

Report

Understanding intimate partner violence in Bangladesh through a male lens

Ruchira Tabassum Naved, Fiona Samuels, Taveeshi Gupta, Aloka Talukder, Virginie Le Masson, Kathryn M. Yount

March 2017



EMORY
UNIVERSITY

Overseas Development Institute

203 Blackfriars Road
London SE1 8NJ

Tel. +44 (0) 20 7922 0300
Fax. +44 (0) 20 7922 0399
E-mail: info@odi.org.uk

www.odi.org
www.odi.org/facebook
www.odi.org/twitter

Readers are encouraged to reproduce material from ODI Reports for their own publications, as long as they are not being sold commercially. As copyright holder, ODI requests due acknowledgement and a copy of the publication. For online use, we ask readers to link to the original resource on the ODI website. The views presented in this paper are those of the author(s) and do not necessarily represent the views of ODI.

This material is funded by UK aid from the UK government but the views expressed do not necessarily reflect the UK Government's official policies.

© Overseas Development Institute 2017. This work is licensed under a Creative Commons Attribution-NonCommercial Licence (CC BY-NC 4.0).

Cover photo: Women's ward, Gazipur hospital, Bangladesh © Fiona Samuels 2016

Contents

Introduction	5
1. Conceptual framework	6
2. Methodology	8
3. Patterning of IPV	10
3.1. Perceived types of IPV	10
3.2. Perceived trends in IPV over time	10
3.3. IPV practices in the study sites	10
4. Multi-level influences that shape IPV risks	12
4.1. Individual-level risk factors	12
4.2. Household-level risk factors	13
4.3. Community level risk factors	14
4.4. Potential pathways of change: norm setters	15
5. Responses to IPV	17
5.1. Services for survivors	17
5.2. Protection services	17
5.3. Justice system responses	18
5.4. Prevention: building awareness to tackle GBV	19
6. Policy landscape shaping IPV responses	21
7. Conclusions and recommendations	22
References	24

List of boxes, figures and tables

Boxes

Box 1. Description of study sites	8
Box 2. Secondary data analysis using data from the 2007 Bangladesh Demographic and Health Survey (BDHS)	9
Box 3. Committed to marriage, despite years of torture	14
Box 4. The Government's Multi-Sectoral Programme on Violence Against Women	17
Box 5. New online spaces for violence	18
Box 6. Conventions, policies and Acts relating to violence against women in Bangladesh	21

Figures

Figure 1. Conceptual framework – seeing IPV through an ecological and institutional lens in fragile-state contexts	7
Figure 2. Map of Bangladesh showing the location of the study sites	9

Tables

Table 1. Total number of interviews by study site	8
Table 2. Different types of IPV reported by six survivors during in-depth interviews in Gazipur and Mymensingh	11

Introduction

The rates of intimate partner violence (IPV) are high in Bangladesh, with 1 in 2 women aged 15 or over who have ever been married reporting that they have endured physical and/or sexual violence during their lives, and 1 in 4 reporting such violence in the past 12 months (BBS, 2016). IPV has been recognised as a violation of human rights, with multiple and adverse consequences for health and development (Campbell, 2002; Devries et al., 2013; Ellsberg et al., 2008). Despite the extensive legal framework that is in place in Bangladesh, and numerous non-governmental programmes and women’s activist organisations that focus on IPV, it remains commonplace (BBS, 2016; NIPORT et al., 2009). This conundrum raises questions about how well the drivers of IPV are understood and targeted.

Research is growing on IPV in Bangladesh, especially physical abuse. Several literature reviews (e.g. Johnson and Das, 2009; Johnston and Naved, 2008) and some authors have documented IPV trends and prevalence rates (e.g., Das et al., 2008), and the detrimental effects of IPV on women (e.g. Azziz-Baumgartner et al., 2014; Naved and Persson, 2008) and on their children (e.g. Silverman et al., 2009). There have been studies on the multi-level risk factors that underpin IPV for women (VanderEnde et al., 2012; VanderEnde et al., 2015; Yount et al., 2016a), with recent work also examining the multi-level influences on men’s perpetration (Koenig et al., 2003; Yount et al., 2016b). Efforts to disentangle rural versus urban patterns continue (e.g. NIPORT et al., 2008). While several researchers have analysed data from either the Bangladesh Demographic and Health Survey (BDHS) (e.g. Das et al., 2008) or the Bangladesh Urban Health Survey (BUHS) (e.g. NIPORT et al., 2008), many others have reported on non-nationally representative samples. Data tend to be on women’s reporting of exposure to IPV (e.g. Garcia-Moreno, et al., 2006), although data on men’s reporting of perpetration is increasing (e.g. Naved et al., 2011). Bangladesh was, for example, one of seven countries chosen to be part of The Change Project initiated by Partners for Prevention, working to prevent gender-based violence (GBV). This partnership with the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), UN Women and the United Nations Volunteers (UNV) regional programme for Asia and the Pacific is the

largest ever multi-country study to interview men on GBV and masculinities (Naved et al., 2011).

This short report aims to address research gaps, drawing on primary research in 2016 that provides unique insights on the multi-level influences – including the community-level gender norms that devalue women and girls – that shape the attitudes and behaviour of adolescent boys and men around IPV. The findings discussed in the report are part of a broader regional study of the perpetration of IPV by men and boys across South Asia, with a primary focus on Bangladesh, Nepal and Pakistan.

Objectives of the research

Given the knowledge gaps on the dynamics of IPV as they relate to men who perpetrate such violence – including attitudinal, programmatic and policy issues – this report has three objectives:

- to understand the multi-level drivers of men’s perpetration of IPV in Bangladesh, including the relative importance of conservative gender norms.
- to investigate how broader political economy dynamics shape attitudes, behaviours and service provision related to IPV
- to determine the types of policy and programming that exist to tackle male perpetration of IPV, and the associated implications for policy and practice to strengthen responses to IPV.

To address these objectives, this report first provides an overview of our conceptual framework, applied across all three focal countries in South Asia, followed by a methodology section that sets out the study sites, the programmes reviewed, and the tools and instruments used. Following an overview of existing evidence on the patterning and prevalence of IPV in Bangladesh, the report then discusses the individual-, household- and community level influences that shape experiences of IPV among those who perpetrate and survive the violence. We then discuss formal and informal responses before concluding with a discussion of the policy and programming implications emerging from our findings.

1. Conceptual framework

The starting point of our conceptual framework builds on an integrated ecological model (e.g. Heise, 1998, 2011; Fulu and Miedema, 2015;) that emphasises the interaction of factors at the individual, family/relationship, community and society/culture levels and the ways in which they help to perpetuate IPV (Figure 1). Our framework positions **individual** adolescent boys and young men at the centre, together with factors that shape their well-being, such as substance abuse, childhood experiences of abuse, social relationships and the extent to which they are gendered, their current psychosocial status, and their ability to resist dominant social norms around gender.

These individuals are then located in the households that shape the behaviours, attitudes and trajectories of young men. The key characteristics of a household include its economic status and educational levels, as well as gendered and generational intra-household dynamics. Next, we emphasise the role of community social norms in shaping individual men's experiences. These include norms around marriage, sexuality, education, the gendered division of labour, the type of behaviour that should be punished or rewarded, and income-generation opportunities for men and women (e.g. Marcus, 2014; Mackie et al., 2012; Bicchieri, 2015).

