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Study on Gender-Based Violence, Safety Perceptions, and Reporting Patterns in Kathmandu, Nepal

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Abstract

Gender-based violence continues to undermine community well-being in Nepal despite existing legal safeguards. This study analyzes how people's feelings of safety affect their reporting of GBV by comparing survey data from 500 Nepali residents with official crime statistics. In doing so, a clear gender divide was observed: women consistently report higher levels of fear compared to men. Moreover, participation in GBV prevention training and awareness of local support services seemed to significantly influence how safe people feel and how likely they are to report incidents. These results highlight a disconnect between objective crime data and the lived experiences of survivors. This study shows that we need targeted policies and community interventions that not only make the law stronger but also give survivors the tools they need to break the cycle of silence. This will make communities safer and more responsive in the long run.

Keywords: Gender-based violence (GBV); Safety perception; Crime reporting; Underreporting; Policy Reform.

1. Introduction

Societies are shaped by shared values, norms, and systems that ensure their functioning. But when inequalities and other imbalances in power emerge, they can give rise to behaviors that disrupt the normal functioning of a society. Crime is one such phenomenon that reflects on these complexities that are either pushed through individual motives or flaws in the system. GBV is one of the most dangerous types of crime because it is so deeply rooted in culture and society.

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The United Nations defines GBV as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."[1].

GBV has far-reaching consequences that go beyond the individual. It affects people directly, but it also shakes the core of entire communities. It perpetuates cycles of violence and inequality, hindering societal progress. So, to deal with the bigger problem of crime and safety, we need to know how common and harmful GBV is [2].

Even though legislative efforts like the Domestic Violence (Crime and Punishment) Act, 2008 make physical, mental, sexual, and economic abuse in domestic relationships illegal and mandate protective measures for victims, GBV is still a big problem[3]. Only 38% of survivors seek help because of social stigma, and a lack of institutional support [4].

A recent incident in Kathmandu highlighted the necessity of inclusive reforms and survivor-centered strategies to close gaps in social attitudes and enforcement[5]. Despite higher literacy rates and access to resources compared to rural areas, GBV remains a persistent issue, supported by societal norms and gaps in the system. The fact that Kathmandu recorded the fourth-highest number of sexual violence complaints nationwide between July 2021 and July 2022 underscores how widespread the issue is, even in urban areas. However, social stigma and a lack of knowledge about accessible support facilities, including the One-Stop Crisis Management Centers, make many survivors reluctant to come forward [6,7].

The term "crime perception" refers to an individual's awareness or interpretation of the prevalence of criminal activity in a particular area, as well as their perceived likelihood of becoming a victim[8]. On the other hand, a person's subjective sense of personal security in a particular environment is reflected by safety perception. It involves their judgment of possible threats and their confidence in remaining unharmed, typically shaped by a combination of environmental conditions, social context, and personal experience.

Crime and safety perceptions play a crucial role in shaping the well-being and quality of life within communities. They influence individual behaviors, such as deciding where to live or how to navigate public spaces, and affect broader societal issues, including trust in institutions and social cohesion. For example, a research conducted in Kathmandu Valley revealed that the reported rise in muggings, home invasions, and random kidnappings caused people to change their daily routines because of a fearful and anxious atmosphere[9]. As such, crime and safety perceptions may lead to behavioral restrictions that undermine people's sense of freedom, limit opportunities for social interaction, and ultimately diminish overall quality of life. Addressing criminal fear, enhancing public safety, and creating equitable communities all depend on an understanding of both crime and safety perceptions.

Global historical and cultural narratives have frequently upheld strict gender norms while creating scenarios where GBV victims are often blamed and treated with suspicion. Social norms that idealize female submissiveness and family honor frequently result in survivors remaining silent, fearing ostracism[10]. Moreover, patriarchal attitudes embedded within law enforcement and judicial processes further discourage victims from coming forward, weakening public trust in the system.

This research aims to explore the interplay between perceived safety, experiences of victimization, and public confidence in local crime prevention mechanisms. A particular focus is given to GBV, which remains among the most underreported categories of crime globally[11]. This study hypothesizes that societal perceptions of gender roles and entrenched victim-blaming attitudes significantly contribute to the underreporting of GBV cases in Nepal. By examining cultural, legal, and institutional factors, this research aims to uncover the social mechanisms that sustain this cycle of silence and propose evidence-based strategies for fostering an environment of accountability, support, and empowerment for survivors.

