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## Impact of BRAC's Coordinated Approach in Addressing Violence against Women and Children

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# Contents

<b>Acknowledgements</b>	<b>ii</b>
<b>Abstract</b>	<b>iii</b>
<b>Introduction</b>	<b>1</b>
Background	1
Objectives	3
Methods	4
<b>Section 1.</b>	
<b>Intimate Partner Violence (IPV)</b>	
Literature review on IPV	8
Findings on IPV	10
Impact	12
Participation in decision-making process at household level	13
<b>Section 2.</b>	
<b>Violence against Children</b>	<b>31</b>
Operational definition of different forms of violence explored in the study	31
Demographic information of children respondents	32
Findings on VAC	32
Comparison between baseline and end line information on VAC	38
Discussion and recommendations on VAC	40
<b>Section 3.</b>	
<b>An insight into BRAC's Coordinated Approach in Addressing Violence against Women and Children: Promises and Lessons</b>	<b>42</b>
Findings	42
<b>Section 4.</b>	
<b>Overall discussion and recommendations</b>	<b>61</b>
<b>References</b>	<b>63</b>
<b>Appendix</b>	<b>69</b>

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## Abstract

Violence against Women and Children (VAWC) is a significant obstacle to reduce poverty, and achieve gender equality that is closely associated with Sustainable Development Goals (SDGs). BRAC's five years strategic plan (2016-2020) includes reducing violence, which indicates BRAC's priority and concern to continue and develop its interventions for addressing violence against women and children. Part of this endeavour includes understanding existing gaps in the interventions and envisioning stronger interventions. Although BRAC's six programmes viz., CEP, HRLS, GJ&D, BEP, MF and HNPP have huge outreach across Bangladesh for creating awareness and taking action against VAWC, these programmes have worked separately to combat the issue. The VAWC project intends to work on a comprehensive VAWC model that would bring coordination among the existing components or platforms functional in four programmes to address the violence in three areas: protection, prevention and rehabilitation. This intervention of the coordinated approach is currently being piloted in Cumilla and Gazipur district of Bangladesh. After completion of the intervention, RED has conducted this study to see the impact of the intervention as well as the effectiveness of the coordinated approach that the programme applied. The end line survey was focused on intimate partner violence as well as violence against children, and the qualitative part explored how the coordinated approach is working in the field through combining different programme's interventions. The quantitative survey found limited success of programme's impact on intimate partner violence and violence against children that are deeply rooted in patriarchal ideology. However, the qualitative study found effectiveness and promising aspects of the coordinated approach in the areas of reporting, legal justice, preventing early marriage, linkage with local government, journalists and community leaders, and re-integration. Taking insights from both of the studies, the research recommends exploring new means for creating awareness on patriarchal ideology, scaling up of the interventions on long - term basis as well as more advocacy with government and local leaders.

# Introduction

## Background

Violence against woman and children (VAWC) in Bangladesh is considered to be an issue of high concern, particularly in rural areas and generally among the poorer section (Hossain and Sumon, 2013; Jahan 1994). According to a study by BRAC Research and Evaluation Division (RED), 78% of the reported incidents of violence are directed towards women (Karim *et al.* 2010). More than two-thirds of the raped victims are children, aged between five to fifteen years. This high rate of violence against women and children is ‘an obstacle to the achievement of equality, development and peace’ (Johnson *et al.* 2008). Bangladesh is ahead of many developing countries in terms of increasing women workforce and women’s political participation (Byron and Rahman, 2015). According to the World Bank, women workforce will increase from 32 per cent to 82 per cent over the next decade adding 1.8 per cent to Bangladesh GDP (Byron and Rahman 2015). Women are holding an increasing share in public life and decision-making (Hossen 2014). Women (Hossen 2014) hold about 19% of managerial positions in the public service. Violence against women is an impediment not only to women’s development but also to nation’s growth and development.

Bangladesh has signed the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) in 1984 and endorsed Beijing Platform for Action (BPFA) in 1995. Bangladesh was among the first those countries to ratify the United Nations Convention on the rights of child (CRC) in 1990. Under all these international conventions, Bangladesh has international commitment to fulfil which includes addressing violence against women and children through legal, social and political interventions. The Constitution of Bangladesh provides explicit guarantee of a wide range of civil and political rights as Fundamental Rights. Some of these rights include equality before law, equal protection of the law, non-discrimination on the grounds of race, religion, caste, sex, or place of birth, special measures for women, children and ‘backward sections of citizens’, equality of opportunity in public employment, protection of the right to life and personal liberty, and the right to be treated in accordance with law. Bangladesh government has a number of legislation to prevent violence against women and children namely the Domestic Violence Act 2010 and Suppression of Violence against Women and Children Act 2000. However, despite the existence of legal mechanism, violence against women and children is on a high rise. For example, according to the police records, there were 2,981 cases of dowry-related violence in 2004, which increased to 4,563 in the first nine months of 2012 (Das 2014). According to BBS report, 80.2 per cent of married women were the victims of violence by their husbands at least once in a lifetime (BBS 2015). This number should not be conclusive for the increasing rate of VAWC. Because the high rise of the cases may be due to high reporting rate due to social awareness of the issue. However, this rate is an indication of the strong presence of VAWC in the community.

Reducing the violence and creating a safe and secure environment for women is not only a duty of the government but also a responsibility that NGOs, civil society and community can share. Especially, in terms of the grass root access and long experience and expertise on community development, women's groups and other non-governmental organisations can be instrumental in bringing gradual changes necessary to establish rights for women in Bangladesh (Zaman 1999). In the same way, measuring the impact of any intervention addressing VAWC has high social and economic value,

and this study is designed to capture the impact of such an intervention initiated by BRAC. BRAC has been working for decades to integrate gender justice into society through its various programmes. BRAC's grassroots and national level activities are towards ensuring equality and inclusiveness and preserving diversity at every stage of life and to create a violence-free society. A number of BRAC programmes are working on violence against women and children from the multi-paradigmatic approach. BRAC's Community Empowerment Programme (CEP), Human Rights and Legal Aid Services Programme (HRLS), Gender Justice and Diversity Unit (GJ&D), BRAC Education Programme (BEP), Microfinance (MF) programme, and Health Nutrition and Population Programme (HNPP) have specific activities to address violence against women and children from their individual programmatic focus.

By the end of 2015, BRAC provided need-based support to 9,277 survivors of violence, reached 250,000 young people through awareness campaigns on violence against women and sexual harassment, over 12,000 community-based organisations (*Polli Shomaj*) participated in a range of activities from building access to local government services to preventing violence against women, and HRLS legal aid clinics addressed a total of 22,216 cases of human rights violations including the cases related to violence (BRAC Annual Report 2015). Therefore, before going to the main description of the study, the studied intervention has been described below.

*BRAC's Coordinated Approach in Addressing Violence against Women and Children (VAWC):* Violence against Women and Children (VAWC) is significant obstacle to reducing poverty, and achieve gender equality that is closely associated with Sustainable Development Goals (SDGs). BRAC's five-year strategic plan (2016-2020) includes reducing violence, which indicates BRAC's priority and concern to continue and develop its interventions for addressing violence against women and children. Part of this endeavour involves understanding existing gaps in the interventions and envisioning stronger interventions. Although BRAC's six programmes viz., CEP, HRLS, GJ&D, BEP, MF and HNPP have huge outreach across Bangladesh for creating awareness and taking action against VAWC, these programmes have worked separately to combat the issue. The VAWC project intends to work on a comprehensive VAWC model that will bring coordination among the existing components or platforms functional in four programmes to address the violence in three areas: protection, prevention and rehabilitation. The key strategies of the coordinated approach include (CEP, HRLS, GJ&D and BEP, 2014):

- a. Build on existing BRAC's programmes –using BRAC's existing programmes, forums, platforms and networks to strengthen the coordinated approach,
- b. Use a comprehensive intervention design – focusing on preventing incidents of violence and creating adequate provisions for protection and social re-integration of violence survivors,
- c. Adopt a social-ecological framework- application of a conceptual framework that work not only with individuals but also to address the systems and social actors (e.g. peers, families and so on) that influence individuals,
- d. Engaging men and boys- ensuring men's effective engagement in addressing VAWC,
- e. Targeting women and children separately – since children are more vulnerable and have a different psycho-social need, the project will address women and children separately,
- f. Ensuring credible research and evaluation,
- g. Strengthening national level advocacy.

The intervention of the coordinated approach was piloted in the districts of Cumilla and Gazipur of Bangladesh. These districts have been selected based on the high incidence of violence against women and children reported through BRAC's networks as well considering urban and rural settings, industrialisation and women workers and administrative reasons such as staff capacity of the six programmes and physical distance from Dhaka (CEP, HRLS, GJ&D and BEP 2014).

VAWC pilot project covered 2,457 villages – 966 in Gazipur and 1,491 in Cumilla (Table 1). Over half of the villages (52.5%) were covered by HNPP only, 35.7% by any two programmes, 9.6% by any three programmes, 1.8% by any four programmes, and 0.4% by any five programmes. All six programmes were not present in any of the villages. In other words, HNPP was present in 99.6% of the villages, CEP in 27.5%, BEP in 25.6%, MF in 7%, and HRLS in 2% of the villages.

**Table 1. Number of villages according to intervention coverage**

Programmes	Gazipur	Cumilla	Both
HNPP	862	429	1,291
HNPP, CEP	72	315	387
HNPP, CEP, HRLS	11	5	16
HNPP, HRLS	15	4	19
HNPP, BEP	5	408	413
HNPP, CEP, BEP	1	152	153
HNPP, CEP, HRLS, BEP, MF	-	9	9
HNPP, CEP, MF	-	13	13
HNPP, CEP, MF, BEP	-	39	39
HNPP, CEP, HRLS, BEP	-	4	4
HNPP, CEP, MF	-	54	54
BEP, MF	-	10	10
HNPP, HRLS, MF	-	1	1
HNPP, MF	-	48	48
<b>Total</b>	<b>966</b>	<b>1,491</b>	<b>2,457</b>

After one and a half year of the intervention, a need was felt in BRAC management to measure the potentiality of this new approach to combat violence against women and children, and taking this necessity under consideration; this study was designed to capture the changes resulted if any from the intervention. While exploring VAWC, the study focused on the form of intimate partner violence (IPV) in the case of violence against women and physical and mental violence against children as well as the coordinated approach of VAWC project. The qualitative approach is focused on exploring how the comprehensive and coordinated intervention designs are implemented in the operational levels, the emerging challenges of the programmatic interventions and the ways to address the challenges in more effective ways. This aspect of the study has included violence occurred both in the domestic and public sphere.