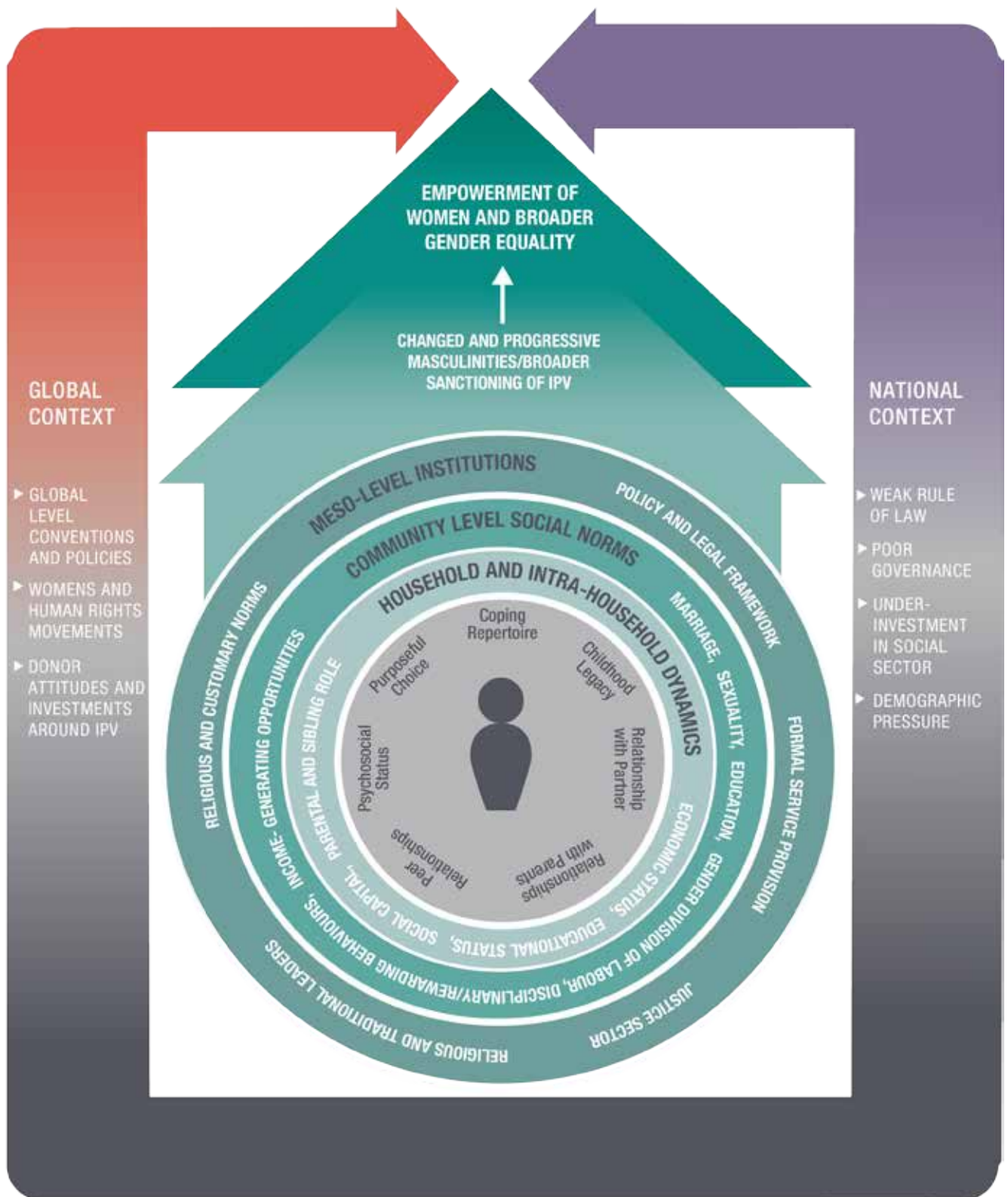
Less well conceptualised in the literature (and where this project aims to make a substantial contribution), is the role of **meso-level institutions as these are vital intermediaries** for the channelling of national-level resources and standards

to address IPV (True, 2012; Denney and Domingo, 2013). Our framework spans both formal and customary institutions. The formal spectrum includes legal provisions around divorce, child custody, property inheritance, sanctions around IPV and gender-based violence (GBV), as well as service provision, such as shelters and counselling. It also includes the justice sector, including the application of legal provisions by the courts; police stations and legal aid; legal protection and family mediation. On the customary end of the spectrum it is also important to consider the role of religious and customary norms as well as religious and traditional leaders, who are often the first port of call for the resolution of local conflicts.

All of these domains are situated within broader macro-level contexts. Variables at national level include weak rule of law, poor governance, under-investment in the social sector, and under-resourced responses to demographic pressures (Hickey et al., 2015). At the global level, international rights conventions, women's and human rights movements that champion action against GBV and IPV can all be influential (True, 2012; Roberts and Waylen, 1998).

Our conceptual framework envisages important changes that could be made by tackling the multi-level risk factors that underpin IPV. These changes include imposing broader sanctions against IPV, fostering progressive masculinities and, ultimately, building a society with gender equitable norms and behaviours.

Figure 1. Conceptual framework – seeing IPV through an ecological and institutional lens in fragile-state contexts



Source: ODI, 2016.

2. Methodology

The primary qualitative research data that underpin this report were collected in 2016 from two main study sites covering five villages in Gazipur and Mymensingh districts. These districts have been characterised by high IPV prevalence rates (Figure 2 and Box 1).

Data for this qualitative study were collected between 14 and 31 May 2016, using a range of qualitative tools (see Table 1). The sample was chosen purposively and all interviews and focus group discussions (FGDs) followed semi-structured guidelines. Key informant interviews (KIIs) were conducted with a range of stakeholders, including political and civic representatives from different line departments working with GBV/IPV survivors or playing a role in raising awareness. These included representatives of the Multi-Sectoral Programme on Violence Against Women (see also Box 4) under the Ministry of Women and Children Affairs (MOWCA), the police department and the judiciary. GBV and IPV service providers at different levels – government and non-governmental organisation (NGO) – were also interviewed. In the villages, school teachers, local politicians and village leaders, NGO workers, health and legal service providers and the village police were all interviewed as key informants.

The larger study also conducted secondary quantitative analysis on the 2007 BDHS to leverage the data that exist and further the understanding of individual- and community-level determinants of men’s attitudes about IPV (see Yount et al., forthcoming) (see Box 2).

Box 1. Description of study sites

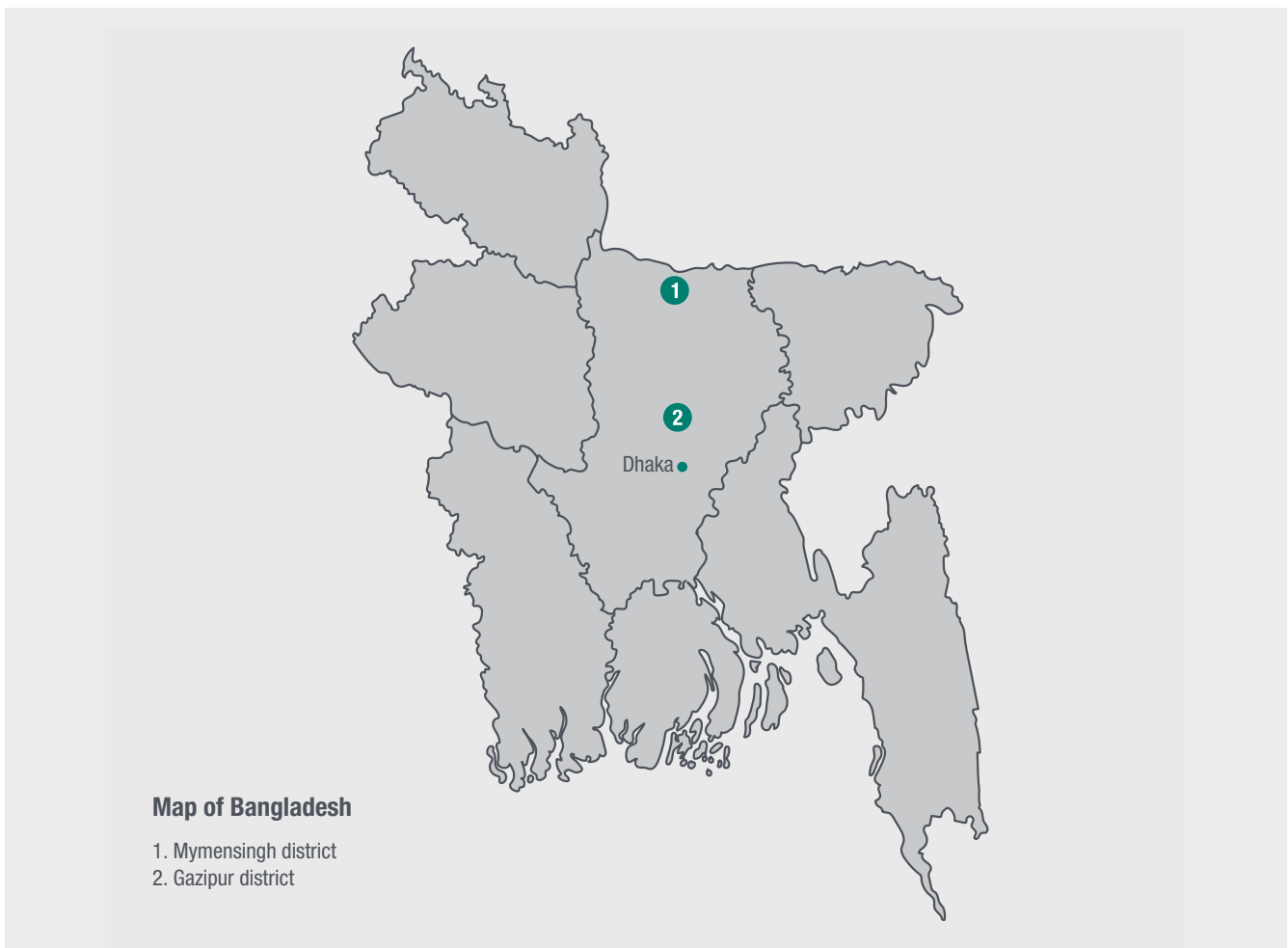
Mymensingh district has a total population of 51,10,272 (female: 25,71,148; male: 25,39,124) with a male to female ratio of 0.99. The literacy rate for those aged 7 and above is 43.5%, which is below the national rate of 51.8%. Around 42.2% of women are literate, compared to 44.9% of men (BBS, 2012). Approximately 64% of ever-married reproductive aged women in Mymensingh reported being exposed to physical and/or sexual violence perpetrated by their husband s(Amin et al., 2013). Our fieldwork in Mymensingh was carried out in Dhanikhola Union Parishad (the lowest tier of local government), which is in Trishal *Upazila* (sub-district).