Hence, while exploring the very idea in depth, this paper begins with a concise literature review that outlines existing research on gender-based violence and related safety perceptions. It then presents the methodology, and proceeds to discuss the survey results and the official crime statistics obtained from Nepal's police authorities. Following this, the paper discusses the key findings and insights derived from the analysis. Finally, it offers policy recommendations aimed at addressing the identified gaps and concludes with a summary of the study's implications.

2. Literature Review

Although legal protections exist on paper, violence against women still shapes daily life—from Kathmandu's lanes to the country's remotest corners. Drawing on community surveys, national health data, case studies, and systematic reviews, this review brings together the numbers and systemic drivers of GBV before turning to the often-overlooked lens of women's own safety perceptions.

2.1 Key Findings

Recent studies report alarmingly high rates of GBV across Nepal. For instance, a recent study conducted in Sarlahi found that nearly half (45.33%) of the female students had experienced physical, sexual, or psychological violence Reference [12]. While National surveys indicate 23% of women between ages 15–49 have experienced physical violence, there is possibility for such instances to be underreported in urban areas because of stigma and lack of institutional trust[13,14,15]. Additionally, a systematic review (2010–2020) reported 43.8% prevalence of domestic violence in Nepal, with contributing factors such as economic stress and alcohol abuse more common in urban areas like Kathmandu [16].

2.2Contributing Factors to GBV

Studies highlight how gender norms in Nepal perpetuate male hegemony which may restrict women's autonomy and mobility. Even in the capital, urbanization has failed to erase traditional expectations for women, often confining them to domestic roles and excluding them from decision-making processes [17].

Socio-economic variables like poverty and illiteracy, among others, are also to blame for GBV vulnerability. High levels of female illiteracy are associated with limited information about rights and support services, thereby reducing their capacity to resist or report abuse [14]. Economic dependency on male partners was also found to restrict women's freedom to escape violent environments [15].

2.3Institutional and Structural Factors

The 2009 Domestic Violence Act marked a significant legal milestone in Nepal's battle against GBV. But enforcement remains inconsistent and weak to this date.. A 2016 study noted that GBV is often treated as a "private affair/family matter," leading to underreporting and impunity [18].

Although females find extended responsibilities in household finances temporarily when male members migrate for work, they simultaneously experience intensified surveillance over mobility, financial decisions, and sexuality by their extended family members [19]. In some cases, remittances become a point of control, with women's access to household money tightly monitored by relatives, limiting their economic autonomy [20].

2.4Safety Perception

Given the gaps in reporting and enforcement, it's critical to recognize how perception of safety often shapes behavior more powerfully than raw crime figures. Even when official rates seem modest, partly because stigma and distrust suppress reporting, subjective safety perception steers daily choices. In Kathmandu, for instance, women who hear stories of harassment are more likely to reroute commutes, or avoid poorly lit streets, regardless of what the police logs show [21,22].

Research in other cities shows that these feelings of vulnerability can't be chalked up to sensational media alone: environmental cues like dim lighting, cramped alleys, or lack of bystanders actually amplify worry, creating a feedback loop where spaces designed without "eyes on the street" feel unsafe, and thus go under-used [23,24]. That mismatch between "official" safety and lived experience has real costs for GBV prevention. When women don't trust that reporting will help, or fear retaliation, they stay silent, reinforcing the very power imbalances that allow violence to persist. And on the policy side, pouring money into streetlights or CCTV without gauging how safe people feel can leave both infrastructure and users stranded: the space looks improved, but it still feels off-limits.

So, pulling subjective safety into the GBV conversation isn't just an academic add-on-it's a bridge between what happens behind closed doors and what happens in the streets. If we ignore perception, we miss half the story of why urban women in Kathmandu remain confined, even when laws and shelters exist on paper [25].

2.5Gaps in Research

While GBV is widely studied, Several critical gaps still remain, particularly within the context of Kathmandu. There is a lack of Kathmandu-specific quantitative data on different subtypes of GBV, such as marital rape and workplace harassment, limiting localized understanding of the issue. Then, there is a lack of studies that have examined how demographic factors such as education, age, and employment status influence individuals' perceptions of GBV and the effectiveness of prevention efforts. Already existing research provides limited insights on public perceptions of safety and fear levels, particularly in urban Nepali settings, and there is little evaluation of the effectiveness of preventative programs and training related to GBV.

3.Methodology

This research uses mixed-methods. It combines both primary survey data and secondary official crime statistics to assess the perceptions, experiences and prevalence of gender-based violence in Nepal.