## Objectives

The objectives of the study were to measure the impact of VAWC project on the incidents of domestic violence in the form of intimate partner violence, as well as women's attitude towards this form of violence.



The specific objectives were to assess project's contribution to changing:

- I. Women's attitude towards intimate partner violence in the physical form
- II. Women's experience of intimate partner violence in the form of physical, mental, sexual and controlling behaviour
- III. The magnitude of physical violence perpetrated by the intimate partner or husband
- IV. Experience of physical and mental violence against children

Another important objective was to explore how the comprehensive and coordinated intervention designs were implemented in the operational levels, the emerging challenges of the programmatic interventions and the ways to address the challenges in more effective ways.

## **Methods**

A baseline survey was carried out in 41 villages under two programme districts in 2015. Of these, the project intervened in 15, and the project did not cover the rest. These 15 villages had at most three programme interventions. Impact of the project was measured in two ways using baseline data along with a collection of new data. The first attempt was to adopt a difference-in-difference method and the second attempt was to observe the status in terms of intensity of intervention. Therefore, three types of villages were surveyed in 2017.

**Low intervention villages:** These were above mentioned 15 villages where baseline information was available. Similar to baseline, 22 women were selected randomly from each village, totalling 330.

**Non-intervention villages:** Of the above mentioned 26 villages for which baseline information was available but not addressed by the project, 15 were randomly selected. Here too, following the baseline 22 women were taken from each village, totalling 330.

**High-intervention villages:** These included those nine villages where five programmes were active and 43 villages where four programmes were active (Table 1). Of them, 15 were randomly selected and from each village 22 women were chosen randomly. Therefore, a total number of respondents were 330.

Therefore, the 2017 survey covered 990 women from 45 villages equally distributed by above mentioned three categories of villages. This new information was utilised to capture the difference in VAW among the villages in terms of intensity of intervention.

New information of the first two categories of villages along with baseline information of the same villages were utilised to measure impact in the difference-in-difference method. The sample size for this was 660 women from 30 villages equally distributed by village category and survey time (baseline and end line). Table 2 provides sample at a glance.

**Table 2. Sample for impact study**

Village category	Baseline (2015)		End line (2017)	
	Number of village	Number of women	Number of village	Number of women
High-intervention village	-	-	15	330
Low-intervention village	15	330	15	330
Non-intervention village	15	330	15	330
Total	30	660	45	990

A Similar number of children was interviewed from the same households where the women was sampled. One child was randomly selected from each household. Therefore, the number of women and the number of children was the same for the impact assessment study.

According to the baseline of this project, 76.7% of the women in the intervention districts were subject to the victim of any type of violence. Taking this as a basis with 5% precision level and 95% confidence interval it was calculated that a sample of size 274 was required to have a valid estimate. This study took slightly a bigger sample for each category of villages as it had been available in the baseline for low-intervention villages.

Then to explore the effectiveness of the coordinated approach qualitative research techniques were utilised. Focus Group Discussions (FGD), Key Informant Interviews (KII) and In-Depth Interviews (IDI) were employed to collect data. These were done with programme staff and participants (Table 3). The aims of these qualitative methods were mainly to shed in-depth insights into the programmatic challenges, possible solutions and the way forward.

**Table 3. Qualitative techniques used to collect information**

Method	Subjects	Number
Focus Group Discussions	Programme staff and key stakeholders	8
Key Informant Interviews	Programme staff and key stakeholders	10-15
In-depth interviews	Programme participants	10-15

### **Criteria for selecting women (respondents)**

One woman was selected from each household. Therefore, 22 women from 22 households in each village. Following were the characteristics of women eligible for this study.

- Aged up to 35 years
- Having at least three years of married life
- Live with husband in the same household for more than six months immediately before the data collection

Similar criteria had been followed in selecting study subjects for baseline survey.

### **Respondent selection process**

Participatory Rural Appraisal (PRA) will be done in each village with an intention to identify households with women of above characteristics. This preliminary list of

households will be used for household sampling. Second round verification based on the criteria will be done while interviewing them. If the criteria match, the interview will be carried out; if not, a new household will be selected from the preliminary list. This will continue until an adequate number of women are interviewed. The same method was applied during baseline survey.

### **Instrument**

The baseline survey questionnaire prepared for this project under the close supervision of Drs. Sidney Schuler and Mohammad Rafi were used for end line survey without any alteration. The instrument addressed the following issues: household demography, socioeconomic status, women's empowerment, depression, community, attitude and perception, dowry practice, marital family IPV, IPV experience, and programme exposure. Children's part included both physical and mental violence.

### **Maintaining data quality**

To ensure data quality from survey, 34 field enumerators were selected and provided training by a research team for six days including field exercise for a day. The research team comprised of the pupil having experience in research on the studied issue for years, and of multi-disciplinary background like gender, statistics and other social science. Apart from the research team, people working for the VAWC programme from Head Office also participated as a trainer to make the trainees understand different components of the programme and how to gather information on community's or respondents' participation in the events organised by them as a part of the intervention of VAWC.

After training, by their performance both in the sessions and in field, the best 32 had been recruited for the data collection. Among 32, the best two participants were taken as monitor who was responsible for checking all the questionnaires, and also for re-interviewing the good per cent of questionnaires to look for the gap or errors if there was any. The rest were assigned to collect data in several teams in different locations of the study area.

In the qualitative inquiry, interviews and FGDs were conducted by the researcher. Further interviews triangulated the data.

### **Data analysis**

Numerical description, cross tabulations with statistical tests, difference-in-difference and multiple regressions were the main statistical tools used for the analyses. By using the baseline information, the difference-in-difference method compared the changes in outcomes over time between intervention and non-intervention villages (control). Taking the end line information according to the intervention coverage but without baseline information allowed the study to compare situation between areas with high coverage and those with low coverage as well as with control group.

In case of qualitative enquiry, transcript data were analysed manually considering the research objective of the qualitative inquiry.

## **Organisation of the report**

The approach used in this study is twofold to explore the impact of the programme, one is end line survey with a focus on intimate partner violence and violence against children aged 7-18 years, and another is a qualitative study on the coordinated approach of the programme. The report is organised in three parts. The first part is about the findings on the end line survey on intimate partner violence and violence against children. This part describes the impact of the VAWC intervention on the incidence of and women's attitude towards IPV. Then in the second part, findings on violence against children are delineated. The third part discusses the findings on coordinated approaches and its challenges. Each section contents separate discussion and recommendations on respective issue highlighting the impact of VAWC project. Finally, the last section will try to give the overall conclusions and recommendations drawn from all sections.

## Section 1.

### Intimate partner violence (IPV)

Before going to the findings regarding programme's impact on IPV, this section will discuss the existing literature on IPV. This will provide the in-depth understanding of the interplay of various factors responsible for the practice of IPV. This section will also help the readers to relate the findings of the survey with intervention.

#### Literature review on IPV

Intimate partner violence (IPV) or the violence that is taken place in the intimate relationship exists all countries, cultures and societies (Ellsberg *et al.* 2014). Intimate partner violence (IPV) can be described as physical, psychological, and sexual abuse by a current or former partner or spouse (Judie *et al.* 2015). Physical violence can include grabbing, slapping, pushing, biting, burning, choking, punching, and lethal violence (Capaldi *et al.* 2012). Sexual abuse includes coercive mental and physical behaviours or persuasion to perform a sexual act against their will (Ageton 1983; Teten *et al.* 2009; Tjaden & Thoennes 2000). The term psychological or mental abuse refers to acting in an offensive or degrading manner toward another which include threats, ridicule, withholding affection, and restrictions, social isolation, and financial control (O'Leary & Maiuro 2001).

Several studies identified intergenerational transmission of violence, relationship satisfaction and substance use as the risk factors contributing in IPV around the globe (Foran & O'Leary 2008; Stith *et al.* 2008; Stith *et al.* 2000). The study revealed that childhood abuse and neglect as the significant predictor of IPV perpetration for men and women (White and Widom 2003). Out of 42 risk markers studied in the female victims, this factor (history of witnessing marital violence as a child) has been revealed to be the most consistently correlated with being the victim of IPV (Hotaling and Sugarman 1986). Many other factors like alcohol use, income, education level, hostility, self-esteem, being a full-time housewife and use of violence toward children that have been conventionally thought to be the risk factors were not found to be consistently related to victimisation of women in this study.

Age is found to have the negative association with IPV - IPV declines with age (Rodriguez *et al.* 2001, Kim *et al.* 2008). Although victims can be of any sex, studies showed that women are likely to become victims slightly more than men (Herrera *et al.* 2008; Schluter *et al.* 2008; Archer 2000).

Several studies have found the link between IPV and empowerment indicators, such as education, employment, control over resources, ownership of properties, and women's role in decision making. Positive association is found between education and IPV (Cunradi *et al.* 2002; De Maris *et al.* 2003; Lanier and Maume 2009; Sorenson *et al.* 1996). In South Africa, the risk of IPV is appeared to be lower at least as well as most educated women (Jewkes, Levin *et al.* 2002; Straus and Douglas 2004). A study found that education is more significant predictor of IPV than employment status while other risk factors such as exposure to parental IPV, alcohol use, and impulsivity are controlled (Cunradi *et al.* 2002). Along with education, household assets are found to be protective against IPV in low and middle-income countries (Vyas and Watts 2009). Employed

women are found to have a higher risk for IPV than unemployed women in one study (Rodriguez *et al.* 2001). Although women's control over resources are appeared to protect them from violence, their participation in decision-making and contribution of more than nominal amount of income in household expenses might push them to the greater risk of IPV (Ackerson *et al.* 2008; Anderson 1997; Dalal 2011; Hadi 2000). Another study found when women's ability to make a financial contribution to the family increase their values, their risk of IPV decreases (Panda and Agarwal 2005). Economic empowerment has an ambivalent relationship with IPV. It is found that woman's economic contribution can relieve economic pressure of man, which in the long run reduces the risks of violence, at the same time, economic security and independence increase women's agency, autonomy, public visibility, access to social support, knowledge and skill which eventually creates option to leave an abusive relationship (Krishnan 2005). Likewise, a study showed that women's economic dependence on the husband is a major predictor of severe wife beating (Kalmuss and Straus 1984). Women being economically dependent on their husband tended to be the victims of marital rape according to another study (Frieze 1983). However, women are subjected to the high risk if their economic empowerment challenges the patriarchal gender norms and social structure of men's control and privilege. Hence, men's urge of securing their power over women made them exercise violence as a form of compensatory masculinity (Jahan 2012).