Gazipur has a total population of 34,03,912 (female: 16,28,602; male: 17,75,310) with a male to female ratio of 1.09. The literacy rate for those aged 7 and above is 62.6%, which is higher than the national rate. Around 58.9% of women are literate compared to 66.0% of men (BBS, 2014). About 51% ever-married women of reproductive age reported experiencing physical and/or sexual violence by spouse (Amin et al., 2013). Our fieldwork was carried out in Rajabari Union Parishad (the lowest tier of local government) which is in Sreepur *Upazila*.

Table 1. Total number of interviews by study site

Instrument	Gazipur	Mymensingh	Dhaka/ national level	Total
Key informant interviews (KIIs)	11	10	19	40
Focus group discussions (FGDs)	6	5		11
In-depth interviews (IDIs) (adolescent boys)	10	7		17
In-depth interviews (IDIs) (IPV survivors)	3	3		6
Intergenerational trios (IGTs)	4	3		7
Total	34	28	19	81

Figure 2. Map of Bangladesh showing the location of the study sites



Box 2. Secondary data analysis using data from the 2007 Bangladesh Demographic and Health Survey (BDHS)

The 2007 Bangladesh DHS on individual men provided rich data for analysis, including a distinct module on intimate partner violence (IPV). In Bangladesh, younger men who had witnessed male-on-mother IPV in their childhood were two to three times more likely to justify IPV, control family decisions, and perpetrate physical IPV in young adulthood. A junior man's older age and higher household wealth were protective against justifying IPV, and his higher completed grades of schooling were protective against physical IPV perpetration.

As expected, a younger man in a community where there were prevalent norms of masculine dominance and violence was more likely to justify physical IPV (OR = 37.71), control family decisions (OR = 29.08), and perpetrate physical IPV (OR = 4.35). Their exposure to more prevalent norms of masculine dominance and violence was associated with 4 to 38 times higher odds of violent attitudes and behaviour. In fully adjusted models, younger men in communities where more prevalent norms of masculine dominance and violence remained had 4 to 30 times higher adjusted odds of these same attitudes and behaviors. No community-level control variables were associated with any of the outcomes.

The results at community level corroborate theories of social norms (Bicchieri and Mercier, 2014), which posit that social expectations in the community about what men do (and should do) exert a powerful influence over men's behaviour. Again, our findings suggest some internalisation of 'male-dominance' norms, as young men exposed to such norms were more likely to justify IPV, and in turn, to treat their wives accordingly. Finally, these results speak to the usefulness of 'masculinity theory' for its assessment of privileged and legitimised expressions of gender and the way in which communities with institutionalised patriarchal systems may perpetuate harmful inequities between women and men. The findings also signal the importance of (and reinforce the need for) an ecological framework for conceptualisation, analysis and programme development. This view can help to effect changes beyond the individual level that grapple with broad systemic factors, particularly upstream determinants of community norms on the constellation of men's attitudes and behaviour that reflect their power and control in the family.

See Yount, et al., forthcoming, for further details.

3. Patterning of IPV

3.1. Perceived types of IPV

Emotional, economic and physical violence were the most common types of IPV identified in the study sites. Some female informants considered a husband's controlling behaviour as a common and important type of IPV, as the following excerpt from a FGD shows:

Woman 1: 'We face violence from all around.'

Woman 2: 'Everyone is abusing us as they like. Wherever we go we face violence.'

Woman 3: '[Women] cannot move about freely. ... If I were a man I could do whatever my heart tells me to do. Being a woman I am facing obstacles.'

Woman 4: 'Men have more freedom. We do not have that kind of freedom. Now that I am married he always refuses if I want something or want to go somewhere. I am not allowed anything. It was a mistake to be born as a woman.'

Woman 1: 'Money is everything, sister.'

Woman 3: 'No, money is not everything... I have money. The other day, I told him, 'I want to [buy] something. I don't need money from you'. He said, 'No, you are not allowed to buy it. You are the bou (wife) in this house so behave like one.' So, my freedom is obstructed. If I were a man, I'd have money and freedom. I could do whatever I wanted to do.'

(FGD6, married women, Gazipur)

Although sexual IPV was not mentioned spontaneously, most informants acknowledged, when probed, that it was happening – though many men justified it in terms of their needs and entitlements:

'If the husband has the urge, it is her duty to obey his order. ... She has to be scolded. She needs to be threatened with talak (divorce), which may make her comply. ... Threat of divorce is more [effective] than beating as women are very much afraid of divorce.'

(IDI, unmarried young man, madrassa student, Mymensingh)

3.2. Perceived trends in IPV over time

There is a common perception that IPV has decreased from generation to generation:

Male 1: 'When we were young we saw our fathers beat our mothers almost to death if she was at fault. Our mothers did not protest out of fear. ... They used to stay in the relationship and they are still in that relationship. ...'

Male 2: 'Now, they may give a slap or two only.'

(FGD3, married men, Gazipur)

Some informants note, however, that emotional violence has increased, while physical IPV has decreased over time. The main reasons for the reduction of the latter were believed to be poverty reduction; increased education of both men and women, NGO awareness-raising activities; women's empowerment through education and employment, the growing number of nuclear families, female access to divorce and the promotion of gender equality by the government.

Informants also pointed out a shift in culture that has resulted in IPV becoming more hidden. They claimed that higher education and greater mobility, NGO activities and exposure to the wider world through internet, TV and film, have resulted in the perpetration of IPV becoming increasingly seen as a phenomenon that damages the *maan-shomman* (prestige, honour) of a man. As a result, it appears (at least from the outside) to be either declining or just becoming more hidden.

3.3. IPV practices in the study sites

Despite the villagers' perception of a decrease in IPV over time, the levels of IPV reported by IPV survivors were severe. All six of the IPV survivors interviewed experienced controlling behaviour from their husbands, ranging from not being allowed out of the home to, in one case, being left naked in a water tank for two days (see Table 2).

Table 2. Different types of IPV reported by six survivors during in-depth interviews in Gazipur and Mymensingh

Controlling behaviours	Emotional violence	Economic violence	Physical violence	Sexual violence
Depriving a woman of food	Shouting	Demanding dowry	Slapping	Forced sex
Not providing treatment	Name calling	Not providing financially for the family	Punching	Frequent demands for sex
Not allowing her to go out	Avoiding/ignoring her	Not working	Kicking	Avoiding sex with wife
Not allowing her to talk to men	Finding faults all the time	Not allowing a wife to work	Hitting with object (stick, cane, bamboo, branch, wooden/iron spatula, wooden stool and brick)	Admitting another man to <i>bashor ghor</i> (nuptial chamber/bride-chamber) to test her fidelity
Not allowing contact with her own family	Making her beg forgiveness for something she did not do	Taking her earnings	Strangling/choking	
Not allowing questions or complaints	Allowing others to abuse her	Selling her assets	Stabbing	
Locking her up	Suspicious and false accusations (infidelity, theft, not doing household chores, etc.)	Taking her property (i.e. land and shops)		
Throwing her out of the house or not letting her in	Not providing proper care during pregnancy and after delivery			
Tying her up	Severe child abuse (beating, choking)			
Leaving her naked and tied up in a water tank for two days	Deception of various types (hiding information about a previous marriage, extramarital relationships, paid sex, etc.)			
Forcing abortion	Threats of abandonment and another marriage			
Depriving her of custody of a breastfeeding child	Obtaining paid sex			
	Pressure for divorce			
	Threats to kill			
	Disappearing without any information on whereabouts			

4. Multi-level influences that shape IPV risks

IPV emerges from the complex interplay of multiple and interacting factors at the individual, family and community levels of the social ‘ecology’ (Fulu and Heise, 2014: 2). Drawing on our conceptual framework, we follow this ecological framing in presenting our findings, adding another important level that emerged from the findings – systems-level risk factors.

