International Journal of Social Science Research and Review

http://ijssrr.com
editor@ijssrr.com
Volume 6, Issue 1
January, 2023
Pages: 132-143

Victims of Gender-Based Violence at One-stop Crisis Centers of Bangladesh

Md Shah Newaz[1]; Shuvashis Saha[2]; Kh Salekuzzaman[1]; Sadia Sultana[3]

[1]Faculty of Pharmacy, University of Lisbon, Lisbon, Portugal

[2] Center for Integrated Social Development, Dhaka, Bangladesh

[3]Disease Control and Research, Dhaka, Bangladesh

E-mail: shahnewaz.edu@gmail.com

http://dx.doi.org/10.47814/ijssrr.v6i1.886

Abstract

One-stop Crisis Centers (OCCs) are established to provide comprehensive care to the survivors of gender-based violence in Bangladesh. A qualitative document analysis of the case studies from the OCCs was done to understand the help seeking and context of the survivors at the centers with the theoretical lensing of Socio-ecological model and Victim blaming explanations. Spousal violence and child sexual abuse were found most common violence types in the case studies. Help seeking was delayed in general and initiated by urgent medical needs. Help seeking was majorly achieved with help of informal agents like neighbors and parents. Proper channeling of the community can improve help seeking among the victims of Violence against Women in Bangladesh.

Keywords: *Violence Against Women; Spousal Violence; Sexual Abuse; Child Abuse; Help-Seeking Behavior; One-Stop Crisis Centers*

Introduction

Violence against women (VAW) is a serious global health problem (WHO, 2013a). According to World Health Organization (WHO) (WHO, 2013b), intimate partner violence (IPV) and non-partner sexual abuse are the most common forms of VAW and grave public health concerns. In Bangladesh more than 50% of the married women were found physically and/or sexually abused by the partners in their lifetime (Chowdhury et al., 2018; WHO, 2005). Current media reports show an alarmingly increased rate of reported non-partner sexual violence incidents (Islam, 2018; Nadiya, 2017). Most commonly committed violence types against women in Bangladesh are domestic violence, acid throwing, rape, child abuse, trafficking, child labor and forced prostitution (Wahed & Bhuiya, 2007)

VAW is deeply rooted in the inequitable gender norms, strict patriarchy and beliefs in Bangladesh (Fattah & Camellia, 2020; Zaman, 1999). Dowry has been identified as one of the most important social customs predicting wife beating and partner violence in South- Asian countries (Naved & Persson, 2010). Studies have also investigated and found significant association of domestic violence with socio-demographic factors like- age, residence, education level, wealth index, work status and women autonomy (Abramsky et al., 2011; Bates et al., 2004; Chowdhury et al., 2018; Garcia-Moreno et al., 2006; Islam et al., 2015; Naved et al., 2006; Rai & Choi, 2018; Saffari et al., 2017). Similarly, various socio-political factors have been linked with child abuse and other forms of non-partner abuses in Bangladesh (Akhter & Islam, 2016; Hadi, 2000; Islam, 2019; Nadiya, 2017). Inadequate child protection acts, overall law enforcement and limited sex education among the adolescents have also been reported in Bangladesh (Islam, 2019; Rashid, 2000). Health consequences of VAW can be fatal or non-fatal through direct and indirect pathways (Resnick et al., 1997; Sunil Kumar et al., 2012; WHO, 2013a), and very often intertwined with social consequences and family health (Kohli et al., 2015).

