mere existence of a marital rape law does not automatically ensure women's access to justice. There is an urgent need to recognise the profound social, economic, and health consequences of marital rape. Transforming the gendered and cultural norms that normalise marital rape within families and communities is critical, alongside building supportive ecosystems that enable women to disclose abuse, access timely support, and recover from trauma.



Intersecting Vulnerabilities: Adult Entertainment Industry and Transgender Communities

Adult Entertainment Sector (AES) in Nepal comprises a range of establishments, including dance bars, massage parlours, and hostess bars. The sector provides a source of living for people from marginalised sections with limited job opportunities. However, research shows the high risk of exploitation associated with the sector. A recent study in 2024 on the adult entertainment businesses in Kathmandu highlighted how poverty drives children and young people into sexual exploitation and hazardous work within the sector.⁵⁵

For the transgender community, these vulnerabilities are more pronounced as they are often excluded from education, housing and family support, narrowing their scope for job opportunities. A 2024 study of 152 transgender women in the Kathmandu Valley found that 68.4% were engaged in commercial sex work. The study identified education, household wealth, homelessness and experiences of sexual and verbal abuse, including rape and physical attacks, as factors associated with engagement in commercial sex work. It also documented pervasive stigma associated with sex work among transgender women.⁵⁶

The findings from this study demonstrate how these structural vulnerabilities intersect with experiences of sexual violence and access to justice. Gender identity was an important factor discouraging survivors from pursuing legal justice. Four survivors identified as transgender women shared that past negative experiences and concerns about possible mistreatment by police and health systems prevented them from seeking support in their cases. They had little expectation from the system and feared breaches of confidentiality that could expose them to further threats from perpetrators. With limited or no family support, they also feared that disclosure would invite further blame and rejection related to their identity.

“My family does not know about my job (sex work), and they do not accept me as a transgender person. So, I live separately. I did not report rape. I feel scared that the perpetrator might come again for revenge. After the incident, I did not go to work for many days. I stayed at home, avoiding others. Even when there is violence and we call the police, they do not come. We have local police numbers, but they do not respond. Police misbehave with us. They blame us, asking why we do such work and why we go out at night. Sometimes they ask for sex. Even when criminals are caught, they are released after taking a 500 rupee (~ USD 3) bribe. For me, justice is being treated with respect. There should be justice in education and jobs. I am educated. I applied for a bank job and went for an interview, but they rejected me because of my sexuality.”

— Namaste, Survivor

The evidence points to multiple levels of discrimination experienced by survivors who were gender diverse. Even though Nepal has made significant early gains in recognising the rights of lesbian, gay, bisexual and transgender (LGBT) communities, particularly following the landmark developments of 2007 that enabled recognition of third-gender identities in citizenship and passports and their inclusion in the national census,⁵⁷ the ground reality is yet to catch up with these recognitions. Gender minorities in Nepal continue to face various struggles when it comes to claiming their legal rights.⁵⁸ Findings of our study corroborate a 2023 national survey by UN Women carried out to document violence against LGBTQIA+ communities in Nepal. The report found 46% of participants from the community experienced at least one form of sexual violence against them, while 65% of trans women experienced sexual violence at least once in their lifetime. 51% of them contacted NGOs working for the LGBTQIA+ communities to seek support because of past negative experiences of accessing any form of support independently. The report confirmed that health services as well as police agencies discriminated against them and were unhelpful in supporting them.⁵⁹

Since 2025, the Government has stopped accepting applications for official gender recognition due to a lack of clear written policy, leading to several setbacks for the community. Lack of social protection, including health insurance and lack of educational and employment opportunities have continued to be a challenge for the community.⁶⁰

These intersecting vulnerabilities become more pronounced in the adult entertainment sector, where the absence of safety measures, poor working conditions and societal stigma can increase the risk of violence. For transgender people, dependent on this industry for their survival, working till late hours in isolated or unsafe locations, and having limited access to institutional safeguards can create further vulnerability, as illustrated in Namaste's experience, restricting their ability to seek redress and support.

CASE STUDY: From violence to further victimisation - A transgender survivor's journey to justice

Namaste is a transgender woman from Kirtipur, Kathmandu. She first became aware of transgender identities through an NGO working in Nepal on the rights of sexual minorities) and began identifying as a transgender woman. When she came out to her family, she experienced rejection and mistreatment, forcing her to leave her natal family and live independently.

She is currently engaged in sex work to earn a living along with the adult entertainment industry. She remains connected to her family by telling them that she works night shifts as a hotel waiter. Over the past seven years, the transgender community has become her primary source of belonging, acceptance and support. Due to her exposure to NGOs, she aspires to work with an international NGO, calling it her dream.

Namaste was gang-raped by a group of men while she was waiting for her client near the Bagmati river. The incident happened in September 2020, during the COVID-19 pandemic. The perpetrators took her to a bushy area, raped her and threw her into the river. She was later rescued by one of her friends. As the incident occurred at night and the perpetrators were unknown to her, she was unable to identify them. Her past experiences with enforcement and medical practitioners prevented her from seeking the support she required. Instead, she treated her own injuries and later visited a private clinic. She recalls a time when she went for HIV testing to a hospital, and the staff ridiculed her appearance and called her a "boy"; they questioned her as to why she needed condoms. They further harassed her, saying, *"You go for a male doctor. You look like a male. You hijras are nothing. You always fight with others."* The experience was etched in her memory, and the conduct of the staff prevented her from seeking any further help from the hospital.

The incident had lasting physical, psychological and socio-economic consequences. Namaste experienced sleeplessness, nightmares, recurring suicidal thoughts, fear that the perpetrators might return or seek revenge, and continuing feelings of insecurity. She stopped going to work for several days and isolated herself, resulting in further mental distress that contributed to her discontinuing her college education. Her aspirations to pursue further education and eventually work with NGOs/INGOs were disrupted.

Namaste received psychosocial counselling from NGO and uses meditation and yoga as coping strategies. Her friends also provided emotional and, at times, financial support, while her "mother" within the community offered acceptance, understanding and a sense of belonging.

She has little hope of earning an equivalent income through NGO-supported livelihoods, as sex work enabled her to meet her household expenses. She was refused a job opportunity based on her identity; she explained, *"We are usually not given work because people think that we could influence others and destroy societal morals."* Her experience illustrates how violence intersects with gender identity, stigma, discrimination and limited livelihood opportunities, shaping both survivors' vulnerability and their ability to rebuild their lives after violence.

8. Recommendations

This section presents actionable recommendations derived from the study's findings to address the identified gaps in the justice journey of a survivor. It outlines practical measures for policymakers, judicial authorities, and service providers to strengthen system-wide accountability and survivor-centred practices.

Legal / Judicial Process



- Strengthen the legal framework on rape, including marital rape, by removing the statutory limitation period for reporting, reviewing the existing penalty for marital rape, and considering stronger penalties to ensure that the offence is treated with appropriate seriousness within the broader legal framework on sexual violence.
- Establish a survivor-centred approach on access to compensation, reducing overreliance on conviction as a condition for survivors to receive compensation or other forms of legal remedy.
- Adopt intersectional approaches to justice for rape survivors and integrate gender-diverse Standard Operating Procedures (SOPs) across the justice system to ensure equitable access to reporting, investigation, legal assistance, and judicial processes.
- Strengthen OCMCs and WCSCs with dedicated staff and regular capacity building to provide survivor-centred support and facilitate appropriate referrals throughout the justice process.
- Establish OCMCs in hospitals in remote locations to enable survivors to access comprehensive medico-legal and psychosocial services locally and reduce the burden of travelling to other larger facilities for care.

Psychosocial Support



- Institutionalise Mental Health Gap Action Programme (mhGAP)-based psychological first aid and basic psychosocial support within frontline health services, with trained personnel able to identify distress, provide first-line support, and ensure safe referral to specialised mental-health services.⁶¹
- Integrate marital rape awareness into counselling and support services, creating safe spaces where women can discuss sexual coercion and violence within marriage and receive information about available psychosocial, legal, and protection services.
- Ensure transgender people have access to appropriate medical and psychological assistance and support, regardless of whether they pursue medical interventions or legal gender recognition, and ensure that such services are affordable and available within a reasonable time.

Financial Assistance / Compensation



- Create a dedicated rape and sexual violence survivor compensation scheme within the existing victim-relief framework, including clear minimum compensation and protection standards to reduce excessive judicial discretion.
- Establish a central registry of compensation orders and payments to monitor implementation and ensure compliance across all provinces and local governments.
- Develop targeted livelihood, employment, and economic assistance programmes for survivors of marital rape to support economic independence and longer-term recovery.

Prevention / Community-based Interventions



- Strengthen community-level awareness of marital rape and sexual violence, including information on consent, sexual coercion, survivors' rights, and available support and reporting mechanisms.
- Promote gender-transformative and intersectional approaches to prevention, addressing social norms that normalise sexual violence within marriage and barriers faced by women and gender-diverse survivors.
- Integrate gender-diverse and survivor-centred approaches into community and institutional prevention mechanisms, ensuring that prevention and support initiatives are accessible to diverse groups of survivors.





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CHAPTER 6

PHILIPPINES



1. Country Context

The Philippines is an archipelagic country in Southeast Asia, with a population of 112.7 million, making it one of the most populous countries in Southeast Asia.¹ The population is distributed across diverse geographic and socioeconomic contexts, including urban centres, rural communities and geographically isolated islands.²

The country ranked 20th out of 145 countries in the Global Gender Gap Report (2026) by the World Economic Forum, with a parity score of 78.³ Its positioning in the first quartile reflects strong gender representation in education and political empowerment.⁴ Despite this, Filipino women, in comparison to their male counterparts, show relatively lower rates of economic participation, with only 53% of women working compared to 75% of men in 2026.⁵ Filipino women appear to be overrepresented in informal, low-wage, and part-time work. Labour force participation of women reflects employment and wage volatility, sometimes resulting in lower economic independence and increased financial dependency for them.

These existing factors are a result of persisting gender norms within the country, leading to increased vulnerability. In a recent scoring of countries under the Women, Peace, and Security Index, across 13 indicators under core areas of inclusion, justice, and security, the country ranked 131st out of 181 countries, showing that even with improvements, there was significant room for progress on gender rights.⁶ This trend is also evident in the statistics on sexual violence in the country.

According to the Philippine Statistics Authority, in 2025 there were more than 8400 reported cases of sexual violence, 1700 rape cases, and 1800 cases under acts of lasciviousness for women between the ages of 15 and 59 years.⁷ Most experts suggest that these figures are highly underreported as a result of structural and patriarchal barriers.⁸ This trend is in spite of some key initiatives by the government to empower women.⁹ Patriarchal practices and politics such as dominance, oppression, and exploitation against women by men continue to be common in the country.¹⁰

Based on data from 2018 to 2024, more than 15,000 cases were reported until August 2024 across these laws, with more than 60% of these cases falling under the Anti-Violence Against Women and Children Act. While the latest national conviction rates are not publicly available, the Department of Justice in 2024 reported that 94% of cases were solved in the Philippines, out of 21,423 rape cases that were filed.¹¹

Key legislations to protect sexual violence survivors are below:

1. Anti-Rape Law, which recognises the absence of consent as the primary condition for the act to be recognised as rape against persons of any gender.^{12 13 14} It considers a broad definition of sexually violent acts. Based on recent changes in the law, the age of consent is 16 years.¹⁵
2. Safe Space Act, which expands the legal definition of sexual harassment beyond the workplace and formal power relationships to cover harassment in everyday public life like streets, public transport, educational institutions, etc.¹⁶
3. Anti-Violence against Women and Children Act, which penalises any act resulting in physical, sexual, psychological, and economic harm against any woman, including a wife, an ex-wife, an intimate partner, or their child.¹⁷
4. Special Protection of Children Against Abuse, Exploitation, and Discrimination Act, which protects children against abuse, including physical, psychological, and sexual violence, and extends up to child prostitution and trafficking.¹⁸



In addition to the laws, several other protection mechanisms exist in the country:

- Police or Women and Children Protection Desk (WCPD): These special desks at police stations' main functions include documenting complaints through police blotters, obtaining sworn statements, and providing immediate assistance to victims.¹⁹
- The Women and Children Protection Unit in government hospitals provides health support and access to medical exams (both physical and mental) for survivors.²⁰
- Rape crisis centres (Rape Victim Assistance and Protection Act): Certain government departments, in collaboration with an NGO working in the area of sexual abuse cases, are to establish rape crisis centres in every city or province within a government hospital or health clinic.²¹
- Psychosocial support (Department of Social Welfare and Development - DSWD): Provide emergency shelter, psychosocial counselling, and other rehabilitation services to survivors under the rules of the Anti-Violence Against Women and Their Children Act.²²
- Barangay officials or Violence Against Women and Children (VAWC) desks: The main purpose of setting up these desks at every barangay (the local governing unit) is to provide a reachable platform where women who experience physical, psychological, and sexual abuse can go to seek assistance against the violence inflicted on them.²³ The barangay can also issue protection orders on an anticipatory basis for preventive measures.²⁴

2. Demographic Profile of Survivors

The majority of survivors from the Philippines is between 18 to 24 years of age - 36%. Followed by survivors from 25 to 34 at 28% and 35 to 44 at 20%. All survivors who participated in the research are women, majority of whom were unmarried - 72%. 12% was accounted for married and common-law marriage each. 1 person in the sample had been widowed. 96% of the survivors from the Philippines is Christians, with 68% belonging to the Roman Catholic denomination. In terms of ethnicity, 80% of survivors belonged to Tagalog ethnicity, followed by 12% from Bisaya ethno-linguistic group and 4% each from Ilocano ethno-linguistic group and Ilocano Kilainga ethno-linguistic group. A majority of survivors had salaried jobs (40%), followed by homemakers at 24%, and 20% of survivors who were currently studying. Only 4% from the sample were currently unemployed and looking for work, 4% had their own business and another 4% were engaged in daily wage labour. More than half of the survivors did not own any land (68%).

Table 6.1: Sample Distribution by Participant Type

Participant	Sample Size
Survivors	25
Family Members	25
Case Workers	5
Community Workers	3
Criminal Justice System actors	7
Total	65

Nature of Case

The study included 25 female survivors, sexual harassment was the most commonly reported form of violence (28%), followed by rape (24%) and acts of lasciviousness (20%). Marital rape accounted for 16% of cases, while sexual assault and sexual abuse accounted for 8% and 4%, respectively.

Relationship with Perpetrator

Out of the 10 survivors who experienced rape, in 4 cases the perpetrator was the husband, and in 2 cases it was the stepfather or mother's partner. In only one case, the rapist was unknown to the survivor, while others were school friends or acquaintances. As for sexual harassment cases, the perpetrators were romantic partners in 4 cases and the stepfather or mother's partner in one case; 3 were strangers, but others were known to the survivor, either as neighbours, relatives, or seniors at work.

Stage of Case

From the sample, as can be seen in Figure 6.1, 16% of cases resulted in conviction, while 24% were ongoing within the formal legal system at the time of the study. In 56% of cases, survivors had compromised their cases, whereas 4% of cases resulted in acquittal.

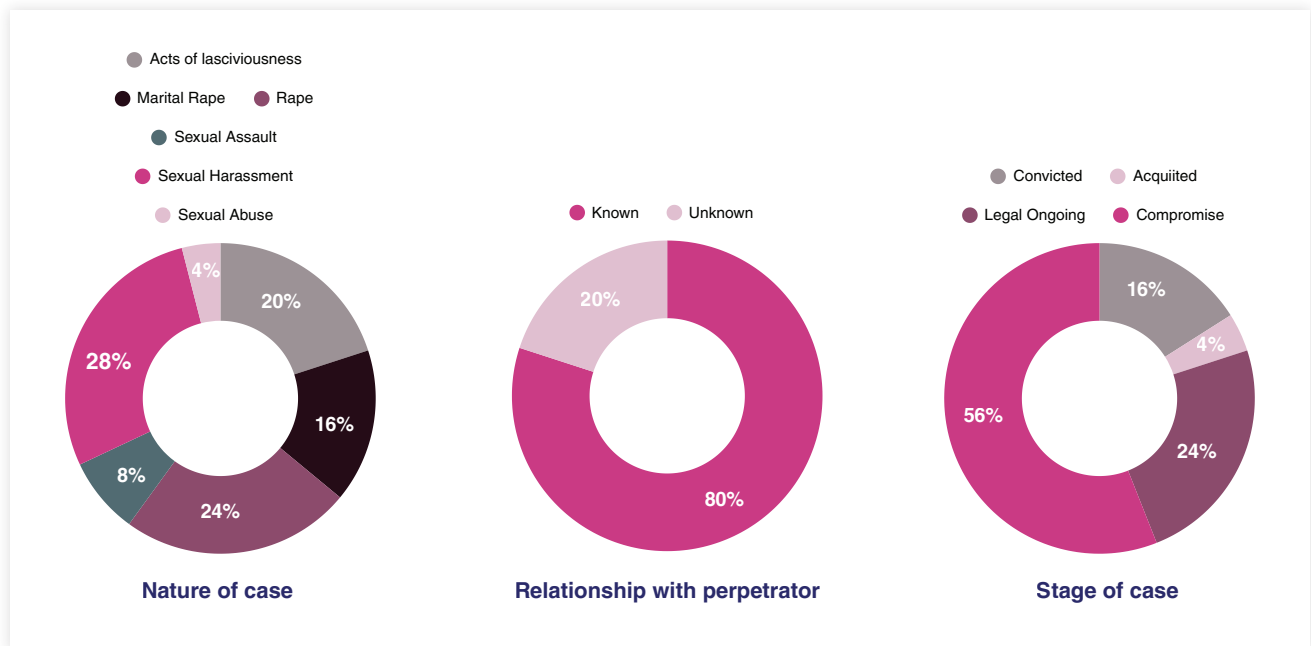


Figure 6.1: Demographic Profile



3. Justice Perspectives

This section sheds light on the varied perceptions of justice and experiences of navigating different systems shared by survivors and their family members. Perceptions of justice are not always linked to the outcome of the cases.

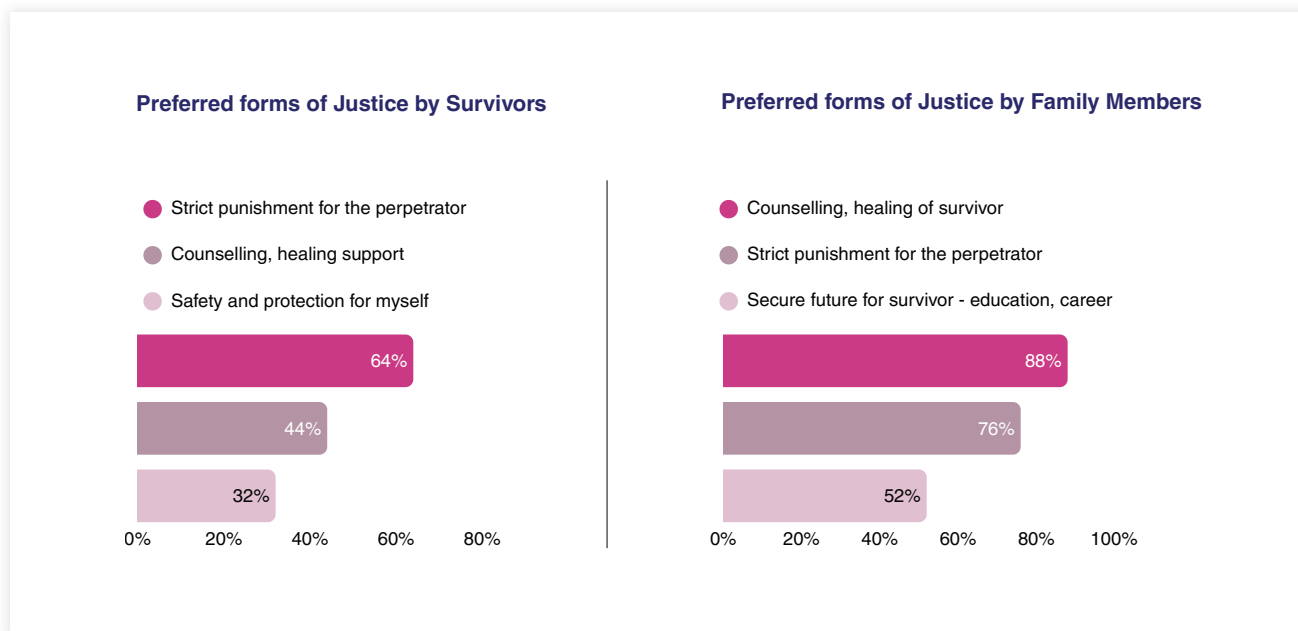


Figure 6.2: Top 3 Preferred Forms of Justice: Survivors & Family Members

Survivors' Perspectives of Justice

For survivors, most narratives point to how legal justice is key. In addition, justice is also vocalised in the form of efficient support systems to ensure survivors are able to cope better with the psychological impacts of violence.