4.1. Individual-level risk factors

At the individual level, our in-depth interviews, key informant interviews and focus group discussions emphasised lack of education as a key risk factor that influences IPV. Referring to physical IPV, women over 25 years of age in a focus group discussion agreed: *‘the husbands who are educated usually don’t do these things [violence]’* (FGD10, married women, Mymensingh). Believing that education brought about a better understanding, women in another focus group discussion said: *‘Violence has reduced in the educated families. The educated people understand the real consequences’* (FGD9, married women, Mymensingh).

The low education of women was also seen as a risk factor, as one key informant in Gazipur explained:

‘Women from uneducated and impoverished families face more domestic violence than any others. Even if parents want to educate their girl, many times women are forced to get admitted to madrasa instead of a formal public school.’

(KII1)

Similarly, a 45-year-old father noted: *‘a girl will be married off soon, she will stay home and recite the Qur’an.’* According to him, the ability to read the Qur’an is an essential skill that will enable her to get married. He also argued that a son will work outside the home, and will need formal public schooling. This is why he sends his daughter to the madrasa and his son to a formal public school (IGT, father, illiterate, daily wage, Gazipur).

However, complementing the complex relationship between education and IPV in the literature, our findings also indicated that IPV can be driven by women’s education and employment. As noted in the following exchange,

women explain that working women are also at risk of IPV, as men felt threatened by a wife who earns an income:

Woman 1: *‘The husbands would take the money alright, but they have to be superior, don’t they?’*

Woman 2: *‘They would eat the food bought by the wife’s money, but yet they would beat the wives.’*

Woman 3: *‘Then they would say, why have you gone to work there? You have ruined my reputation.’*

Woman 4: *‘Do you understand what kind of torture this is? She is working for the husband’s family and feeding the children, still she gets beaten.’*

(FGD11, married women, Mymensingh)

Drug and alcohol addiction have become widespread in the study sites in recent years, with peer pressure in adolescence often fuelling such addiction. Men who are addicted to drugs, alcohol or gambling are reported to commonly abuse their wives. In such cases, the trigger is often their demands for money to buy substances or for gambling.

Woman 1: *‘The bou (wife) gets beaten if she tries to stop gambling and nesha (substance abuse).’*

Woman 2: *‘He won’t bring home food and clothes.’*

Woman 3: *‘It is best not to say anything. Torture starts if you say anything...’*

Woman 2: *‘But there are children at home. So, women ask ‘... where are the groceries?’’*

Woman 4: *‘He would spend all earnings of the day as well as borrowed money on gambling. ... He’d sell all household assets.’*

Women 4, 5: *‘He’d sell everything. ...’*

Women 4, 6: ‘... including the wife’s jewellery.’

(FGD11, married women, Mymensingh)

Similarly, one male key informant from Gazipur explained that:

‘The dominant reason behind continuation of violence against women is drug addiction. Eradicating drug abuse from the society would greatly reduce violence against women. The Government should become proactive in this regard.’

Another risk factor identified was that of witnessing violence in the family or in the neighbourhood and as a result, normalising violence against one’s wife:

‘Here are some men who have been watching violence from the very early stage of their lives. Maybe his father had the same temper and that is why his temper has turned the same. His mentality has become like that. He reacts to everyone ghau koira uthe [barks like a dog]’

(FGD7, married women, Gazipur)

4.2. Household-level risk factors

Several IPV risk factors were identified at household level including household poverty, marital conflict, the extended family structure (which often results in conflict in the home) and dowry demands. Household poverty was an underlying factor for marital conflict and was identified as a major driver of IPV. Respondents spoke about violence that is often triggered when a wife asks her husband for money to meet household experiences, but resources are scarce because of poverty and unemployment: *‘one who has shortage of money will torture more. In that house they always quarrel’* (IGT, Mother, G-2, Homemaker, Gazipur).

Marital conflict also often stemmed from suspicions. It is commonly believed that women who disobey their husbands and talk to other men should be punished, as these are signs that she is having an extra-marital affair:

Question: *‘... what if the wife talks to or interacts with other men?’*

Answer: *‘Then she would be divorced right away... Nobody would keep her. You are a woman’ and so am I. Now if I interact with other man apart from my husband then is he going to keep me as his wife? He wouldn’t. My husband wouldn’t keep me. Nobody would.*

(IGT, mother, Mymensingh)

While affairs (or suspected affairs) by women were met with violence, affairs by men or their multiple marriages were acceptable. Women noted that multiple marriages are still present, even among younger men according to one FGD:

‘In this area, there are boys who are still pretty young have married 2-3 times already. Whereas, they cannot even afford to feed the wives. People still marry their daughters to them. Those who marry their girls to them are bad and the husbands are already bad.’

(FGD11, married women, Mymensingh)

Extended family structures, such as sharing the home with in-laws, often led to family violence:

‘Elder brother-in-law, younger brother-in-law, father-in-law, they all beat the woman. Sister-in-law, even the mother-in-law beats’

(FGD11, married women, Mymensingh).

There is evidence that mothers-in-law may have instigated IPV between husbands and wives (see Box 3). Married women explain:

‘A wife whose husband treats her right cannot be abused by her mother-in-law or sister-in-law. That is it. And if the husband gets incited by his mother’s words and starts beating his wife the moment he comes home from work without listening to what happened, then it would be abuse. That would be abusing a wife because of the mother-in-law’

(FGD10, married women, Mymensingh)

Demands around dowry emerged as a strong driver of IPV, as noted by many respondents who stated that:

‘Everything happens for dowry. Beating, throwing her out of the house and sending her to the parent’s house, in some cases they throw acid on her face. There are big examples of incidents for dowry.’

(FGD10, married women, Mymensingh)

Women in this focus group explained that dowry, unemployment, and drug addiction all go hand-in-hand and have a compounding effect on likelihood of IPV:

Woman 1: *‘A girl from my neighbouring house was married off with a dowry of forty thousand taka [around \$500]. ... Her husband is addicted to drugs and he does not work.*

He just lies around all day long. If he goes to work one day he stays home for four. Food was always scarce in the household.'

Woman 2: *'Her husband and her in-laws abused her in many ways. None of the members of her husband's family spared her. The girl went back to her mother when she could take it no more. ...'*

Woman 1: *'Her husband filed a case against her and they were separated. ... Because she was poor she got nothing, not even the dowry money her parents paid her husband.'*

(FGD10, married women, Mymensingh)

4.3. Community level risk factors

The incidence of IPV in these study sites can be explained, in large part, by gender inequitable and IPV-condoning norms internalised by community members. Gender hierarchies that favour men, socially constructed femininity and masculinity, and rigid gender roles all encourage the perpetration of IPV. It is believed to be a husband's responsibility and prerogative to *shashon* (discipline) a woman who transgresses against gendered or religious norms. Although male informants repeatedly stressed the need to discuss issues as the best way to start such correction, there was little evidence of such an approach in the data. In fact, data from IPV survivors demonstrate that IPV is treated as the main tool for correcting a wife. IPV is,

therefore, widely accepted and justified by men and older women for the purposes of disciplining a wife and is not treated as violence in these communities.

One particularly revealing finding was that many adolescent boys and girls and some young male participants held attitudes that were highly gender inequitable and that condoned violence.

Female behaviours that are most commonly seen as requiring correction through IPV include: disobedience; talking back; questioning a husband's behaviour; lack of perfection in carrying out household chores or in taking care of the husband; in-laws and the children; going anywhere without permission; communicating with other men; non-observance of *purdah* and refusal of sex.

'People say, 'You cannot retort back just because your husband has hit you or scolded you. A husband can always scold you.'

(FGD9, married women, Mymensingh)

These beliefs are reinforced by perceived religious prescriptions, such as:

'A woman's heaven lies underneath her husband's feet.'

'Parts of the body hit by the husband will go to heaven.'

'A woman who disobeys a husband or does not appreciate him will have a place even in Jahannam (hell).'

Box 3. Committed to marriage, despite years of torture

Joya is a 19 year-old Bangladeshi woman who has endured torture from her husband's family. Despite her suffering, she is committed to hang on to her marriage, even if it costs her life, because she grew up in a divorced household and feels that divorce is too hard on children.

Joya was married about four years ago, soon after leaving sixth grade, to Jasim, a well-off young man who had completed secondary school and is only three years older than she is. She went to live with him, his brother and his wife, and her mother-in-law, who is separated from her husband and controls the household. Only two months after they were married, Jasim began to beat Joya, goaded by his mother's allegations that Joya had been unfaithful. He hit her with a broom and wooden spatula, breaking her arm. Accusing her of stealing a ring (which was actually stolen by his brother), he attacked her with a knife, cutting her badly.

Joya's mother-in-law kept up a relentless campaign to ensure that Joya was subservient in the family. She demanded that Joya's parents pay her for accepting their daughter and encouraged Jasim to beat his wife when their demands for more money were not met. Eventually, Jasim abandoned Joya at her parents' house and fled, insisting that she should divorce him so that he could avoid paying

the bride price and alimony. Joya, committed to married life, refused and her mother filed a court case to compel Jasim to accept his wife back into his household.