Health problems don't necessarily cause help seeking. Studies around the world suggest that disclosure and help seeking of abused women are influenced by various socio-demographic factors such as age, education and income of the victims, type of violence, severity of violence, having child, service accessibility etc. (Bui, 2016; Estrellado & Loh, 2014; Hodges & Cabanilla, 2011; Kamimura et al., 2014; Kim & Lee, 2011; Taherkhani et al., 2017). Help seeking could be determined by nature of violence and availability of different entry points into the health system, but there have been very few discussions about which could be the most feasible and important entry point in lower- and middle-income countries (Colombini et al., 2008). Studies conducted in Bangladesh found a very low rate of institutional help seeking among the battered women influenced by a severe life-threatening situation and/or their children at risk (Wahed & Bhuiya, 2007). The "Socio-ecological model" is increasingly used by researchers and other international organizations like WHO and Center for Disease Control and Prevention (CDC) to understand and prevent VAW (CDC, 2020; WHO, 2005). The model observes the complex interactions between individual, relationship, community and societal factor to study any interpersonal violence. In addition, the "women blaming" explanations are also used to explain VAW which are constructed upon gendered roles and appropriate female behaviors, and the factors interacting with each other at individual, situational and institutional levels (Gravelin et al., 2018). Each level in the theoretical models can be thought as levels of influence and can be key points for prevention and intervention.

One-stop Crisis Centers (OCCs) are unique structures established within the tertiary level hospitals of Bangladesh providing comprehensive care to the victims of VAW i.e., medical care, temporary shelter, psycho-social counseling, legal support and rehabilitation. Since the establishment of first OCC in 2000 till March 2019, a total of 36441 victims of VAW have received care from these OCCs (www.mspvaw.gov.bd). However, there is little knowledge we know about how the victims came to these centers. Very few studies have been conducted in these centers because of the restricted access. This study is first of its kind discussing an in-depth insight into factors aiding and impeding the help seeking of the survivors at OCCs with background information and care received with the theoretical approach.

Methods and Materials

Selected case studies of the victims at different OCCs depicting stories about their help seeking are published in quarterly official Newsletters of Multi-Sectoral Program on Violence against Women (MSPVAW), the mother program of the OCCs in Bangladesh. We collected all the available Newsletters published during 2008 to 2018 in the form of soft copy and hard copy. From 30 available Newsletters, 146 case studies were found narrating stories of the survivors who seek care at some OCC and all were selected for this study. As per the MSPVAW protocol, the cases were found with initial categorization as physical assault, sexual assault and burn cases. Among them, 69 were physical assault cases, 59 were

sexual assault cases and 18 were burn cases. The categorization was taken into consideration while describing the findings.

A qualitative document analysis was done to generate findings of this study. Document analysis is a systematic reviewing or evaluation of both printed and electronic document, and involves analysis through skimming, reading and interpretation (Bowen, 2009). An iterative process combining elements of content analysis and thematic analysis adopted for analysis.

Condensed meaning units were obtained from texts and labeled with emerging and re- emerging themes with the theoretical lensing of "socio-ecological model" and "women blaming". Emerged themes were discussed and final themes were reached after further review of data and categorization of earlier themes. Confidentiality was given prime importance while extracting and analyzing data. Ethical clearance was taken from the Ethical Review Committee of Bangladesh Medical Research Council (BMRC) prior starting the study.

Results

Socio-Demographic Information (Table 1)

Age of the victims ranged from 3 to 48 years with mean age at 20.16 (± 9.27) years. Among the victims of spousal violence, the modal age at marriage was 16 years and ranged from 12 to 31 years. The mean age of the sexual violence cases was 13.4 years and more than 90% among them were survivors of rapes or gang rapes. Among the 18 burn cases, 5 were below 18 years and rests were adults.

Among total cases majority were from rural areas (n=82) and rest from urban areas (n=58). Almost all the physical assault cases were spousal violence victims, majority sexual assault cases were survivors of child sexual abuse and burn victims were mostly cases of spousal violence. Majority of the survivors came from lower socio-economic strata of the society. This got reflected through the occupation of survivors and the breadwinners of their family i.e. farmers, pulling rickshaw, drivers, night guards, sweepers, garments workers, vegetable sellers, housemaids etc.