Our survey data with survivors indicates that a majority of survivors mentioned the importance of punishment for perpetrators being the most preferred form of justice - 64%, followed by counselling and healing support - 44%, and 32% citing safety and protection as their preferred form of justice. Despite 65% of survivors citing slow or delayed legal process as a barrier, 84% of survivors believe that the legal system is extremely important for them to feel a sense of justice.

Interviews with survivors point to similar ideological perspectives on justice. In ongoing cases, survivors hoped for a strict punishment, and in closed cases, some of them reported their disappointment with the prison terms awarded to perpetrators, demanding harsher penalties on them.

Lea, whose case is still ongoing against her former romantic partner who sexually assaulted her, when asked how important legal justice may be for them, says, *"It's very important for me. It's very important for me. It's very important for me. I will repeat it three times. It feels like it is the last resort for me to feel that what I went through was not disregarded. That it wasn't... that all the effort wasn't wasted. That all the hardships, exhaustion, time, and sacrifices were not dismissed. I compromised, right? I compromised my work, my career, my judgement."*

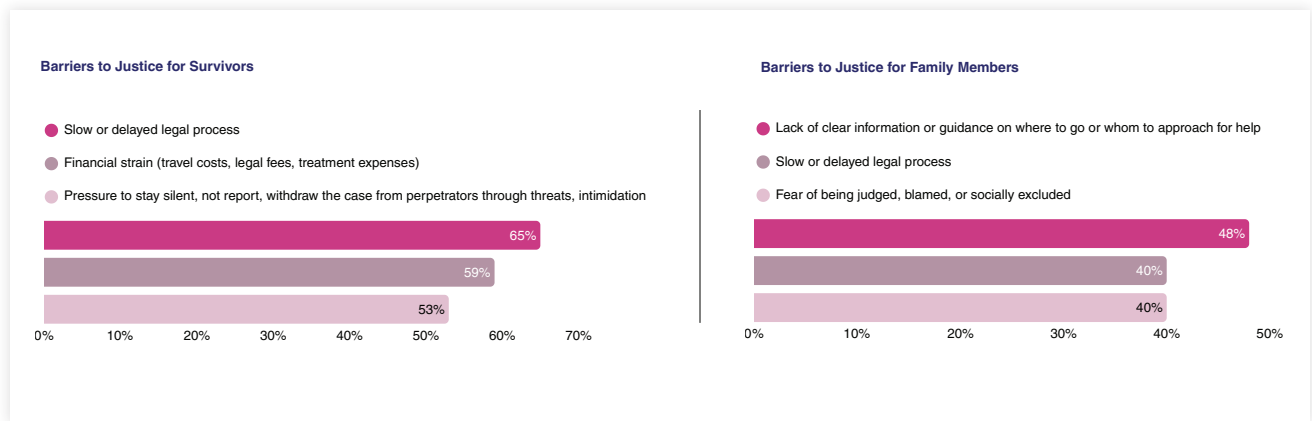


Figure 6.3: Top 3 Barriers to Justice: Survivors & Family Members

In cases where a conviction was received, survivors and their families spoke more specifically about what punishments should entail for them to truly feel that justice is done.

“What I was looking for was actually life imprisonment. Because the 40 years seems little, especially with the 18 years sentence without parole. I just thought of the existing legal remedies like GCTA (good conduct time allowance), which could lower one’s sentence given good behaviour inside. He could still get out. That’s what I’m afraid of – what if one day, he could be released, then I could pass by him. Or what if one day he takes revenge.”

— Mary, Survivor

However, even with this clarity and strong conviction towards justice through legal means, it did not translate to all the survivors pursuing their cases legally due to different factors. Some survivors reported settling the case rather than opting to pursue it legally. In one such case, the survivor knew the perpetrator’s economic condition was weak and therefore eventually made the difficult decision to compromise. Arianne, a survivor who was raped, mentions, *“They told me they could not afford that large of an amount, then I was feeling both anger and pity at the same time. Because I understand their situation, I even considered it before filing the case. I prayed “Lord, I know he’s the only one who provides for their family” that’s why I was also having a hard time because in the first place, what he did was wrong but at the same time I feel bad that he would not be able to support his family if he’s arrested.”*. As a result, Arianne decided to settle the case.

For survivors, especially where the perpetrator was a family member, there was often a mix of fear and family pressure, which led to their withdrawing or not pursuing the case. Evidence from the country indicates that incest rape is a prevailing reason for case attrition.²⁵ Leila’s case was one such instance. She was abused by her stepfather, and she reported that fear was one of the reasons she delayed disclosing the incident to her family or friends. She never ended up filing the case as a result, as by the time she was able to vocalise what had happened, the perpetrator had fled. She says, *“No, I didn’t file a case. It’s because I was scared – I was threatened before. We both [Leila and her mother] wanted to file a case, but the problem was we really could not find him anymore. I wanted him to be imprisoned.”*

From those who did not seek formal justice, at least 2 survivors revealed fear of the perpetrator as a major challenge. Out of the 17 who sought formal justice, 9 reported threat and intimidation from the perpetrator as a major challenge.

A community worker further adds that such instances of cases being withdrawn are common especially those pertaining to incest.

“The one who did it to them is their father. Their uncle did it. Or within the family. And within the family, they have consultations. Or the head of the family blocks it so it won’t come out because of the reputation that it’s shameful. So, usually, the victim, when isolated from the family, they think that they are the one at fault. So, there are scenarios like that. And it’s heavy on both sides.”

— Community Worker

Even in such cases, though, survivors often spoke about the guilt or cumulative disappointment that they had for not pursuing the case legally, reflecting this to be one of the most essential parts of their justice pursuit.

Families’ Perspectives of Justice

Families and friends of survivors had similar perceptions of justice as survivors. Although conviction was important, most cited counselling and healing support as the most preferred form of justice - 88%. Punishment of perpetrators stood second, with over 76% of them expressing it as a preferred form of justice. A secure future for survivors in terms of education and career followed at 52%.

Survivors’ families and friends attribute conviction to having the ability to assure survivors that their experience is being granted the acknowledgement they had been seeking, even when the perpetrator fails to do so. Arianne’s friend says, *“The perpetrator must admit to his fault and pay for his wrongdoings. Because until now, the perpetrator is denying what happened. So this situation adds to the frustration and trauma of [Arianne] because it’s like the guy is twisting the story to fit his own narrative. And he’s even happy with his life outside prison. I feel like it’s better if he stays in prison or he pays for his crimes.”*

However, even in cases where there was conviction, some survivors’ family or friends said that despite legal justice, the survivor may not feel a sense of justice or relief, since she will always remember the trauma and fear.

“The court’s conviction helped us get justice to only some extent. But I still feel that something is lacking because what happened to my daughter cannot be erased anymore, her being a woman, her dignity has been ruined. No matter what I do, I can’t undo the past. It’s already done.”

— Cam’s mother

Some family members of survivors also went further to legally share what more could help survivors receive justice. Mary’s mother spoke about further accountability, not only by the perpetrator but also those supporting him, while Lea’s father spoke about the need for compensation or financial support. This sentiment was echoed in cases where partners were the perpetrators. He says, *“I don’t think she has received it yet. The perpetrator should pay for his shortcomings financially. Because what he did to my child was really terrible. I still haven’t seen any clear justice for her. It feels like there still isn’t any. He should provide monthly financial support (for Lea and the child).”*

Nearly 32% of the survivors were children at the time of the incident, which meant their critical years in school were interrupted. At least two survivors reported having a difficult time focusing on their studies due to the incident. Gina's mother expresses how their relationship with the survivor changed,

“We showed her even more love after the incident. That was also the advice we received from the VAWC and DSWD. They told us that she needed to feel our love and support so she would not become more emotionally hurt. I also talked to her siblings and told them not to blame her, insult her, or call her hurtful names like the ones she was hearing from other people. For some time, one of her siblings accompanied her to and from school. When she reached senior high school, we considered transferring her to another school where no one knew her. But she refused. She said she wanted to stay and that she didn't care if people bullied her. We kept encouraging her to stay strong and not let what happened define her life.”

— Gina's mother

Families also experience a sense of loss and inadequacy in their ability to support survivors, particularly when the consequences of violence are life-altering. Survivors' education and careers are often disrupted for various reasons, shaping families' aspirations for their future. This may explain why more than half of the families prioritise securing a stable and secure future for survivors, reflecting their concerns about long-term wellbeing, independence, and opportunities.



4. Impacts on Survivors and their Families

This section examines the different ways in which violence affects survivors and their families in its aftermath, including its impacts on their physical health, emotional well-being, employment and financial security, and social lives.

Physical Impacts

In our study, more than three-fourth of survivors reported experiencing physical impacts as a result of the sexual violence. 70% of the survivors reported that sleep disturbances were one of the key impacts (Figure 6.4). Sleep disturbances associated with the violence were commonly spoken about by survivors during our conversations as well, reflecting the physical turmoil that they were going through.

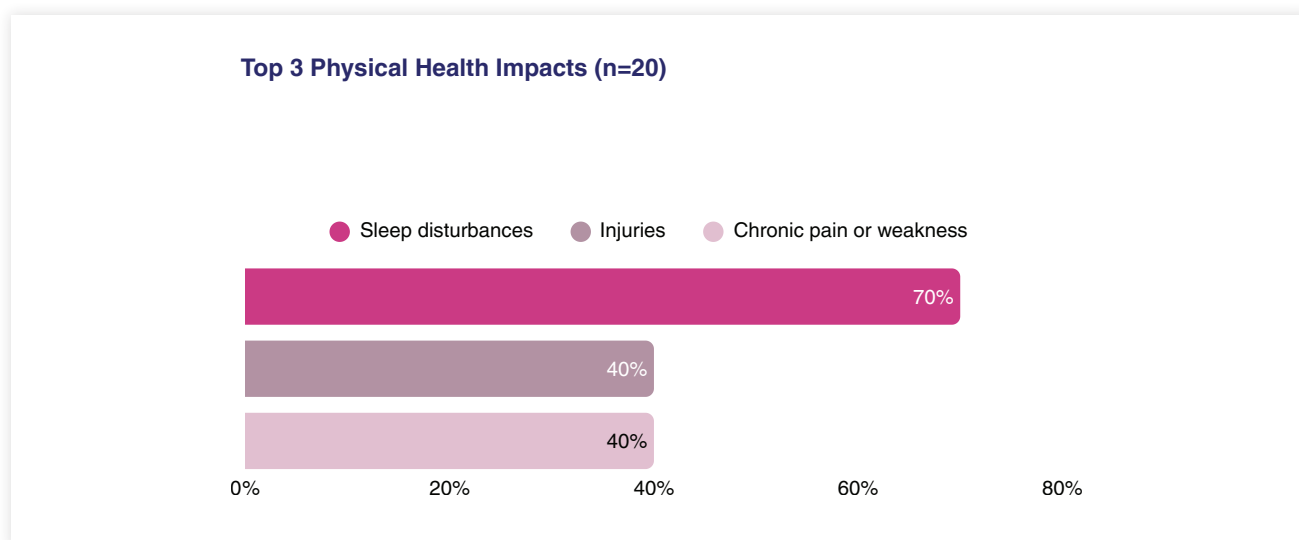


Figure 6.4: Physical Health Impacts on Survivors

“I reached the point where I could no longer sleep properly. Then I just kept crying and crying. I had no power to move because I did not know what I was searching for within myself, in order for me to feel better and move. So, I asked my parents to help me think.”

— Mary, Survivor

From the 25% of survivors who opted for “Others”, 2 cited loss of appetite as an immediate physical impacts. Survivors also reported long-term physiological changes, especially for those who were minors or who faced severe physical violence at the time of the incident. In the case of Liora, she spoke about the excessive force used at the time of violence, and her concern about pregnancy.

“I developed a sore on my lips the next day, which was very weird. I didn’t know whether it was herpes or because of the force from his kissing. Because when he tried to pin me down on the sofa, I said “no” several times. Then my head was moving left and right. So, I don’t know if it got scratched because he was pressing his lips against mine forcefully. So, it was like the lip got swollen. I didn’t know if that sore was a virus or if it was just due to the force he used. But the thing is, 5 to 6 months later, it still hurts.”

— Liora, Survivor

A study based in Cebu, Philippines, shows that unwanted sexual encounters could have higher odds of resulting in unwanted pregnancies.²⁶ About 1,000 deaths happen each year in the country due to unsafe abortion practices, which contributes to the high maternal mortality ratio. Abortion-related complications lead to tens of thousands of hospitalisations each year.²⁷ In our study, 4 survivors reported pregnancies as a result of the sexual violence. Abortion, even in cases of rape, is criminalised in the Philippines,²⁸ leaving survivors with no choice, rendering them helpless. They are also forced to bear the cost of the child, despite child support provisions from the perpetrator if directed by the court. Often, they cannot afford to bear the cost of the child, especially when they are forced to pause their work, education, or are coerced to life-altering paths which they did not want. This situation causes severe mental and physical distress for survivors. Lea informs, *“He was my first boyfriend, and I didn’t see myself getting pregnant early. Because, not to brag, but I am the type of person where if you check my record, I was an honour student, active in extracurriculars. It never crossed my mind that I would get pregnant early. I never saw myself at that point. And everything was already written in my journal, at this age, get a job; at this age, get married. I wasn’t able to follow any of it”*

Psychological Impacts

Psychological impacts of the violence on survivors and their families were prominent, leading to different short-term and long-term impacts. The survey data revealed that both survivors and their families predominantly faced fear, anxiety, and guilt or shame in the aftermath of violence.

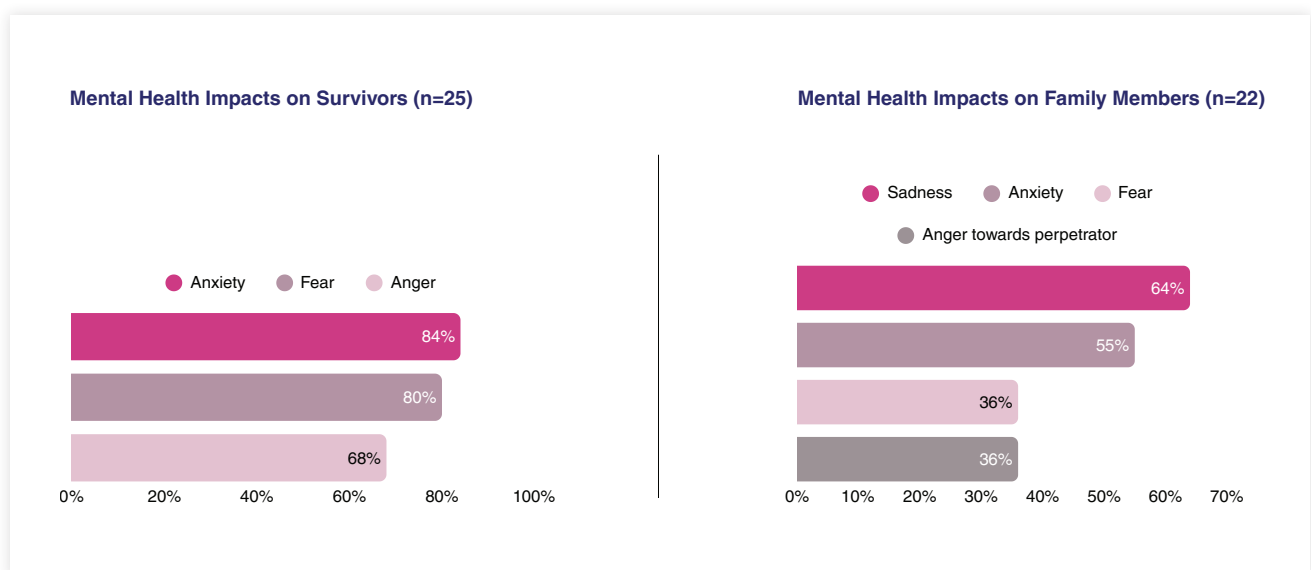


Figure 6.5: Top 3 Mental Health Impacts: Survivors & Family Members

Anxiety and fear were connected experiences for the survivor post-incident, manifesting in different ways. Some survivors reported a constant fear that someone was watching them, or they were having nightmares of the perpetrator. As a result, the anxiety was also leading to sleep disturbances, as discussed above. Mary spoke about this constant fear and anxiety she faced within her house post-attack. She says, *“You see our sofa there, before it was near the window by the door. But because it was positioned there, I did not want to lie on it. There were times I wanted to rest there but at the back of my mind there were fears of what if someone’s hand would go through or someone would just shoot you there. I also dreamt of bad things like being chased down with a gun, alongside my kids.”*

Sometimes their fear and anxiety were so heightened that they could not revisit places that reminded them of the crime, disrupting their sense of safety. In Michelle’s case, her site of abuse was her father’s house which she avoided going to post the abuse. She informs, *“One change I’ve noticed is that I used to live in my father’s house, and that’s where the incident happened. I’ve never gone back there since. My father still invites me to stay overnight, but I’ve turned down that offer every single time. I just can’t bring myself to live there anymore because it reminds me of what happened.”*

Family members faced a range of emotions, which resulted in instances where they were usually suppressing their emotions to prioritise the psychological needs of the survivor. Mandy’s mother informs, *“We are okay now and have accepted what happened. After the incident, I became more prone to crying. Like I often get teary-eyed, a little more sensitive. But because, as I said, as a mother, I need to stay strong. That is how it is.”*

Over half of the survivors in the survey reported feeling shame or guilt post-incident. These feelings of self-blame could be triggered by the trauma they were experiencing or internalised stigma which they have been conditioned to accept over the years.^{29 30} It also may have been reinforced by how families, communities, and authorities would treat them.³¹

“Even if I try to remove the thoughts, it won’t go away because I still have dreams. It’s like, I don’t know if it’s my guilt too? Like, I blame myself that it really happened to me because of the simple fact that you said yes, that you agreed to go there. I felt like it’s my fault.”

— Liora, Survivor

More broadly, these feelings closely connect to survivors’ sense of dignity and self-worth. Lea speaks of the shame she carries and how the violence cost her, her dreams, *“I feel disgraced about myself. Of course, there’s the judgment of the people around you, friends, family, everyone...So, I made a wrong choice. But I still have a choice.”*

In Michelle’s case, it was about not being able to fight back during the incident. She says, *“I would cry sometimes at night right after it happened. I thought I could have fought back, that I was strong enough to kick him or defend myself but during that time I could not do anything. That’s why for a time I blamed myself for the incident.”*

For family members, guilt stems from feeling defeated that they were unable to provide a safer or trustworthy environment for survivors to seek support or that they failed to provide the protection that could prevent the incident from happening.

“When I found out about what happened to my daughter, I was always crying. I felt bad for my daughter because I wasn’t there when the incident happened. When she needed me, I wasn’t there. I felt bad for her because she kept it a secret from me for so long. I only found out now about what happened. I keep these things to myself because I think it would be better than sharing it with other people.”

— Leila’s mother

Almost half of the survivors reported to have experienced suicidal thoughts in the aftermath of the incident, with at least two attempting it. Survivors sometimes reported these as out-of-body incidents where they couldn’t understand what was happening or why they were feeling this way. Other studies support these findings, showing that suicidal tendencies are higher among survivors of sexual assault. In our study, for some survivors the feelings of despair were so high post the incident, they ended up caring less about their safety even if it could lead to adverse consequences. Arianne reports, *“Looking back, it felt like I was already prepared for the possibility of dying. I felt that if something like that happened again, it would be better if I ended up dead. As long as I did my part, I felt ready for whatever might happen. Even in the worst-case scenario, if I were sexually assaulted again, I felt prepared for anything.”*

In some extreme cases, where survivors did attempt to take their own life, family members and friends had to intervene and be hypervigilant. Mandy says, *“I almost didn’t go to school for about two months. Because I was so scared to go out, my dad and mom had to talk to me. I even tried to take my own life back then. Thankfully, someone came up to my room. I just didn’t want to be that way anymore, I thought I was a disgusting woman because I was violated. For others, that might seem shallow, but for me it was really painful because it was my dignity as a woman.”*

These instances highlight the emotional and psychological trauma that survivors go through post-incident. These require serious intervention such as counselling which is sometimes out of reach for them as a result of the financial burden that they may add to, leading to families catering to multiple roles.