3.1Participant Recruitment and Questionnaire Administration

The target population for the survey was Nepali residents belonging to various age groups, genders and socio-economic backgrounds. Participants were recruited through online platforms and well as physical interviews using convenience sampling. The survey link was shared via social media, messaging apps and personal networks, whereas pedestrians and civilians were approached in public spaces for interviews. No specific restrictions were applied among the participants, allowing for responses from a diverse set of participants. A total of 500 responses were collected and analyzed. To get a diverse participant pool, the survey was conducted by reaching out to individuals across different age groups, education levels, and employment statuses.

Google forms was used to administer the survey (both physically and online), which allowed anonymous and voluntary participation. Participants were informed about the purpose of the study prior to taking the survey, and consent was implied upon submitting the form.

3.2Questionnaire Design

The Questionnaire consisted of closed-ended and Likert-scale, written in both English and Nepali. They were divided as such:

- **Demographic Information**: Age, gender, education level, and employment status.
- **Safety Perception**: Measured using a scale of 1 to 10 to assess how safe respondents feel in their neighborhoods regarding gender-based violence.
- Experience and Reporting: Participants were asked if they had and experiences (whether direct or indirect) of gender-based violence, and if they had reported any of them.
- Awareness and Attitudes: Included questions about awareness of GBV in their locality, underreporting, and confidence in law enforcement.
- Preventive Measures and Training: Questions explored opinions on preventive initiatives and whether
 participants had received GBV-related training.

3.3Secondary Data Collection

In addition to the primary dataset, the study made use of the official crime statistics of Nepal Police. It is worth noting that the data was manually translated from Nepali to English. It covers several fiscal years and reflects the number of reported cases in the various forms of gender based violence and discrimination:

- Rape
- Attempted rape

- Polygamy
- Child marriage
- Witchcraft allegations
- Abortion-related offences
- Untouchability-related offences

This dataset provides a longitudinal view of reported incidents, helping to contextualize and validate the trends identified through the survey. The inclusion of official statistics allows for comparison between perceived experiences and the actual reported occurrences of crimes.

4.Observations

4.1Demographics

(Figure. 1) The demographic characteristics of the sample were examined in terms of gender and age distribution. The results indicate a nearly even split between male and female respondents, with each gender group comprising roughly half of the total sample. A small proportion of respondents selected "Prefer not to say." This near-balance in male and female representation was beneficial in ensuring that gender-specific insights drawn from subsequent analyses are less prone to bias arising from a skewed sample.

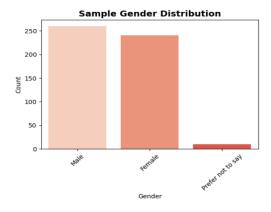


Figure 1: Sample Gender Distribution

(Figure. 2) Education levels also showed a clear pattern. Nearly 300 participants have completed an undergraduate degree or pursued degrees beyond that, making it the largest single category. Just over 150 respondents finished secondary school (Grade 10-12), placing them in the next most common group. Fewer respondents reported being our sample being weighted towards those with more formal educational background.in middle school or having no formal education which clearly suggests

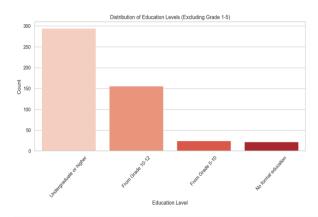


Figure 2: Distribution by Education Level

(*Figure*. 3) Looking at the employment status, students are the most numerous. This should be no surprise, given how many have reported higher education credentials. Employed participants take the second place, forming a substantial slice of the pie. A noticeable group is currently unemployed or in search of employment. Lastly,

retirees make up the smallest share.

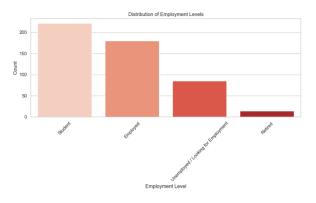


Figure 3: Distribution by Employment

4.2Safety Perception

(*Figure. 4, Figure. 5*) The data on safety perception has a strong alignment between perceived security and latent concerns about crime, particularly in the context of GBV. A significant majority of respondents rate their neighborhoods as very safe, with the highest concentration at 1 on the safety scale. This aligns with Fig 5, where most individuals report rarely or never worrying about crime victimization. But rather than reflecting an absence of risk, this general sense of security might just be a perception shaped by personal experiences and societal norms.