Vulnerable Targets

Young age, disability, broken family, divorce, poverty, orphans and lower social status were found common characteristics among the many victims. Out of 59 sexual violence victims, 37 were below 18 years, 20 were below 10 years old and 7 survivors among them were physically or mentally challenged. Very young girls aged 3-5 years, yet to be aware of gender differentiation and sexual orientation were allured by chocolate or biscuit, and taken to a suitable lonely place before sexual assault. In some cases, intruders entered the house of the victims in absence of parents, and some were abducted and raped. In almost all the cases, assailants were local or neighborhood acquaintances. One of the case studies described the story of a 17-year-old mentally challenged victim as:

"When 17-year-old mentally disabled survivor went to bring water at neighbor's house at 3 pm, the neighbor raped her getting her alone. Hearing her scream, her brother came to rescue. Later she was taken to the local primary healthcare center from where was referred to OCC at MAG Osmani Medical College and Hospital."

Power Relation

Assailants in majority sexual assault case studies were from relatively higher socio-economic strata of the community than the victims, i.e. neighborhood rich family, religious teacher (imam), local political leader, local hoodlum etc. In many cases, the perpetrators tried to negotiate with the victims and

their families with money or fake promise of marriage. A case study in a Newsletter depicted the story of a child victim as:

"A 6-year-old victim was raped by an 18-year-old neighbor outside her house. She was threatened not to disclose but her mother got to know about the matter next day as she became very sick. However, her mother could not take her to hospital because of the pressure by local leaders. She took medicines from a local general practitioner. As the news spread, 3 days later the local Women Affairs Officer came to rescue and took her to the OCC at Rajshahi Medical College and Hospital. The accused was arrested."

Secrecy and Silence

Perpetrators tried to disremember the incident with silence and secrecy. Victims were given fake promise of marriage after sexual assault by some assailants to establish regular physical relations. A typical chain of events was observed in 6 sexual assault cases- 'rape followed by fake promise of marriage to establish regular physical relation resulting late pregnancy'. One of the case studies narrated the story of a victim of sexual abuse as:

"A 16-year-old victim had an affair with 19-year-old neighbor for 2 years. Neighbor lover wanted to have physical relation with the victim and on denial he raped her in a banana garden. He promised to marry her and she didn't share the incident with anyone. Gradually he started having physical relations at intervals and she got pregnant. The accused promised to marry her soon but delayed for various reasons and at some point, stopped communication with the victim. She disclosed to her mother and her mother requested the accused to marry her daughter but he ignored. She was 8 months pregnant and, in the meantime, neighbors started noticing. She was taken to the OCC at Rajshahi Medical College and Hospital. Considering the family and social problems, she was transferred to the Shelter Home of the Department of Women Affairs for delivery of the child."

Dowry

Dowry was the common reason mentioned in almost all spousal violence cases (n=62). Dowry was demanded and given in the form of money, jewelries, cycle, motor cycle and furniture to the husbands or their families during or after marriage. The amount of dowry ranged from 50 US dollar to 6000 US dollar.

Often economic misfortune made the perpetrator husbands force their wives to bring money from her parents. Misfortunes were associated with gambling in 4 cases, addiction in 5 cases and loss in business among 6 cases. Some husbands forced the victims to sell their jewelry or property. Fourteen case studies depicted stories where husbands resorted to polygamy for more dowry. One of the case studies described the story of a survivor as:

"The husband and mother-in-law of 40-year-old survivor started to torture for money after 5 years of marriage. Although around 350 USD and other household items were given as dowry during marriage, she brought 1000 USD again for husband's business. However, husband spoiled the money on gambling and demanded more money. The victim refused to bring any money further. Then her husband secretly married 2nd time but divorced the 2nd wife after some days, and then married again for the 3rd time."

Delayed Help Seeking and Acute Health Conditions

Case studies portrayed delayed help seeking among most of the victims irrespective of violence type. Among the spousal violence cases, mean duration of marital life prior to seeking help at the OCCs was 6.7 years in spite of regular mental or physical violence incidents since marriage. Many sexual

assault survivors and their families did not disclose the incidents until an acute health condition or emergency emerged.