Economic Impacts

Various studies in other geographies show a fall in employment and earnings, which expand to a long-term disadvantage in their livelihood trajectories for survivors and their families.^{33 34} In our study, 60% reported facing income losses as a result of the sexual violence. Out of 17 who lost their income, 35% said they missed their daily wages and another 35% cited other reasons - 1 survivor said their family cut off their financial support and two other survivors reported that the perpetrator was their provider and hence financial support was cut off. 18% lost their jobs permanently (see Annexure). During conversations, Lea, a survivor, reported that as a result of court appearances her business suffered, she said, *“At that time, I was self-employed. But, I had so many bills because, of course, I had my home that I was paying for. I had my car that I was paying for. I had my small business.”*

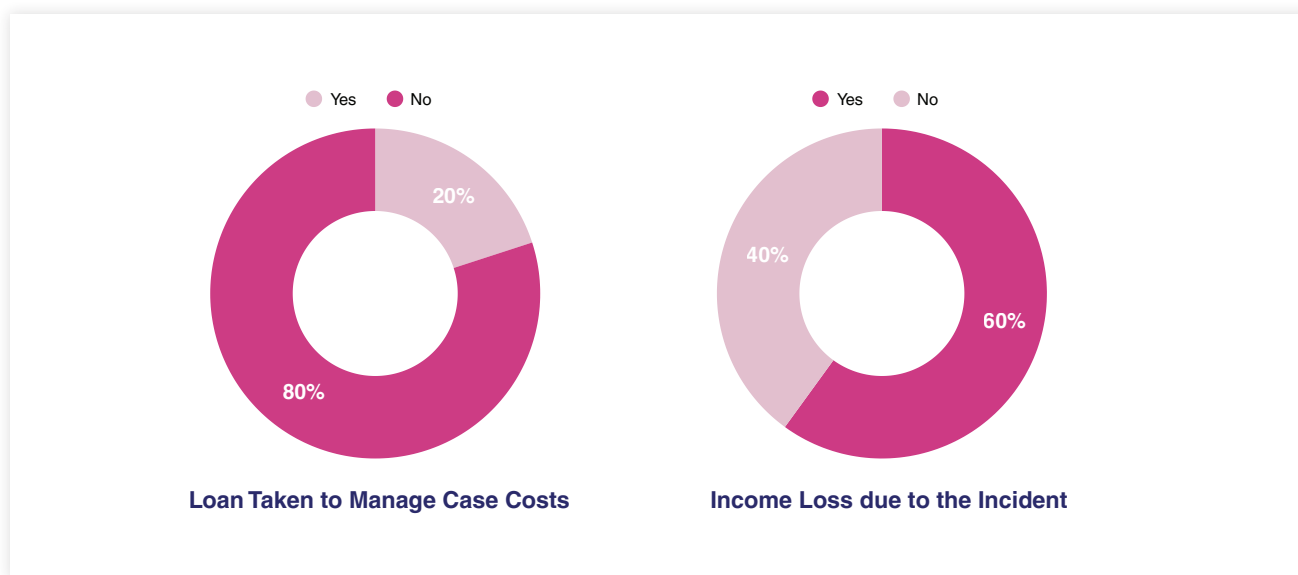


Figure 6.6: Economic Impacts of Violence

Costs associated with pursuing the case would often push survivors and their families to borrow money, deepening any pre-existing financial vulnerability. 20% of the survivors had to take loans either from friends, relatives, or moneylenders. Liora's friend reported, *“Their expenses kept piling up, and she still had laboratory tests and other medical examinations that she needed to undergo. Her family had some savings before. But she told me that her savings were eventually depleted. She also maximised the limit of her HMO from work because of everything that happened.”*

The emotional struggle and the time required for the case meant that survivors either could not work or had to miss workdays to attend court hearings. Not just survivors, in some cases family members were no longer able to focus on their work, leading to dwindling incomes, though this wasn't the case for everyone, especially those who did not have the luxury to take off from work.

Economic costs of pursuing justice are high – dependence on existing government aid such as legal or medical is low as many survivors prefer privatised services considering their efficiency and empathy. Survivors who incurred legal expenses for their cases, all (n=19) reported that travel and accommodation constituted a significant chunk of their legal expenses. Only a negligible number of survivors incurred other expenses. In addition, survivors incurred different kinds of expenses related to medical care. Nearly 71% cited that mental health costs were one of the major expenses for them, followed by the first medical examination (57%).

Social Impacts

In addition to and closely related to the above consequences is the social cost of violence, where survivors experienced displacement, relocation, disruptions often without any choice.

More than half of the sample reported having to relocate after the incident - 52%, all relocating to a new place.

“When I left Bulacan, I moved to Pangasinan because my graduation was months later, in July. Months passed after graduation and by November, I wanted to find work. So I told my mother “Ma, I really want a change of environment”. So I told them I’ll move to Metro Manila. I worked in a call center in Pasig.”

— Arianne, Survivor

Decision to relocate often comes at a cost, which is not limited to financial costs. Finding new jobs, leaving behind family and friends, finding their feet back in new settings take a toll on survivors’ wellbeing, in every sense. Survivors who were in school at the time of the incident also spoke of the adjustments they had to make to their lives to cope with the consequences of violence. 13 survivors reported that they were studying at the time of the incident, of which 5 took a break and another 5 continued with difficulty and 1 survivor reported dropping out permanently.

“From the third to fourth quarter of the school year. I no longer attended face-to-face classes. Yes I was still able to catch up. I switched to modular distance learning in the third and fourth quarter. In the next year, I went back to attend regular school, which was in 10th grade.”

— Gina, Survivor

Gina’s mother consistently highlights how this took a toll on Gina’s mental health, and how prayer and church helped regain Gina’s confidence. Gina’s then romantic partner had shot videos of her and shared them online when she was only 16 years old. Re-building trust, especially when the violence occurs at a young age, is often a long and arduous process for survivors, and requires a robust ecosystem which is supportive and empathetic.

5. Support Systems

This section examines two key dimensions of survivors' journeys towards justice: what motivates survivors to pursue justice and sustain their efforts over time, and how they navigate and cope with the formal and informal systems they encounter along the way.

Motivations for Seeking Justice

69% of the survivors reported NGOs and civil society being one of the motivations for seeking justice. Additionally, the processes of reporting, following up, and pursuing the case can often be intimidating and difficult for survivors, making support from social workers in NGOs and civil society critical. There are several organisations in the Philippines that work towards spreading awareness about sexual violence and outreach initiatives for survivors to receive different forms of support around mental and physical health, legal aid, or just advice through helplines or chat services.^{35 36 37} Survivors felt much more confident in dealing with different stakeholders and reported surpassing several time-consuming processes that others without support had to undertake.

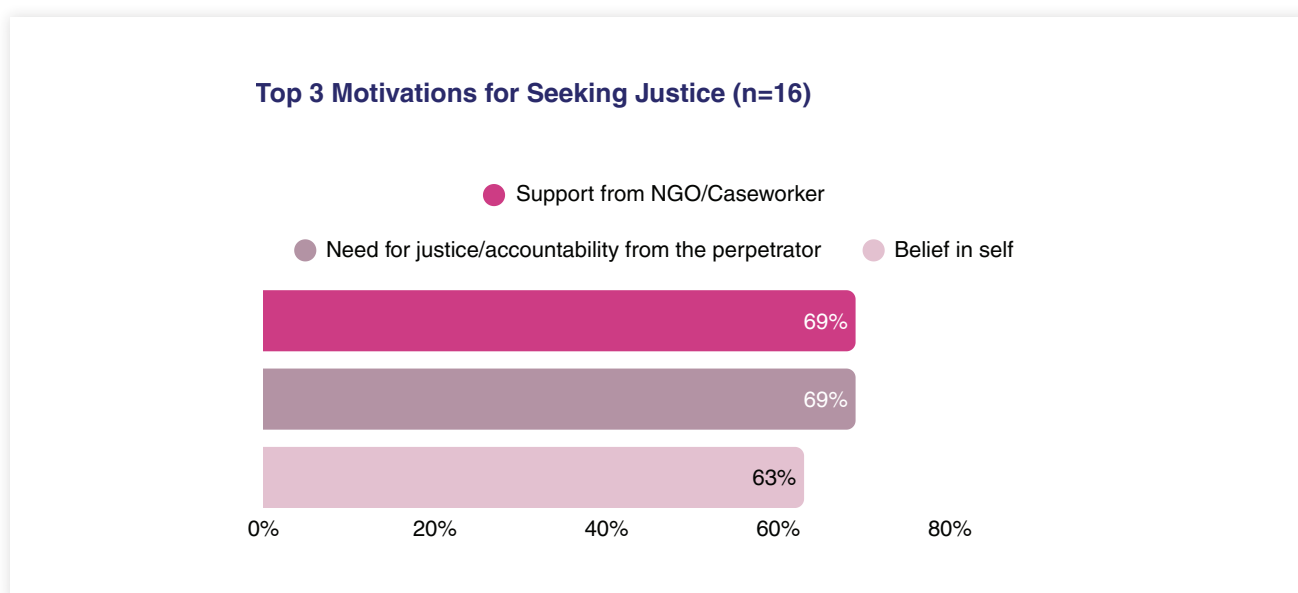


Figure 6.7: Motivations for Seeking Justice for Survivors

“As far as I remember, the assistance that happened in my case was really different from the norms. So, it’s like the representatives from an organisation were already there. Atty. Anshe was already there at that time. The paperwork was already done, so it was easy for me. They supported me in the filing process; it didn’t completely pass through the police anymore. It’s really different when you have your own lawyer assisting you, it takes twice the time. The process was way too different, and the speed was so fast.”

— Lea, Survivor

In unfortunate cases when the police officials failed to offer proper support to the survivors, social workers and caseworkers, who have built relations with these stakeholders over the years, are able to help them navigate these systems efficiently. Cam's mother informed, *"It felt like the VAWC desk was on his (perpetrator's) side. Our request lapsed the 24 hours they said. When we went there, they already let him go. Of course we didn't like that. What happened was also like gang rape. It felt like they weren't validating our experience. That's why we decided to directly file in Crame (national headquarters of police), but it was the head of CATWAP and a lawyer from the organisation that helped us. We went to Crame and then the medical exam for my daughter took place."*

Beyond this, the government, through its policies, promotes collaboration between such NGOs and the Department of Social Welfare and Development to handhold survivors through the justice process.³⁸ The gap in support could be filled through the strengthening of such initiatives, as survivors often struggle to understand what steps to take following an incident of sexual violence. Given the profound physical, psychological, and socioeconomic impacts of sexual violence, it is critical that survivors have access to appropriate care for their recovery, alongside clear assistance in navigating the justice process.

A recent study on special services to support survivors of sexual violence revealed that positive social reactions, acknowledgement, and support are crucial for recovery in the initial aftermath of sexual violence, early interventions, including consulting with family and friends on how to adequately express support could be helpful for them.³⁹ In our survey as well, 56% of survivors reiterated the importance of support from family and friends to pursue legal justice. The push from family and friends to seek legal justice was one of the key movers for survivors like Michelle. She says, *"The main push of going through with reporting was my sister and mother. My father was having second thoughts that time. We had a family discussion that lasted for the whole day and when night came, we finally had a decision to push through. That's why first thing in the morning, we went to the barangay to report."*

As mentioned earlier, not all survivors from our study were able to receive the active support needed to feel the strength needed to work through the justice process as well as their psychological recovery. Reflecting back on their actions, peers of survivors regret not being able to provide the support that could have marginally aided the survivor's justice-seeking process.

"It's like we neglected her when she needed us the most, in this fight. Maybe if we were present, the perpetrator would still be in jail now. Or maybe he's in jail or there's already a court decision by now."

— Arianne's friend



Coping Mechanisms

A majority of survivors reported having the support of their family members - 84%, followed by counselling support from social workers/mental health professionals - 64%. Although least among the 3, i.e. 32% survivors reported not sharing their feelings with anyone.

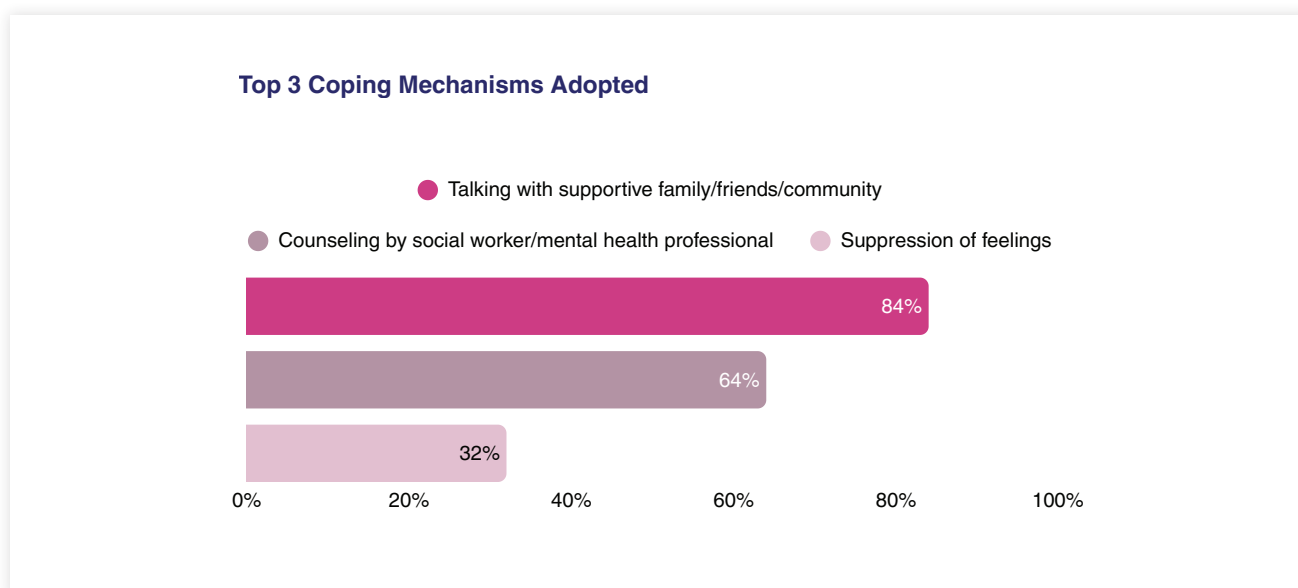


Figure 6.8: Coping Mechanisms Adopted by Survivors

Survivors largely relied on their personal networks to cope with the consequences of violence, especially the psychological impacts. Although almost all survivors and family members reported being impacted mentally, access to psycho-social services remain disproportionate. Participants from the research highlight how expensive psychological services are in the country.

“We had clients who approached private institutions, centers. But that’s the thing, if you aren’t financially capable to avail of these, we refer them to the organisation’s partners. And the organisation has a lot of partners who can help with mental health.”

— Caseworker

For those survivors, who had the support of family, it spanned across different phases of their journey to recovery. Two survivors reported having supportive husbands, who helped them cope during difficult times. While support from friends and family helps survivors mitigate the stress they have to undergo while coping, survivors with a non-supportive circle have to navigate the judicial processes alone, making them feel isolated and more vulnerable.⁴⁰ In the absence of supportive family members, survivors often relied on friends.

“Since finding out about the incident, Liora’s mother has been worrying more about her. Sometimes, her mother frankly asks her if she could just not push through with the case — to leave it all to God instead of tiring herself. Her mother feels that Liora is only triggered because she’s focused on the case.”

— Liora’s friend

Stigma is often the factor which prevents family members from supporting survivors. This is particularly pronounced when perpetrators are especially known to survivors and their families, i.e. 80% from our sample set, and worse when the perpetrator is from within the family (n=8).

“Before this, I can’t remember the exact date, but I was also molested by a cousin of mine. He was living with us at the time. The only person who knew about it was my mother. After I told her what happened, she simply sent me money for transportation and I left. But that cousin remained in the house.”

— Arianne, Survivor

Arianne, who is now estranged from her family, continues, *“As for my father, we don’t talk much anymore because he doesn’t have a phone. I can tell that they know what happened to me, but when it comes to what to do next or what steps to take, they seem unsure as well. I understand that they probably don’t know what to do either. But when it comes to supporting me, I don’t really feel it from them. I find that support more in communities, in my own reflections, and on the internet, things like that.”*

Studies suggest that this kind of control from family, grounded in denial of the required support, leads to higher symptoms of mental disorders like Post-Traumatic Stress Disorder (PTSD), depression, and anxiety.⁴¹ Survivors also continue to cope with and navigate the aftermath of violence using the resources, strategies, and support available to them, even when support from their immediate ecosystems is absent or limited.



6. Experience with the System

This section examines the experiences of survivors and their families in navigating the criminal justice system, including the police, medical services, judiciary, and other localised formal support systems. It also draws on first-hand accounts from criminal justice system actors to identify the structural and infrastructural challenges that hinder their ability to provide adequate, timely, and survivor-centred support to survivors and their families.

Both survey and anecdotal evidence suggest that the justice system in the Philippines has significant barriers in terms of access for survivors and their families. 64% of the survivors in the study pursued their cases through the police and the legal justice system, while the rest chose to settle it outside of these formal systems. Only 12% of the survivors reported insensitive or unhelpful behaviour from the police, medical staff or courts. However, during in-depth conversations, these systems were, several times, also referred to as having barriers impeding the survivors' access to legal justice. Some of these barriers came out distinctly during our conversations with survivors, which we further explore in this section.

The slow and delayed legal process (65%) was one of the main challenges for survivors who sought legal justice (n=17), while for family members it was the second biggest challenge. Almost all survivors we spoke with, even those who received convictions, described long battles due to systemic delays.⁴²

“ The case ran for about a year. We got the resolution around July 2022. I think around three or four hearings were held but there were really a lot of delays. Either the prosecutor would not be there, or they would text us late that the hearing is rescheduled or they are not available during this date because other parties had other work, so it really took a while.”

— Michelle, Survivor



Corroborating with secondary research on how service providers are stretched in responding to survivors,⁴³ our study highlights overburdened and strained systems across stakeholders as a key challenge for survivors and families. These strained systems were leading to negligence in some parts and increased burdens for survivors. In certain instances, this led to them searching for alternate pathways or dropping out of pursuing their cases legally as well.

The medico-legal process would sometimes come with its shortcomings that could confuse survivors and lead to delays. Liora, a survivor, reported that the existing strain on the system led to weeks of anguish over false reporting of certain tests. She says, *“When I tested positive, the assigned hospital refused to give me the actual hard copy showing the reactive result because they claimed the result was wrong. Which, to me, was like, “How could it be wrong? Because this was the blood sample you took. They claimed there was an error at the lab. And since it’s related to the case, I feel like they are trying to avoid it.”* Other than that, survivors highlighted long waiting queues and crowds within the medical government facilities, which wouldn’t allow for the privacy and confidentiality which survivors would require.

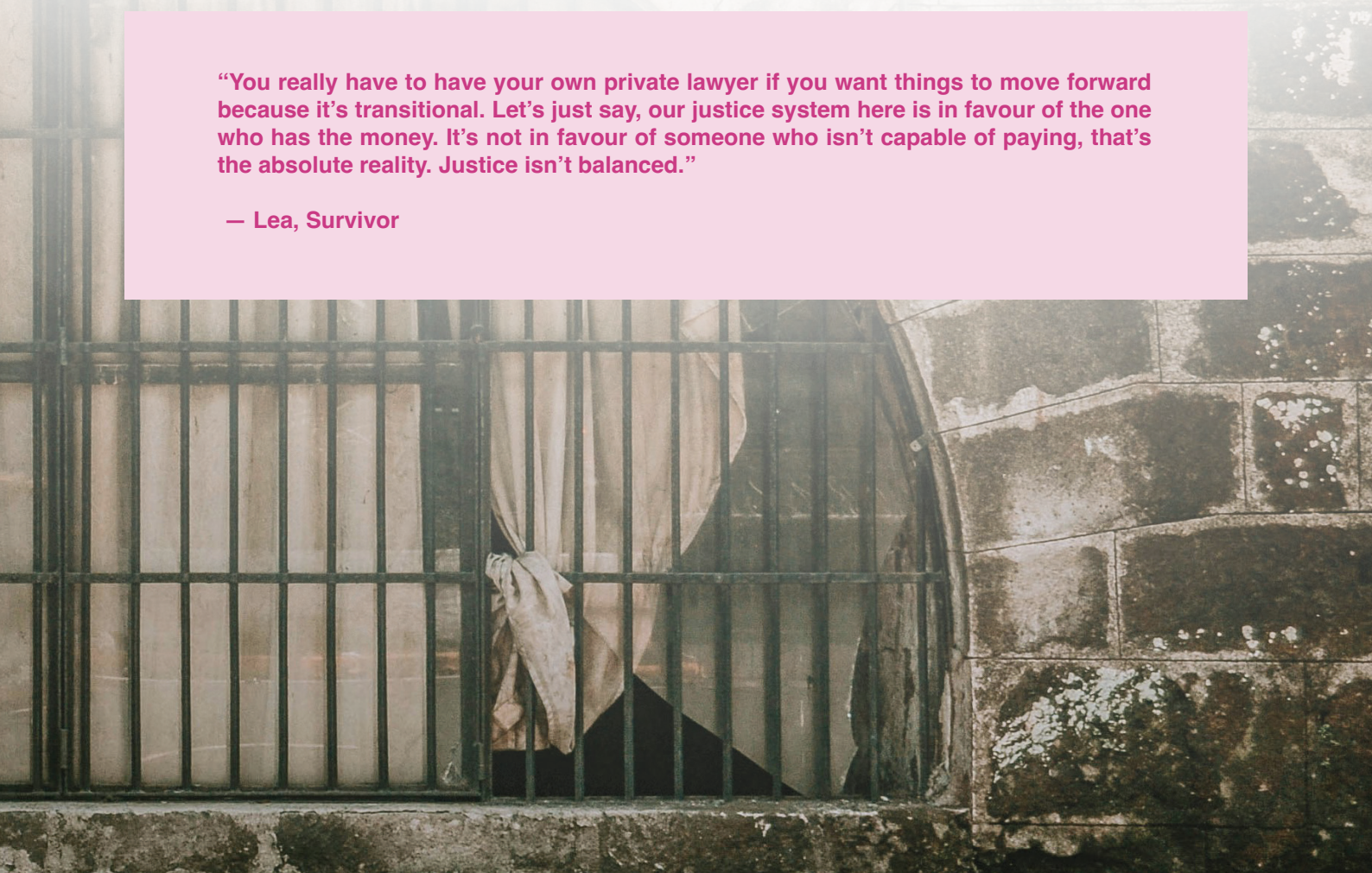
The Public Attorney’s Office (PAO), which handles the cases of survivors, was also reported as overly burdened, by survivors and their family members, leading to lawyers not being able to give ample time to cases.⁴⁴ Michelle’s sister reported, *“PAO lawyers have a lot of clients. During our hearing, everything felt rushed. It’s like we were just a deadline for them. Our lawyer did not get to reply to us fast, it was a hassle but then they were still able to do their job.”*

The existing strain and burden on PAO lawyers as well often resulted in survivors feeling like they aren’t being heard. As of 2026, taking cognisance of the workload on public attorneys (350 cases per attorney), the PAO is seeking an additional budget of P700 million to recruit 559 additional lawyers and support staff.⁴⁵ Mary’s mother says, *“We liked PAO. However, we got the impression that lawyers did not care about us. We routinely felt this. We talked about our side of the story, but they would argue and say that you could not say that. It’s like she was not keen on helping people, like she was lazy. Only doing the bare minimum of her work.”*

In such scenarios, where survivors and their families understand that the existing systems aren’t working, they depend more on private institutions, which display the failure of the existing system to function and puts heavy financial burdens on survivors to pursue justice which is their right. In the case of the legal system, they often need to hire private lawyers or receive support from non-profit organisations working on justice to be able to take their case forward, which generally requires a lot of financial investment.