In the context of Bangladesh, patriarchy and its structural inequalities are one primary factors behind violence in Bangladesh (Hadi 2010). Women, in many families are seen as mere properties of men which can be possessed and owned to fulfil men's desire and wishes (Bhuiya *et al.* 2003; Hadi 2000; Johnson and Das 2008). This inferior status fuels violence against women with immunity (McMillan 2007; Hossain and Sumon 2013). In a study on 190 rural women of Bangladesh, women reported that they faced violence for the following reasons: wife questioned husband in day-to-day matters (29%), failure of wife to perform household work (11.5%) or take proper care of children (10%), not conforming to veil or other expected behaviour (3%), refusal to bring money from natal family (3%), and husbands day-to-day frustrations (2%) (Bhuiya *et al.* 2003).

According to Zaman (1999) ritualistic discrimination practices against women begin at the time of birth in Bangladesh. For example, the birth of a male child is welcomed with Azan (Muslims' call for prayer), on the other hand, the usual practice is not to give any Azan when a girl is born. In general, boys are considered as asset, and assumed to be in the most important members of the family. On the other hand, a daughter is considered to be a burden by her family. After marriage, a woman was expected to be devoted completely to the service of in-laws and husband. Blanchet has noticed that the selfless devotion of Bengali wives has been highly glorified which in the long run encourage a culture of silence and sacrifice on the part of women (Blanchet 2001).

Women's vulnerability in families is further calumniated and sustained by the personal laws limiting women's rights in every personal or family matter (Jahan 1994; Zaman 1999). Additionally, narrow interpretations of Islamic values by religious strengthens a belief that women commit a sin by refusing sex with husbands which lead to marital rape or sexual abuse of women by their husbands (Hadi 2000).

Jahan (1994) thinks that there are general context and specific causes behind family violence: socio-cultural norms, values and beliefs about family life, family structure and power hierarchy within the family. Specific factors are related to the class position, location, structure of the specific family, the dynamics of interactions of the couple, the individual personality, clashes of the worldview of the aggressor and the victim, the

immediate reasons leading to the violent incident, control and ownership of resources. In a study conducted in six villages of Bangladesh in the context of extreme poverty in 1970s, 1980s and 1990s, poverty revealed as a significant predictor of IPV (Schuler and Hashemi 1994). Ahmed (2005) found that skill development training of BRAC places women in a position where they are better able to negotiate conflict and avoid violent situations with greater confidence, knowledge, and information. Hadi (2000) in similar note observed that participation in such credit programme by rural women and ability to bring resources in home reduce some of the poverty-related stress and some violence that is related to poverty. Several studies conducted on IPV in Bangladesh reported the positive impact of microcredit in decreasing the risk of IPV while in some cases microcredit increase the risk of being victims (Kabeer 1998; Schuler *et al.* 1998; Mahmud 2003).

There is enormous stigma and shame to report the violence that a woman faces. A study confirms that showing 75% of married women in the urban areas and 86% in the rural areas of Bangladesh never shared about the domestic experience (Naved *et al.* 2006). The main reasons include fear of jeopardising family honour, fear of women's reputation, securing child future, fear of repercussions from husband, hopelessness, expectations that things would change, the threat of murder, and believe that violence is husband's right. Women only revealed violence in cases of severe injury, threats of murder, and harm caused to children. Even if some women share the experience to the closed relatives, parents and siblings, they tend to ignore or suppress it in the name of maintaining peace in the family (Naved *et al.* 2006; Jahan 1994).

However, violence against women not only results innegative impact in physical, psychological and societal aspects of individual's life but also affects the country as a whole by perpetuating poverty and impeding development (World Health Organisation, 2011). Recognising these negative consequences Government, civil societies and NGOs are playing important roles in preventing this evil act. Therefore, this study aims to measure the impact of VAWC project on reducing violence against women in private sphere with its focus on intimate partner violence. In order to do so, baseline information on violence against women and children in the project areas had been collected before the initiation of the project in 2015. Comparing the baseline data with the impact survey data the study will try to capture the impact of the intervention. As mentioned above, it will also try to see the effectiveness of the approach used in delivering the interventions through qualitative means.

### **Findings on IPV**

Description of respondents: Demographic background: A number of 660 respondents from treatment and 330 from control group has been interviewed. Majority of respondents of both groups belonged to 30-35 years of age group, followed by the age group of 25-29 (Table 4). The mean year education for the treatment group was 6.1 year in 2015 and in 2017 it was 6.6 and 6.3 for low intervention and high intervention group respectively. For the control group mean year of education for 5.6 in the baseline survey in 2015 and 6.4 in end line in 2017. Therefore, the highest concentration of respondents was found in the education up to five to nine grade in both groups before and after intervention (Table 5). Majority of respondents of both groups were Muslim by religion in both year, although the higher percentage of respondents of other religion was found in end line compared to baseline survey (Table 6).

**Table 4. Age distribution of respondents in percentage**

Age	Year 2015		Year 2017		
	None	Low	None	Low	High
16 – 19	2.7	4.9	4.5	3	2.1
20 – 24	19.4	14.6	19.7	14.2	19.7
25 – 29	33.6	33.1	32.7	32.1	37.6
30 – 35	44.2	47.4	43	50.6	40.6
Total	100	100	100	100	100
Mean	28.5	28.5	27.9	28.7	27.9
Median	28	29	29	30	28

**Table 5. Percentage distribution of respondents by level of education**

Education	Year 2015		Year 2017		
	None	Low	None	Low	High
Nil	15.2	13	6.4	7.3	7.9
I – IV	19.1	16.9	15.2	12.4	16.4
V – IX	55.8	56.5	64.5	64.5	64.5
X+	10	13.6	13.9	15.8	11.2
Total	100	100	100	100	100
Mean	5.6	6.1	6.4	6.6	6.3
Median	6	6	7	7	7

**Table 6. Percentage of muslims**

	Year 2015		Year 2017		
	None	Low	None	Low	High
	90.0	95.8	88.8	94.2	86.7

**Programme participation:** The respondents were asked about their participation in various events of VAWC programmes during the intervention period. From low intervention and high intervention group it was 5.2 per cent and 6.4 per cent respectively reported that they had participated at least one component of the programme. Moreover, 0.3 per cent (1 person) from the control group also reported that she participated a component of the programme (Table 7). The events or components that had been mentioned by the respondents were peer educator refreshers, guardian meeting, adolescent drama exhibition, *Polli shomaj* meeting, popular theatre, courtyard meeting, and orientation for new members for microcredit of BRAC.

**Table 7. Percentage of respondents participated in BRAC activities**

Activities	Density of intervention		
	None	Low	High
Peer educator refreshers (BEP)	-	-	0.3
Monthly guardian meeting (BEP)	-	1.8	1.8
Adolescent drama exhibition (BEP)	0.3	-	0.3
<i>Polli shomaj</i> meeting (CEP)	-	1.2	1.2
Popular theatre (CEP)	-	1.2	1.2
<i>Uthan Baithak</i> (CEP)	-	0.6	0.3
New members orientation (MF)	-	0.3	1.2
None	99.7	94.8	93.6



Exposure to different sources of knowledge/awareness: The highest per cent of respondents from all groups reported to have received messages on violence against women from television. This was followed by the per cent who reported that they heard gender-related message from their friends and relatives. Then, a good number of respondents from treatment group (23 per cent of low intervention and 33.9 per cent from high intervention group) mentioned posters, billboards, leaflets as the sources from where they received messages on VAW. These sources were also mentioned by a good number of respondents from control group as well. The other sources that had been mentioned by both groups included radio, govt., and NGO staff, popular theatre and so on. Moreover, the per cent of respondents who had mentioned at least one source given in the schedule was higher in control group than treatment group (Table 8).

**Table 8. Percentage of respondents having access to messages related to violence against women by sources, and density of intervention**

Sources	Density of intervention		
	None	Low	High
Radio	3.0	8.5	7.0
Television	72.7	72.1	78.5
Government staff	3.0	5.5	5.5
NGO staff	9.7	12.4	12.4
Villagers	1.2	5.5	9.1
Drama (performed in village)	10.6	10.3	16.7
Friends and relatives	57.6	42.7	57.6
Posters, billboards, leaflets	13.9	23.0	33.9
Any others	0.9	1.2	0.9
Unable to recall source	0.0	1.2	3.0
Any of the above	90.0	87.0	89.4

## Impact

Impact of the intervention was measured in terms of the changes that took place in respondents' level of knowledge regarding women's rights, their participation in household decision-making process, attitude towards and experience of IPV. The impact has been seen, as mentioned earlier, in two ways; by seeing the changes over time that is through comparing endline data with baseline data for both intervention and control group, and by seeing the difference between the groups (control and two intervention groups based on the intervention coverage) in the year of endline survey.

### ***Changes in the level of knowledge***

While evaluating the knowledge, the respondents were asked about their knowledge on inherited property rights, the importance of birth registration and marriage registration, laws regarding custody of children after divorce, and the name of the women member of union *parishad* in their area. It has been seen from the end line survey that knowledge regarding children custody after the divorce was significantly higher in the intervention group compared to control group. Although the higher per cent of intervention than control group knew the significance of birth and marriage registration as well as the name of a female member of union *parishad* in their area, the difference was not statistically significant. Same was the fact in the case of knowledge on women's property rights by law (Table 9).