Majority physical assault cases were battered wives came with multiple injuries, swollen or fractured body parts. Sticks or knives were invariably used. In some cases, acid or kerosene oil were used. Some victims required emergency surgeries; many were referred to other departments for specialized care and for some victims, medical boards were formed because of very critical situation. One of the case studies narrated the story of a victim of spousal violence as:

"A 20-year-old victim was married to a truck driver 4 years back. She was tortured mentally and physically very often for dowry and it increased day by day. One day husband tied both her hands and feet and pushed broken glass into vagina causing severe injury and bleeding. Neighbors informed her father hearing screaming. She was taken to the local primary health care center from where she was referred to Rajshahi Medical College and Hospital. Two surgeries were performed and then she was shifted to OCC of the same hospital."

Gatekeepers of Help Seeking (Table 2)

About 50 survivors were rescued by their neighbors from the violence scene. Neighbors came to rescue hearing them scream. In 26 case studies, parents came to rescue the victim's getting information from the neighbors. Meanwhile survivors reached the health centers mainly with the accompany of parents (n=92) and neighbors (n=26). Government agencies like police, Rapid Action Battalion and local Women Affairs Officers played important role in help seeking in some of the very critical cases (n=10). Role of various government agencies depicted in some of the case studies as:

"When a victim was being physically tortured and tied up with a tree by her lover perpetrator and his family, a local journalist rescued her and took her to Women Affair's Officer of the area. The Women Affair's Officer admitted the victim to the OCC of Ser-e-Bangla Medical College and Hospital, Barisal through emergency ward."

"After an 11-year-old housemaid rescued by police from dustbin in the capital city of Dhaka, she was taken to OCC of Dhaka and given care for 40 days with formation of Medical Boards. For filing case, Ministry of Women Affairs requested Ministry of Home Affairs to shift the case to speedy trial tribunal."

Referral Pathway

Ninety-four victims came directly to the respective OCCs and 56 among them were directly admitted to OCC wards while rest were referred to other departments of the same hospital for specialized care. In contrary, 24 victims were referred from their local primary health centers, 10 from secondary hospitals and 2 from one-stop crisis cells of the police stations. After initial admission in the OCC wards some of the victims were later referred to various departments on demand of special medical care.

A Comprehensive Care Model in the OCCs

Mild and moderate medical cares were given in the OCC wards along with other services like legal help, psycho-social counseling, temporary shelter, safety and rehabilitation. Among all the survivors from the selected case studies, 50 received specialized medical care. Psycho- social counseling was given to all and a legal case was filed against the perpetrators. Eighty- seven perpetrators were arrested, 7 were on bail and 39 were reported to be absconded (Table 2). For all the sexual assaults survivors, medico-legal and forensic tests were performed.

On average the survivors stayed in the OCCs for about 9 days, ranged from 2 to 50 days depend. Fifteen survivors were provided with social and rehabilitation supports i.e. shelter homes accommodation

(n=7), financial support for education (n=2), sewing machine (n=1), 2 goats (n=1) and financial support to start a tea stall (n=1). Many were provided with free cloths and medicines by the Social Welfare department of the hospital.

Discussion

Results from the current study revealed that victims were mostly from lower socio-economic strata of the society with some evidences of extreme poverty. The context of violence and help seeking was influenced by interplay of various individual, interpersonal, and environmental factors conforming with the socio-ecological model and victim blaming explanations. Dowry was found common among all the survivors of spousal violence. Characteristics of victims and situational factors well explained the reasons behind delayed help seeking. Help seeking was triggered by acute health condition with medical care needs aided by some facilitators and majority victims endured the violence.

Findings in this study linked poverty with victimization. How poverty and lower social status made women vulnerable to gender-based violence was quite well evident in this study. Community-based studies have also correlated wealth status with spousal violence in Bangladesh (Islam et al., 2015; Johnston & Naved, 2008; VanderEnde et al., 2015). Dowry was found the common cause behind all the spousal violence cases in this study despite fulfillment of the dowry demands during the time of marriage and negative economic changes in later married life caused violence. This supports the findings of Naved and Persson (2010) (Naved & Persson, 2010) that dowry demand predicts the extent of physical wife abuse regardless of the status of dowry payment in Bangladesh. Violence can be a tool for resource extraction for the husband (Bates et al., 2004).