“You really have to have your own private lawyer if you want things to move forward because it’s transitional. Let’s just say, our justice system here is in favour of the one who has the money. It’s not in favour of someone who isn’t capable of paying, that’s the absolute reality. Justice isn’t balanced.”

— Lea, Survivor



General apathy and insensitivity towards what the survivor and their family may be going through is also sometimes missing on the part of these stakeholders.⁴⁶ Rather than understanding the difficulty with which they may be reporting the case in the first place, survivors are met with discouragement and instances of victim blaming, especially in the case of the police who work as the first responders. A caseworker recounts a case where the survivor was discouraged by police from reporting the case. She mentions, *“However, what happened at the station itself was that the police were already telling them, “Will you be able to handle it? The process is slow. It takes a month before you can get a lawyer. That’s how slow it is.” That’s also why I get frustrated with some authorities, because they should be the ones encouraging them, but there are times when they’re the ones saying such things.”*

In addition, at an individual level, many police officers lack the sensitivity needed for dealing with survivors of gender-based violence. Based on survivors and case workers’ accounts, this emerges as a structural issue that needs attention.

“Based on our experience, it’s really hard. When you go there [to the police desks], sometimes they blame the woman. Saying she shouldn’t have gone there, she shouldn’t have gone drinking. It’s like, even if you’re the victim, you’re still the one being blamed. So that’s painful on the part of the parents and the victim. What you’re looking for is an ally, right?”

— Caseworker

These instances show that there is a need for structural changes and shifts across the justice system to ensure survivors can access the measures available to them with ease.



Access to Compensation For Sexual Violence Survivors in the Philippines

The Philippines provides financial assistance and compensation mechanisms for survivors of sexual violence through its key provision, Republic Act No. 7309 which has established the Board of Claims under the Department of Justice granting compensation for victims of unjust imprisonment or detention and victims of violent crimes.⁴⁷ Under this, the survivor may be awarded up to PHP 10,000 for eligible claims, or the amount required to reimburse expenses related to hospitalisation, medical treatment, loss of wages, loss of support or other costs directly arising from the injury, whichever is lower.⁴⁸

Even with such support in place, survivors and their families rarely understand the processes or where or who they may need to approach to be able to access the financial support. 88% of survivors from the survey reported no awareness around government schemes. A survivor's family member, when asked about the financial support or assistance, spoke about their limited awareness on this, *"it's hard to know where to seek the financial support or even legal support. I'm chronically online and I haven't seen a campaign on this. At least those things would really help, especially knowing how to get a loan and all, money is really important in filing so it's financially taxing to be in this situation."*

Most survivors especially in cases of intimate partner violence or marital rape reported that they were usually dependent financially on their partners, often making it difficult for them to leave until they found another source of income to be able to support themselves/ their children. In such cases, the decision to move away or pursue a case came after long deliberations and sustained abuse for a long period. Based on our understanding and conversations from criminal justice system actors in the country, the financial assistance may not provide support for this, and final long-term support considers multiple factors, which may not lead to a just outcome for survivors and their family members. A lawyer mentions, *"Because the system awards compensation in case the guilt of the accused is proven beyond reasonable doubt in criminal cases like what we are talking about here. Now that judgment, regarding the compensation given to the victim or complainant once guilt is proven beyond reasonable doubt, is highly dependent on the resources of the accused. Most of the time it doesn't get executed, because one primary reason is there isn't sufficient property or financial resources that can be taken to give to the victim."*

These economic factors play a significant role in survivors' lives – firstly financial dependence often binds them to the perpetrator and delays them from taking action or pursuing justice; and secondly, the financial burdens of undertaking this legal fight for justice sometimes result in survivors and their families getting tied down and settling for compromises. Existing financial assistance is not adequate for survivors in long-drawn cases to make decisions to pursue or continue pursuing it.

7. Emerging Themes

This section presents findings that are visible across different stakeholder perspectives and point to features of the Philippine context that are particularly relevant to understanding responses to sexual and gender-based violence.

Barriers to Leaving Abusive Marriages: Legal Restrictions and Economic Dependence

Intimate partner physical and sexual violence is the most common form of sexual violence in the country. The regional prevalence estimate by UNICEF (2023) of physical and/or sexual intimate partner violence against women of 15 years and above was 7.2 (lifetime), while 3.1 was recorded in the past 12 months.⁴⁹ NHDS statistics from 2017 also tell a more convincing narrative around the issue, with 4.6% experiencing sexual violence, a high proportion of them not completing their school education and belonging to the lowest and second wealth quintiles,⁵⁰ further showing their economic vulnerability and potential dependency on family.

In the country, much of women's income is considered supplemental to family incomes,⁵¹ and are often relegated to home-based and contract work in addition to their roles as caregivers.⁵² The gender wage gap continues, where women receive 3% to 25% lower daily wage compared to men in almost all occupation groups.⁵³ These statistics directly correspond with the condition of survivors who face intimate partner violence within our study. Their ability to protect themselves and pursue legal justice was directly linked to their economic condition. With most survivors belonging to socio-economically disadvantaged sections of society, often working low-paying jobs and barely able to support their families, it becomes harder to leave their 'husbands' or romantic partners and file a case against them. They are usually dependent on these partners for their wellbeing financially, making it difficult to file a case.

“The Filipino culture surrounding couples still exists, especially when it comes to the amount of support provided to their family. We can't deny that our society is still patriarchal, and that's what I mean, whenever I have a client who's a victim of a 9262 violation (Anti-Violence Against Women and Their Children Act of 2004), I always tell them that they shouldn't rely solely on their partner or spouse when it comes to the financial capacity of the family. Because if the husband is the one holding the power of the purse, if you complain, you might lose your means of support.”

**— Officer in charge,
Public Attorney's Office,
Quezon City, Philippines**

As evidenced through our research, the cost of pursuing legal justice is often significant spanning across different types of expenses - legal fees, medical and mental health costs. However, it is important to note that getting rid of this economic dependence is hardly an option for women trapped in abusive marriages. The Philippines is the only country alongside the Vatican where divorce is illegal, making the reality of survivors grim.⁵⁴ A 2018 study on violence against women reports common occurrences of marital rape - 38%, which is also the highest rate of all perpetrator relationship to survivors. It further indicates that economic factors were the most common cause of violence against women in the country.⁵⁵

Participants and stakeholders shared that in cases like these, the legal system rarely provides any protection to survivors. Divorce is illegal in the Philippines, and provisions such as annulment or legal separation would lead to heavy legal costs for the survivor already facing costs as a result of their ongoing cases. This further creates challenges for survivors, as they continue to be tied to their perpetrator. Even for alimony or child support, survivors need to file civil damages suits, which would have serious economic implications.⁵⁶

A caseworker mentions, *“You’re married also, and you’re not annulled, there’s no divorce in the Philippines, so if you’re not annulled, you’re tied to the husband. So, you’re tied to your husband forever because you can’t even have the justice for the sexual abuse ongoing, how much more for the annulment process? So that’s the challenge really”* She further talks about how the legal system does not allow a survivor to file for divorce even if there is a conviction. It is a ground for legal separation but requires significant financial costs for survivors to take it forward.

Incest abuse and patterns of unreported and compromised cases

In the Philippines, intimate partner violence cases and incest rape cases remain the most prevalent.⁵⁷ Specific to cases of incest rape, the DSWD from 2011-2016, observed that out of the total 7,418 cases, 2,770 were incest cases, with an average fluctuation of 400 and 500 survivor cases per year.⁵⁸ The majority of the cases reported under this are of girls between 14 and 17 years. However, even with this data, most cases go unreported.

In our survey, over 80% of the perpetrators were already known to the survivor. Out of this, 44% cited that the perpetrator was very well known to them – relational to them – this included father/stepfather/mother’s partner (12%), husbands (16%) and romantic partner (16%).

These types of cases (including romantic partners) usually ended up as compromise cases in comparison to others. Our data indicates that 9 (75%) out of these 11 cases ended up being settled between the perpetrator and survivor out of court. Out of the other 3, two still have legal proceedings ongoing, while 1 resulted in a conviction.

It is not surprising that these types of cases often end up in compromise or settlement; most CJS actors inform us that these cases usually go unreported or end up being withdrawn during the initial filing processes. The reasons for this withdrawal usually centre around limited support by families, often a result of shame and guilt by others. Only 56% survivors reported family as one of the motivations for pursuing justice.

This is also a general challenge, which is identified by different criminal justice system actors and community or case workers who report that incest cases see the highest number of survivors dropping out from pursuing legal action even after their support. A representative of the Human Rights Policy Center of the Commission on Human Rights mentioned something similar based on her years of dealing with such cases *“in cases of incest rape, often it is not really the decision of the woman but the decision of the family that forces her to forgive or to no longer pursue the case. So, it should be studied how we can address this and make it possible to continue the case even without the testimony of the woman or without forcing the woman to participate in the case, because there are also many reasons why women do not want to participate.”* She further mentions the real reason behind this lack of support, *“It could also be that they are not pursuing the case because they do not have the support that they need. It is possible that, on one end, some would genuinely say that they have forgiven their perpetrator and that they want to let it go, but there are also others who are not pursuing the case because the system itself is not enabling them to do so.”*

Family systems’ limited support is also evident in our data. A significant number of friends participated in lieu of family members - 24% (second highest after mothers - 32%). Lela, a community worker, adds that in the absence of a supportive family, survivors often rely more on friends since they feel less shame in disclosing the incident. For family members, the fear of being judged/stigma (40%) was the second most reported challenge or barrier in undertaking the legal process. Stigma/fear of backlash appears to be a general challenge for both survivors and families, which is also reflective of the larger culture of underreporting or reluctance to seek formal justice in the Philippines. Shame and guilt are usually derived from the community and their reaction to these cases. Another community worker, says, *“That’s also another traumatic experience for abused women because they don’t receive engagement or support from the community. Instead, people tend to see it as the woman’s fault—that it happened because she did something wrong. It’s like the community is not yet aware that it’s not always our fault. Instead of comforting them, the perception of women who report becomes even lower [in the community].”* She further adds that these structures lead to abuse ongoing for multiple years as women suffer silently to avoid the judgement of family and community, *“I also have experiences where they only come out when it already reaches the point of threats and danger. And then I find out it has already been years that her husband has been doing it to her. They don’t report it because for them, it is shameful. What really holds them back is their fear of the environment, the culture, and the community talking about them.”*

This lack of support by families leads to different emotional circumstances for survivors in spite of withdrawal or non-support of these cases. Survivors reported often pulling away or isolating themselves from their family since they feel alone in this fight for justice. This lack of support or legal pursuit plays a significant role in how survivors view themselves and pursue their justice journeys.⁵⁹ It destabilises foundational trust as well as increases self-blaming tendencies. A community worker, speaks about how this kind of support may be the most essential for survivors to actually achieve justice and heal from the trauma caused by the incident.

CASE STUDY: Stolen childhood and Lea's fight for justice

Lea, 32 years old, has been abused and violated by her former partner for years, draining her emotionally and financially. The perpetrator, at least 10 years older than her, forced Lea to have sexual intercourse when she was only a teenager, resulting in a pregnancy. Initially, she was unable to disclose this to her family, as the perpetrator threatened and shamed her, saying this would bring disgrace to them. Lea, who described herself as a 'battered child', was not able to seek support from her parents, whom she did not share a close relationship with. She recalls having no choice but to start living with the perpetrator. However, the sexual violence never stopped. Still a child herself, Lea gave birth.

The perpetrator eventually left Lea and the child when he found another partner. Lea, working only as a freelancer and no other support system, found it difficult to adequately support her child given her limited financial resources. Upon asking the perpetrator to extend regular monetary support for their child, she was met with more verbal abuse or no response at all.

Lea's case continues to be in the Supreme Court, but her hope for a resolution keeps diminishing as she notes that money and power are essential for a favourable judicial outcome. *"Well, they have money and are well connected. I don't know if I'm going to receive justice for me and my child. It's been years and I have not received any support."*

Lea was diagnosed with PTSD as a result of years of sexual violence. At one point she was prescribed 13 medicines to help manage the symptoms, but they left her feeling drowsy and made her feel worse. She also had to bear these costs on top of the legal expenses.

As a young girl of 16, Lea trusted her partner, but he deceived and violated her. Lea had big dreams of building a successful career and earning money for herself and her family, but she had to drop out of school to take care of her baby. What she really wanted was the option to have an abortion, but the procedure is illegal in the Philippines, leaving many women without access to this reproductive health right even when they are in dire need of it.

The perpetrator also proposed marriage, which at the time would nullify the criminality of his crime. Lea, on the other hand, was firmly opposed to it, and was of the mindset that, *"marriage is sacred. Marriage is something you have to be confident about. Not something you're forced into just because there's a child."*

Lea continues to fight for justice for herself and a fairer life for her child. However, delays and complexities within the justice system, coupled with the lack of meaningful support from her social circle, keeps making the process more difficult, unjust and unfair.

8. Recommendations

This section presents actionable recommendations derived from the study's findings to address the identified gaps in the justice journey of a survivor. It outlines practical measures for policymakers, judicial authorities, and service providers to strengthen system-wide accountability and survivor-centred practices.

Legal / Judicial Process



- Consider removing the criminalisation of abortion to ensure survivors have access to safe mechanisms for termination that don't harm their health and life. This could be done through providing exceptions in the existing law for survivors of sexual abuse to reduce their trauma. Survivors who are impregnated in the Philippines as a result of the abuse do not have access to abortion in the country. This could lead to them either giving birth in unfavourable circumstances or relying on unsafe mechanisms for abortion, which are illegal. This results in them not having access to post-abortion care and endangers their life and reproductive health.
- Establish clear protocols for reporting and case perusal: The state could establish clear guidelines on the step-by-step processes to be undertaken post-incident, from the barangay level, to approaching VAWC desks, medico-legal institutions, legal aid lawyers, etc.
- Create structured mechanisms of spreading awareness information about these steps for survivors to be able to take timely action, ensuring prevention of loss of crucial evidence.
- Strengthen the facilities under the rape crisis centre for survivors to receive tangible support, psychosocial care, and awareness support from a single centre.
- The justice system needs to strengthen existing capacity and its gender-sensitive approach to address barriers within the system that lead to significant pressure and an inability to provide timely support to survivors.
- Increase the capacity of legal aid lawyers. The system should ensure a survivor's handling lawyers do not change multiple times; this leads to potential instances of retraumatising for survivors if they need to repeat the case.
- Governments should allocate budgets towards training staff who work on sexual violence cases, including barangay officials, VAWC desk officials, staff, and doctors at hospitals. Include gender sensitivity training for different stakeholders to ensure dignity and respect while working with survivors. In addition, provide refresher training at regular intervals on new laws, policies, and government initiatives to officials.
- Incorporate technologically innovative mechanisms in a survivor-centric manner. For example, allow usage of video-recorded statements in cases involving children so that survivors can avoid repeating their case details several times, leading to retraumatisation.
- Improve coordination among agencies like the police, barangay, medical institution, and NCMH, to avoid unnecessary delays and comprehensive information sharing about case details.
- Fill communication gaps between courts, prosecutors, witnesses, and survivors, especially on hearing dates and times.

Psychosocial support



- Consider extending free mental health counselling to survivors who end up withdrawing cases as well. A high proportion of survivors falling into this category often settle their cases as they do not receive family support to legally pursue them. They continue to go through mental anguish in such cases as well.
- Consider providing mental health counselling support to family members of survivors free of charge. In our study, we observed that family members go through significant experiences of mental duress, anxiety, and fear, which affects their daily functioning. They usually do not have the means to afford mental health counselling. This support can help them deal with the psychological impacts that they face.
- Improve resource allocation at the National Centre for Mental Health shifting funds toward community-based care, expanding the specialized workforce, and modernizing facility infrastructure.
- Fill gaps in staff shortages and build capacity of existing staff to engage with survivors of sexual violence.
- Design and implement a community mental health program that can train community members on trauma informed care.
- Psychiatrists and counsellors should provide targeted care depending on the specific needs of the particular survivor.
- Subsidise medication costs that have to be borne by survivors, or direct survivors to facilities from where they can obtain medication free of cost.

Financial Assistance / Compensation



- The state could extend monetary compensation or support for rape survivors who experience pregnancies for their medical needs. According to Article 345 of the Revised Penal Code, the convicted perpetrator is to acknowledge a child born as a result of the rape and provide all forms of support towards it. This support should begin from the time of claim and not be delayed till a conviction.
- Child support as directed by the court in case of convictions should cater to the maternal needs during a pregnancy as well. Based on the law, the amount for child support would be decided by the court, which is apart from the civil indemnity to be paid. This amount could include arrears to compensate for the medical costs incurred by the survivor.
- Simplify and fast-track procedures for receiving compensation and child support. Provide legal aid for appointing lawyers so survivors do not have to incur the high legal costs involved.
- Improve or set up existing compensation mechanisms for survivors, especially those who are in intimate partner violence cases such as marital rape.
- Improve awareness and access to existing schemes. Most survivors reported not receiving this support
- Enhance and increase the assistance amount to really support survivors. CJS actors in the study mentioned that it was not enough compared to the costs survivors bear to pursue the case legally.



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CHAPTER 7 SRI LANKA



1. Country Context

Sri Lanka's population is roughly 21.8 million (2024 census), with a Sinhalese-Buddhist majority (Sinhalese 74%, Buddhist 70%) alongside significant minorities: Sri Lankan Tamils (12.3%, mostly Hindu, concentrated in the war-affected North and East), Sri Lankan Moors (10.5%, mostly Muslim), and Indian/Hill Country (Malaiyaha) Tamils (2.8%).¹

Sri Lanka remains a global outlier on gender-gap indicators: the World Economic Forum's (WEF) 2025 Global Gender Gap Report observed the country to be the only one of 100 consistently tracked countries where the gap has widened over two decades,² driven by stagnant female labour force participation (30–35% vs. much higher male rates) and higher female unemployment (7.0% vs. 3.6% overall; 10.2% vs. 5.8% among graduates).³ Nationally, roughly one in four ever-partnered women aged 15–64 report lifetime physical intimate-partner violence, with 90% reporting sexual harassment on public transport and 68% reporting workplace harassment.⁴

Sri Lanka's economic crisis culminated on 12 April 2022, when the government declared a pre-emptive sovereign default on its \$51 billion external debt after its foreign exchange reserves were nearly depleted, the first such default in the Indo-Pacific in decades. Headline year-on-year inflation reached 66.7% by July 2022, with food inflation at 82.5%,⁵ and GDP contracted by 7.8% in the same year.⁶ The economy is now sustained by a 48-month, US\$3 billion Extended Fund Facility approved by the International Monetary Fund (IMF) in March 2023, conditioned on fiscal consolidation, cost-reflective energy pricing and a broader tax base.⁷

The labour market absorbed this shock through falling participation rather than rising unemployment: labour force participation fell for both men and women, a serious problem given already low female participation.⁸ The second adjustment was migration. More than 535,000 Sri Lankans left for foreign employment between January 2022 and September 2023.⁹ Of the 311,056 migrant workers registered in 2022, the highest figure since 2014, over 124,000 (roughly 40%) were women, and close to 60% of these women travelled as domestic workers.¹⁰

This matters for the present study. Households are reorganising around absent women, debt and remittance dependence, at the same time as the institutions a survivor would turn to are themselves under strain.