**Table 9. Percentage of respondents knowing some specific issues by density of intervention, 2017**

Issues	Density of intervention			Sig.
	None	Low	High	
Women's share on inherited wealth	41.2	33.9	41.2	ns
Importance of birth registration	86.4	90.6	90.0	ns
Importance of marriage registration	79.7	82.1	80.6	ns
Who can keep young children after divorce	48.5	62.4	51.5	p<0.001
Name of women member of union council	34.5	40.0	36.1	ns

While measuring the change overtime in each group, the survey revealed that intervention resulted in significant increase in knowledge regarding children's custody after divorce. On the other hand, knowledge regarding the importance of marriage registration was found to be decreased significantly in both groups. Same was the fact for knowledge on birth registration in the treatment group (Table 10).

**Table 10. Percentage of respondents knowing some specific issues by density of intervention and year**

Issues	Density of intervention					
	Low			None		
	2015	2017	Sig.	2015	2017	Sig.
Women's share on inherited wealth	40.3	33.9	ns	35.2	41.2	ns
Importance of birth registration	85.7	90.6	ns	87.6	86.4	ns
Importance of marriage registration	88.3	82.1	p<0.05	88.5	79.7	p<0.01
Who can keep young children after divorce	54.5	62.4	p<0.05	50.0	48.5	ns
Name of women member of union council	43.8	40.0	ns	37.6	34.5	ns

### Participation in decision-making process at household level

In case of evaluating changes in women's role in household decision-making after the intervention, the study tried to know the two aspects of women's participation in this regard; their act of expressing an opinion and the act of incorporating their opinion by family members during decision-making process. Here, the study also explored respondents' participation in decision making process on some specific family-related issues that define the major characteristics of the household, like decision regarding any of the family member's migration due to employment, family planning, breaking up the extended family, and also the decision regarding economic resources and women's control over these resources (Table 11). Table 11 shows that there is no significant difference found between intervention and control group regarding expressing different views with elderly family members at the end line survey year. However, in other cases, control was found to be in significantly different position than the group intervened. That is, respondents from control group reported that they could express her own opinion and the family members were valuing their opinion. Significantly higher percentage of respondents from the same group also could differ in their opinion with husbands and had feelings of having the ability to help families in crisis moment (Table 11).

**Table 11. Percentage of respondents can openly express their opinion to their husbands or elders members of families most of the time by density of intervention**

Issues	Density of intervention			Sig.
	None	Low	High	
Can express her own opinion	82.1	78.2	71.8	p<0.01
Other members listen to her with importance	82.7	75.2	72.7	p<0.01
Can openly express different views to husband	86.7	79.1	77.0	p<0.01
Can openly express different views to elders	35.5	35.2	30.9	ns
Able to help family in crisis situation	79.1	74.8	66.7	p<0.001

While exploring the overtime change in expressing women's opinion, it has been found that both groups achieved the better position in case of expressing different views to their elderly family members, but the change in the intervention group was found to be more significant than its counterpart (Table 12). However, in the case of differing with husbands, none of the groups had experienced any significant change. Same is the case for intervention group when asked about whether their opinion was valued if expressed by their family members, although the significant positive change in this case was found in the control group. Moreover, per cent of respondents' with feelings of having ability to help in family crisis decreased after intervention in both groups. Same was the case when they were asked whether they could express their opinion in family matters (Table 12).

**Table 12. Percentage of respondents can openly express their opinion to their husbands or elders members of families most of the time by density of intervention and year**

Issues	Density of intervention					
	Low			None		
	2015	2017	Sig.	2015	2017	Sig.
Can express her own opinion	88.0	78.2	p<0.001	88.2	82.1	p<0.05
Other members listen to her with importance	78.2	75.2	ns	74.2	82.7	p<0.01
Can openly express different views to husband	84.1	79.1	ns	87.6	86.7	ns
Can openly express different views to elders	19.5	35.2	p<0.001	25.2	35.5	p<0.01
Able to help family in crisis situation	86.4	74.8	p<0.001	85.2	79.1	p<0.05

A significant difference has been found in changing women's role in the decision-making process in some specific issues after the intervention. According to the intervention coverage, per cent respondents from high intervention area reported to have taken part in deciding about separation of family members or breaking up the extended families as well as in the decision regarding investment of savings was found to be significantly higher than that of the control group (Table 13). The same result was found in the case of deciding about the livestock for income generation, though within intervention group areas with low coverage showed more success than that with high coverage (Table 13).

**Table 13. Percentage of respondents can take part in decision-making process in various family-related issues by density of intervention**

Issues	Density of intervention			Sig.
	None	Low	High	
Family members engage in work outside home	59.1	38.2	49.2	p<0.001
Separation of family members	18.5	17.6	28.8	p<0.001
On family planning	95.6	95.2	93.3	ns
Reconstruction of home	77.3	61.8	67.0	p<0.001
Cattle rearing for family's income generation	28.2	44.8	31.5	p<0.001
Leasing out land, sharecropping or buying land	26.4	23.0	24.2	ns
Investment of savings	8.8	7.6	27.6	p<0.001

If comparing with the baseline data, respondents from intervention group showed the significant positive change in decision making regarding family planning. The figure, in this case became 95.2 per cent in 2017 of which it was 89.3 per cent in 2015. However, the same change has been found in control group but not as high as the intervention group. Another positive change was seen in the case of decision making regarding livestock for income generation as the result of the intervention, although it was found statistically insignificant. In the year 2017; 44.8 per cent respondents reported to participate in decision-making process about cattle rearing, the figure was 40.3 per cent before intervention in 2015. On the other hand, the change was found to be reversed in the case of control group though not significant (Table 14). In case of decisions regarding separation of one or more family members, the per cent of respondents taking part in the decision-making process in both groups was higher in 2017 compared to 2015, but the change was not found to be statistically significant (Table 14).

**Table 14. Percentage of respondents can take part in decision-making process in various family-related issues by density of intervention and year**

Issues	Density of intervention					
	Low			None		
	2015	2017	Sig.	2015	2017	Sig.
Family members engage in work outside home	39.6	38.2	ns	48.2	59.1	p<0.01
Separation of family members	15.3	17.6	ns	13.3	18.5	ns
On family planning	89.3	95.2	p<0.01	92.1	95.8	p<0.05
Reconstruction of home	54.9	61.8	ns	68.2	77.3	p<0.01
Cattle rearing for family's income generation	40.3	44.8	ns	30.9	28.2	ns
Leasing out land, share cropping or buying land	22.4	23.0	ns	32.7	26.4	ns
Investment of savings	7.5	7.6	ns	7.6	8.8	ns

In order to see women's control over household income, the respondents were asked whether they could take decisions without husbands' prior approval. It was found that the intervention contributed significantly to increasing women's control over NGO loan. The difference between intervention and control group in this regard was highly significant. The same difference was found in the case of their control over own income and loan taken by themselves (Table 15).

**Table 15. Percentage of respondents can expense household money without husbands a prior approval by density of intervention**

Issues	Density of intervention			Sig.
	None	Low	High	
Expense from husband's income	60.9	61.2	52.1	p<0.05
Expense from money given to her	82.7	73.3	74.5	p<0.01
Expense from NGO loan	17.9	32.4	16.4	p<0.001
Expense from own income	20.6	32.7	31.8	p<0.001
Expense from money rented by herself	53.3	57.6	65.8	p<0.01
Shopping for family need	68.2	67.3	63.9	ns

While evaluating the change over time, it was seen that, as mentioned earlier, the intervention resulted in increasing the per cent of respondents who expense NGO loan without taking approval from their husbands, but in case of own income, the figure dropped after the intervention. However, significant change has been found in per cent of women who could expense money for shopping to meet the family need. In this case, the figure was advanced to 67.3 per cent after the intervention in 2017 whereas, it was 57.8 per cent before their involvement with the intervention. Such increase with the same issue was also found in case of other group but not as significant as in the intervention group (Table 16).

**Table 16. Percentage of respondents can expense household money without husbands a prior approval by density of intervention and year**

Issues	Density of intervention					
	Low			None		
	2015	2017	Sig.	2015	2017	Sig.
Expense from husband's income	56.5	61.2	ns	59.7	60.9	ns
Expense from money given to her	68.2	73.3	ns	64.5	82.7	p<0.001
Expense from NGO loan	17.5	32.4	p<0.001	14.5	17.9	ns
Expense from own income	50.3	32.7	p<0.001	39.1	20.6	p<0.001
Expense from money rented by herself	63.0	57.6	ns	68.8	53.3	p<0.001
Shopping for family need	57.8	67.3	p<0.01	60.0	68.2	p<0.05

### ***Change in attitude towards intimate partner violence (IPV)***

Before going to the prevalence of the violence, the study attempted to know the respondents' attitude regarding domestic violence against wife by the husband. In doing so, the respondents were given ten contexts or scenarios under which her husband beat wife and then they were asked whether they supported husband's act of beating his wife under that particular situation.

It has been found that the responses varied according to the context of wife beating in both groups. In each scenario, although the majority of the respondents from both groups, supported the act an exceptional case did not support beating of their wives.. In cases where woman failed to meet the social expectation as a wife, a good number of respondents supported husband's act of beating, some remarkable situations, like as woman went to father's house without taking husband's permission, neglected her children willingly, being ill-tempered, refused to have sex without having any 'good' cause like illness or spending time by chatting with neighbours after ignoring in-law's command to clean the house. In all cases, it has been revealed in the end line survey

that significantly higher in the percentage of respondents from intervention group supported wife beating than its counterpart (Table 17).

**Table 17. Percentage of respondents who were in favour of wife beating by statements highlighting various situations and density of intervention, 2017,**

Statements	Density of intervention			Level of sig.
	None	Low	High	
Went parents' home immediately after hearing the news of mother's illness without asking husband's permission	0.6	7.0	5.8	p<0.001
Could not clean/ take care of the children due to being busy with household activities. The woman usually kept her children clean and tidy.	0.9	6.1	4.2	p<0.01
Insisted husband to go work since there was no food in the house. Husband refused and an argument started.	1.2	7.6	5.2	p<0.001
Rejected husband's desire to have sex in the night due to physical sickness	0.3	5.5	1.5	p<0.001
Could not obey mother-in-law for being occupied with the task of taking care of children. Mother-in-law complained her husband about this disobedience	2.1	8.5	4.8	p<0.001
Wife went to visit per parents without taking approval from husband	26.4	23.6	50.6	p<0.001
Wife always neglected children. Many times husband asked her to take care of children, but she did not change	25.2	36.1	57.9	p<0.001
Always argued with husband due her nature of being ill-tempered or querulous	52.1	56.4	72.1	p<0.001
Was upset for some reason and did not want to have sex with her husband	6.4	14.2	17.3	p<0.001
Did not obey mother-in-law and refused to clean the house. Instead spent all time by chatting with neighbours	34.5	40.3	59.4	p<0.001

If going through the change over time, it has been seen that a significant percentage of respondents from both groups changed their stand regarding wife beating after intervention in some situations. Then, they did not support wife beating when women did not or denied to do the particular tasks they were traditionally assigned for as a wife, for example- taking care of children, obeying mother-in-law and visiting parental house after taking husband's consent. On the other hand, in some particular situations like wife denying to have sex due to physical sickness, the per cent of respondents from treatment supporting wife beating was significantly higher in 2017 compared to baseline survey in 2015 (Table 18).