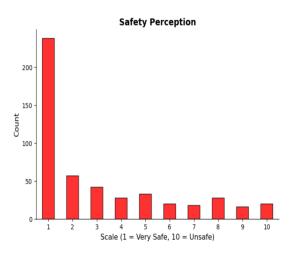


Figure 4: Quantized Safety Perception

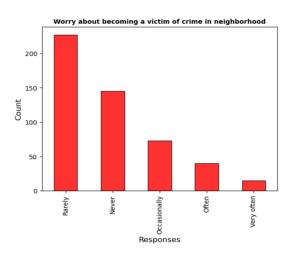


Figure 5: Distribution by Worriness of Becoming a Victim of Crime in Neighborhood

(Figure. 6) The figure shows that most male and female respondents rated their safety quite positively, with scores mostly clustering between 0 and 2, which suggests that many people generally feel safe. However, there's a noticeable difference in how the responses are spread out—especially among women. The distribution for women is much more skewed toward the higher end of the scale, which means that a lot of women feel much less safe. So, even though a lot of women say they feel safe, there is a clear group that doesn't, which shows that men and women experience safety in very different ways. Although men's scores hover in the lower range (1–3), suggesting a comparatively secure feeling, it may reflect a cultural tendency for men to downplay vulnerability. Cultural expectations can lead men to conceal their feelings of insecurity and lower their willingness to report safety concerns or seek assistance. This is supported by a recent study that found that men who strongly adhered to traditional masculine norms—such as self-reliance and emotional restraint—were significantly less likely to seek help, but became more open to doing so when stigma was reduced[26].

The weak correlation (r = 0.1902) between high levels of fear and actual reporting behavior (those who experienced GBV) suggests that fear alone doesn't make survivors look for help. Women who are very scared

may not report because they don't trust the system, are afraid of being blamed, or are afraid of what their community will do to them. One respondent's on-site (during the survey) comment captures a similar sentiment to this: "Reporting feels pointless when no one believes you, or worse, blames you." This ties in with Van der Heijden and Swartz's (2014) argument: survivors often weigh the reliability of institutions and social support before deciding to come forward [27]. Real solutions must dismantle barriers—like inadequate legal protections or social stigma—and create a climate where fear doesn't silence survivors.

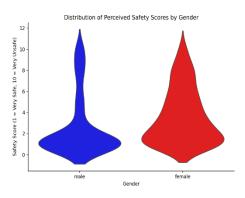


Figure 6: Distribution of Perceived Safety Scores by Gender

The results present an interesting contradiction when compared with a different question though: while a significant proportion of respondents feel safe in their neighborhoods (*Figure*. 4) and rarely worry about crime (*Figure*. 5), an overwhelming majority still believe that GBV is underreported (*Figure*. 7).

This contrast suggests that while people may not personally feel unsafe or see GBV incidents directly, they are still aware of the issue at a societal level. This could be influenced by media reports, second-hand stories, or a general understanding of cultural stigma that silences survivors.

This contradiction really makes us pause and ask, what do we actually mean by "safety"? On one hand, most people say they feel secure in their neighborhoods and rarely fear crime. On the other hand, almost everyone agrees that gender-based violence goes largely unreported. This gap tells us that our everyday idea of safety often leaves out the hidden struggles of survivors. A predominantly male perspective on safety may dominate public narratives, overshadowing the lived experiences of women and marginalized groups. Our findings align with what Stemple and Meyer (2014) and Taylor and his colleagues. (2022) found: while public perceptions of safety may appear positive, underlying gender disparities persist in the actual experiences of violence and insecurity. For example, Stemple and Meyer (2014) found that societal narratives often overlook the prevalence of GBV among men and boys, contributing to underreporting and inadequate support systems[28,29].

If we want to close that gap, we need awareness efforts that do more than acknowledge GBV's existence. We have to challenge the social and institutional barriers that let many feel safe while silencing the voices of those who aren't. Only by broadening our definition of safety, so it includes everyone's experience, can we begin to bridge the divide between perception and reality.

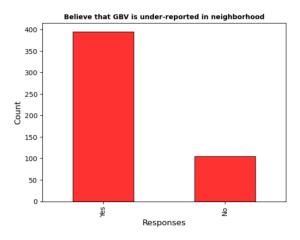


Figure 7: Distribution of Perception on GBV Reporting Tendency

(*Figure*. 8) shows how people's fear levels relate to their likelihood of reporting GBV incidents—and it isn't a straight line. Even though there's a small positive correlation (r = 0.1902), fear by itself doesn't tell the whole story about why someone might speak up.Past studies indicate that survivors of GBV often face complex barriers when they think about reporting. In our survey, the top reasons why people held back were fear of retaliation, social stigma, distrust in law enforcement, and cultural norms that pressures them to stay quiet. Additionally, data from the World Bank's Gender Data Portal reveal that in several countries, including Kenya, Uganda, and Tanzania, survivors often do not seek help because of shame or low hopes for real support[30]. The observed distribution of reporting likelihood across different fear levels aligns with these findings. Individuals with moderate fear levels (7 on our scale) were the most willing to report incidents. However, as fear climbs into the "extreme" zone (scores of 8–9), reporting drops off noticeably; and those who feel utterly terrified (a perfect 10) virtually never come forward, as they have an average reporting tendency of 0. That makes sense: when fear spikes the threat of retaliation can feel overwhelming and people go silent. But the weak correlation shows fear isn't the only factor. Having a support network, confidence in authorities and one's own resilience play a huge role in reporting. In fact studies show survivors who feel backed by institutions or their community are more likely to report even when they are scared[27].