The key features of the legal system in Sri Lanka include laws, and clear split in institutional responsibilities, these laws include:

- The Protection of Domestic Violence Act (PDVA), which provides a civil remedy in the form of a 12-month protection order¹¹ rather than criminal penalties;
- The Penal Code¹², which sets out the criminal offences of –
 - Rape (Section 363),
 - Incest (Section 364A),
 - Unnatural offences (Section 365),
 - Grave sexual abuse (Section 365B),
 - Sexual harassment (Section 344);
- The Assistance to and Protection of Victims of Crime and Witnesses Act, No. 4 of 2015.¹³

Other institutional support mechanisms exist which can provide support to survivors in Sri Lanka are:

- The Ministry of Women and Child Affairs runs a toll-free national women's helpline for counselling and legal support,¹⁴
- Women in Need operates a trilingual 24-hour hotline,¹⁵
- Digital app for psychosocial, legal, and shelter support, working with the Ministry of Health on the Mithuru Piyasa one-stop crisis centres in state hospitals.¹⁶
- Mithuru Piyasa/Natpu Nilayam ("Friendly Haven") model, dedicated gender-based violence (GBV) care centres within government hospitals, run under the Gender and Women's Health Unit of the Family Health Bureau.
- A state hotline (1938) and a small number of state shelters supplement this.¹⁷

The recent USAID funding crisis has further weakened the civil society organizations that carry much of the counselling, shelter, and legal accompaniment load, leaving the support system even more fragile.¹⁸

2. Demographic Profile of Survivors

The Sri Lanka sample set included 25 survivors and 25 family members. The survivor sample is relatively young: 9 (36%) were aged 18–24, another 9 (36%) were aged 25–34, 6 (24%) were aged 35–44, and 1 (4%) was above 55. The sample was predominantly women (92%), with one man (4%) and one transgender person (4%).

Table 7.1: Sample Distribution by Participant Type

Participant	Sample Size
Survivors	25
Family Members	25
Case Workers	5
Community Workers	5
Criminal Justice System actors	5
Total	65

In terms of education, most had completed secondary schooling: 17 (68%) had studied up to Grade 11 or 12, while 2 (8%) had a graduate-level education or above. One survivor (4%) had no formal education and 4 (16%) had studied up to Grade 10. 14 survivors (56%) were married, 10 (40%) were unmarried, and 1 (4%) was divorced.

The sample was predominantly Buddhist (92%), with 2 survivors (8%) identifying as Hindu.

The employment profile was varied. 8 survivors (32%) were in salaried employment, 4 (16%) were self-employed, 3 (12%) were homemakers, 2 (8%) were daily wage workers, 2 (8%) were students, 1 (4%) was looking for work, and 5 (20%) were not working and not looking for work.

The available economic indicators suggest financial pressures among a substantial proportion of the sample. 10 survivors (40%) reported that they or their families owned land, while 15 (60%) did not.

The survivors were relatively young: At the time of the incident, 9 (36%) were below the age of 18 and 16 (64%) were above the age of 18.

Of the 25 survivors, 13 (52%) reported taking a loan to manage case-related costs, and among those who reported borrowing, 10 said the loan was still outstanding.

Nature of Case

Domestic violence was the most common type of case (52%), followed by statutory rape (24%), grave sexual violence(8%), cyber sexual violence, gang rape, incest, and statutory gang rape were each reported at 4%.

Relationship with the Perpetrator

In a large number of cases in the study, perpetrators were known persons (88%), and 12% were unknown. (A detailed breakdown of perpetrator categories is provided in the Annexure.)

Stage of Case

16% of cases were resolved through compromise. The remaining cases were largely legal ongoing, with no convictions or acquittals reported in the available data.

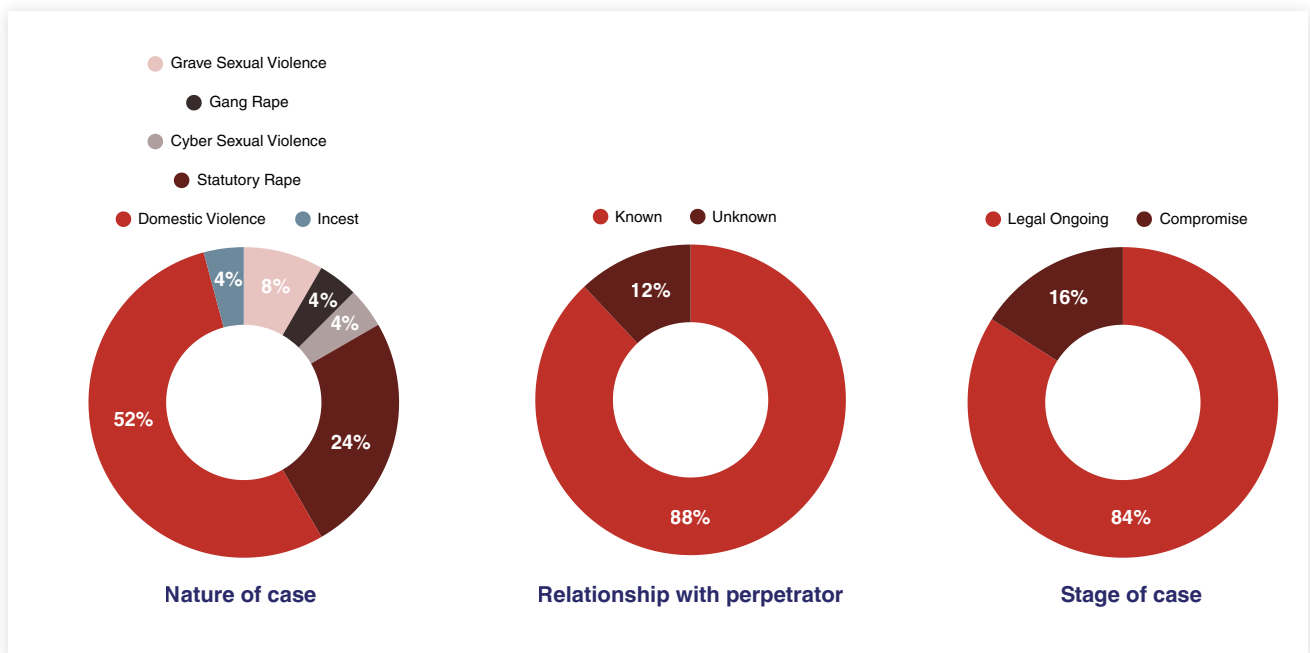


Figure 7.1: Demographic Profile

3. Justice Perspectives

This section sheds light on the varied perceptions of justice and experiences of navigating different systems, shared by survivors and their family members. Perceptions of justice are not always linked to the outcome of the cases.

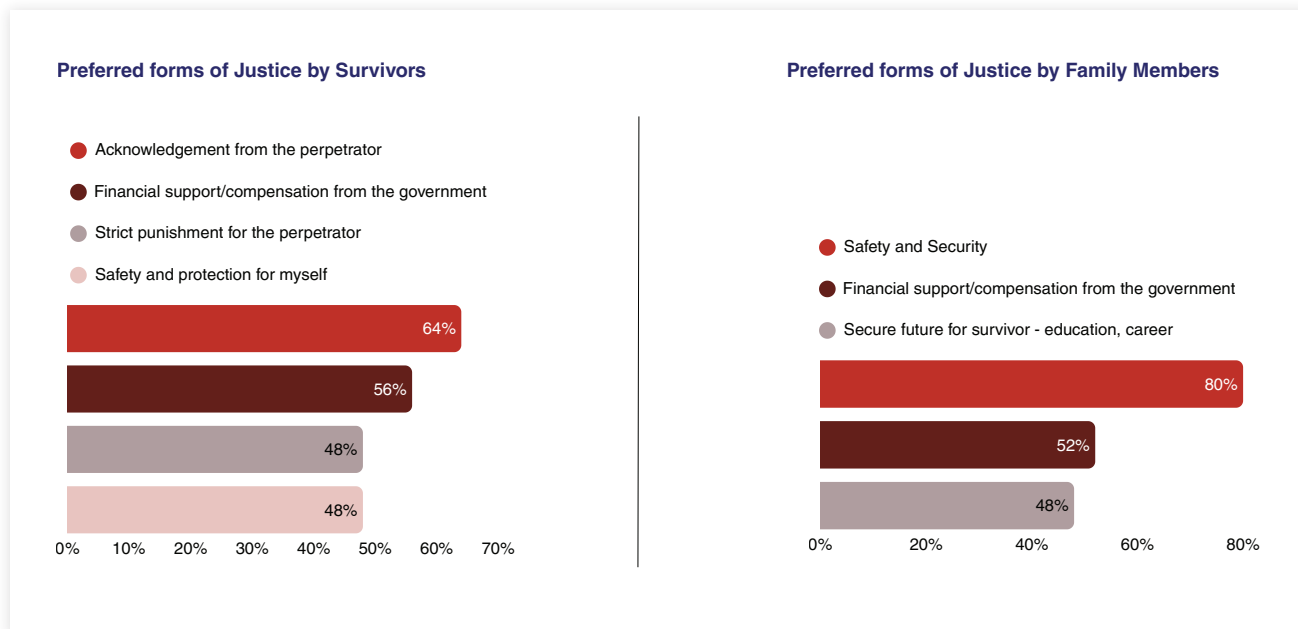


Figure 7.2: Top 3 Preferred Forms of Justice: Survivors & Family Members

Survivors' Perspectives of Justice

64% of surveyed survivors in the study (Figure 7.2) reported a clear first preference: acknowledgement from the perpetrator. This was followed by financial compensation from the government (56%), strict punishment (48%), and safety and protection (48%). The interviews align with the above findings; acknowledgement is not simply one reasonable option among many. Its absence is itself a source of profound pain. Tharu, a survivor of statutory rape,¹⁹ describing what she felt most after the incident, put the two together directly:

"I felt sad, I also felt angry... I felt sad that he didn't accept that it happened. Anger was also for the same thing, because even though it happened, he said that it didn't."

— Tharu, Survivor

Nethmi, a survivor, made the same point in almost identical terms, describing how she feels about a case that has run for seven years: *"I would feel better if they accepted that they were guilty."* For both survivors, the perpetrator's refusal to acknowledge what happened is connected to how they are seen by others. Acknowledgement is not only about the perpetrator confirming the truth; it is about correcting a public verdict that has already been passed on the survivor as reflected in Nethmi's account: *"There has to be some justice, they have to accept what they did to me, so the bad name will go away a little. People say it's my fault, so they have to (say it) in front of everyone, then I will be okay."*

Acknowledgement here is not a step toward legal punishment; it is a claim to redistribute blame that has settled, by default, on the survivor.

Financial compensation is the second most cited preference (56%), and it is worth reading alongside the debt burden. For survivors who have taken high-interest loans to pursue a case, compensation is rarely about restitution in the abstract. It is about closing a debt the justice process itself created.

Safety and protection (48%) is the third most cited preference, and several of the accounts are, on closer reading, expressions of this same need rather than a separate one. When Maheshi and Sandamalee describe wanting “distance” and “freedom” from a perpetrator’s influence rather than punishment, they are describing safety in practical terms: an end to contact, not an abstract ideal. Where survivors did not frame justice around acknowledgement, several described an end to contact with the perpetrator, rather than a legal outcome as such. Maheshi filed her case without asking for compensation; she says, *“I have filed this case without asking him for compensation. What I want is to not keep remembering that incident... I don’t want any compensation or to do anything to him out of anger; I just want to free myself from him... If we make a complaint, it needs to be resolved the next day in a way that we can live our lives.”* Sandamalee, when asked what punishment she thought her husband should receive under the law, answered in a similar manner, *“More than anything, I just want to be free from his influence. I want my two children and myself to be able to live peacefully and independently, away from him.”*

Neither of the women is asking for more than the system could offer; they are asking for something the system’s categories (punishment, compensation, protection) do not quite describe – distance, and an end to being pulled back into the incident every time a hearing is scheduled. A criminal justice actor interviewed for this study, who is herself a survivor, offered a possible explanation for why some survivors step back from a case – fear of re-exposure – rather than indifference to justice. She explains,

“Most of the time people are taught to forgive and forget. Survivors have that Post-Traumatic Stress Disorder (PTSD) kind of scenario reactions, so they don’t want (to seek) justice because they are worried that they have to go through the same thing again and again, so they don’t want to punish anyone; they just want to forget and live peacefully.”

— Lawyer

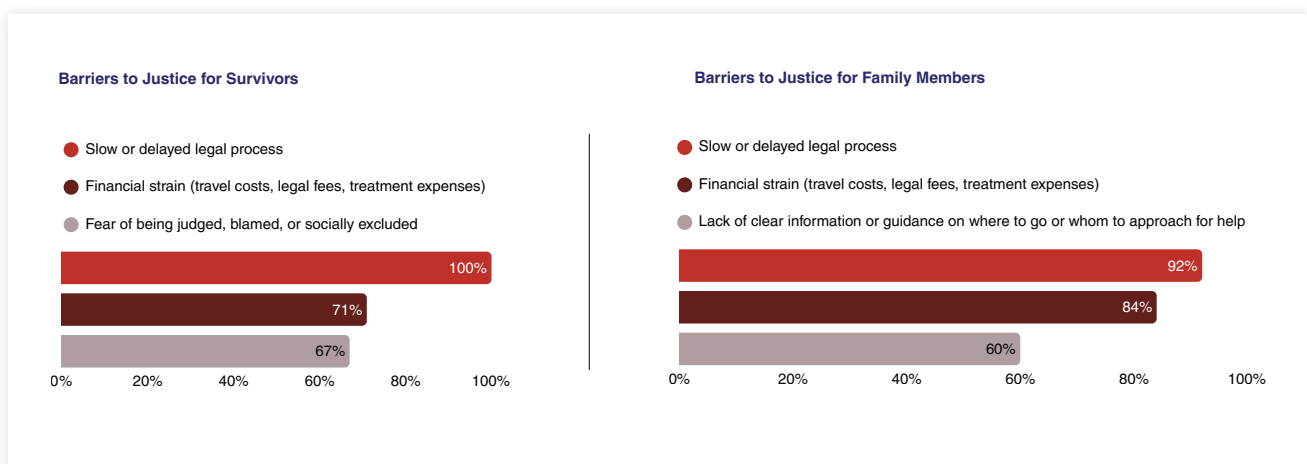


Figure 7.3: Top 3 Barriers to Justice: Survivors & Family Members

Across these testimonies, it is clear that while financial compensation and safety and protection remain important for survivors in their pursuit for justice, acknowledgement by perpetrators remains the most essential. Evidence from our sample on zero convictions may be another factor which points towards the preference for acknowledgement; cases have been pending since 2018 without a single one reaching conviction. This is consistent with the national picture. Sri Lanka Police's own Grave Crime Abstract recorded a conviction rate of just 3.8% for rape cases in 2019, and zero recorded convictions for rape in all of 2020, against 300 reported rape cases and 1,653 reported statutory rape cases that year, the large majority of which remained pending trial at year's end.²⁰ A conviction depends on the courts; a settlement depends on money; but acknowledgement, in principle, could come directly from the perpetrator, without a hearing. Survivors are not necessarily choosing acknowledgement over conviction because they value it more. For several respondents in this sample, it may be closer to the only outcome that still feels viable, an outcome independent of the system that is prolonged and uncertain as per participants' experiences.

Families' Perspectives of Justice

When survivors seek acknowledgement, distance, an end to being reminded, families reach for something more tangible, such as school fees, a monthly amount, or a house to live in safely. Family members' ideas of justice for the survivor follow a different order – safety and security come first by a wide margin (80%), ahead of financial support/compensation from the government (52%), followed by a secured future for the survivor (48%), as seen in Figure 7.2. These preferences show that for families, justice is not limited to conviction of perpetrators, but it is also about how survivors and families sustain themselves in the aftermath of violence, whether the survivor is safe, whether they can continue their education, and whether the family can regain financial stability. This ordering follows directly from what families have already lost, or fear losing. Where a survivor's own justice preference is shaped by what happened to her personally, a family's preference is shaped by what the household now needs to keep functioning.

Many families in this sample were directly exposed to the violence the perpetrator was capable of, watching it happen over long periods before it led to any intervention. This was also reflected in the survey, where 13% of survivors and 20% of family members reported pressure from perpetrators to stay silent, not report, or withdraw cases through threats or intimidation. Mihiri, one of the survivors interviewed in this study, experienced prolonged domestic violence, including physical, verbal, psychological and sexual violence, within her marriage. Her experience also highlights the pressures surrounding reporting: her husband's family opposed her going to the police, while the police repeatedly trivialised the violence. Sri Lankan national data highlights the extent to which perpetrator violence is witnessed by family members. The 2019 Women's Wellbeing Survey found that 60% of women who experienced physical violence by a partner reported that their children had witnessed or overheard the violence.²¹ This underscores how violence can extend beyond the survivor, directly affecting and exposing family members to the perpetrator's behaviour.

Survivors' family members' hope and pursuit of justice is further observed in their determination for a better future for them and their family. Sathsaranee's mother described what justice would mean for her daughter's two children in the plainest possible terms: *"Mainly education. Education expenses are high. Tuition fees are very high per child. That is what I care about most."* Mihiri's mother made close to the same point about her own daughter, left raising a child alone after the case: *"What I hoped for was proper support for the child. If justice were truly served, there should be financial support because my daughter was left to raise the child on her own."* These accounts illustrate how the economic consequences of violence can continue after survivors separate from the perpetrators. Having left abusive marriages, survivors and their families may have to assume responsibility for children's education and day-to-day needs on their own, making financial support a particularly tangible dimension of what justice means to them.

Families' own financial dependence on a perpetrator, or on the household he heads, also shapes how much they are able to act once violence is already happening. This is the same dynamic already visible in Mihiri's mother's account above. This is consistent with other research conducted in the context of South Asia, including Sri Lanka, which identified women's economic dependence on husbands as a constraint on leaving abusive relationships, particularly where women have limited financial resources or responsibility for children.^{22 23}

This is not evidence that families do not care. A household with no independent income and no land, a position true of 60% of survivor families in this sample, has very little room to act on that care while the person causing harm is also the one who is paying for the household.

Financial strain also shapes the support a family is able to provide once a case does begin. One family member of a survivor described the household's situation directly during the period the survivor's case was underway: *"Their family situation was already difficult. Sometimes there wasn't enough food in the house. She didn't have a proper place to stay, and her father was also struggling. There were many challenges, but they simply had to face them and keep going."*

The family survey in the study shows this is close to a shared experience rather than a single account, as 84% of family respondents (Figure 7.3) cite financial strain as a challenge in supporting the survivor, discussed in detail in another section of this chapter.

Survivors and families are not disagreeing about what justice is; they are answering from different vantage points on the same event. A survivor's preference is shaped by what was done to her specifically, which is why acknowledgement, a direct response to the perpetrator's denial, ranks first for survivors but only third for families. A family's preference is shaped by what the household now needs in order to keep functioning, which is why safety and money dominate for families (80% and 52% respectively) in a way they do not for survivors themselves. Where the two genuinely diverge is on punishment: families rank it above acknowledgement (44% each, but named more readily), while several survivors in this sample actively declined punishment when it was offered to them, asking instead to withdraw a case or simply be left alone. That gap, between a family wanting the perpetrator punished and a survivor wanting only distance from him, is one of the clearest differences this study documents between how survivors and their families define justice.



4. Impacts on Survivors and their Families

This section examines the different ways in which violence affects survivors and their families in its aftermath, including its impacts on their physical health, emotional well-being, employment and financial security, and social lives.

Physical Impacts

Around 72% of survivors report physical health impacts, most commonly sleep disturbance reported by 79% of those affected, with injuries and sexual and reproductive health effects each reported by 26% (Figure 7.4). Chronic pain or weakness was experienced by 21% of survivors. A further figure deserves to be stated on its own, without softening: 16% of survivors became pregnant as a direct result of the incident. For survivors of sexual violence, this can create a further consequence that the justice system does little to address.