Child sexual abuse and/or non-partner sexual abuse were the common features among the sexual assault victims. This supports the claim that child sexual abuse is common in the societies (Abrahams et al., 2014; Arias et al., 2008), and a dramatic increase in reported child abuse cases in Bangladesh (Akhter & Islam, 2016). The greater reporting in recent times could be due to availability of services and promotion of various child protection acts in recent times and the reported number could be just the tip of the iceberg (Kogan, 2004).

The current study revealed delayed help seeking among the survivors at the OCCs, which was initiated due to severe injury and urgent medical needs. This is consistent with various other studies (Ahmad et al., 2009; Fanslow & Robinson, 2010; Parvin et al., 2016). Delayed help seeking could be easily explained through the constructs of "victims blaming". This further reflects the strict restriction of access for any outsider into the OCCs. The notion of 'good womanhood' in South-Asian culture emphasizes silence, tolerance and virginity (Zaman, 1999).

This study scrutinized the role of various formal and informal facilitators or gatekeepers of help seeking who played important roles in rescuing and taking the victims to the support centers. Parents and neighbors played dominant roles which is congruent with other studies conducted in Bangladesh (Das et al., 2015; Naved et al., 2006; Parvin et al., 2016). Formal and social agencies were found in some the critical cases. This scenario is different in developed countries where formal sources are primary resource for gate keeping disclosure and help seeking of VAW (Grossman et al., 2010; Hodges & Cabanilla, 2011; Macy et al., 2013). This difference could be due to the differences in community structures. With proper community awareness, mobilization and participation programs, community people can be used to achieve greater help seeking among the victims of VAW in Bangladesh.

The present study primarily aimed to understand the factor aiding and impeding the help seeking of the victims to OCCs and their context of violence through a qualitative document analysis. However, the nature of data and selection of cases limit the generalizability of the findings. The findings were

primarily descriptive and no causal relationship could be established. Yet another potential limitation could be reporting bias. With all the available data and resources this study tried to understand the context of the survivors at the OCCs.

Conclusion

This study provided gripping information about the help seeking of the survivors at OCCs. The survivors were at different ages and victimized by different violence types. Help seeking was delayed in general and community people including parents played crucial roles assisting victims to achieve formal help seeking. With improved community involvement and participation, a dramatic improvement in help seeking might be achieved on victims of VAW. Although different entry points, referral chain, intra-hospital coordination and multi-sectoral involvements were found, involvements of non-government sectors were scarce. Indulgence of NGOs could be instrumental in providing quality care at the centers.

Reference

Abrahams, N., Devries, K., Watts, C., Pallitto, C., Petzold, M., Shamu, S., & Garcia-Moreno, C. (2014). Worldwide prevalence of non-partner sexual violence: a systematic review. *Lancet*, *383*(9929), 1648-1654. https://doi.org/10.1016/S0140-6736(13)62243-6.

Abramsky, T., Watts, C. H., Garcia-Moreno, C., Devries, K., Kiss, L., Ellsberg, M., Jansen, H. A., & Heise, L. (2011). What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*, *11*(1), 109. https://doi.org/10.1186/1471-2458-11-109.

Ahmad, F., Driver, N., McNally, M. J., & Stewart, D. E. (2009). "Why doesn't she seek help for partner abuse?" An exploratory study with South Asian immigrant women. *Soc Sci Med*, *69*(4), 613-622. https://doi.org/10.1016/j.socscimed.2009.06.011.

Akhter, G. A., & Islam, F. (2016). Child abuse in Bangladesh. *Ibrahim Medical College Journal*, *9*(1), 18-21. https://doi.org/10.3329/imcj.v9i1.27635.

Arias, I., Leeb, R. T., Melanson, C., Paulozzi, L. J., & Simon, T. R. (2008). *Child maltreatment surveillance; uniform definitions for public health and recommended data elements*. https://stacks.cdc.gov/view/cdc/11493.