Joya's life soon worsened, with Jasim beating her constantly. In one attack, he undressed her, bound her hands and feet, and left her in the water tank for two days. His brother began to make sexual advances towards Joya whenever they were alone in the house. When she refused these advances, he beat her, locked her in a room and even held her fingers in boiling oil, threatening to throw the oil into her face if she made a sound.

When Joya became pregnant, Jasim convinced himself that the baby was not his. He and his brother made her swallow tablets and beat her belly with a bamboo pole, hoping to induce a miscarriage. While Joya was severely injured, she did not lose the baby until, a few days later, her brother-in-law kicked her in the abdomen. The next day he tried to kill her, hanging her from the roof by her neck and was only stopped at the last minute by his own father-in-law.

When we interviewed Joya she was living with her mother. She was, however, trying to patch up her marriage.

Source: Fieldwork, 2016.

IPV is not necessarily linked to finding fault with a woman: it can also be a manifestation of masculinity. Men are expected to hold power and control over wives and IPV is, therefore, seen as necessary to maintain the status quo.

'I am a man. I have the right to order her. I ordered her not to do something, not to talk to someone, but she did not obey me ... So, I got angry (raag, jid) and decided if she doesn't obey me I'll divorce her..'

(FGD2, married men, Gazipur)

According to notions of hegemonic masculinity, men are the breadwinners for the family. They defend social norms, order and the family, even if it means using force. A man is often under stress, given the significant pressure to provide for the family. At the same time, men are supposed to be angry, tough and aggressive. This results in an acceptance that they can resort to IPV when angry, stressed or frustrated in order to let off steam.

'Men are the breadwinners. They work in towns and markets. They drink and take drugs. They have a lot of anger. They can't control themselves when they get angry.'

(IDI, IPV Survivor, Mymensingh)

Men who do not conform to such norms of hegemonic masculinity are considered *menda* (unsmart/stupid) and *maigga* (effeminate). People tease them and laugh at them.

Thus, for instance, one new trigger for IPV is the response to the banning of *talak* (a divorce that is obtained by a husband uttering the word *talak* three times) and women's rights to divorce. Legally, a man is now required to pay his wife *Kabin* (the amount mentioned in the marriage document as the bride price) and a subsistence allowance for the wife and children upon divorce. This is resented by men and is thought to have increased IPV where husbands try to end the marriage without making such payments. Few women have the capacity or support to pursue a legal divorce, so men resort to extreme IPV, hoping to drive the wife away without a filing a formal divorce request. Divorces are often negotiated by leaders from the husband's village, where he has leverage and negotiating power, and as a result, women rarely receive the full *Kabin* and subsistence allowance. Indeed, they often have to surrender the dowry paid by their natal family.

Man 1: *'If a man doesn't like his wife anymore he'd abuse her. He can divorce her.'*

Man 2: *'No, getting a divorce would require paying her money. So, I'd mistreat her.'*

Man 3: *'For instance, at meal I'd shout at her, 'You f--r! What rubbish have you cooked?' even when both the curry and the rice is delicious.'*

(FGD2, married men, Gazipur)

IPV has firm roots in gendered social and religious traditions in the study sites. Recent changes in gender roles and relationships are viewed by many men as an attack on male advantage, which makes them desire even stronger patriarchal and religious prescriptions for the control of women, which can fuel IPV.

As seen earlier, in Box 2, the secondary data analysis of the BDHS 2007 data also found that variables at community level around norms of masculinity that are major drivers of IPV.

4.3.1. Gender equality and pro-female policies

Some changes in policies and programmes has created a perception of male disadvantage leading to backlash against women in the form of IPV. These changes are: state policy of gender equality, promotion of female education, allowing women access to divorce, increased female employment, and NGO activities targeting women.

4.4. Potential pathways of change: norm setters

Although powerful agents of patriarchy – that is, men and older women – tend to protect conventional gender norms, some important norm setters are now driving changes in those norms. According to our informants, the main norm setters are the state, NGOs, social media, and working women and some of their partners.

The state has played an important role in changing gender norms through its Constitution, laws and policies. Gender equality, for example, is embedded in the Constitution, women's rights to divorce are mandatory and a stipend programme to promote female education and abolish gender differences in primary education and enrolment at secondary school level has been established.

'The Government is at the core of change (in gender relationships). Earlier there was ekok right (exclusively men's right). Now, there are equal [gender] rights.'

(FGD2, married men, Gazipur)

NGOs have widened women's networks beyond their families, promoting female mobility, making women aware of gender issues and rights, and providing them with access to microfinance. NGO programmes have also created awareness about the Dowry Prohibition and Child Marriage acts. As a result, women have become more

conscious of their rights, more confident, vocal, mobile and economically empowered.

Woman 1: *'Now we go to many meetings and hear many things, we get to learn and realise many new things. We can now answer questions.'*

Woman 2: *'In the past women were not so courageous.'*

Woman 4: *'When I got married I was scared of my mother-in-law and my husband. I did not talk much in front of them. ... I felt a deep-rooted fear. When my husband used to call me, I felt scared thinking if his mother told him about any of my mistakes then he might beat me. But now, if they say something unjust then I protest immediately. Why would they impose blame on me? I can now unveil their injustice face to face. Once I do that my husband has to consider the injustice before speaking to me. Isn't this a change within myself?'*

(FGD10, married women, Mymensingh)

Social media and other channels of communication, such as TV, cell phones and the internet have created mass awareness about gender equality, the Dowry Prohibition and Child Marriage acts and the Women and Children Repression Act.

'In the early days, the government decisions were known through radio. Now, people have cell phones and TVs. Most importantly, it is the era of the internet now. If anything happens now, the whole world gets to know about it through Facebook.'

(FGD2, married men, Gazipur)

Working women and some of their partners have been seen as agents of change as economic opportunities for females within and outside Bangladesh have expanded over time. The manufacturing sector in the country employs more females than males, reducing the financial dependence of these working women on men.

'Be it men or women, those who have mobility and own income command some power. [No wonder] that many women do not give their earnings to their husbands.'

(FGD3, married men, Gazipur)

'The wives with money master more power. In those families husbands tend to do as the wives wish. Many of [these] husbands look after the children when the wives are at work. [Men] who are good cooks as well.'

(FGD8, married women, Gazipur)

Female employment opportunities abroad allow women to earn a substantial income and to make huge contributions to the family through remittances. Female overseas migration is accompanied with much higher mobility and earning power. Despite perceptions that these women engage in sex work (generating very negative social attitudes about them), they often have greater decision-making power in the family and sometimes even in the community than many other women.

5. Responses to IPV

5.1. Services for survivors

At the forefront of the response to GBV/IPV is the provision of medical, legal and psycho-social services to meet the needs of women and girls who have been victimised. Both NGOs and the Government are heavily involved in the provision of such services. One key initiative is the Multi-Sectoral Programme on Violence Against Women, which aims to strengthen the integration of GBV prevention and response services (see Box 4). The further evaluation of such programmes is necessary, however, given their unclear impacts (personal communication).

NGOs also provide services for survivors. The woman's activist organisation, Naripokkho, for example, implements the UNICEF-funded Women Friendly Hospital Initiative, which helps hospitals to become more women-friendly by establishing VAW service centres. BRAC implements a range of programmes at local level to connect survivors to the services and support they need. BRAC also runs a hotline that provides survivors with psychosocial support and links them with other services.

While medical and legal care services for survivors of VAW are relatively accessible in urban and peri-urban

areas, rural women and girls have fewer options. Study respondents note that those living in rural areas not only lack transportation, but are also more likely to be confined to their homes because of broader restrictions on their mobility. One female interviewee from Mymensingh (KII 21) explained that in her area there is only one BRAC community health promoter, and that person works only with pregnant women. She herself acts as a Community Health Promoter (CHP) for the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) but no other organisation works in the area, because of *'the backward and inconvenient commute system of the area. Even no chairman visits this area, thus there is no development here.'*

5.2. Protection services

Women are protected against VAW primarily by informal support networks in their immediate environment, especially family members and neighbours. Respondents felt that rural women enjoyed more of this type of protection than urban women.

Box 4. The Government's Multi-Sectoral Programme on Violence Against Women

The Multi-Sectoral Programme (MSP) on Violence Against Women is implemented jointly by the Governments of Bangladesh and Denmark and aims to develop a holistic and multi-disciplinary approach to GBV. Launched in 2000, and led by the Ministry of Women and Children Affairs (MOWCA), the programme focuses on:

- improving and consolidating integrated services related to violence against women (VAW)
- increasing awareness of VAW and related public services among relevant institutions and the public
- developing the institutional capacities of MOWCA and key government agencies to improve inter-ministerial coordination and action on VAW
- achieving targeted legal and procedural reform to enhance the prevention and redress of VAW cases.