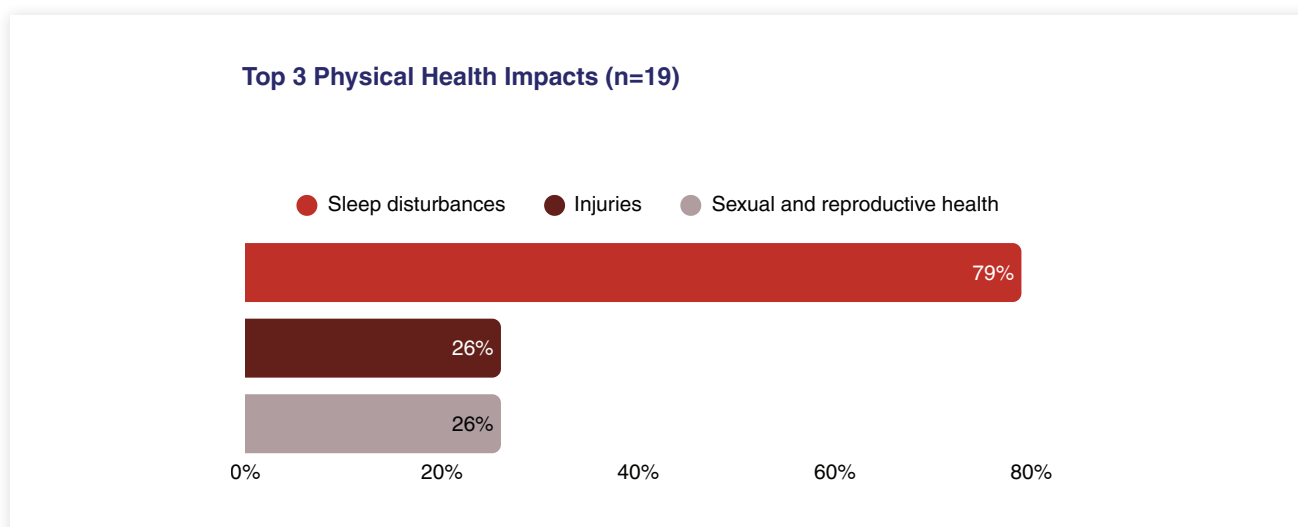


Figure 7.4: Physical Health Impacts on Survivors

Sri Lanka's public health system is relatively strong by regional standards, reflected in its low maternal mortality ratio of 18 deaths per 100,000 live births in 2023, compared with 103 in India, 155 in Pakistan, and a WHO South-East Asia regional average of 152.²⁴ This broader strength is also reflected in how survivors and families in our study accessed health services following violence: 70% of survivors reported using a public health facility after the incident, while 64% of family members said it was easy to obtain help from a hospital. Together, these findings suggest that public health facilities are an important and comparatively accessible point of support following violence.

Abortion is not legally available to rape survivors, except in the case of a life-threatening situation in Sri Lanka.²⁵ 16% of survivors in our survey got pregnant as a direct result of the incident, some of them minors, and since abortion is illegal regardless of the survivor's age, these pregnancies had to be carried to term without the option of termination. Maheshi's case shows what this can mean in practice. Her husband gave her pills without telling her what they were. She says, "He gave me some pills and told me it'll be fine after I take them. I didn't know... He had given me pills to induce an abortion... I thought there needed to be an operation for an abortion to happen. I wasn't aware of pills." Maheshi had received sex education at school and knew about birth control in general terms. What she didn't know was that a pill could end a pregnancy on its own. That gap left her husband, not a doctor, in charge of ending her pregnancy, with no medical supervision and no one to explain to her what was actually happening to her body.

What happened to Maheshi, a partner making a reproductive decision on her behalf, without her knowledge or consent, is recognised internationally as a form of reproductive coercion, a distinct category of gender-based violence that violates a woman's bodily autonomy independent of the physical act itself. Sri Lanka's restrictive abortion law has been identified as compromising women's ability to make decisions about their own bodies, while the UN Human Rights Committee has raised concerns that criminalisation of abortion in cases of rape can force women to seek clandestine and potentially unsafe procedures. Sri Lankan research also found that rape was reported as the reason for 4.1% of unsafe abortions in one hospital-based study.

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Where a pregnancy from assault cannot legally be ended, it has to be lived through, and this sample shows that pregnancy then reshapes where and how a family lives, along with the consistent shame they face. Nethmi's account shows what a pregnancy from assault can do to a survivor's place inside her own family, once it becomes known. She reports, *"My mother removed me from my family. Aunt was the support; she did as much as possible"*. Nethmi also connected this shame she faced within the household directly to her expulsion from the school later on. The same pregnancy that separated her from her home is what ended up pushing her out of the classroom as well.

Hansi's case is a little different from Nethmi; she became pregnant as a result of statutory rape. Her family member reported that once her pregnancy was discovered, she was moved between different probation facilities in different towns partway through her placement. They described her being transferred without warning once staff realised, and the baby was born while she was still in institutional care, months after the initial move.

This evidence reveals that pregnancy and existing abortion laws within Sri Lanka consistently lead to challenges for survivors, impairing their ability to make independent decisions about their own body while facing constant shame at the hands of family members, institutional bodies and employers.

Psychological Impacts

The psychological impact of violence was widespread in the survey: around 92% of survivors reported mental health impacts. A substantial majority of 92% experienced fear, followed by anxiety and anger (80% each); see Figure 7.5. Guilt, shame, and sadness were reported at 72% each. 80% also reported feeling alienated from family or community to some degree. Family members reported mental health impacts at almost the same rate (92%), led by fear (79%), sadness (75%), and anxiety (58%). 33% reported anger toward themselves, showing that the psychological impact also extends to those supporting survivors.

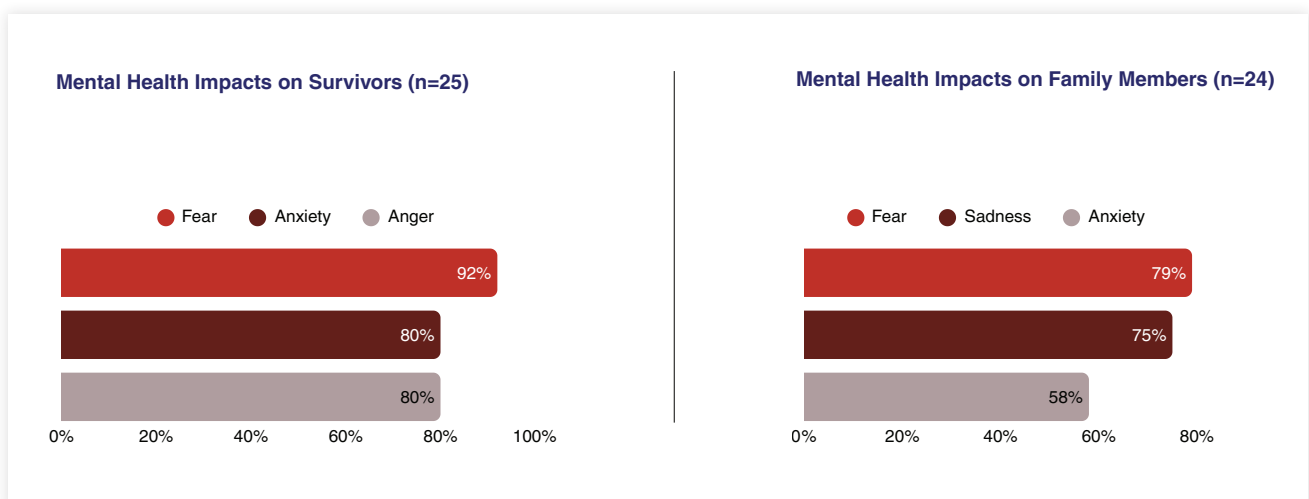


Figure 7.5: Top 3 Mental Health Impacts: Survivors and Family Members

Similar accounts of helplessness, fear, anger and sadness were revealed in survivor testimonies. Sandamalee, a survivor, when asked how the abuse had affected her, mentioned, *“With all that pain and suffering, I felt like giving up.”*

Maheshi’s account of the period leading up to her filing a police complaint describes a similar compounding of physical and psychological harm, and the isolation that came with having no one to tell. She says, *“More than the physical stuff, I just couldn’t believe what had happened to me. I was in shock... I would cry at night, I had migraine-like headaches, I kept constantly thinking and couldn’t sleep throughout the night. I had no one to talk to, and then somehow this aunt took me to her place.”* Even attempts to leave the perpetrator did not mean an end to violence in her case. Maheshi further speaks about the violence she faced after filing for divorce against her husband, who was the perpetrator. She reports, *“After I filed for divorce, he tried to suffocate me with a pillow and later came back again, started a fight, and smashed my phone... I screamed and called out to the neighbour, my mother’s elder sister. I asked her to call my father because he was hitting me. That’s when people found out.”*

In cases under the PDVA, a protection order can be filed.²⁹ In spite of this protection, for some survivors, the harm continued even after filing the order. Kumari described a violation of her protection order that resulted in a pregnancy, adding a fifth child to a household she was already struggling to support alone. She says, *“Even after filing the domestic violence case, he came to the house one day and harassed me again. After that, I became pregnant... Society already knew that he was not supposed to come home, and even legally he had been ordered not to return. I felt helpless... I already had four children, and now with five children, I am struggling alone to manage life.”*

These effects are reflected across survivors’ accounts. Maheshi describes being *“in shock,”* crying at night, experiencing migraine-like headaches, constantly thinking about what had happened and being unable to sleep. She also described having *“no one to talk to,”* illustrating the social isolation that can accompany violence. Fear is evident in Sandamalee’s account of ongoing threat, while shame and social withdrawal appear in accounts of survivors who withdrew a case or asked to keep it quiet to avoid public exposure. The statement, *“I felt like giving up,”* also points to profound hopelessness in at least one survivor’s account.

Fear, anxiety, and shame are the three most reported effects, and each has already surfaced directly in the accounts above. Together, the survey and qualitative accounts show that the psychological impact of violence is not limited to an immediate emotional response, but can include fear, anxiety, anger, shame, sadness, shock, sleep disturbance, social isolation and, in some cases, profound hopelessness.

Economic Impacts

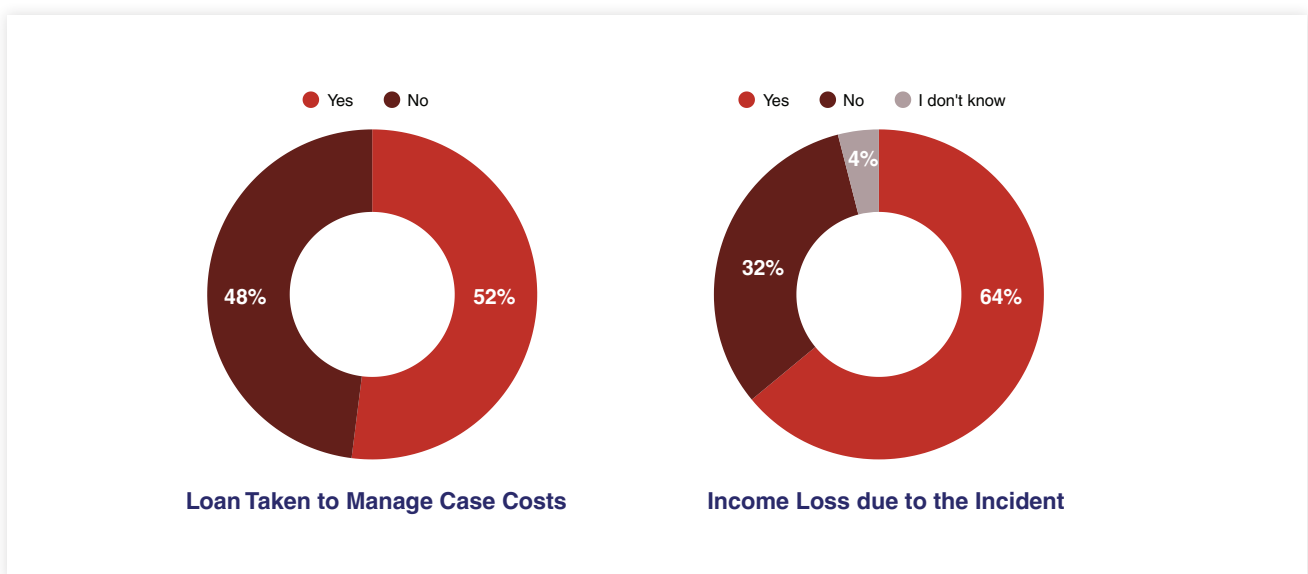


Figure 7.6: Economic Impacts of Violence

In the Sri Lanka survivor survey, 52% (n=13) of survivors took a loan specifically to cover case-related costs; of those loans (Figure 7.6), 10 reported taking loans from moneylenders rather than banks, relatives, or friends; 10 survivors reported that these loans remained unpaid at the time of the survey. The underlying picture is stark: many survivors are financing their pursuit of justice through high-cost, informal debt, and most are unable to repay it.

These legal costs generally entail different types of fees which recur throughout the legal process rather than arriving as a single fee. Among survivors, the most commonly incurred expense is communication (phone recharge, cited by most respondents - 88%), followed by travel and accommodation for hearings (76%); medical expenses, led by the first medical examination (39%) and mental health counselling (22%).

Beyond legal costs, the survey also captures a broader income impact: 64% of survivors report some form of income loss connected to the incident, most commonly missed daily wages (65% of those affected), with a further 6% reporting permanent job loss. For survivors already facing the costs of pursuing a case, losing income or employment can further limit their ability to meet everyday household needs and repay debts incurred through the justice process. Renu, whose daughter's case is still ongoing, described the compounding effect of pawned gold and unpaid loans: *"The loans got stuck. We are still paying arrears. Even our gold jewellery is all in the bank... The gold we pawned keeps accumulating interest. We still haven't been able to redeem them."*

Such instances highlight why financial support and compensation are crucial. Sri Lanka's 2019 Women's Wellbeing Survey documented expenses for healthcare, medicines and transport among women seeking treatment for violence-related injuries, with those requiring inpatient care reporting an average total cost of LKR 32,843 (~USD 100).³⁰ This economic burden reinforces the importance of recognising financial compensation as a tangible form of justice, particularly where survivors and their families face economic precarity. Kumudu's case reflects this with the utilisation patterns of the compensation she received. Her family reported that the court-ordered compensation "has helped her survive. Since she no longer has debt repayments to make." This effectively describes what compensation can actually do for survivors, breaking a debt cycle the justice process itself helped create.



Social Impacts

56% of survivors had to migrate as a direct result of the incident; 52% migrated out of their village while 4% returned. The qualitative accounts help explain what this displacement means and what related disruptions looked like in survivors' lives.

Fear is one of the main reasons women and children migrate in this sample, fleeing the perpetrator, a husband or father, for as long as he keeps looking for them. Sandamalee described one such episode directly, hiding with her children while her husband searched the road outside. She informs, *"One day, during a Dhamma School (a school providing Buddhist education) ceremony, he went to our house carrying a bottle of petrol... We stayed there until evening to avoid him, but he kept following us. We avoided going home because the children were too frightened."*

Shivangi described a longer-running version of the same pattern, repeated often enough that it shows up in how her children responded to it physically: *"I have slept in other people's houses many times. I used to take the children, and they would even wet themselves. I suffered a lot. Now it's a bit better, but the financial struggle remains. I need a place to live, even a small room."*

These accounts describe migration as an approach taken for safety rather than a permanent resettlement. Displacement is less a one-time relocation than an ongoing effort to stay away from the perpetrator. Survivors describe sleeping at other people's houses, staying in temples, staying in bushes or near lakes, and moving between relatives' homes for as long as the person they are fleeing keeps looking for them. Our local partner NGO for this study, drawing on its experience of working with survivors of violence in Sri Lanka, noted that such forms of displacement are common among women seeking to escape violent partners. The result is not simply movement from one place to another, but prolonged instability: survivors and children can lose access to school, stable housing, and the social environments around them while trying to remain safe.

Kumudu's mother explains the financial impact of migration on her daughter, who had to move as a result of abuse by her husband. She says *"After that, she taught classes voluntarily for quite a long time. She had to earn something somehow. But she lost that opportunity too. She could not continue doing that after moving here. Sewing bags turned out to be a better option. Because she had to move from place to place, she lost her regular source of income."*

Among survivors who were studying at the time, 38% dropped out of school permanently, and a further 24% continued only with difficulty; 38% report no impact on their education at all. Evidence from conversations with survivors also reveals that migration and violence have a direct cost to a child's schooling, not just a survivor's stability. Sandamalee described a separate month-long period of displacement in the same case and named the effect on her kids: *"Eventually my children could not even go to school. We left home for about a month and stayed elsewhere with the children. It was difficult to enroll them in a school while moving around."*

Survivors like Nethmi, who were minors at the time of the incident, reported experiencing education disruption and a strong possibility of migration. She had a child as a result of the rape. Social stigma further led to her discontinuing her education. She says,

"When you have a child... you get kicked out of school. And there is a lot of stigma for a girl who had a child... School said others will learn from me. That means others will learn things about sex from me."

— Nethmi, Survivor

5. Support Systems

This section examines two key dimensions of survivors' journeys towards justice: what motivates survivors to pursue justice and sustain their efforts over time, and how they navigate and cope with the formal and informal systems they encounter along the way.

Motivations for Seeking Justice

Survivors' decisions to pursue justice were shaped not only by their perceptions of the legal system, but also by the support and personal resources available to them. Among survivors who pursued legal justice, 70% identified belief in themselves as a motivator, while 65% cited support from an NGO or caseworker (Figure 7.7). By comparison, belief in the legal system and family support were each cited by 30%. These findings suggest that persistence was driven more strongly by survivors' own determination, pointing towards their personal resilience as a motivating factor, and by individuals or organisations that helped them navigate the process than by confidence in formal institutions.

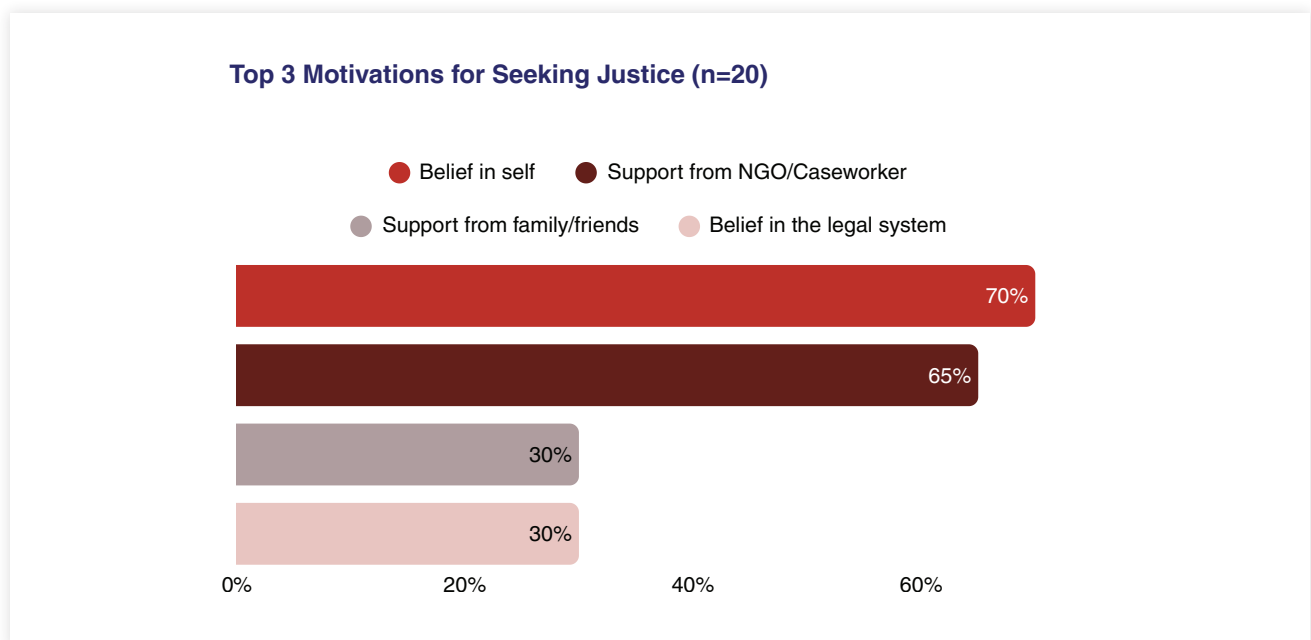


Figure 7.7 : Motivations for Seeking Justice for Survivors

Where support did reach survivors and families in this sample, it came mainly from three sources: NGO caseworkers, a small number of government field officers (Women Development Officers, Grama Niladharis, Child Rights Promotion Officers), and, less formally, temples and village-level mediation. NGOs are also the leading source of help for navigating government compensation schemes, cited by 80% of survivors and 60% of family members who received assistance with applications, ahead of both police and any legal-aid channel.