**Table 18. Percentage of respondents who were in favour of wife-beating by statements highlighting various situations, density of intervention, and year**

Statement	Density of intervention					
	Low		Level of sig.	None		Level of sig.
	2015	2017		2015	2017	
Went parents' home immediately after hearing the news of mother's illness without asking husband's permission	7.5	7.0	ns	2.7	0.6	p<0.05
Could not clean/ take care of the children due to being busy with household activities. The woman usually kept her children clean and tidy.	3.6	6.1	ns	3.9	0.9	p<0.01
Insisted husband to go work since there was no food in the house. Husband refused and argument started.	5.2	7.6	ns	5.2	1.2	p<0.01
Rejected husband's desire to have sex in the night due to physical sickness	1.3	5.5	p<0.01	0.3	0.0	ns
Could not obey mother-in-law for being occupied with the task of taking care of children. Mother-in-law complained her husband about this disobedience	4.5	8.5	p<0.05	1.2	2.1	ns
Wife went to visit per parents without taking approval from husband	36.7	23.6	p<0.001	41.5	26.4	p<0.001
Wife always neglected children. Many times husband asked her to take care of children, but she did not change	49.4	36.1	p<0.001	53.0	25.2	p<0.001
Always argued with husband due her nature of being ill-tempered or querulous	57.5	56.4	ns	69.7	52.1	p<0.001
Was upset for some reason and did not want to have sex with her husband	11.7	14.2	ns	30.3	6.4	p<0.001
Did not obey mother-in-law and refused to clean the house. Instead spent all time by chatting with neighbours	64.6	40.3	p<0.001	66.4	34.5	p<0.001

However, Table 19 shows that no difference was found between control and low intervention areas in terms of percentage of respondents who were against wife-beating in any situation. The Proportion of such respondent was significantly lower in the high intervention areas (p<0.001).

**Table 19. Percentage distribution of respondents by number of situations they were in favour of wife-beating and density of intervention, 2017**

Number of situation	Density of intervention		
	None	Low	High
Nil	40.0	35.2	17.9
One	19.1	18.5	9.1
Two	13.3	12.4	14.5
Three	12.7	11.5	18.8
Four	10.3	10.6	23.9
Five	3.0	3.9	10.9
Six+	1.5	7.9	4.8
Total	100.0	100.0	100.0

Majority of the respondents who were in favour of wife-beating in any particular context supported this act up to four situations given in the schedule (Table 19 and Table 20) both before and after intervention (Table 20).

**Table 20. Percentage distribution of respondents by number of situations they were in favour of wife-beating, density of intervention, and year**

Number of situation	Density of intervention			
	Low		None	
	2015	2017	2015	2017
Nil	23.7	35.2	18.8	40.0
One	10.7	18.5	11.8	19.1
Two	12.0	12.4	13.9	13.3
Three	21.8	11.5	13.3	12.7
Four	20.8	10.6	19.1	10.3
Five	8.1	3.9	20.9	3.0
Six+	2.9	7.9	2.1	1.5
Total	100.0	100.0	100.0	100.0

The Proportion of respondents against wife-beating in any situation significantly increased in both control and low intervention areas ( $p < 0.001$  and  $p < 0.01$ , respectively). The increase was 21.2 percentage points in control and 11.5 percentage points in intervention areas (Table 20).

### ***Impact on the incidents of IPV***

The study found that the experience of violence, in general, of both groups did not vary across age, educational status, income status and NGO membership. That is, the incidents of violence had been reported by respondents from both groups without having significant difference across the –variables mentioned above.

The study attempted to observe the experience of four types of violence; controlling behaviour, physical, mental and sexual violence.

**Controlling behaviour:** In case of collecting information on psychological violence, data had been collected by keeping the two context under consideration. First, respondents were asked about their husbands' behaviours in some specific aspects of their everyday life, for example, their interaction with other women as well as men, communication with natal family and so on (Table 21). Secondly, they were asked



whether their husband showed some specific type of behaviour that made them afraid, insecure and embarrassed at any point in their life (Table 24).

Significantly higher percentage of respondents from treatment group regardless of programme coverage than control group reported having experienced certain obstacles from their husbands; such as putting restrictions on wife's communication with natal family and other men and also on her mobility. Likewise, the significantly higher percentage of respondents reported that their husband demanded to request permission before seeking medical treatment (Table 21).

**Table 21. Percentage of respondents faced obstacles from their husbands in movement for personal needs by density of intervention**

Issues	Density of intervention			Level of sig.
	None	Low	High	
Creates obstacle to meet with other women	10.0	9.7	14.5	ns
Wants to maintain low profile with father's home	4.5	8.2	10.6	p<0.05
Always curious about wife's movement	19.4	34.2	25.2	p<0.001
Whether neglects or shows carelessness	6.4	7.9	10.9	ns
Shows anger if wife talk to any man	19.1	20.0	30.0	p<0.001
Havedoubts aboutfaithfulness of wife	4.8	5.2	5.5	ns
Expects wife to take medical treatment upon permission	47.3	63.9	66.1	p<0.001

**Table 22. Percentage distribution of respondents by number of issues related to personal life in which husband created obstacle and density of intervention 2017**

Number of Issues	Density of intervention		
	None	Low	High
Nil	43.3	24.5	27.3
One	25.8	36.7	31.2
Two	17.3	20.0	22.4
Three+	13.6	18.8	19.1
Total	100.0	100.0	100.0

**Table 23. Percentage distribution of respondents by number of issues related to personal life in which husband created obstacle, density of intervention, and years**

Number of Issues	Density of intervention			
	Low		None	
	2015	2017	2015	2017
Nil	27.6	24.5	15.8	43.3
One	32.5	36.7	21.8	25.8
Two	18.8	20.0	39.7	17.3
Three+	21.1	18.8	22.7	13.6
Total	100.0	100.0	100.0	100.0

Therefore, in 2017, no difference was observed between low and high intervention areas, but the situation was significantly worst in both the areas compared to control areas (p<0.001). No significant difference was observed in low intervention areas, but the situation ignificantly increased in control areas (Table 21, Table 22 and Table 23).

**Experience of violence:** Apart from the controlling behaviour by husbands, three forms of IPV had been explored: mental, physical and sexual. As mentioned earlier, respondents were asked whether they experienced some specific type of behaviour from their husbands at any point of time during the lifetime and the last six months (behaviours shown in Table 24 and Table 25).

**Table 24. Experience of intimate partner violence of various form**

Violence form	Acts of violence	At least once in the last 6 months (%)				Level of sig.	
		Low	High	Control	Total	Low vs cont.	High vs cont.
Mental	Did something that made her scared, i.e. by giving a hard look, yelling and breaking things	37.9	44.5	40.6	41.0	ns	ns
	Threatened to kill or hurt her and her close ones	13.3	10.0	8.8	10.7	ns	ns
	Threatened to use sharp object ( <i>da</i> ), knife or other weapon against her	2.7	1.8	1.2	1.9	ns	ns
Physical	Slapped her or thrown something at her that could hurt her	21.2	19.4	23.0	21.2	ns	ns
	Pushed her forcefully or pulled her hair	7.9	10.0	8.5	8.8	ns	ns
	Hit her with fist or with something else that could hurt her	5.8	9.4	4.8	6.7	ns	p<0.05
	Kicked, dragged, or hit you repeatedly	5.2	7.6	4.5	5.8	ns	ns
	Chocked or burnt her on purpose	3.6	2.1	1.2	2.3	p<0.05	ns
	Used sharp object ( <i>da</i> ), knife or other weapon against her	0.9	1.2	0.3	0.8	ns	ns
Sexual	Physically forced her to have sexual intercourse when she did not want to	26.4	34.8	18.5	26.6	p<0.05	p<0.001
	Did she ever have sexual intercourse only because she was afraid of what her husband might do	13.6	20.3	7.9	13.9	p<0.05	p<0.001
	Forced her to do something sexual that was degrading and humiliating	3.3	0.6	1.2	1.7	ns	ns

While comparing with the baseline information, the per cent of respondents having experience of psychological violence decreased significantly in both groups (Table 25).

**Table 25. Over time change in experience of intimate partner violence of various form**

Forms of Violence	Acts of violence	At least once in the last 6 months (%)					
		Treatment			Control		
		2015	2017	2015 vs. 2017	2015	2017	2015 vs. 2017
Mental	Did something that made her scared, i.e. by giving hard look, yelling and breaking things	53.9	37.9	p<0.001	67.3	40.6	p<0.001
	Threatened to kill or hurt her and her close ones	5.8	13.3	p<0.01	10.9	8.8	ns
	Threatened to use sharp object ( <i>da</i> ), knife or other weapon against her	2.3	2.7	ns	1.8	1.2	ns
Physical	Slapped her or thrown something at her that could hurt her	32.1	21.2	p<0.01	35.5	23.0	p<0.001
	Pushed her forcefully or pulled her hair	10.7	7.9	ns	13.3	8.5	p<0.05
	Hit her with fist or with something else that could hurt her	10.1	5.8	p<0.05	10.3	4.8	p<0.01
	Kicked, dragged, or hit you repeatedly	9.1	5.2	ns	6.7	4.5	ns
	Chocked or burnt her on purpose	2.6	3.6	ns	3.0	1.2	ns
	Used sharp object ( <i>da</i> ), knife or other weapon against her	1.0	0.9	ns	0.6	0.3	ns
Sexual	Physically forced her to have sexual intercourse when she did not want to	36.0	26.4	p<0.01	51.8	18.5	p<0.001
	Did she ever have sexual intercourse only because she was afraid of what her husband might do	22.1	13.6	p<0.01	19.4	7.9	p<0.001
	Forced her to do something sexual that was degrading and humiliating	0.3	3.3	p<0.01		1.2	p<0.05

**Mental violence:** Respondents were asked about some specific types of husband's behaviour that they showed at any point of their lives in any particular situation, for example, giving a hard look, yelling, and threatening to kill her or her family members. According to the data from end line survey, there was not any significant difference found between control and treatment group, and also did not vary according to the programme coverage (Table 26).