The MSP is staffed by more than 700 people and includes helplines, 20 regional trauma centres, 30 One-stop Crisis Centres (OCCs) and Violence Prevention Committees. Helplines are staffed by university qualified and trained personnel, most of whom are women who help those affected by violence to contact local police and women's representatives. According to an interview with one of our key informants, a proposed fourth phase of the MSP aims to establish nine more OCCs in Dhaka and open eight more trauma centres [KII 26]. Future goals also include work on trafficking, which is common in border areas where there is trafficking towards India, Nepal and China through Myanmar, and on the prevention of child marriage.

As the following representative of a donor organisation in Dhaka explained, there is a:

‘... huge difference between urban and rural areas, women are more vulnerable to violence in slums. In rural settings, there are social settings, people know each other. Slum inhabitants are forced to live with each other, there are no social networks. So the support needs to be provided quicker.’

(KII 28)

Our KIIs also suggested that the fast pace of change in Bangladesh is creating new spaces for interaction that can breed violence (see Box 5).

5.3. Justice system responses

In this section, we explore responses (largely at village level) that combine formal and informal, traditional and modern systems, as well as the penalty process for perpetrators.

5.3.1. Informal processes

Both community members and NGO practitioners stressed the critical importance of Bangladesh’s local arbitration system (*shalish*), a traditional informal justice system through which small panels of influential local figures help resolve the disputes of community members, including those related to marital disputes. In most cases, however, this reliance on informal arbitration puts the onus on a woman to continue tolerating violence and remain with an abusive husband, all in the name of protecting his family’s social status. A woman from Gazipur explained:

‘In cases like this, elders from both the husband’s and wife’s side sit for a discussion; they try to resolve the problem by talking. And they decide and tell the (abused) women to go back to their abusive husbands and manage. All the advice and suggestions for avoiding VAW is always targeted towards women (the abused). This is inculcated in the collective mind-sets of these family discussions: that women should suffer and tolerate abuse against them. They should try to continue their marriage no matter what.’

She continued, *‘these situations are tied to social status and family honour, people think discussing or getting outside help will harm their social image.’*

(KII 13)

Box 5. New online spaces for violence

Study respondents reported that one of the new spaces facilitated by modern urban life is virtual. Unfortunately, the risks that space can pose for girls and young women are all too real. According to a senior researcher from BRAC, *‘the use of technology such as mobiles has increased violence by increasing interactions between girls and boys.’* These interactions are dangerous, s/he added because *‘most boys and girls have not learned yet how to behave with one another and technology has come too fast.’*

In some cases, girls pose for what they believe to be private pictures and videos, only to discover that they have been shared online. *‘There is a lack of law for guaranteeing consent’*, explained a key informant from Community Legal Service (CLS) (KII 38, CLS). Girls consent to photos, *‘but not necessarily to share them in the public domain. In other cases, the contact facilitated by mobile phones leads to ‘rape cases by boyfriends’.*

Recognising this new and growing threat, in early 2016 Bangladesh hosted its first expert consultation about online violence against women and girls (VAWG). This involved practitioners from the fields of law, media, technology and women’s rights (BLAST, 2016). Participants highlighted issues around social stigma for victims of online violence (e.g. how women are called *‘bad women’*), but also how *‘consent’* is understood by technology users.

Key informants noted that while new technologies are opening virtual spaces for VAWG, they are also serving to prevent and respond to it. For example, many adolescents use their mobiles to listen to radio programmes, including UNFPA programming (KII25, UNFPA).

There is also evidence of corruption in these processes. One male informant in Mymensingh, for example, explained that bribes are sometimes offered and accepted to ensure that reports are never filed. Bribes are also used to *‘throw’* or even reverse rulings, making women look foolish. He said that when it looks as if *shalish* might rule in favour of a woman, the husband *‘bribes the influential people in that meeting/arbitration to bend the decisions to his favour’*. As a result, many women do not come forward to seek justice as they fear not only their husband, but also criticism and a loss of dignity for the family (KII 17).

5.3.2. Formal processes

Alongside the informal arbitration systems are the village courts (made up of five members), which are government institutions and are usually approached only after the *shalish* has failed. However, a lack of knowledge among women about their right to approach the police and

initiate formal procedures means that survivors rarely access these formal systems.

Women's access to formal justice is also limited by their families. According to a male respondent from Mymensingh (KII 15), *'It is forbidden by the family to get into any legal case.'* Reporting is also hampered by the police. While they are, as officers of the law, ostensibly charged with protecting and supporting survivors of VAWG, corruption is rampant (KII 23) and police officers all too often refuse to open a case unless paid to do so.

While the Government should, in principle, bear the cost of all legal expenses in cases of VAWG (KII 23), financial barriers also prevent some women, especially the poorest and most rural, from accessing formal justice. Even where legal fees are waived, transportation costs can be prohibitive, particularly for rural women who must travel longer distances. It is clear from the data that people are not aware of the availability of public funding from the District Legal Aid Committee (DLAC) since 1994.

5.3.3. Under-reporting of IPV

Legal processes also complicate survivors' access to formal justice: *'Reporting violence is a very difficult process, and many people would drop back mid-way'*, explained a key informant from BRAC.

An array of other stumbling blocks to both reporting and punishing offenders was also noted by key informants. First, VAWG – especially within the household – is seen as a private affair and is, therefore, rarely reported. *'Even if someone tries to intervene, they are bluntly told that "It's our headache; we'll worry about it,"'* added a woman from Gazipur (KII 13). UNDP's gender adviser (KII 22) added that if a woman brings a rape case to court, there needs to be two or three witnesses: *'Who will admit to that? And even if they do, who will come forward? It is seen as shameful. The whole system is already set up against it.'*

Second, even when crimes are reported, perpetrators are all too often seen as justified in their actions because of the social norms that continue to value men and boys over women and girls. This can be seen in the way cases get *'stuck'* in the local arbitration system, rather than being handled by the formal legal system that is supposed to protect citizens' rights.

The formal legal system can even be subverted by perpetrators' claims that they have the right to commit violence. Local-level judicial actors (judges, magistrates at district level, police, lawyers), who are often poorly informed about the letter of the law, appear all too willing to believe these claims, resulting in low conviction rates and sentences that are far shorter than the law dictates

according to one key informant. Indeed, the director of a women's shelter in Gazipur noted that the victims are often effectively punished far more than the perpetrators:

'[...] There is a contradiction in the treatment of early marriage cases where women are obliged to stay in the shelter until the age 18 unless they choose to return to their parents, whilst men only stay in prison for a short amount of time.'

(KII 9)

NGO-provided legal aid is seen as vital to support victims who have decided to report abuse. BLAST (Bangladesh Legal Aid & Services Trust)¹ and Community Legal Service (CLS)² are key players here.

5.4. Prevention: building awareness to tackle GBV

Overall, key informants agreed that the Government of Bangladesh has limited capacity to adequately address VAWG, especially from the perspective of prevention. They noted that agencies and departments were understaffed, that staff were poorly trained, and that there was poor coordination and limited leadership. Most importantly, they highlighted the invisibility of women in debates and dialogues.

Key informants agreed that government capacity was particularly weak at local levels, where women were rarely included in efforts to prevent and address VAWG. *'Women members are like showpieces. Just like flowers in the flower vase,'* explained a key informant from Mymensingh (KII 24). Where they are *'elected as members of the union council'* or allowed to sit on local violence-prevention committees, even educated women are *'not taken very seriously'*.

Given the limited government capacities around prevention, donor organisations (including UN agencies) and NGOs are heavily engaged in raising awareness about VAWG.

One key way in which organisations are working to raise awareness is by facilitating dialogue at household and community levels, using a wide range of techniques, including television and radio programmes, street theatre and community discussions. What matters, according to some KIs, is that programmes are targeting several generations at once, creating spaces in households and communities for the discussion of topics that have never been discussed between generations before. Targeting fathers-in-law (*Shashur*) and mothers-in-law (*Shashuri*) was also mentioned by some

1 www.blast.org.bd.

2 <http://communitylegalservice.org>.

key informants as an approach for programming. Others emphasised the importance of programmes that work with both women and men (and girls and boys).

Working through schools, with even the youngest children, was seen by all of our key informants as a critical point of engagement in the fight against VAWG, both because children spend so much time in school and because it is an age-segregated and co-educational space. As the director of a women's shelter observed, *'Teachers should start teaching students at young age what it means to have healthy relationships'* (KII 9). It was also pointed out, however, that education is not a panacea, with some teachers often seen to perpetuate discriminatory gender norms.