Chami's father offers a concrete example of what effective NGO and legal-aid support can change. Unlike many families in the sample, who were forced to take loans to meet the costs associated with pursuing justice, his family was able to avoid debt because support was available. He says, "No. The NGO provided us with a lawyer, and Devasarana (community development centre) supported the child, so we did not need loans." Support from NGOs could also be direct and material, not only legal. Kumudu described how NGO assistance let her rebuild an income after leaving her marriage. She mentioned, "After I came here, NGOs gave me LKR 98,975 (~USD 300) as assistance. With that, I bought bags, mats, and fabric." NGO caseworkers not only provided emotional support but also helped survivors understand their legal options, navigate government processes, and access material assistance. Sandamalee's experience illustrates this connection, after years without meaningful support, finding about the organisation gave her someone to talk to while also informing her about legal options and how to take legal action.

Government field officers primarily facilitate bridging gaps between existing support systems and survivors. A Women Development Officer from Ibbagamuwa reported, *“We rely heavily on networks and connections. For example, I call the NGO and ask, ‘Can you help with something? Can you even provide a packet of sanitary pads?’ We reach out to NGOs. Because within the Ministry, we only have limited funds within a fixed framework. But through NGOs and personal contacts, we manage to get things done.”*

Even with support systems in place, 16% (4 survivors) reported not pursuing legal cases, resulting in compromise, a relatively lower number in comparison to other countries. Barriers within existing systems and socio-cultural norms such as lack of legal awareness, religious beliefs, social expectations and scrutiny result in deterring survivors from pursuing legal justice. .

A major barrier cited by survivors and families was the lack of clear information or guidance on where to seek help - 58% and 60%, respectively (Figure 7.3). Maheshi explains the challenges she faced as a result of this, *“I don’t know much beyond the police and courts. No one informed me about other support systems, not even at the police station. People generally aren’t aware that such services exist. Unless someone tells them, they don’t know where to go to seek help.”*

For some survivors, pursuing justice could itself mean returning repeatedly to an experience they were trying to move beyond. A criminal justice actor interviewed for this study offered a possible explanation for why some survivors step back from a case – fear of re-exposure, rather than indifference to justice.

This instinct to forgive and move forward is not incidental. A lawyer interviewed for this study located it directly in religious teaching,³¹ and in what is preached to women specifically. They mention, *“If you are Buddhist, of course there are religious teachings that influence you. It is preached that women should be patient and tolerant, and so on.”* With almost all survivors in our sample being Buddhist, this could be an indication for some deterrence.

Social expectations could similarly shape whether survivors felt able to continue with a case. In some accounts, the possibility of social judgement or disruption to their lives became a reason to withdraw. For Tharu, for example, a new relationship became a reason to drop her case. Her mother explained, *“She feels like it would be a problem for him; she also worries about if his family will get to know about the incident.”* The relationship’s survival, in this account, depended on the case quietly disappearing. Here, continuing the case was perceived as potentially threatening the survivor’s future relationship and her acceptance within her partner’s family. The case therefore became something that had to disappear in order to protect her ability to move forward.

For Kumari, social scrutiny continued even after she had left her husband and was living independently with her children. She described neighbours interpreting ordinary sounds around her home as evidence of a relationship with another man:

“The people around me are nice to my face. They smile and talk to me kindly. Even if a dog barks near our house at night, the next morning they ask, ‘Why were the dogs barking last night?’ When I take the children to school, people stop us on the road and ask, ‘Why were the dogs barking last night, son?’ Maybe they think that because no one else is at home, I must have some kind of relationship with someone, or that someone comes to the house. I really do not know what they think.”

— Kumari, Survivor

Kumari reveals that she has no new relationship to hide or protect; the watchfulness exists regardless, aimed simply at a woman living without a man in the house.

These accounts provide clear indications of support mechanisms which strengthen a survivor’s resolve to seek legal justice but also provide evidence on barriers which may make their fight harder.

Coping Mechanisms

On emotional and psychosocial support specifically, the survey shows informal channels doing more of this work than formal counselling: 52% of survivors accessed healing support by talking with supportive family, friends, or community, against 48% who accessed counselling from a social worker or mental health professional, followed by seeking spiritual/religious guidance at 36% (Figure 7.8). The reliance on family, friends, community, and individual professionals may reflect a fallback rather than a system that is adequately meeting survivors' needs.

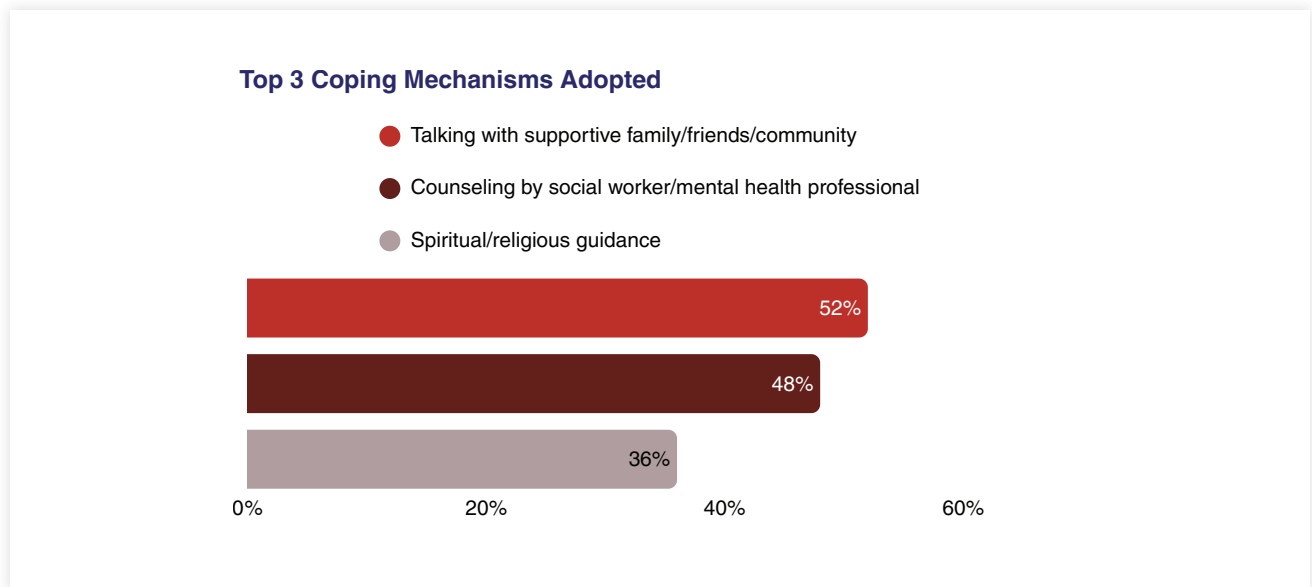


Figure 7.8: Coping Mechanisms Adopted by Survivors

This support for survivors came in different forms when it did. In Kumari's case, it was primarily related to her being able to speak with friends and family. She says, *"I have one close friend. Talking with that person about the problems in my mind gives me a lot of relief. Other than that, there is no one else I can really talk to."* For Sandamalee, relief came from an entirely different source, a support organisation she did not find until six years after the incident.

"After many years and many problems, around six years ago I found this centre. The people there supported me. That is where I finally found some relief... The emotional burden I had been carrying was lifted. At least I finally had someone to talk to. They also informed me about legal options and how to take legal action."

— Sandamalee, Survivor

Where this support was inconsistent or arrived late, as it did for Sandamalee, the reasons point to system-wide gaps rather than individual failures. Development partners working across Sri Lanka, the Maldives, and Nepal have documented that GBV service provision "is sometimes unavailable or difficult to access in rural areas or remote regions," with confidentiality concerns and judgemental staff attitudes further discouraging survivors from returning once they do make contact.³² Sri Lanka's dedicated Mithuru Piyasa care centres, while extensive, are concentrated in around 90 government hospitals island-wide, leaving districts without one of these centres dependent on referral to a hospital outside their immediate area.³³

For some survivors, religion and cultural traditions provided comfort and strength. Nethmi's entire answer for what helped her get through fear and anger was simply, *"Temples... that's it."* Nadeeka described nightly chanting as how she got through her daughter's case. For these women, faith provides a steady presence when little else feels stable.

These accounts show that the factors shaping the pursuit of justice were both enabling and constraining. Personal determination, supportive organisations, trusted relationships, and religious or community resources could help survivors cope and continue. At the same time, fear of re-exposure, expectations to forgive and tolerate, and concerns about social judgement could make withdrawal appear safer or more manageable. Support, therefore, was not simply a matter of whether a service existed; it also depended on whether survivors had someone they trusted, whether they could access that support in time, and whether pursuing justice was compatible with the social and personal circumstances in which they were trying to rebuild their lives.



6. Experience with the System

This section examines the experiences of survivors and their families in navigating the criminal justice system, including the police, medical services, judiciary, and other localised formal support systems. It also draws on first-hand accounts from criminal justice system actors to identify the structural and infrastructural challenges that hinder their ability to provide adequate, timely, and survivor-centred support to survivors and their families.

The survey findings indicate that delays in the legal process are the most pervasive barrier to justice in Sri Lanka, reported by all survivors and 92% of family members. This suggests that prolonged legal proceedings are a near-universal challenge for those pursuing justice, potentially making the process difficult to sustain over time. Financial strain is the second major barrier, reported by 71% of survivors and 84% of family members, indicating that the costs associated with travel, legal fees and treatment can place a significant burden on both survivors and their families (Figure 7.3).

For survivors specifically, fear of being judged, blamed or socially excluded is particularly significant (67%), considerably higher than among family members (36%). This points to the role of stigma and social perceptions in shaping survivors' ability to pursue justice. Institutional interactions were also a concern, with 25% of survivors and 32% of family members reporting insensitive or unhelpful behaviour from police, hospital or court officials.

Overall, the findings suggest that barriers to justice operate at multiple levels, procedural, financial, informational and social, with delays and financial costs emerging as the most consistently reported obstacles.

For survivors and families in this sample, the first point of contact with the formal justice system was often the police. Their experiences at this stage varied, but concerns around privacy, the manner of questioning, and the treatment of children emerged repeatedly.

Tharu described wanting a more private reporting environment. She says, *"It would be better if questioning was done privately by one or two officers, not in front of many people."* Maheshi's account of filing her own complaint describes the physical setting in which she had to do so, *"They had put two tables together. That wasn't a place to be able to speak properly."*

These experiences are consistent with broader evidence on Sri Lanka's criminal justice response to gender-based violence. Research and civil society reporting have documented a lack of gender-sensitive practices among police officers, including survivors' discomfort when reporting violence, inadequate privacy during interactions with police, and insufficient gender-sensitivity training.³⁴ Taken together, these accounts suggest that the process itself, not only its eventual outcome, can reproduce experiences of insensitivity and make survivors' engagement with the justice system more difficult.

This was compounded further for child survivors, who describe a version of the same problem with fewer protections built around it. Renu's daughter was a minor at the time of her case, and Renu described the physical conditions she was left in at the police station, with no separation from the adults also in custody there.

"There was no dignity or privacy for the child there. If that were the case, they should at least keep these children somewhere separate, out of sight. Instead, they were made to sit on a bench in front of where male detainees were being held. I remember clearly that my daughter was the only child there that day."

— Renu's mother

A Child Rights Promotion Officer, describing the same problem from inside the system, pointed to conditions that go beyond attitude and into basic resourcing. They say, *“When a child comes, they do not know how to treat them. From one perspective, they do not even have a way to offer a cup of tea. Sometimes they have to stay for half a day... Children who stay for hours have to wait around. Sometimes they come walking with their parents because there are no buses.”*

Thus, the reporting stage could involve multiple interactions with different officials, with limited coordination and few protections against repeated recounting of the experience.

After reporting, survivors encountered the medical system as part of the process. Public health facilities were the main point of medical contact in this sample: 70% of survivors who accessed medical services used public facilities, while 30% used private facilities.

Medical expenses reported by survivors included the first medical examination (39%), mental health counselling (22%), follow-up care (9%), and pregnancy, surgery or hospitalisation (4%). Survivors also reported sexual and reproductive health impacts following the incident, with 16% reporting that they became pregnant as a direct result.

The experiences described in the interviews indicate that hospitals were, in general, experienced as places where survivors felt understood and supported. Unlike other stages of the justice process, the study did not identify significant barriers to obtaining healthcare in Sri Lanka. 64% of family members also reported that it was easy to obtain hospital help.

However, the medical encounter could become particularly consequential where pregnancy resulted from sexual violence. Sri Lanka’s legal restrictions on abortion meant that survivors who became pregnant following rape could not access a legal abortion on that ground, such as Maheshi’s case mentioned earlier.

For child survivors, the social consequences of pregnancy and no access to medical intervention could lead to increased unsafe situations for survivors.

Once a complaint entered the legal system, the process could continue for years. For survivors and families in this sample, delay was the most consistently reported feature of their experience. All survivors who pursued a legal case identified a slow or delayed legal process as a barrier. Financial strain was cited by 71%, fear of being judged or socially excluded by 67%, and lack of clear information about where to go or whom to approach by 58%. Among family members, 92% identified a slow or delayed legal process as a challenge and 84% cited financial strain (Figure 7.3).

These experiences are consistent with broader evidence on Sri Lanka’s justice system, which identifies significant case backlogs, limited institutional capacity and resource constraints as contributing to prolonged court delays. A 2023 IMF governance diagnostic noted that Sri Lanka’s courts face an overwhelming backlog, limited capacity among legal personnel and administrative constraints that contribute to inordinate delays. Research and reporting on access to justice for survivors of sexual and gender-based violence similarly identifies slow police responses and delays in court processes as barriers affecting survivors.³⁵ Taken together, the evidence suggests that the delays reported by survivors and families are not simply individual perceptions of cases taking too long, but reflect wider systemic constraints on the ability of the justice system to provide a timely and accessible pathway to redress.

Institutional actors interviewed for this study also described these capacity constraints. A lawyer identified the concentration of cases at the Attorney General’s Department in Colombo as a significant bottleneck.

“There is a general shortage of resources. This is because cases from all twenty-five districts in Sri Lanka are sent to the Attorney General’s Department in Colombo. For us, there may be one or two incidents here, but there is a huge workload there.”

— Lawyer

A second key informant pointed to limited judicial capacity. They report, *“I learned this in 2022, and it may have changed since then. At that time, there were only around 300 magistrates and approximately 300 positions allocated for Magistrates’ Courts in the entire judiciary. That number needs to increase.”*

These institutional limitations were experienced by survivors as repeated hearings, travel and waiting without a clear resolution. Kumari, who was supported through legal aid, described repeatedly asking for her case to be resolved in a single sitting.

“They say there may still be another two or three court hearings. Every time I go to court, I plead with them to settle the matter that very day. I tell them I cannot keep coming to court continuously. With my children’s safety to think about, I cannot spend hours waiting around in court. But so far, nothing like that has happened.”

— Kumari, Survivor

Nethmi described the experience of repeatedly discussing the incident in court as humiliating, *“Going to court again and again is embarrassing. I also have a future ahead of me. Speaking about these things in front of everyone is humiliating.”*

The length of proceedings could stretch across a survivor’s life. A field worker with over two decades of experience noted: *“We often see children and women who experienced abuse or rape at the age of fifteen still attending court proceedings when they are twenty-five years old.”* A Women Development Officer made the same point about statutory rape: *“If something happened when a girl was 10 years old, by the time the case is heard and a decision is made, she might already be married and even have a 10-year-old child.”* In this sample, this was not merely hypothetical; several survivors experienced prolonged proceedings, including Tharu, who chose to withdraw her case rather than continue waiting for it to conclude.

The experience of Chami’s family demonstrates how access to external support could change the financial burden of the process, as an NGO provided them with financial assistance. In contrast, many other families incurred debt while cases remained ongoing.

Case Outcomes and Informal Resolution

The formal process in this sample rarely reached a judicial conclusion. 84% of cases were recorded as “Legal Ongoing” and 16% had ended in compromise. No cases were recorded as either convicted or acquitted.

For some families, the immediate experience of the formal system was instead the release of the accused on bail. Nadeeka described her daughter’s case, *“They had released this one on bail the very next day. Which means even from there, the police, we didn’t get any justice.”* Renu described a similar expectation surrounding bail in her daughter’s case. She says, *“They believed that since he had previously taken a girl before, even if he did something again this time, he would just get bail and get away with it, just like the first time.”*

Cases could also leave the formal process through informal settlement. Temple-based mediation was described as allowing some cases to end quietly through payment or an apology rather than proceeding to court. A caseworker described families being discouraged from pursuing formal cases when “there are situations where they take a large sum of money” instead. A lawyer described a similar process in cases that had been closed, *“In some cases, people admit guilt, pay a fine, pay compensation to the victim, and the legal proceedings are concluded.”*

The result was that survivors’ contact with the justice system did not necessarily culminate in a judicial determination. Cases could remain ongoing for years, end through compromise, or be resolved through informal arrangements.

The absence of convictions was accompanied by a broader perception among survivors and families that formal legal proceedings were unlikely to produce a meaningful outcome. A caseworker described how survivors are often advised against relying on legal channels because of how slow the process is, *“They know it is slow. They believe there is no use in going through legal channels. That is why they advise me too, saying there is no point in relying on the law.”*

Across these stages, institutional actors themselves identified the constraints affecting the system – shortages of resources, concentration of cases at the national level, limited judicial capacity, inadequate facilities for children, and reliance on external networks to fill gaps in support. Survivors and families experienced these limitations as repeated questioning, prolonged proceedings, financial costs, uncertainty and, in some cases, withdrawal from the formal process altogether.

Access to Compensation For Sexual Violence Survivors in Sri Lanka

Sri Lanka’s institutional framework for survivor compensation is anchored in the National Authority for the Protection of Victims of Crime and Witnesses (NAPVCW),³⁶ originally established in 2016 under the Assistance to and Protection of Victims of Crime and Witnesses Act, No. 4 of 2015, which was subsequently repealed and replaced by the Assistance to and Protection of Victims of Crime and Witnesses Act, No. 10 of 2023.³⁷ NAPVCW operates dedicated divisions including a Protection Services Division and an Assistance Services Division, intended to support survivors in exercising their entitlements, including compensation. However, findings from our research suggest this institutional architecture has not translated into consistent access on the ground. Only 16% of survivors were aware of government schemes, and among those who applied, only a small proportion reported receiving government relief. NGOs and social workers (80%) were the main sources of assistance for navigating these schemes, rather than government actors themselves, pointing to a gap between the Authority’s statutory mandate to enforce victims’ entitlements and its accessibility at the point of need. Existing literature similarly notes that although Sri Lanka is one of the few countries in the region with a formal state compensation mechanism for rape survivors, awareness and uptake remain limited in practice. A gap under this is for the survivors of marital rape, which falls outside the criminal law framework and leaves survivors reliant mainly on civil remedies, such as PDVA protection orders or divorce.³⁸



7. Emerging Themes

This section presents findings that are visible across different stakeholder perspectives and point to features of the Sri Lankan context that are particularly relevant to understanding responses to sexual and gender-based violence.

Perspectives Beyond Legal Outcomes: The Domestic Violence Act

One country-specific pattern emerging from the data is the way survivors experiencing violence within intimate relationships may rely on the Prevention of Domestic Violence Act, 2005 as a practical route to immediate protection, when the criminal justice pathway does not provide a timely response. This creates a gap between the form of legal protection available and the nature of the harm experienced.

A criminal justice system actor interviewed for this study described this gap in relation to marital rape. They reported, *“Real punishment for rape sits in the Penal Code, but there is no equivalent, separately recognised offence for marital rape to be charged under. So, when a woman reports it, the system reaches for the closest available category, which is domestic violence, regardless of what actually happened to her.”*

Shivangi’s case illustrates how this operated in practice. Her account describes sustained and severe physical abuse within her marriage, but the case was ultimately “registered as domestic violence”, followed by a protection order. The designation reflected the legal mechanism through which protection could be obtained rather than the full nature of the harm described.

Mihiri, when asked what she would have expected if marital rape were legally recognised in Sri Lanka, also highlighted the gap between the existence of laws and people’s awareness of them.

The Act therefore occupies a distinctive position in survivors’ experience of the justice system. Its immediate value lies in the possibility of obtaining a protection order, while the criminal justice process may take substantially longer. However, a protection order does not itself provide criminal punishment for the perpetrator or guarantee longer-term safety, economic independence, psychosocial support or relocation.

Kumari’s experience illustrates this limitation. Despite having an active protection order, she continued to be harassed and even got pregnant as a result of the abuse. The protection order created a formal legal barrier, but when that barrier was violated, there was no equivalent broader system of support that could ensure her continued safety.

This limitation also becomes particularly significant when viewed alongside reproductive rights. Sri Lankan law does not permit abortion for pregnancies resulting from sexual violence. A survivor may therefore obtain legal protection from a perpetrator while having no lawful means of ending a pregnancy resulting from sexual violence.