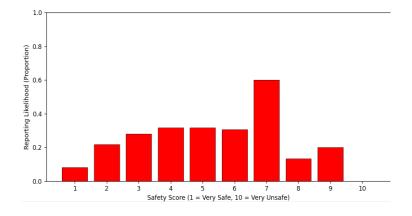


Figure 8: Distribution Comparing Reporting Likelihood and Safety Score of People

4.3 Participation in GBV Awareness Programs: Trends by Age and Education Level

4.3.1Participation by Age Group

(*Figure. 9*) The data from our survey reveals that individuals aged 25–34 have the highest participation rate in GBV awareness programs at 40.2%, followed closely by the 35–44 age group at 37.1%, and 45–54 at 35.7%. These trends suggest that early to mid-career adults-who may be more active in workplaces, civil society, or community networks-are the most engaged in such initiatives. This demographic is also more likely to be socially mobile and digitally connected, possibly explaining their higher exposure to awareness efforts.

Interestingly, younger participants, particularly those aged 19–24 (32.4%) and under 18 (30.1%), show slightly lower engagement. While youth are often assumed to be at the forefront of activism, this data implies that awareness programs may not be sufficiently integrated into educational or extracurricular contexts, or that younger respondents have fewer opportunities to participate outside formal education settings. The lowest participation is observed among individuals aged 55 and above, at just 14.3%. This could reflect several barriers, including lower digital literacy, traditional gender norms, and limited outreach to older populations. These gaps indicate the need for intergenerational and alternative outreach strategies that accommodate diverse communication preferences.

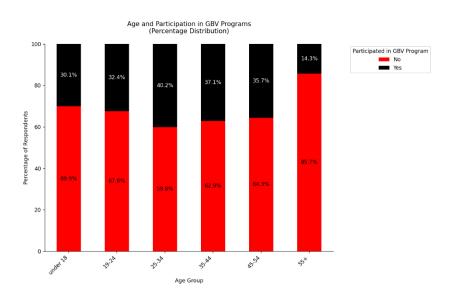


Figure 9: Percentage Distribution by Age and Participation in GBV Programs

4.3.2Participation by Education Level

The level of education appears to be a major predictor of participation. Those with an undergraduate degree or higher have the highest participation rate at 40.7%. Hence, formal education may increase exposure to and willingness to participate in gender based violence awareness efforts. A significant drop-off is seen among those with lower educational backgrounds: Grade 10-12, Grade 5-10, no formal education. These figures suggest that awareness programs are disproportionately reaching the educated population, while those with minimal

schooling—who may be at greater risk of experiencing or normalizing GBV—are being left behind.

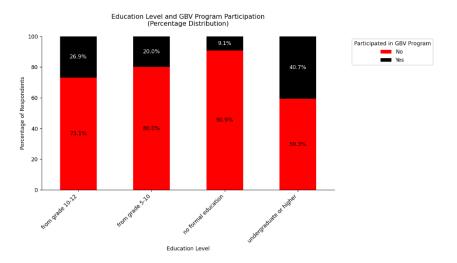


Figure 10: Percentage Distribution by Education Level and Participation in GBV Programs

(Figure. 11, Figure. 12) A stark difference is seen between the number of people who are aware about programs/organizations addressing GBV vs those who actually participated in them. There are a few reasons we can speculate as to why this may be the case, they can be broadly categorized into the following factors:

4.4Psychological and Social Barriers

This gap between knowledge and action is a common challenge identified in social behavior literature, particularly within the framework of Ajzen's Theory of Planned Behavior (1991), which posits that attitudes, perceived norms, and control beliefs jointly influence an individual's intention to act[31]. In this case, Individuals may know the importance of GBV programs, yet still refrain from participation because of factors like accessibility, social pressure and institutional trust. Because patriarchal societies make discussion of such topics taboo, participating in such programs may even lead to social isolation or even punishment. As such, internalized helplessness may make survivors or bystanders doubt the effectiveness of their participation.