Bates, L. M., Schuler, S. R., Islam, F., & Islam, K. (2004). Socioeconomic factors and processes associated with domestic violence in rural Bangladesh. *Int Fam Plan Perspect*, *30*(4), 190-199. https://doi.org/10.1363/3019004.

Bowen, G. A. (2009). Document Analysis as a Qualitative Research Method. *Qualitative Research Journal*, *9*(2), 27-40. https://doi.org/10.3316/qrj0902027.

Bui, H. N. (2016). Help-Seeking Behavior Among Abused Immigrant Women. *Violence Against Women*, *9*(2), 207-239. https://doi.org/10.1177/1077801202239006.

CDC. (2020). *The Social-Ecological Model: A Framework for Prevention | Violence Prevention | Injury Center | CDC*. https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

Chowdhury, M. A. K., Rahman, A. E., Morium, S., Hasan, M. M., Bhuiyan, A., & Arifeen, S. E. (2018). Domestic Violence Against Women in Urban Slums of Bangladesh: A Cross-Sectional Survey. *J Interpers Violence*, *36*(9-10), NP4728-NP4742. https://doi.org/10.1177/0886260518791235.

Colombini, M., Mayhew, S., & Watts, C. (2008). Health-sector responses to intimate partner violence in low- and middle-income settings: a review of current models, challenges and opportunities. *Bull World Health Organ*, *86*(8), 635-642. https://doi.org/10.2471/blt.07.045906.

Das, T. K., Alam, M. F., Bhattacharyya, R., & Pervin, A. (2015). Causes and Contexts of Domestic Violence: Tales of Help-Seeking Married Women in Sylhet, Bangladesh. *Asian Social Work and Policy Review*, *9*(2), 163-176. https://doi.org/10.1111/aswp.12055.

Estrellado, A. F., & Loh, J. M. (2014). Factors associated with battered Filipino women's decision to stay in or leave an abusive relationship. *J Interpers Violence*, *29*(4), 575-592. https://doi.org/10.1177/0886260513505709.

Fanslow, J. L., & Robinson, E. M. (2010). Help-seeking behaviors and reasons for help seeking reported by a representative sample of women victims of intimate partner violence in New Zealand. *J Interpers Violence*, *25*(5), 929-951. https://doi.org/10.1177/0886260509336963.

Fattah, K. N., & Camellia, S. (2020). Gender Norms and Beliefs, and Men's Violence Against Women in Rural Bangladesh. *J Interpers Violence*, *35*(3-4), 771-793. https://doi.org/10.1177/0886260517690875.

Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., Watts, C. H., Health, W. H. O. M.-c. S. o. W. s., & Domestic Violence against Women Study, T. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, *368*(9543), 1260-1269. https://doi.org/10.1016/S0140-6736(06)69523-8.

Gravelin, C. R., Biernat, M., & Bucher, C. E. (2018). Blaming the Victim of Acquaintance Rape: Individual, Situational, and Sociocultural Factors [Review]. *Front Psychol*, *9*, 2422. https://doi.org/10.3389/fpsyg.2018.02422.

Grossman, S. F., Lundy, M., George, C. C., & Crabtree-Nelson, S. (2010). Shelter and service receipt for victims of domestic violence in Illinois. *J Interpers Violence*, *25*(11), 2077-2093. https://doi.org/10.1177/0886260509354505.

Hadi, A. (2000). Child abuse among working children in rural Bangladesh: prevalence and determinants. *Public Health*, *114*(5), 380-384. https://doi.org/10.1038/sj.ph.1900664.

Hodges, T. A., & Cabanilla, A. (2011). Factors that impact help-seeking among battered Black women: application of critical and survivor theories. *Journal of cultural diversity*, *18 4*, 120-125.

Islam, M. S. (2019). An assessment of child protection in Bangladesh: How effective is NGO-led Child-Friendly Space? *Eval Program Plann*, *72*, 8-15. https://doi.org/10.1016/j.evalprogplan.2018.09.003.

Islam, R. (2018). *Rights situation remains alarming*. https://www.thedailystar.net/frontpage/rights-situation-remains-alarming-1513159files/93/rights-situation-remains-alarming-1513159.html.