**Table 26. Percentage of respondents threatened of violence from husband by duration of such experience and density of intervention, 2017**

Duration	Density of intervention			Level of Sig.
	None	Low	High	
Past one month	27.9	24.5	29.1	ns
Past three months	37.6	37.9	38.2	ns
Past six months	42.1	40.3	42.1	ns
Ever in life	80.6	79.1	85.2	ns

**Table 27. Percentage of respondents threatened of violence from husband by duration of such experience, density of intervention, and year**

Duration	Density of intervention					
	Low			None		
	2015	2017	Significance	2015	2017	Sig.
Past one month	36.7	24.5	p<0.001	45.5	27.9	p<0.001
Past three months	47.7	37.9	p<0.01	59.4	37.6	p<0.001
Past six months	53.9	40.3	p<0.001	69.4	42.1	p<0.001
Ever in life	76.0	79.1	ns	88.8	80.6	p<0.01

**Physical violence:** Respondents reported to had experienced various forms of physical violence like slapping, kicking, hitting with a fist or other objects, pushing and pulling hair etc. in both baseline and end line survey. In end line survey, no statistically significant difference found between low intervention, high intervention and control group in per cent of respondents who reported to have faced this kind of violence up to six months from the day of data collection (Table 28).

**Table 28. Percentage of respondents physically assaulted by husband duration of such experience, density of intervention, and year**

Duration	Density of intervention			Level of Sig.
	None	Low	High	
Past one month	15.2	10.3	11.5	ns
Past three months	20.3	16.7	18.2	ns
Past six months	23.6	22.4	20.9	ns
Ever in life	55.5	63.6	52.7	p<0.01

Regarding the changes over time, the study found that per cent respondents reporting to have experienced physical violence over the same time period that was up to six months has significantly decreased in both groups (Table 29).

**Table 29. Percentage of respondents physically assaulted by husband duration of such experience, density of intervention, and year**

Duration	Density of intervention					
	Low			None		
	2015	2017	Sig.	2015	2017	Sig.
Past one month	20.5	10.3	p<0.001	21.2	15.2	p<0.05
Past three months	29.2	16.7	p<0.001	28.8	20.3	p<0.01
Past six months	35.1	22.4	p<0.001	37.6	23.6	p<0.001
Ever in life	64.3	63.6	ns	63.3	55.5	p<0.05

Along with the experience of the incidents, the study also designed to know the magnitude of the violence by asking about the degree of injuries caused by the reported violence. High per cent of all groups reported that in the last six months from the period of data collection they had been beaten to such a way that they felt the pain in the next day. This per cent was followed by the per cent of respondents from all the groups who reported to had, at least once in the last six months, bruise, swelling or abrasion due to being victims of physical violence perpetrated by husbands. Then a significant number reported having physical pain in the same period that prevented them from performing their daily activities in the next day. In all cases, per cent of treatment was higher than that of control group (Table 30).

**Table 30. Injuries caused by physical violence (Multiple responses)**

Types of injuries	At least once in the last six months			
	Low	High	Control	Total
Had bruise, swelling or abrasion	6.1	10.3	4.8	7.1
Had a sprain or small cut	1.5	3.9	1.2	2.2
Had physical pain that still hurt in the next day	8.8	11.8	7.6	9.4
Had physical pain that prevented her from doing daily work	4.5	6.4	3.9	4.9
Lost consciousness from being hit on the head	1.2	2.4	0.6	1.4
Had to go to see a health provider (nurse, doctor, community health worker or midwife) due to injury	2.7	3.3	1.2	2.4
Needed to see a health provider due to injury but did not see any	1.8	4.8	0.9	2.5
Had a broken bone or tooth	0.6	0.3	0	0.3

While going through the changes after the intervention, it has been seen that in each type of injuries shown in Table 31 the per cent of respondents decreased in both groups in 2017. That is, along with decreasing per cent of respondents reporting to face physical violence after the intervention, Participants reporting various kinds of injuries also decreased over time in both treatment and control groups (Table 31).

**Table 31. Over time change in injuries caused by physical violence (Multiple responses)**

Injuries due to physical violence	At least once in the last six months (%)			
	Treatment		Control	
	2015	2017	2015	2017
Had bruise, swelling or abrasion	14.9	6.1	13.0	4.8
Had a sprain or small cut	4.2	1.5	2.4	1.2
Had physical pain that still hurt in the next day	18.8	8.8	18.8	7.6
Had physical pain that prevented her from doing daily work	6.5	4.5	11.2	3.9
Lost consciousness from being hit on the head	2.6	1.2	2.4	0.6
Had to go to see a health provider (nurse, doctor, community health worker or midwife) due to injury	3.9	2.7	2.4	1.2
Needed to see a health provider due to injury but did not see anyone	3.9	1.8	4.5	0.9
Had a broken bone or tooth	0.3	0.6	1.2	0

**Sexual violence:** Although in end line survey, per cent of respondents from treatment group reported the experience of sexual violence was found to be significantly high than that of control group. While observing the change overtime by comparing with the

baseline data it has been found that the violence of such type decreased significantly in both groups (Table 32 and Table 33).

**Table 32. Percentage of respondents experienced sexual violence by husband duration and density of intervention, 2017**

Duration	Density of intervention			Level of Sig.
	None	Low	High	
Past one month	16.1	15.8	28.8	p<0.001
Past three months	17.9	25.2	35.8	p<0.001
Past six months	19.1	27.6	39.4	p<0.001
Ever in life	27.3	43.0	50.9	p<0.001

**Table 33. Percentage of respondents experienced sexual violence by husband by duration and density of intervention**

Duration	Density of intervention					
	Low			None		
	2015	2017	Sig.	2015	2017	Sig.
Past one month	25.6	15.8	p<0.01	24.5	16.1	p<0.01
Past three months	37.7	25.2	p<0.001	43.3	17.9	p<0.001
Past six months	43.8	27.6	p<0.001	57.0	19.1	p<0.001
Ever in life	56.5	43.0	p<0.001	71.5	27.3	p<0.001

**Dowry practice and related mistreatment:** Majority of the respondents from the control group in both period, before and after the intervention, reported that there was a dowry demand from their husbands' side before or during the marriage. On the other side, less than half of the respondents from the low intervention group had dowry demand according to the baseline information, and according to the later survey, the figure became 31.8 per cent for the same group. However, the figure was 69.7 per cent for the high intervention group (Table 28). The rest of the respondents from both groups mentioned that their husbands' side did not place any dowry demand before or during their marriage.

**Table 34. Percentage of respondents faced demand for dowry during marriage by density of intervention and year**

Year	Density of intervention			Level of Sig.
	None	Low	High	
2015	60.9	42.2	-	p<0.001
2017	57.0	31.8	69.7	p<0.001
Significance	ns	p<0.01	-	

Less but significant percentage of respondents reported having experienced violence due to dowry. Those who did not face dowry demand during or before marriage also belonged to this group. In the end line survey, there was no significant difference found between treatment and control group regarding the percentage of respondents who reported to have experienced violence due to late payment of dowry. On the other hand, significantly higher percentage of respondents from the intervention group reported having faced the mistreatment from in-laws due to dowry, even though they did not have dowry demand before marriage (Table 35).

**Table 35. Percentage of respondents faced mistreatment from husband or his family members due to dowry by dowry status and density of intervention, 2017**

Dowry status	Density of intervention			Level of Sig.
	None	Low	High	
Demanded <sup>1</sup>	9.0	13.3	15.7	ns
Not demanded <sup>2</sup>	1.4	4.9	8.0	p<0.05

<sup>1</sup> Mistreatment because of late fulfilment of dowry demand

<sup>2</sup> Mistreatment because of not having dowry

Mistreatment includes threatened to send father's home forever, sent to father's home, shouted while talking, beating, not to allow to go to father's home, any other physical assault.

While going through the change overtime in the incidence of dowry related mistreatment or violence, it has been seen that in both groups the violence relating to delay fulfilment of dowry demand has been significantly decreased after the intervention. However, in cases where dowry demand was placed after marriage, per cent of respondents from treatment group was not found to be significantly different after the intervention compared to the time before the intervention, though it was found to be significantly reduced in the case of the control group (Table 36).

**Table 36. Percentage of respondents faced mistreatment from husband or his family members due to dowry by dowry status, density of intervention, and year**

Dowry status	Density of intervention					
	Low			None		
	2015	2017	Significance	2015	2017	Significance
Demanded <sup>1</sup>	26.9	13.3	p<0.01	24.9	9.0	p<0.001
Not demanded <sup>2</sup>	7.9	4.9	ns	7.8	1.4	p<0.01

<sup>1</sup> Mistreatment because of late fulfilment of dowry demand

<sup>2</sup> Mistreatment because of not having dowry

### Impact on community level

In addition, to see the changes at the household level, this study also tried to capture whether the intervention could bring any change in the community's attitude and behaviour. In doing so, the study kept some questions to the respondents about their community's attitude and behaviour in some particular issues.

**Community's attitude:** In order to know community's attitude towards certain issues relating IPV, respondents were asked whether community felt about the necessity of the interfere in the incidents of domestic violence and how they accepted it. A good per cent of respondents from both groups, regardless of the intervention coverage, reported that their community felt that ruling wife is husband's personal matter and outsiders should not interfere it. . On the other hand, the majority said that their community talked about the incidents of violation of wife's rights and husband's mistreatment with his wife. Therefore, it indicates that although they did not see the violation of wife's right as justified and so they talked about it, but they felt it unfair to intervene on those matters considering those as a very personal thing (Table 37).