Efforts are also underway to build awareness and improve the capacity of local police departments by providing gender awareness training to officers and supporting the hiring of female officers. Naripokkho, for example, runs a variety of projects to make police services more accessible to survivors of VAWG, including encouragement for the hiring of more women. Such efforts

appear to be paying off: between 2009 and 2014, the number of female police officers doubled from 1.8% to 5.24% (UNDP website).³

Respondents had mixed views on whether religious leaders should play an important role in prevention efforts. Some saw them as central, given their influence over social norms. Others believed that they were less relevant in today's modern world, and some felt that they might slow progress, given the rise of religious extremism that is threatening recent progress on gender rights more broadly, and VAWG specifically.



A counsellor at the National Helpline Centre for Violence Against Women and Children, Bangladesh © Fiona Samuels ODI 2016

3 www.bd.undp.org/content/bangladesh/en/home/operations/projects/democratic_governance/police-reform-programme-phase-ii.html

6. Policy landscape shaping IPV responses

The policy framework in Bangladesh, which recognises 30 different types of violence, spans a number of conventions and laws on violence against women (see Box 6). Key informants state that there are several ‘good laws’ (KII28) that ‘empower women’ (KII1). Indeed, as seen in Box 6, and in the 2014 Human Rights Commission report of the Special Rapporteur on violence against women, laws such as the 2011 National Women’s Development Policy:

‘...seek to reduce violence; eliminate discrimination; increase access to education, health and employment; and address the special needs of older women, women with disabilities and women from indigenous and marginalised communities.’

(HRC, 2014: 10)

Despite this solid policy framework, there are some limitations. Our key informants reported gaps in the implementation of laws and policies, in particular. A representative of donor organisations added, ‘there are good laws but the implementation is weak, rates of conviction are low’ (KII 28).

Some key informants also suggested that laws continue to reflect conservative gender norms. Others felt that their language was biased, while some noted that a number of crimes against women are still not recognised as such. Rape in marriage, for example, is not recognised as a crime unless the bride is under the age of 13. Similarly, IPV between partners who are not married is not recognised as a crime. Key informants also noted that because violence happens everywhere, it should be addressed across a whole range of sectoral policies. Educational policies, for example, should address violence at school (KII 40).

Some respondents pointed to the country’s limited focus on prevention as the primary issue with implementation. As a key informant from BRAC observed, ‘Most government organisations and NGOs work with post-VAW and post-IPV situations. No one is effectively raising awareness

Box 6. Conventions, policies and Acts relating to violence against women in Bangladesh

- Constitution
- Convention on the Elimination of all forms of Discrimination against Women (1979)
- The Dowry Prohibition Act (1980)
- The Family Courts Ordinance (1985)
- Convention on the Rights of the Child (1989)
- Suppression of Violence against Women and Children Act, 2000 (the *Nari O Shishu Nirjatan Daman Ain*, 2000 (NSA))
- Domestic Violence (Prevention and Protection) Act (2010)
- National Children Policy (2011)
- National Women Development Policy (2011)
- Domestic Violence (Prevention and Protection) Rules (2013)
- Deoxyribonucleic Acid (DNA) Act (2014)
- (Draft) National Psychosocial Counselling Policy (2014)

beforehand to prevent VAW/IPV’ (KII 16). There are many reasons for this, according to our respondents. Some explained that prevention is a far larger task than mitigation, as it requires coordinated efforts to address the root causes of abuse. These include many of the issues outlined earlier in this report: the unequal gender relations into which girls and boys are socialised from birth, the threats of poverty and unemployment, and alcohol and drug abuse. A number of key informants noted that poor prosecution rates are, in themselves, implicated in the country’s lack of efforts to prevent GBV and IPV. ‘You don’t have any legal action against perpetrators... to ensure prevention of violence,’ said one key informant from UNFPA (KII 25).

7. Conclusions and recommendations

This report highlights the changing yet persistent ways in which intimate partner violence remains a reality for girls and women in Bangladesh. The data suggest a tension between traditional gendered norms and changing gender roles, responsibilities and dynamics as a result of increased female education, employment, mobility and empowerment.

This tension drives IPV, both directly and indirectly, with a wife who breaks any conventional gender norm commonly corrected by the use of IPV. The contribution of this tension to IPV is indirect when it promotes the risk factors that fuel such violence, such as the widespread dowry demands that promote child marriage.

Despite evidence that men want to punish women for transgressing conventional norms, they were not found to stand in the way of educational opportunities for their daughters, granddaughters or sisters. On the contrary, many families readily accepted female employment opportunities. It seems that most men demonstrate contradictory attitudes and practices when they deal with the transgression of gendered norms. They may be conventional when dealing with their wives and other women in their community, but they renegotiate their conventional attitudes and legitimise these changes when dealing with their granddaughters, daughters and sisters, imposing stricter *purdah* norms (i.e. *hijab* and *burkah*).

Varying degrees of internalisation of gendered norms by a family may lead to different IPV outcomes. Female employment, for example, may result in IPV in households if the husband is opposed to female mobility or income earning. But that is not the case in every household. In some households, employment will give a woman greater economic independence and household decision-making power.

IPV is also driven by today's perceptions of male disadvantage, and by men's resulting fears about loss of power and control. Attitudinal change among men is, therefore, critical to address IPV. The importance of educating and working with men cannot be over-emphasised.

Evidence shows that it is easier to change the attitudes and behaviours of adolescents and young people than those of older people. This study suggests, however, that many adolescent males and females over the age of 15 years have views that are no less gender inequitable or violence condoning than adults. It seems that conventional

gendered social norms are already entrenched among this group of adolescents. Therefore, we recommend working with younger adolescents (aged 10-15 years) to promote attitudes that are gender equitable and that reject violence.

The study findings identified the main norm setters as being the state, NGOs, social media, and working women and some of their partners. It is essential, therefore, to engage these groups in IPV prevention work to a greater extent.

We have also identified key recommendations, opportunities for their implementation, potential implementers and possible challenges that may arise as a result.

- **Promote broader definitions of IPV that include psychological, physical, sexual, and economic forms.** This can be done by building on standardised measurements for IPV as well as identifying culturally resonant indicators, as agreed by academics, educationalists, and regional bodies. Opportunities include future regional meetings and spaces where it is possible to promote dialogue among academics, civil society and educationalists. One foreseeable challenge is to ensure that the definition of IPV adequately captures the regional variations within Bangladesh on IPV attitudes and behaviours.
- **Engage with men and boys to better tailor programme interventions** by identifying entry-points where different groups of men and boys are most likely to be receptive to messaging – including religious institutions (e.g. mosques), schools, youth groups, cafes and sports. This could also be achieved by influencing curricula development, and working with role models of positive and progressive masculinities, including celebrities or progressive religious leaders. However, one challenge could be the risk of backlash by boys and men, especially if such efforts are not carried out in a culturally conservative way.
- **Address men's exposure in childhood to gender-based violence.** According to the quantitative findings, young men who were exposed to male-on-mother physical IPV were at higher risk of justifying IPV, controlling family decisions, and perpetrating physical IPV. Trauma-informed interventions with men should be considered

to address in a complementary and comprehensive fashion all forms of gender-based violence that contribute to IPV perpetration against women.

- **Map key institutions at different levels and engage strategically with them** by expanding the availability of information and building the skills and knowledge of service providers to prevent, screen for and respond to IPV, including referring cases of IPV within and across the justice, legal, protection, health and education sectors. This can also be achieved by prompting legal reforms to criminalise certain IPV behaviours, such as marital rape, and by prosecuting and sentencing IPV perpetrators. Opportunities for such actions can be maximised by harnessing existing local structures, including formal and informal justice systems, the gathering of country learning around promising practices, and measures to enhance reporting of IPV to better test and strengthen justice and police systems. Several challenges include limited resourcing and lack of gender budget monitoring, and the lack of incentives

resulting from limited funding and institutional prestige when it comes to dealing with GBV and IPV. Other challenges include the lack of demand for action, given the often hidden nature of IPV, limited awareness of existing services and problems around legal loopholes and elite capture that undermine reporting, prosecution and transparency /accountability.

- **Programming approaches must respond to the multi-level influences of IPV and the regional patterning of IPV.** This can be done by ensuring the promotion of an inter-sectoral and multi-level approach through a national coordinating agency or inter-agency working group. It should be stressed that attention must be paid not only to programming that addresses IPV specifically, but also to opportunities to mainstream IPV prevention and responses through programming related to a range of other areas, including women's health, livelihoods and economic empowerment, food security, infrastructure and transport.