The issue is consequently not that the PDVA provides protection. Rather, the data suggest that a protective mechanism can become the practical response to harms that extend beyond what that mechanism was designed to address. The result is a form of legal engagement that may provide immediate protection without necessarily providing accountability, sustained safety or redress for the full range of consequences experienced by survivors.

The Normalisation of Violence Within Intimate Relationships

A second emerging theme is the extent to which violence within intimate relationships appears to be normalised across the social and institutional environments surrounding survivors. This pattern is visible not only in survivor accounts, but also in family accounts, institutional interviews and national survey evidence.

Intimate partners constituted the overwhelming majority of perpetrators in the survivor sample – 48% were husbands and a further 24% were romantic partners, meaning that 72% of perpetrators were current or former intimate partners. The significance of this finding lies not only in its prevalence, but in how violence within these relationships was understood and responded to. An officer from the Women Development Department further spoke about this, *“There’s even a saying like ‘mōl gaha paddā gannawā, guṭi kanawā’”, meaning suffering is normalised to the point that people go out of their way to endure it, almost as if they’d miss it without it.*”

This normalisation is also reflected in broader evidence from Sri Lanka. The 2019 Women’s Wellbeing Survey found that 39.5% of women agreed that women are obliged to have sex with their husbands when they do not feel like it, while 46.5% believed that a “good wife” should obey her husband even when she disagrees.³⁹

Alcohol comes up again and again in these accounts, both as a trigger and as an explanation. Kumari described her husband’s drinking as the direct cause of the violence and pointed to something specific that could have helped, *“My husband drinks alcohol regularly. Either the police should stop those things completely, or if they did, maybe many of our family problems would not happen in the first place. But they do not do that.”*

This is consistent with findings from Sri Lanka’s national Women’s Wellbeing Survey, which found that women whose partners drank alcohol daily or weekly were at a significantly higher risk of experiencing current partner violence.⁴⁰

What stands out most is how ordinary this pattern is treated as, by the community and by the police who respond to it. Asked how she felt about the response she received from police, Kumari described a pattern that repeated over time. She mentions, *“When there is violence at home, naturally we first call the police. But when we call, they say they cannot come just because there is a domestic dispute, and tell us to come to the police station and make a complaint instead. At those moments, I could not even step outside the house because that man was trying to kill me. But the police did not understand that. Only after someone I knew contacted higher authorities did the police finally come. Then the next day, the police would call both me and him, examine the complaint entry, and then send him back home again. The police do not really treat these situations seriously enough.”* When asked directly how supportive police were once she did reach the station, she further reported,



“They would say things like, ‘Are you the only family in this village with problems? There are so many families in this area.’ Instead of helping, they would almost blame us.”

— Kumari, Survivor

The family account similarly suggests that repeated alcohol-related violence could become part of the background of everyday life rather than something that prompted sustained intervention. Hasini described how, when her father became drunk and collapsed somewhere, people would inform the family and ask them to collect him. The normalisation also operates within the economic conditions in which survivors attempt to leave violent relationships. 60% of survivor households in the sample had no land, while economic dependence and loss of income could make separation difficult. Mihiri described the relationship between economic independence and the ability to leave.

“In a society like Sri Lanka, people often remain in abusive marriages because they have nowhere else to go. If a woman has financial stability and family support, she is less likely to remain in a violent domestic situation. That is the truth. Many women say, ‘If I had somewhere to go, if I had a place to stay, I wouldn’t stay with this man, I would leave.’ Since I had those options...”

— Kumari, Survivor

Across these accounts, violence within intimate relationships is not experienced in isolation. It is situated within expectations around marriage, alcohol use, women’s endurance, economic dependence and the limited intervention of surrounding institutions. The emerging pattern is therefore not simply that intimate partner violence is prevalent in the sample, but that its persistence is enabled by the way violence becomes absorbed into what families, communities and institutions treat as an ordinary domestic problem.



CASE STUDY: When the person you married, dehumanises you

Sandamalee works as a seamstress, cutting and sewing fabric for a living. Her marriage was arranged in 2008. The violence began within days, she says, *“Things were good for about a week after we got married. After that, the problems started.”* At the centre of her case is a pattern that does not fit neatly into the categories most services are set up to respond to: her husband’s addiction to pornography, and his demand that she watch it with him and then imitate what she had seen. She had no knowledge of this addiction going into the marriage; it surfaced only after they were already married, usually based on forced intercourse mimicking the pornography he had watched. There were instances where he did this even in front of their children.

She described the physical toll of this directly, *“He engaged in sex in unnatural ways. Because of that, even while doing my daily work, there were days when I could not even stand while cutting fabric. The pain was unbearable.”* Her husband did not want children. When she became pregnant despite this, he tried to end the pregnancy through non-medical methods, making her eat papaya and pineapple, before she left for her parents’ house and gave birth there instead.

Sandamalee described reaching a point where she could see no way forward, even attempting to take her own life during this period. She also described the ordinary, day-to-day violence of the marriage; being dragged across the floor, sometimes with her daughter awake and watching. She says, *“During those times he would come there and drag me away. He would pull me across the floor. Sometimes my daughter would wake up and watch. I experienced many humiliating situations like that.”*

At more than one point, fear drove her and her children out of the house entirely, a pattern that has been described as common for women in her situation, who leave and live for a time in bushes, in the jungle, or by the roadside rather than stay. One especially serious escalation came after she built a house on her parents’ land to create some distance from him: her husband came to that house carrying petrol, intending to burn her and the children inside it. She described the hours that followed as a matter of evading him rather than confronting him, *“I told my daughter that instead of using the main road, we should take a small path along the canal. We went that way and hid behind a relative’s house. Around seven o’clock, we were still hiding quietly when he came back searching for us. He rode along the road we had used. We watched him from our hiding place. He passed by two or three times but could not find us.”*

It took years, and this level of escalation, before Sandamalee found any organisation that could help her. A public health midwife was the person who eventually referred her to an NGO, which gave her both emotional support and, for the first time, information about her legal options. Her own family became her main source of protection as well. Her brother helped her file for divorce, and now looks out for her. But even this has not resolved her situation. Her husband has not agreed to the divorce, and because she never filed a police complaint, there is no formal record to support the case moving forward. He now lives with his parents; she lives with hers, on the same land he once tried to burn.

Asked what she wanted from the law, Sandamalee’s answer was not about punishment. It was about distance from the perpetrator so that she and her children could live their lives peacefully and independently.

Her case brings together nearly every gap this chapter has described: a form of sexual coercion the system has no specific category for; a pregnancy she could not safely and legally choose to end; years without any psychosocial or legal support; a family stepping in where the state did not; and a survivor whose own idea of justice was never punishment, only the ability to finally be left alone and be safe.

8. Recommendations

This section presents actionable recommendations derived from the study's findings to address the identified gaps in the justice journey of a survivor. It outlines practical measures for policymakers, judicial authorities, and service providers to strengthen system-wide accountability and survivor-centred practices.

Legal / Judicial Process



- Government should consider strengthening the ecosystem supporting the Domestic Violence Act through legal aid, rehabilitation, shelter homes, and consistent financial support, with coordination across the Ministries of Women and Child Affairs, Justice, and Home Affairs.
- Efforts should be made to reinforce compliance with Articles 120 and 163 of the Criminal Procedure Code, which require inquiries to be conducted within 30 days, alongside digital case tracking and expansion of video evidence collection beyond the two existing locations in Colombo.
- Government should consider continuing support for ongoing efforts by the Collective for Family Law Reform, including its declaration submitted to the Minister of Justice. The recommendations of the Committee on the Elimination of Discrimination against Women (CEDAW) also merit continued support, and the study findings further reinforce the need for reform.
- Dedicated resources should be provided for Women and Children's Desks, including private closed-door spaces and consistent staffing, alongside sensitisation training for police. Magistrates may also consider using their discretion to clear courtrooms during child testimony.
- Government should consider progressing the recommendations made in the 2017 CEDAW concluding observations to legalise abortion in cases of rape, incest, and severe foetal impairment, and to remove procedural barriers. The issue was also formally raised again in 2025.

Psychosocial Support



- There is a need to strengthen access to survivor-centered psychosocial support, including counselling and mental health services, through existing government and non-state support systems, with particular attention to ensuring that survivors can access sustained support throughout the justice process and recovery.

Financial Assistance/Compensation



- Compensation mechanisms should be established to cover court costs, travel, and legal fees, while framing compensation as part of survivors' economic reintegration and rehabilitation. The government should also consider mainstreaming access to existing welfare schemes under the Ministry of Rural Development, Social Security and Community Empowerment by reviewing head-of-household eligibility criteria and strengthening awareness in rural areas.

Prevention/Community-based Interventions



- Government should consider implementing the age-appropriate sexuality education guidelines jointly issued by the Ministry of Education and Health Promotion Bureau across government schools. The curriculum has been developed to cover areas including body awareness, child protection, and adolescent health across different stages of childhood and adolescence.
- A new, methodologically robust national prevalence survey should be commissioned. The 2019 Women's Wellbeing Survey remains the only dedicated national survey of its kind and predates the country's economic crisis.
- Dedicated efforts should be made to strengthen the coordination mandate assigned to the Ministry of Women and Child Affairs under the National Action Plan on GBV and to consolidate data across relevant agencies into a single nationally accessible repository to support evidence-based policymaking and resource allocation.



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Annexure - Survivors

Survivors' Relationship with Perpetrator

Relationship	Bangladesh	India	Indonesia	Nepal	Philippines	Sri Lanka
Father/Step father/mother's partner	0%	2%	12%	4%	12%	4%
Husband	0%	0%	8%	24%	16%	48%
Romantic Partner	8%	2%	24%	8%	16%	24%
Neighbour/Aquaintance	27%	67%	24%	24%	24%	4%
Stranger	23%	19%	4%	12%	16%	8%
Relative	19%	10%	8%	24%	4%	4%
Superior/Boss/ Employer	15%	0%	16%	0%	8%	0%
Other	8%	0%	4%	4%	4%	8%

Physical Health Impacts on Survivors

Types of Physical Imapcts	Bangladesh (n=14)	Indonesia (n=24)	Nepal (n=22)	Philippines (n=20)	Sri Lanka (n=19)
Injuries	50%	25%	32%	40%	26%
Chronic pain or weakness	21%	50%	59%	40%	21%
Sexual and reproductive health	21%	29%	45%	25%	26%
Sleep disturbances	64%	92%	50%	70%	79%

Mental Health Impacts on Survivors

Types of Mental Health Impacts	Bangladesh (n=25)	India (n=25)	Indonesia (n=25)	Nepal (n=25)	Philippines (n=25)	Sri Lanka (n=25)
Fear	68%	0%	88%	92%	80%	92%
Anxiety	72%	0%	96%	80%	84%	80%
Anger	68%	0%	80%	36%	68%	80%
Guilt, Shame	48%	0%	72%	48%	52%	72%
Sadness	56%	0%	84%	72%	44%	72%
Disinterested	8%	0%	16%	60%	32%	12%
Suicidal thoughts	12%	32%	48%	52%	44%	56%

Employment Status: Survivors

Employment	Bangladesh	India	Indonesia	Nepal	Philippines	Sri Lanka
Homemaker	8%	10%	8%	20%	24%	12%
Daily wage worker	4%	24%	4%	20%	4%	8%
Salaried job	38%	10%	44%	8%	40%	32%
Farming	0%	5%	4%	8%	0%	0%
Self-employed (own work/business)	8%	0%	8%	4%	4%	16%
Not working, looking for work	4%	24%	16%	12%	4%	4%
Not working, not looking for work	4%	2%	4%	4%	0%	20%
Unable to work	8%	0%	0%	4%	0%	0%
Student	19%	22%	12%	8%	20%	8%

Police/Legal Expenses incurred due to the incident

Types of Police/Legal expenses incurred due to the incident?	Bangladesh (n=7)	India (n=25)	Indonesia (n=17)	Nepal (n=15)	Philippines (n=19)	Sri Lanka (n=25)
Lawyer fees (retainers, pre-hearing costs)	14%	20%	18%	40%	5%	24%
Court fees (affidavit/notary charges)	0%	4%	0%	47%	5%	12%
Bribes to lawyers/police	14%	12%	12%	7%	0%	4%
Travel & accommodation for hearings	71%	80%	94%	47%	100%	76%
Phone recharge/extra communication charges	57%	0%	82%	27%	11%	88%

Medical Expenses incurred due to the incident

Types of medical expenses that you incurred due to the incident	Bangladesh (n=5)	India (n=25)	Indonesia (n=19)	Nepal (n=24)	Philippines (n=14)	Sri Lanka (n=23)
First Medical examination	40%	24%	42%	63%	57%	39%
Forensic tests	40%	12%	0%	17%	0%	0%
Abortion examination	0%	8%	0%	21%	0%	4%
Pregnancy/Surgery/Hospital stay	0%	12%	11%	13%	29%	4%
Follow-up medical care	80%	20%	42%	54%	14%	9%
Mental health counselling	20%	4%	42%	42%	71%	22%
Child care & nutrition costs (in case of pregnancy)	0%	0%	5%	8%	7%	4%

Motivations for Seeking Justice for Survivors

Motivations to pursue justice	Bangladesh (n=7)	India (n=41)	Indonesia (n=19)	Nepal (n=21)	Philippines (n=16)	Sri Lanka (n=20)
Support from family/friends	57%	88%	89%	43%	56%	30%
Support from NGO/Caseworker	86%	70%	79%	52%	69%	65%
Belief in the legal system	0%	28%	16%	24%	13%	30%
Belief in self	43%	35%	37%	33%	63%	70%
Help from community/local leaders	29%	3%	11%	14%	6%	0%
Need for justice/accountability from the perpetrator	0%	43%	53%	14%	69%	20%

Barriers to Justice for Survivors

Type of Barriers	Bangladesh (n=9)	India (n=42)	Indonesia (n=19)	Nepal (n=24)	Philippines (n=17)	Sri Lanka (n=24)
Slow or delayed legal process	33%	55%	79%	38%	65%	100%
Lack of clear information or guidance on where to go or whom to approach for help	33%	0%	53%	33%	12%	58%
Financial strain (travel costs, legal fees, treatment expenses)	22%	36%	21%	50%	59%	71%
Insensitive or unhelpful behaviour by police, hospital, or court officials	22%	33%	37%	21%	12%	25%
Lack of support or negative reaction from other family members	33%	0%	32%	46%	29%	21%
Lack of support or negative reaction from the community	33%	0%	11%	29%	0%	8%
Fear of being judged, blamed, or socially excluded	22%	31%	32%	46%	24%	67%
Pressure to stay silent, not report, withdraw the case from perpetrators through threats, intimidation	33%	62%	32%	29%	53%	13%
Difficulty accessing counselling or mental health support	11%	0%	5%	25%	0%	13%
Bribery	0%	12%	5%	0%	0%	0%

Sought Legal Justice or Compromised

Sought legal justice or compromised	Bangladesh	India	Indonesia	Nepal	Philippines	Sri Lanka
I sought legal justice through police/ court processes	27%	98%	76%	60%	64%	80%
I compromised or decided not to legally pursue the case further (due to family pressure, safety, or other reasons)	73%	2%	24%	40%	36%	20%

Reasons for Compromise

Reasons	Bangladesh (n=19)	India (n=1)	Indonesia (n=7)	Nepal (n=10)	Philippines (n=7)	Sri Lanka (n=7)
Pressure from family	26%	0%	29%	80%	14%	29%
Fear of social stigma or backlash	84%	100%	86%	80%	29%	57%
Threats or danger from the perpetrator	21%	0%	43%	50%	29%	0%
Long and tiring legal process	16%	0%	43%	40%	29%	57%
Promise of marriage by perpetrator	0%	0%	0%	30%	0%	29%
Offered a settlement by the perpetrator's side	0%	0%	0%	0%	0%	14%
I didn't want to relive the trauma	11%	0%	57%	10%	29%	43%

Healing Support Accessed

Types of healing support accessed	Bangladesh	India	Indonesia	Nepal	Philippines	Sri Lanka
Counseling by social worker/mental health professional	15%	40%	84%	64%	64%	48%
Spiritual/religious guidance	46%	33%	40%	40%	16%	36%
Talking with supportive family/friends/community	46%	62%	84%	36%	84%	52%
Suppression of feelings	27%	14%	16%	56%	32%	12%

Preferred Forms of Justice by Survivors

Preferred Forms of Justice	Bangladesh	India	Indonesia	Nepal	Philippines	Sri Lanka
Support from family	15%	49%	52%	56%	16%	32%
Strict punishment for the perpetrator	77%	71%	88%	80%	64%	48%
Acknowledgement from the perpetrator	35%	5%	44%	16%	20%	64%
Financial support/compensation from the government	8%	0%	28%	32%	24%	56%
Safety and protection for myself	62%	56%	36%	48%	32%	48%
Continue education	8%	17%	12%	20%	20%	20%
Counselling, healing support	19%	17%	32%	24%	44%	16%
Economic Independence/Employment	12%	32%	12%	44%	20%	44%
Access to legal support like court case, police support	38%	24%	32%	28%	28%	24%
Support from friends/community	15%	10%	4%	16%	4%	16%

Annexure - Family Members

Relationship with Survivor

Relationship	Bangladesh	India	Indonesia	Nepal	Philippines	Sri Lanka
Mother	12%	40%	40%	41%	32%	36%
Father	0%	21%	10%	0%	8%	12%
Guardian	0%	0%	5%	18%	4%	0%
Husband	8%	14%	0%	0%	4%	8%
Son	0%	5%	0%	0%	4%	0%
Daughter	0%	0%	10%	9%	4%	12%
Brother	0%	2%	5%	0%	0%	0%
Sister	32%	2%	20%	18%	8%	12%
Friends	32%	0%	10%	5%	24%	8%
Relatives	16%	9%	0%	5%	8%	12%
Other	0%	7%	0%	5%	4%	0%

Mental Health Impacts on Family Members

Types of Mental Health Impacts	Bangladesh (n=25)	Indonesia (n=17)	Nepal (n=21)	Philippines (n=22)	Sri Lanka (n=24)
Fear	40%	53%	76%	36%	79%
Anxiety	48%	71%	86%	55%	58%
Anger towards the survivor	28%	41%	29%	23%	33%
Anger towards self	0%	47%	14%	32%	33%
Guilt, Shame	12%	59%	19%	23%	29%
Sadness	52%	88%	71%	64%	75%
Suicidal thoughts	0%	12%	19%	0%	17%
Anger towards perpetrator	12%	18%	0%	36%	8%

Barriers to Justice for Family Members

Types of Barriers	Bangladesh	India	Indonesia	Nepal	Philippines	Sri Lanka
Slow or delayed legal process	28%	30%	65%	55%	40%	92%
Lack of clear information or guidance on where to go or whom to approach for help	4%	56%	30%	55%	48%	60%
Financial strain (travel costs, legal fees, treatment expenses)	4%	53%	35%	50%	36%	84%
Insensitive or unhelpful behaviour by police, hospital, or court officials	4%	40%	35%	23%	16%	32%
Lack of support or negative reaction from other family members	20%	30%	20%	36%	20%	28%
Lack of support or negative reaction from the community	16%	33%	30%	41%	16%	12%
Fear of being judged, blamed, or socially excluded	24%	40%	50%	32%	40%	36%
Pressure to stay silent, not report, withdraw the case from perpetrators through threats, intimidation	24%	37%	25%	32%	20%	20%
Difficulty accessing counselling or mental health support	4%	21%	20%	9%	16%	20%
Bribery	0%	0%	5%	0%	0%	4%

Preferred forms of Justice by Family Members

Preferred forms of Justice	Bangladesh	India	Indonesia	Nepal	Philippines	Sri Lanka
Support from extended family	20%	0%	65%	68%	20%	20%
Strict punishment for the perpetrator	80%	91%	65%	82%	76%	44%
Acknowledgement from the perpetrator	36%	40%	45%	36%	32%	44%
Financial support/compensation from the government	12%	33%	65%	59%	28%	52%
Safety and Security	56%	58%	80%	91%	36%	80%
Secure future for survivor - education, career	16%	91%	85%	55%	52%	48%
Counselling, healing of survivor	28%	49%	70%	36%	88%	28%
Access to legal support	20%	51%	55%	64%	28%	12%
Community recognition, respect, and acceptance	20%	47%	55%	50%	32%	16%



About Dignity Alliance International

Dignity Alliance International (DAI) is a UK-registered charity that empowers vulnerable communities, women, and girls across Asia and Africa through grant-making and community-led solutions.

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About The First Principles Advisory

The First Principles Advisory is a consulting firm based in Singapore which partners with mission-driven organisations to navigate complexity, strengthen systems, and design solutions.

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**People's Courage
International**

About People's Courage International

People's Courage International (PCI) is a USA-based nonprofit working across South and Southeast Asia and East Africa to strengthen the resilience of informal and migrant workers by advancing social protection, climate adaptation initiatives, and women's empowerment.

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