Islam, T. M., Tareque, M. I., Sugawa, M., & Kawahara, K. (2015). Correlates of Intimate Partner Violence Against Women in Bangladesh. *Journal of Family Violence*, *30*(4), 433-444. https://doi.org/10.1007/s10896-015-9683-0.

Johnston, H. B., & Naved, R. T. (2008). Spousal violence in Bangladesh: a call for a public-health response. *J Health Popul Nutr*, *26*(3), 366-377. https://www.ncbi.nlm.nih.gov/pubmed/18831231

Kamimura, A., Bybee, D., & Yoshihama, M. (2014). Factors Affecting Initial Intimate Partner Violence-Specific Health Care Seeking in the Tokyo Metropolitan Area, Japan. *J Interpers Violence*, *29*(13), 2378-2393. https://doi.org/10.1177/0886260513518842.

Kim, J. Y., & Lee, J. H. (2011). Factors influencing help-seeking behavior among battered Korean women in intimate relationships. *J Interpers Violence*, *26*(15), 2991-3012. https://doi.org/10.1177/0886260510390946.

Kogan, S. M. (2004). Disclosing unwnated sexual experiences: results from a national sample of adolescent women. *Child Abuse Negl*, *28*(2), 147-165. https://doi.org/10.1016/j.chiabu.2003.09.014.

Kohli, A., Perrin, N., Mpanano, R. M., Banywesize, L., Mirindi, A. B., Banywesize, J. H., Mitima, C. M., Binkurhorhwa, A. K., Bufole, N. M., & Glass, N. (2015). Family and community driven response to intimate partner violence in post-conflict settings. *Soc Sci Med*, *146*, 276-284. https://doi.org/10.1016/j.socscimed.2015.10.011.

Macy, R. J., Rizo, C. F., & Ermentrout, D. M. (2013). Characteristics, needs, and help seeking of partner violence victims mandated to community services by courts and child protective services. *Am J Orthopsychiatry*, *83*(4), 588-599. https://doi.org/10.1111/ajop.12049.

Nadiya, S. (2017). *Why do so many men rape?* Dhaka Tribune. https://archive.dhakatribune.com/magazine/weekend-tribune/2017/07/13/many-men-rape/?fb_comment_id=1322941414470322_1325892414175222files/95/many-men-rape.html.

Naved, R. T., Azim, S., Bhuiya, A., & Persson, L. A. (2006). Physical violence by husbands: magnitude, disclosure and help-seeking behavior of women in Bangladesh. *Soc Sci Med*, *62*(12), 2917-2929. https://doi.org/10.1016/j.socscimed.2005.12.001.

Naved, R. T., & Persson, L. Å. (2010). Dowry and Spousal Physical Violence Against Women in Bangladesh. *Journal of Family Issues*, *31*(6), 830-856. https://doi.org/10.1177/0192513x09357554

Parvin, K., Sultana, N., & Naved, R. T. (2016). Disclosure and help seeking behavior of women exposed to physical spousal violence in Dhaka slums. *BMC Public Health*, *16*(1), 383. https://doi.org/10.1186/s12889-016-3060-7.

Rai, A., & Choi, Y. J. (2018). Socio-cultural risk factors impacting domestic violence among South Asian immigrant women: A scoping review. *Aggression and Violent Behavior*, *38*, 76-85. https://doi.org/10.1016/j.avb.2017.12.001.

Rashid, S. F. (2000). Providing sex education to adolescents in rural Bangladesh: experiences from BRAC. *Gend Dev*, *8*(2), 28-37. https://doi.org/10.1080/741923625.

Resnick, H. S., Acierno, R., & Kilpatrick, D. G. (1997). Health impact of interpersonal violence. 2: Medical and mental health outcomes. *Behav Med*, *23*(2), 65-78. https://doi.org/10.1080/08964289709596730.