4.5Structural and Logistical Barriers

Another possible explanation for the low participation rate is the disconnect between the availability of programs and their practical accessibility. Even when communities are aware of such initiatives, logistical challenges such as inconvenient timing, lack of child care, distant venues, or lack of accommodations for vulnerable groups can create barriers to attendance. This is a pattern seen in many South Asian GBV studies where visibility doesn't always mean reach [32].

4.6Cultural and Normative Barriers

Cultural barriers also play a big role. In societies where talking about gender based violence is taboo, engaging with GBV programs is seen as socially risky. The fear of being stigmatised, misunderstood or labelled may stop

individuals-especially women and marginalised groups-from participating even if they are aware of the programs.

4.7Institutional distrust

Moreover, participants may be deterred by skepticism about the effectiveness of these programs. If the community sees these initiatives as superficial or not trust-worthy. This is what Saferworld (2012) found in Nepal where they documented widespread mistrust towards state and non-state actors involved in community safety initiatives. People won't engage with efforts they see as symbolic, temporary or disconnected from their lived realities.

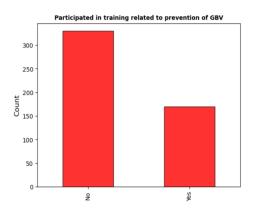


Figure 11: Distribution by Participation in GBV Prevention/Related Programs

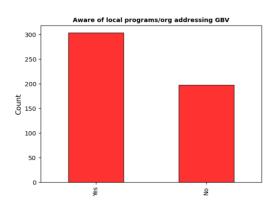


Figure 12: Distribution by Awareness about GBV Prevention/Related Programs

(Figure. 13) displays the average self-reported fear levels among three participant groups categorized by their level of awareness and training on gender-based violence (GBV):

• No Awareness & No Training – Average Fear Level: 3.78

• Awareness but No Training – Average Fear Level: 2.40

• Awareness & Training – Average Fear Level: 2.76

Fear levels were rated on a scale from 1 (safe) to 10 (unsafe), where lower scores meant greater perceived safety.

The chart clearly indicates that those with no exposure to gender based violence programs, either informational or practical, felt the most unsafe. Conversely, participants with awareness and training reported a similar, greater sense of safety. This trend gives several key insights.

The high fear level among those both lacking awareness and training reinforces the World Health Organization (WHO, 2013) research that shows that lack of information and resources makes people more vulnerable especially in marginalized communities[33]. In these situations people can't access support systems and fear and anxiety increases.

Although there is only a small difference between the participants who had only awareness of GBV programs and those having both awareness and experience, the latter showed a higher fear level. This suggests that simply being informed can dramatically improve one's sense of security. This observation aligns with Bandura's (1997) theory of self-efficacy, which emphasizes the psychological benefits of knowledge and belief in one's ability to respond to a threat [34].

At first, it may seem counterintuitive that groups with both training and awareness reported slightly higher fear than the awareness-only group but a deeper understanding of the effects of training may explain this. Formal training exposes you to the structural and widespread nature of GBV which can increase your understanding of the risks and limitations of the support systems. This can lead to what Rogers' Protection Motivation Theory (1983) calls increased perceived vulnerability: when people get more information about threats their sense of risk may increase before empowerment and coping mechanisms kick in[35]. In this case, the increased fear may actually reflect informed alertness rather than helplessness. The data also indicates that awareness programs can be highly effective in reducing fear. However, training modules must be sensitively designed to avoid overwhelming participants.

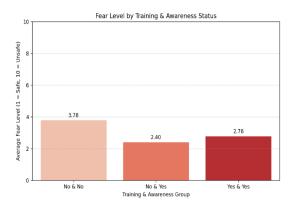


Figure 13: Distribution of Fear Level by Training and Awareness Status

(Figure 14, Figure 15) Education level and employment status can also be important factors while determining people's perceptions of safety. In case of employment status, those who are unemployed or actively looking for work tend to report feeling more at risk, while people with steady jobs generally fall into the middle range of perceived threat. To explain this difference, we can assume that having stable employment might ease some of life's uncertainty.

When we look at education, the pattern is quite similar. Participants who had at least an undergraduate degree mostly reported moderate levels of perceived threat. This might be because of their familiarity with formal systems and possible reporting mechanisms. Additionally, having more confidence to speak up might be another reason. Respondents with comparatively less schooling showed a much wider range in their perceived threat level. This broader spread suggests that those with fewer years of formal education may experience safety in more uneven ways—some feeling highly vulnerable, while others might not fully recognize or engage with potential threats. It could also point to differences in how informed they are about their rights or where to turn for support.

Overall, these patterns show how much individuals' personal circumstances—specifically, job security and education—can influence not only how safe people feel, but also whether they can take action when that safety is threatened.