**Table 37. Percentage of respondents expressed their positive views on community's views on some statements related to wife-husband relationship by density of intervention, 2017**

	Density of intervention			Sig.
	None	Low	High	
Community feels that ruling wife is husband's own business	70.0	64.8	63.9	ns
Does community talk about rights of wife and unjust behaviour of husband?	81.2	73.0	60.9	p<0.001

In case of observing the change in community's attitude over time, the fact had been revealed that intervened community achieved significant improvement in seeing the intimate partner violence as a public issue, not the personal matter of husband. Table 38 shows that per cent of respondents from the intervention group expressing that their community considered the issue as personal significantly decreased in 2017 compared to 2015 in the baseline survey. On the other hand, control community showed the reversed result. In case of discussing the violation of wife's rights or mistreatment, the significant improvement was found in both groups (Table 38).

**Table 38. Percentage of respondents expressed their positive views on community's views on some statements related to wife-husband relationship by density of intervention and year**

	Density of intervention					
	Low			None		
	2015	2017	Sig.	2015	2017	Sig.
Community feels that ruling wife is husband's own business	79.9	64.8	p<0.001	47.6	70.0	p<0.001
Does community talk about rights of wife and unjust behaviour of husband?	63.3	73.0	p<0.01	67.3	81.2	p<0.001

**Community's action:** The respondents were asked about their community's action if they witnessed the certain incidents regarding the violation of women's rights as well as the issues relating laws and orders of the community. Table 39 shows that in most of the given contexts or issues, control community was in better position than that of the treatment community. The exception was found in three cases: higher per cent of respondents from treatment community reported that their community came forward if they saw any misconduct happened during relief distribution. The same communities were reported to have played the positive role if they saw anybody or group taking alcohol or any other similar unlawful activities in their community. It was also found that treatment community was more open-minded or liberal towards the issue of mixed-gender friendship (Table 39).



**Table 39. Percentage of respondents expressed their positive views regarding community initiatives against some unfair means by density of intervention, 2017**

Events	Density of intervention			Sig.
	None	Low	High	
Unfair wages for selling labour	67.3	54.5	64.2	p<0.01
Misconduct in distribution of relief materials	44.8	30.3	47.6	p<0.001
Misbehave of police or govt. officials	38.8	33.6	31.5	ns
Taking alcohol or any other similar	78.8	62.1	79.4	p<0.001
Friendship among unmarried youth of opposite sex	96.1	76.7	94.2	p<0.001
Sending wife to her father's home or giving divorce	90.3	76.4	85.8	p<0.001
Wife beating	96.1	80.0	90.0	p<0.001
Scrimmage among villagers	99.1	91.8	97.0	p<0.001
Villagers protest against unjust behaviour to wife	87.3	78.5	76.4	p<0.001
If someone beats his wife, the community comes forward to stop him?	87.6	76.4	79.1	p<0.001

While observing the changes in community's activities towards the above-mentioned situations over time, it has been seen that the per cent of respondents reported that their community played positive role was significantly higher in 2015 than that of 2017 in treatment group except in the case of mixed gender friendship where there was no significant difference found between two time periods. On the other hand, in most cases, the per cent of respondents from control group reported the positive role of their communities was higher in 2017 compared to 2015. For this group, an exception was found in case of community's role in taking a step against alcohol or any other similar kind of illegal activities (Table 40).

**Table 40. Percentage of respondents expressed their positive views regarding community initiatives against some unfair means by density of intervention and year**

Events	Density of intervention					
	Low			None		
	2015	2017	Sig.	2015	2017	Sig.
Unfair wages for selling labour	74.0	54.5	p<0.001	72.7	67.3	ns
Misconduct in distribution of relief materials	64.0	30.3	p<0.001	50.9	44.8	ns
Misbehave of police or govt. officials	51.3	33.6	p<0.001	44.8	38.8	ns
Taking alcohol or any other similar	83.8	62.1	p<0.001	87.3	78.8	p<0.01
Friendship among unmarried youth of opposite sex	82.1	76.7	ns	72.4	96.1	p<0.001
Sending wife to her father's home or giving divorce	87.0	76.4	p<0.001	78.5	90.3	p<0.001
Wife beating	90.9	80.0	p<0.001	80.9	96.1	p<0.001
Scrimmage among villagers	96.8	91.8	p<0.01	95.8	99.1	p<0.01
Villagers protest against unjust behaviour to wife	84.4	76.4	p<0.01	70.6	87.3	p<0.001
If someone beats his wife, community comes forward to stop him?	88.0	76.4	p<0.001	72.4	87.6	p<0.001

## ***Discussions and recommendations on IPV***

The ideology that reinforces the act of violence against women is the result of male-dominated social structure and the socialisation practice of gender-specific roles for men and women. Findings of the study give the picture of the patriarchal norms and values that are deeply rooted and is passed on from one generation to the next, and therefore, the intervention aiming to prevent patriarchal notions and practice poses challenges to meet its goal within a short time.

While going through the findings regarding women's attitude towards IPV, they were asked whether the wife-beating was justified if she (1) neglected children, (2) argued with husband, (3) went out without taking permission from husbands, (4) refused to have sex with husband. Most respondents before and after intervention justified husband's act of wife beating in this context, and these findings confirm the other studies found in the literature that shows women's act of justifying the wife-beating by husbands (Kishor and Subaiya 2008; NIPORT *et al.* 2009; Kishor and Johnson 2004). Moreover, it has been seen that the intervention could not bring significant changes in women's attitude towards violence that they have been inherited through their socialisation from childhood. However, a good portion of respondents who supported husband's act of wife beating in the specific situation did not support wife beating in any circumstances after the intervention. That shows the positive result of the intervention to some extent, although the similar shift has been noticed in the case of the control group as well. This piece of findings also indicates the presence of other forces parallel to the intervention that also have had the impact on changing the traditional attitude of both groups. A higher per cent of respondents from the control group who were exposed to the messages relating VAWC from other sources like radio, TV, friends, relatives etc. also provides the insight about the difference between the groups in this regard.

In case of measuring the intervention's impact on women's experience of violence, it has been observed that after intervention the per cent of respondents reported having experienced IPV was significantly higher than that of the control group. Though apparently it seems the failure of the project if only measured by number, the high reporting of the violence in treatment group than that of the control group as well as with the baseline data might be the result of women being more open to reveal the incidents compared to the control group and also compared to the time before intervention. From this perspective, the intervention can claim the success to some extent in making the women reporting the violence. According to the various studies conducted on the issue, the dominant socio-cultural values and the attitude of legitimising the VAW that put blame on women for the crimes instead of the perpetrators prevent women to reveal the incidents of VAW, and that results the low reporting of the violence (Chowdhry 2012; Laqeretabua, Naidu, & Bhagwan Rolls, 2009; Schoeffel Meleisea & Meleisea, 2007). At this point, the high reporting of violence can be seen as positive though the intervention cannot claim the credit for reducing the incident.

The intervention was found to have left a significant positive impact on some areas of women's decision-making. It was found after the intervention higher percentage of women participation in the process important economic decision-making process like the investment of savings, family planning and the decision about livestock for income generation. The same positive impact has been observed in the case of women's control over resources in the form of NGO loan. At the end line survey it has also been found that women's control over their income and loan other than NGO taken by themselves were significantly higher than that of its counterpart, though compared to baseline information per cent of respondents having control over own income reduced

significantly after the intervention. A significant improvement has been shown in increasing women's ability to express their opinion to the elderly family members and intervention group reported in higher per cent that at the household level they took part in the major decisions like separation of family members or deciding the household type. Various studies mentioned earlier in the literature review section provided the mixed picture of the relationship between violence and women's control over resources and participation in decision-making process. According to some studies, women's vulnerability to IPV increased due to their lack of control over resources (Dobash & Dobash 1979; Schuler *et al.* 1998; Schuler *et al.* 1996) and their absence of decision-making process (Ahmed, 2005; Islam *et al.* 2004). Moreover, studies show that women's higher ability to participate in decision-making process is positively related to greater IPV (Koenig *et al.* 2003). Keeping these under consideration, the findings regarding women's participation in higher per cent in decision-making process after intervention might be considered as one of the reasons for the increased violence reported in end line survey. Moreover, the acceptance of IPV has been embedded in the dominant ideology, and some research suggested that the incidents of IPV were strongly associated to the normative tolerance of wife abuse in the male-dominated social structure (Schuler *et al.* 2008). Therefore, the findings of the study have pointed out the necessity of long-term intervention focusing VAW required to eliminate the deeply rooted normative tolerance of the act.

Considering the dominant ideology accepting IPV as the norm, it was necessary for any intervention to aim to bring change at the community level. In this regard, the intervention was found to have a positive impact on community's attitude towards IPV. After intervention, the per cent of respondents considering IPV as the personal matter significantly decreased while the respondents believing the same from the control group was significantly increased, although both groups reported having discussion about wife's right and husband's unjustified behaviour in significantly higher number than they did before the intervention. Therefore, it can be said that the intervention contributed in making the respondents consider IPV as the public matter which should be interfered by outsiders, not as the personal/private matter.

In the light of the findings and discussion, the study suggests to run a long-term intervention on VAWC considering the issue as more ideological than action or policy-oriented. In order to make the intervention effective in reducing VAWC, the study also recommends the intervention to be more focused. Since the violence against women and children is a complicated issue, and therefore address various types of violence in different relationships, both in public and private form, like trafficking, child marriage, acid violence, rape of various forms and relationship, sexual harassment in both private and public places, dowry and so on. Hence, addressing the issues altogether by a single short-term intervention may have the risk of losing its focus required to leave the desired impact on the individual as well as on the community. Again, considering the lower number of respondents reported to have participated in the part of the intervention designed to prevent VAWC, the study feels the necessity of pointing out the programme's need of bringing more people under its intervention coverage. In that case, programme's strategy of ensuring participation of its target people should be revised to make it maximum and effective. Results showing no impact on respondent's level of attitude towards and experience of wife-beating in many cases, also indicate that programme's content of awareness over the issue should be revised as well.

## Section 2.

### Violence against children

The objective of this part was to see the impact of VAWC intervention on violence against children (VAC) by comparing the end line information with baseline as well as to compare between the groups with different programme coverage.