Saffari, M., Arslan, S. A., Yekaninejad, M. S., Pakpour, A. H., Zaben, F. A., & Koenig, H. G. (2017). Factors Associated With Domestic Violence Against Women in Iran: An Exploratory Multicenter Community-Based Study. *J Interpers Violence*, *0*(0), 886260517713224. https://doi.org/10.1177/0886260517713224.

Sunil Kumar, J., Aakriti, M., Umesh Raj, A., & Dudani, I. U. (2012). Impact of intimate partner violence on women's health—a population based study in Nepal. *Injury Prevention*, *18*, A183 - A183.

Taherkhani, S., Negarandeh, R., Simbar, M., & Ahmadi, F. (2017). Barriers to seeking help among abused Iranian women. *The Journal of Adult Protection*, *19*, 261-273.

VanderEnde, K. E., Sibley, L. M., Cheong, Y. F., Naved, R. T., & Yount, K. M. (2015). Community economic status and intimate partner violence against women in bangladesh: compositional or contextual effects? *Violence Against Women*, *21*(6), 679-699. https://doi.org/10.1177/1077801215576938.

Wahed, T., & Bhuiya, A. (2007). Battered bodies & shattered minds: violence against women in Bangladesh. *Indian J Med Res*, *126*(4), 341-354. https://www.ncbi.nlm.nih.gov/pubmed/18032809.

WHO. (2005). *WHO multi-country study on women's health and domestic violence against women : initial results on prevalence, health outcomes and women's responses / authors: Claudia Garcia-Moreno ... [et al.]* (924159358X). https://apps.who.int/iris/handle/10665/43309.

WHO. (2013a). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization. https://apps.who.int/iris/handle/10665/85239.

WHO. (2013b). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*. World Health Organization. https://apps.who.int/iris/handle/10665/85240.

Zaman, H. (1999). Violence against women in bangladesh: Issues and responses. *Womens Studies International Forum*, *22*, 37-48.

Copyrights

Table 1. Distribution of the Victims by Variables Related to Context of Violence

Variables	Physical violence	Sexual violence	Burn	All cases
Age of the clients	**(n = 64)**	**(n = 59)**	**(n = 18)**	**(n = 141)**
Mean (years)	25.42	13.4	23.5	20.16
Standard deviation (± years)	7.02	6.04	11.3	9.27
Range (min – max) (years)	40 (8 – 48)	32 (3 – 35)	36 (9 – 45)	45 (3 – 48)
Perpetrator				
Husband	62		9	71
House master	3		4	7
Mother-in-law/other in-laws	25			25
Stepmother	1			1
Neighbors	1	39	4	44
Lover	1	6		7
Relatives		5		5
Local man/teacher/coworker		17		17
Local goons		2		2
(*mutually inclusive cases)				
Cause of violence				
Child abuse	3		4	7
Domestic violence/dowry	62		9	71
Rape		51		51
Gang rape		9		9
Incest taboo		1		1
Acid crime			6	6
Area of residence				
Rural	37	38	8	82
Urban	29	14	9	53
Urban slums	---	4	1	5
(*missing 6 cases)				

Table 2. Distribution of the Victims by Variables Related to Help Seeking

Variables	Physical violence	Sexual violence	Burn	All cases
Rescuer				
Parents/siblings	13	12	1	26
Neighbors	33	8	8	49
Police/RAB/local law enforcement	6	2	2	10
Journalist/local leader	2	1	---	3
Other relatives	2	2	2	6
Local people around incidence spot	2	6	---	8
(*missing 44 cases)				
Accompany to hospital				
Parents/sibings	39	45	8	92
Husband/In laws	1	3		3
Neighbors	17	3	6	26
Local people	2	3	---	5
Women Affairs Officer	1	1	---	2
Police/RAB	---	1	2	3
(*missing 15 cases)				
Legal status of perpetrators				
Arrested	33	41	13	87
On bail	5	2	---	7
Absconded	23	11	5	39
(*missing 13 cases)				

Ethical Clearance

This study comprised with secondary data and does not use any information regarding person thus no ethical approval needed.

Funding

There is no funding for this study.

Conflict of Interest

The authors declare no conflict of interest.