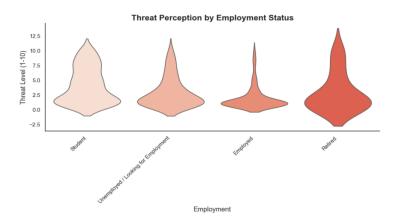


Figure 14: Distribution of Threat Perception by Employment Status

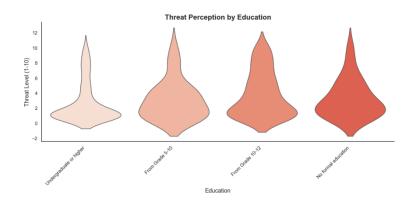


Figure 15: Distribution of Threat Perception by Education

4.80bservations on the data from Nepal Police

This section presents trends analysis of GBV and GBV-related crimes using data obtained from the Nepal Police. These findings are significant to contextualize perceptions of safety and reporting behavior established in the survey portion of this research.

4.8.1Rise in Reported Cases in the Majority of GBV Categories

One trend that is interesting is the consistent increase in the reporting of GBV-related crimes over the past few years. Nearly every major category has seen a significant uptick. While at first glance this may be assumed to reflect deteriorating safety levels over time, it may rather be a result of the increased awareness, improved access to law enforcement, and national advocacy campaigns that are leading to increased levels of reporting rather than an actual rise in the occurrence of such crimes.

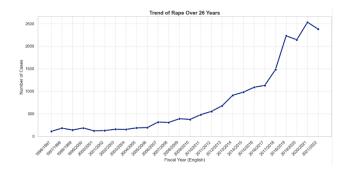


Figure 16: Trend of Rape from 1996/1997 to 2021/2022

4.8.2Notable Surge During the COVID-19 Lockdown

The COVID-19 lockdown saw an increase in reports of rape and attempted rape. This aligns with global patterns observed by UN women, which documented a "shadow pandemic" of domestic and sexual violence due to prolonged lockdown, economic stress, and disrupted support systems[32]. The lockdown put individuals, and women and children especially, in a heightened state of vulnerability as they were often locked in with their perpetrators and were not in a position to seek help. Rise in GBV-related cases have also been reported during the post-2015 Earthquake era in Nepal. The United Nations estimated that 40,000 women were at imminent risk of GBV in post-earthquake Nepal[36]. The increase in reported incidents during such periods of disaster and mayhem reveal the importance of having accessible and confidential reporting systems, even during emergencies.

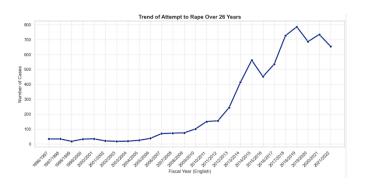


Figure 17: Trend of Attempt to Rape from 1996/1997 to 2021/2022

4.8.3Rise in Domestic Violence Cases

Domestic violence registered the most dramatic increase of any of the categories in the police data. This is an extension of a trend already evident before the pandemic but further intensified by the socio-economic pressures of lockdowns and job losses. This increase likely reflects both an actual rise in incidents and an increased willingness to report. The growing public discourse around intimate partner violence, coupled with media attention and community advocacy, may have empowered more survivors to come forward to report the occurrences. Nevertheless, the steep rise also indicates the persistent entrenchment of patriarchal norms and power imbalances within households.

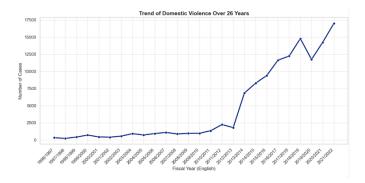


Figure 18: Trend of Domestic Violence from 1996/1997 to 2021/2022

5. Suggestions and Recommendations

The findings reveal critical gaps in prevention and response systems for GBV, necessitating the pressing need for critical policy reforms. A large proportion of respondents see their communities as being safe, yet there is a near-consensus that GBV remains severely underreported. The weak correlation between fear and reporting behavior (r = 0.1902) further indicates that psychological, social, and institutional factors mediate survivors' decision-making processes.

5.1Strengthening Legal Systems and Law Enforcement

One of the key observations is the lack of coherence in the police administration, wherein survivors are regularly faced with institutional barriers like tardy justice, lack of survivor-friendly reporting policies, and social stigmatization. To address this, legal systems must become more robust by establishing fast-track courts, compulsion of reporting among health professionals and educators, and stricter enforcement of protective laws.