A security guard at the women's shelter in Gazipur © Fiona Samuels/ODI 2016

References

- Amin, S., Khan, T. F., Rahman, L. and Naved, R. T. (2013) 'Mapping Violence against Women in Bangladesh: A Multilevel Analysis of Demographic and Health Survey Data' in *From Evidence to Policy: Addressing Gender-Based Violence against Women and Girls in Bangladesh*. Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh (icddr, b) and Population Council.
- Azziz-Baumgartner, E., Homaira, N., Hamadani, J.D., Tofail, F., Dahlberg, L.L., Haque, R., Luby, S.P, Naved, R. T. (2014) 'The prevalence and impact of intimate partner violence on maternal distress in a community of low-income Bangladeshi and displaced ethnic Bihari mothers: Dhaka, 2008-2009.' *Violence Against Women* 20(1): 59-73.
- Bangladesh Bureau of Statistics (BBS) (2016) 'Report on violence against women (VAW) survey 2015.' Dhaka: Bangladesh Bureau of Statistics.
- Bangladesh Bureau of Statistics (BBS) (2012) *Community Report: Mymensingh Zila*. Dhaka: Bangladesh Bureau of Statistics.
- Bangladesh Bureau of Statistics (BBS) (2014) *Community Report: Zila Gazipur*. Dhaka: Bangladesh Bureau of Statistics.
- Bicchieri, C. (2015) 'Norms in the Wild: How to Diagnose, Measure and Change Social Norms'. Cambridge: Cambridge University Press.
- Bicchieri C., and Mercier H. (2014) 'Norms and beliefs: how change occurs,' Iyyun (study) *The Jerusalem Philosophical Quarterly* 63 (reprinted in eds Xenitidou M., Edmonds B., *The Complexity of Social Norms*). Berlin: Springer.
- BLAST (2016) *Report of Expert Consultation*. Responding to Violence against Women and Girls in the Cyber Age. 18 February 2016. Dhaka: Bangladesh Legal Aid & Services Trust. Available at: www.blast.org.bd/content/report/Report-of-Expert-Consultation.pdf
- Campbell, J.C. (2002) 'Health consequences of intimate partner violence'. *The Lancet* 359: 1331-1336.
- Das, M. B., Amin, S., Johnson, K. and Hossain, A. (2008) 'Whispers to voices: Gender and social transformation in Bangladesh', Bangladesh Development Series Paper No. 22. Washington, D.C.: World Bank.
- Denny, J., and Domingo, P. (2013) *A problem-focused approach to violence against women: the political-economy of justice and security programming*. London: Overseas Development Institute.
- Devries, K.M., Mak, J.Y., Bacchus, L.J., Child, J.C., Falder, G., Petzold, M., Watts, C. H. (2013) 'Intimate Partner Violence and Incident Depressive Symptoms and Suicide Attempts: A Systematic Review of Longitudinal Studies'. *PLoS Med* 10(5). doi: 10.1371/journal.pmed.1001439.
- Ellsberg, M., Jansen, H.A.F.M., Heise, L., Watts, C.H., Garcia-Moreno, C. on behalf of the WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team (2008) 'Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study'. *The Lancet* 371: 1165-1172.
- Fulu, E. and Heise, L. (2014) 'What do we know about VAWG AND what more do we need to know to prevent it?'. London: Department for International Development.
- Fulu, E. and Miedema, S. (2015) 'Violence Against Women: Globalizing the Integrated Ecological Model'. *Violence Against Women* 21(12): 1431-1455.
- Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M., Heise, L., Watt, C.H. on behalf of the WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team (2006) 'Prevalence of IPV: findings from the WHO multi-country study on women's health and domestic violence' *The Lancet* 368(9543): 1260-1269.
- Heise, L. (2011) 'What works to prevent partner violence? An evidence overview'. London: Department for International Development.
- Heise, L. (1998) 'Violence against women: An integrated, ecological framework'. *Violence Against Women* 4: 262-290.
- Hickey, S., Kunal, S. and Bukenya, B. (2015) *The Politics of Inclusive Development: Interrogating the Evidence*. Oxford University Press: Oxford.
- Human Rights Commission. (1996) 'Report of the Special Rapporteur on Violence Against Women. Its Causes and consequences, Ms. Radhika Coomaraswamy, Submitted in Accordance with Commission on Human Rights Resolution 1995/85, a Framework for Model Legislation on Domestic Violence, U.N. ESCOR, Comm'n on Hum. Rts., 52d Sess., Agenda Item 9(a), addendum, 28, U.N'. Dhaka: UN Bangladesh.
- Johnson, K.B. and Das, M.B. (2009) 'Spousal violence in Bangladesh as reported by men: prevalence and risk factors' *Journal of Interpersonal Violence* 24(6): 977-995.
- Johnston, H. B., & Naved, R.T. (2008). Spousal Violence in Bangladesh: A Call for Public Health Response. *Journal of Health Population and Nutrition*, 26(3), 366 - 377.
- Kabeer, N. (2008) 'Paid Work, Women's Empowerment and Gender Justice: Critical Pathways of Social Change', Working Paper 3, Pathways of Women's Empowerment. Brighton: Institute of Development Studies.

-
- Koenig, M.A., Ahmed, S., Hossain, M.B. (2003) 'Women's Status and Domestic Violence in Rural Bangladesh: Individual- and Community- Level Effects'. *Demography* 40(2): 269-288.
- Mackie, G., Moneti, F., Denny, E., Shakya, D. (2012) 'What Are Social Norms. How Are They Measured?' Working Paper 1. San Diego, CA: University of California, UNICEF/UCSD Centre on Global Justice Project Cooperation Agreement.
- Marcus, R. (2014) *Changing discriminatory norms affecting adolescent girls through communications activities: an evidence review*. London: Overseas Development Institute.
- National Institute of Population Research and Training (NIPORT), MEASURE Evaluation, International Centre for Diarrhoeal Disease Research, Bangladesh (icddr, b), and Associates for Community and Population Research (ACPR). (2008) '2006 Bangladesh Urban Health Survey'. Dhaka, Bangladesh and Chapel Hill, NC, USA: NIPORT, MEASURE Evaluation, ICDDR,B, and ACPR.
- Naved, R., Huque, H., Farah, S., Shuvra, M.M.R. (2011) *Men's attitudes and practices regarding gender and violence against women in Bangladesh: Preliminary findings*. Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh, United Nations Population Fund (UNFPA), Partners for Prevention, The Change Project.
- Naved, R.T. and Persson, L.A. (2008) 'Factors associated with physical spousal abuse of women during pregnancy in Bangladesh'. *International Family Planning Perspectives* 34(2): 71-78.
- Roberts, J. and Waylen, G. (1998) 'Towards a gendered political economy'. *New Political Economy* 3(2): 181-189.
- Silverman, J. G., Decker, M. R., Gupta, J., Kapur, N., Raj, A. and Naved, R. T. (2009) 'Maternal Experiences of Intimate Partner Violence and Child Morbidity in Bangladesh: Evidence From a National Bangladeshi Sample'. *Archives of Pediatrics & Adolescent Medicine* 163(8): 700.
- True, J. (2012) *The political economy of violence against women*. Oxford: Oxford Studies in Gender and International Relations.
- VanderEnde, K.E., Sibley, L.M., Cheong, Y.F., Naved, R.T. and 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.
- VanderEnde, K. E., Yount, K.M., Dynes, M. and Sibley, L.M. (2012) 'Community Level Correlates of Intimate Partner Violence against Women: A Systematic Review'. *Social Science & Medicine* 75(7): 1143-1155.
- Yount, K. M., Crandall, A., Osypuk, T., Naved, R.T., Cheong, Y. F., Bates, L. and Schuler, S. R. (2016a) *Child Marriage and Partner Violence in Bangladesh: A Multilevel Longitudinal Analysis*. *Demography*. doi 10.1007/s13524-016-0520-8.
- Yount, K.M., James-Hawkins, L., Naved, R.T. and Cheong, Y.F. (2016b) 'Men's Violence Perpetration in Bangladesh: Community Gender Norms and Violence in Childhood' *Psychology of Men and Masculinity*. doi: <http://dx.doi.org/10.1037/men0000069>.
- Yount, K. M., Roof, K. A. and Naved, R. T. (forthcoming) *Multilevel Influences on Men's Partner Violence Justification, Control Over Family Decisions, and Partner Violence Perpetration in Bangladesh*.



ODI is the UK's leading independent think tank on international development and humanitarian issues.

Readers are encouraged to reproduce material from ODI Reports for their own publications, as long as they are not being sold commercially. As copyright holder, ODI requests due acknowledgement and a copy of the publication. For online use, we ask readers to link to the original resource on the ODI website. The views presented in this paper are those of the author(s) and do not necessarily represent the views of ODI.

© Overseas Development Institute 2017. This work is licensed under a Creative Commons Attribution-NonCommercial Licence (CC BY-NC 4.0).

All ODI Reports are available from www.odi.org

Cover photo: Bangladesh hospital
© Fiona Samuels ODI 2016



Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
Tel +44 (0) 20 7922 0300
Fax +44 (0) 20 7922 0399

odi.org