In the wake of the 2012 Delhi gang rape, India established FTSCs (Fast-Track Special Courts) to expedite trials in sexual offences. While these courts have accelerated case resolutions, challenges persist due to infrastructural deficits and a shortage of judges. As of August 2023, only 752 out of the targeted 1,023 FTSCs were operational. Even despite these flaws, FTSCs have been more effective in speeding up sex crime trials compared to traditional courts [37].

5.2Promoting Economic Independence and Preventive Education

Studies indicate that the majority of survivors remain economically dependent on abusers, sustaining cycles of abuse.

Expanding economic empowerment initiatives—such as vocational training, financial assistance programs, and workplace inclusion policies—will be crucial to foster long-term independence.

A compelling example is a study in South Africa, where combining microfinance with participatory gender training led to a 55% reduction in intimate partner violence after just two years of implementation[38].

Furthermore, our research indicates a clear lack of awareness and preventive education, particularly among youth. Integrating GBV awareness into national curricula of schools and launching mass media campaigns supporting behavioral change can help challenge adverse gender norms.

The *Gender Equity Movement in Schools* program in India provides a model that can be replicated. Evaluated through a randomized control trial, this program led to significant improvement in boys' and girls' attitudes toward gender equality and reductions in reports of peer violence[39].

5.3Expanding Accessible and Confidential Reporting Mechanisms

Expanding accessible and confidential reporting mechanisms is crucial to address the widespread underreporting of gender-based violence (GBV), which is in most instances driven by fear, stigma, and lack of trust in institutions.

In Namibia, the National Safe Schools Framework established over 700 trained informants, including teachers, police, and community representatives, who manage confidential reporting of school-related GBV cases. Maintaining the confidentiality of victims and informants, adhering to data protection laws, this system led to a 44% increase in child protection case referrals within ten months of implementation [40].

Digital reporting tools also offer to be promising alternatives. Research on gender-based violence reporting applications (GBVxTech) highlights that mobile and online platforms allow survivors to document incidents safely and anonymously. For instance, apps like iWitnessed enable real-time reporting and secure storage of evidence for potential future use in legal proceedings, reducing barriers related to stigma and fear of retaliation[41]. However, it is extremely crucial these tools include strong security features and informed consent procedures to protect users' safety.

5.4Rebuilding Public Trust in Institutions

Efforts to combat GBV must prioritize the restoration of public trust in law enforcement, judicial bodies, and support services. This includes mandatory gender-sensitivity training for police and legal professionals, survivor feedback mechanisms, and the establishment of independent oversight bodies to monitor institutional conduct. Community outreach by police and judicial personnel can also help build transparency and familiarity, making

survivors more likely to report.

A study involving 106 rape survivors in Sweden revealed that when police officers clearly explained their questioning methods, survivors perceived the interactions as less intrusive and experienced reduced feelings of victim-blaming. Higher-quality police encounters were associated with increased trust in the legal system and a stronger sense of justice among survivors[42].

6.Conclusion

This study explored the multifaceted nature of gender-based violence (GBV) in Nepal, in doing so, revealing the wide gap between the subjective perception of safety and the persistent underreporting of GBV. Although a large portion of the population reports feeling safe in their communities, a wide consensus still exists on the fact that GBV is chronically underreported. This outcome highlights the limitations of a study relying solely on crime statistics and underscored the importance of a more nuanced approach while addressing gender-based violence. This study only found a weak correlation between fear and the act of reporting GBV. Our study suggests that fear may not be entirely indicative of reporting behaviour. Other variables-such as lack of trust in institutions, fear of retaliation, social stigma, and economic dependence-play a much more decisive role in survivors' decisionmaking processes. Further analysis of demographic factors such as age, gender, education, and employment status reveals disparities in safety perceptions and program participation. It was observed that younger individuals, individuals with lower educational backgrounds, and older populations show notably less engagement. Official statistics sourced from authorities indicate spikes in reported GBV during national crises such as the COVID-19 lockdown and the 2015 earthquake. These spikes indicate that times of crises may be especially detrimental for victims, calling for integrating GBV prevention into disaster preparedness and emergency response planning. To move toward a system that not only prevents GBV but also supports survivors, interventions must be holistic, survivor-centered, and grounded in community engagement. Legal reforms, economic empowerment, education, accessible reporting platforms, and trust-building with institutions are all integral components of a comprehensive response. However, broader cultural and economic reforms such as integrating GBV awareness into school curricula, promoting financial independence among women, and challenging societal norms are important as well. This study underscores the importance of aligning policy interventions to lived experiences. In the end, creating communities where safety is not only a subjective feeling but also a shared, actionable reality requires tackling both structural and perceptual barriers.

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