The target population of the survey was seven to eighteen years old children. The survey was conducted within 990 households of two groups, where as 660 were in treatment group and 330 were in control group. The children were interviewed through a questionnaire to collect data.

Semi-structured questionnaires had been employed to see the physical and psychological violence against children occurred in the study areas. The schedule had option to see the violence perpetrated on children within and outside households.

For the survey, data were collected from the same households where a survey had been conducted earlier on the issue of violence against married women in two districts: Gazipur and Cumilla. In this case, children belonging to 990 households from 45 villages of the two districts were surveyed.

Since the sample selection in this part was based on the sampling strategy followed by the recently conducted survey by RED on violence against married women, selection criteria of the households surveyed in this part were based on the criteria determined to select households for gathering data on violence against married women.

In each household, children belonging to the age group of 7-18 years were considered as samples during end line survey. If any household had more than one child of same age group, then one child had been selected by random sampling technique. However, if any household did not have any child or had a child less than seven years old, then skip that to another household. Households having more than one children were selected for interview aiming to reach the number of targeted sample size of 990 children. Following this strategy, finally a number of 981 children were considered as sample size to collect data (Table 41).

**Table 41. Sample size**

Survey type	Intervention type			Total
	Low/treatment	High	Control	
Baseline	340	–	381	721
End line	328	324	329	981

#### Operational definition of different forms of violence explored in the study

This study deals with the two forms of violence against children: physical and psychological. It is, therefore, necessary to provide the definition used here of various forms of violence that have been described under the two major forms.

### Physical violence

*Slapping:* Hit someone with the palm of one's hand or a flat object on face

*Smacking:* Slap with one's open hand or a flat object especially on the buttocks as a punishment

*Ear pulling:* Pulling child's ear forcefully to inflict pain

*Hair pulling:* Pulling out someone's hair once or repeatedly to cause pain

*Kicking:* Strike or hit forcibly with the foot

*Caning:* A number of hits/ strokes/cuts with a cane applied to someone's bare or clothed body

*Beating:* Hit someone directly against forcefully and repeatedly to inflict pain

*Unwanted touch:* Touch someone's which causes embarrassment, uncomfortable feelings, with or without pain, in a sexual way

### Mental violence

*Threat:* A statement of intention or determination to inflict punishment or injury or other hostile action on children in retribution for something done or not done

*Humiliation/Degradation:* An action or statement aiming to embarrass, degrade or humiliate children

*Refuse/boycott/denial:* Stop talking to children; ignore the existence of children where they (children) should be valued

*Scolding:* An angry rebuke or reprimand

### **Demographic information of children respondents**

The information was collected from 981 children. In the high intervention group, the proportion of male and female were almost same while in high intervention and control group the percentage of male children were higher than female children. Different concentration in terms of per cent respondents was seen different age group in three groups. In case of low intervention group, the highest concentration was seen in the 13-18 age group (36%), while it was 7-9 for the high intervention group (40.7%) and 10-12 for the control group (39.2%). A good portion of children school-going in all groups (low intervention: 94.2%, high intervention: 92.6%, control: 94.8%) (Appendix 1).

### **Findings on VAC**

From the data of end line survey, it has been seen that percentage of children reported to have experienced violence, both physical and mental, was significantly lower in low coverage treatment group than that of the control group. But in case of mental violence by outsiders, the difference was not statistically significant (Table 42). However, the coverage of the programme has found to have no, or reverse impact on the per cent of respondents reported the violence. That is, children from high coverage area reported

higher violence than that of area of low intervention. Again, the difference between high coverage treatment group and control group in this regard was statistically insignificant (Table 42).

**Table 42. Percentage of children by punishment type and intervention type**

Punishment type	Intervention type			Level of significance	
	Low	High	Control	Low vs. Cont.	High vs. Cont.
Physical (by family members)	87.8	90.4	93.3	p<0.05	ns
Physical (by outsiders)	70.1	79.0	83.6	p<0.001	ns
Mental (by family members)	84.1	92.6	90.0	p<0.05	ns
Mental (by outsiders)	57.9	66.4	62.9	ns	ns

### ***Physical punishment***

*By family members:* The per cent of male respondents from control group reported to have experienced physical violence by family members was significantly higher than that of treatment group with low intervention while there was no statistical difference between high coverage treatment and control group in this regard, but again there was higher number of violence reported against male respondents in high coverage treatment group than low coverage group. There was no significant difference found between the groups in terms of percentage in the case of physical violence reported by female respondents. Within group, it has been seen that in high coverage intervention group higher per cent of male respondents reported physical violence than female respondents. But in other groups there was no statistically significant difference found in terms of gender (Table 43).

**Table 43. Physical punishment by gender (by family members)**

Gender	Intervention type			Level of significance	
	Low	High	Control	Low vs Cont.	High vs Cont.
Boy	87.3	94.4	94.5	p<0.05	ns
Girl	88.4	86.4	92.1	ns	ns
Level of sig.	ns	p<0.05	ns		

By age, no significant difference had been found between groups in their experience of violence. But within each group it has been seen that children group of 7-9 years reported violence (low intervention: 97.4%, high intervention: 100%, control: 99.2%) followed by the age group of 10-12 years (low intervention: 95.7%, high intervention: 95.3%, control: 96.1%). However, among the children aged 13-18 years reported comparatively less experience of physical violence by household members at the end line survey (Appendix 2).

Forms of physical violence by family members: Study revealed the various forms of physical violence perpetrated against children in surveyed households. Slapping is the most common form of violence perpetrated on children by family members (low intervention: 63.3%, high intervention: 60.2% and control: 59.3%), followed by beating comes as another form (low intervention: 8.4%, high intervention: 13.1%, control: 20.7%). Caning (low intervention: 7%, high intervention: 5.2%, control: 3.9%), kicking (low intervention: 2.5%, high intervention: 0.5%, control: 2.1%) and shaking (low intervention: 2.1%, high intervention: 3.8%, control: 3%) were the major forms reported by children. Other forms of physical violence reported were smacking, pulling hair/ear, scratching, pinching and fisting.

Relationship with violators: Most of the children pointed out to their mothers as the cruel to them and they reported the incidents of physical punishment (low intervention: 57.5%, high intervention: 65.8% and control: 66.7%). This per cent was followed by them who were reported as victimised by their fathers (low intervention: 18.9%, high intervention: 16% and control: 18%) Other relations mentioned in this regard were grandparents, brother, sister, aunt and uncle.

**Reasons for physical violence by family members:** There are various factors came out as the reasons behind the act of corporal punishment on children by caregivers. A major portion of the respondents of all groups mentioned improper behaviour or lack of discipline as the cause behind physical punishment (low intervention: 59.7%, high intervention: 58.1%, control: 66.2%), while the per cent was followed by respondents who reported their reluctance to study or study related matters as the cause (low intervention: 42%, high intervention: 45.2%, control: 51.1%). Other major causes that came out as reasons included children's reluctance to do household work and children being over-occupied with games. Few reported that they were physically violated not because of their misdeed, violation of discipline or disobedience, but due to their caregivers' anger generated for other's activities or sources.

By outsiders: The study also tried to look at the violence against children perpetrated by outside family members. In this case, as mentioned earlier, treatment group reported violence in a lower percentage than that of the control group (Table 42). By gender, the per cent of male respondents from treatment group with low intervention reporting violence was significantly lower than that of the control group. Same was the case for female respondents. But there was no statistically significant difference found between high intervention and control group, though the overall treatment group was found to be in the better position than that of the control group. Within the group, the low intervention group had significant gender difference where significantly higher percentage of male respondents reporting violence was found than female respondents. In other groups, no difference found in this aspect (Table 44).

**Table 44. Physical punishment by gender (by outsiders)**

Gender	Intervention type			Level of significance	
	Low	High	Control	Low vs. Cont.	High vs. Cont.
Boy	75.7	83.3	86.1	p<0.05	ns
Girl	63.9	74.7	81.1	p<0.01	ns
Level of sig.	p<0.05	ns	ns		

By age group, there was statistically significant difference found in reporting physical punishment by outsiders to children aged 7-9 years. Here, the per cent of children having the experience was found to be significantly high than the same group of control. However, it was the fact for treatment group with low intervention while the difference between high intervention and control group was insignificant. Within the group, in all cases, it has been seen that children belonging 13-18 years age group were lowest in per cent followed by the 7-9 age group. The highest per cent reported violence by outsiders in each group belonged to 10-12 years (low intervention: 78.7%, high intervention: 87.7%, control: 82.2%) (Appendix 3).

Forms of physical violence by outsiders: Unlike violence reported to be perpetrated by family members, caning came out as the form of violence perpetrated by outsiders according to the highest percentage of children from all three groups (low intervention: 47.9%, high intervention: 46.4%, control: 63.4%). This was followed by the per cent

mentioned slapping as the form of physical violence they experienced from the members outside their household. Significant per cent of children reported to be the victim of other forms of violence like beating, shaking, ear and hair pulling, scratching, pinching, punching, biting and beating. A respondent from high intervention group reported that she experienced physical touch that was unwanted and caused the feelings of embarrassment.

Relationship with violators of outsiders: In most of the cases, while talking about violence perpetrated by outside household members, children identified other children of their same age, that is friends and classmates, (low intervention: 65.2%, high intervention: 57.2%, control: 70.5%) as the perpetrators. Secondly, they mentioned neighbours (low intervention: 21.9%, high intervention: 29.0%, control: 19.1%) as those who physically violated the children for various reasons. Other relationships they mentioned as perpetrators were the school teachers, private tutor or *huzur*, grandparents, cousins, uncle and aunt.

Reasons of physical violence by outsiders: There were various reasons revealed behind children's experience of being victims of physical punishment by someone other than their household members. In this case, children's reluctance to study and study related matters revealed to be the cause of physical punishment for highest percentage of cases in the low intervention group (low intervention: 43.6%, high intervention: 31.3%, control: 38.3%). In case of control majority mentioned children's lack of discipline, like disobedience, acting stubborn on something, fighting and quarrelling with friends or playmates etc. as the cause of physical punishment (low intervention: 43.6%, high intervention: 47.4%, control: 45.1%). Violating classroom rules had been mentioned by a good per cent of respondents (low intervention: 6.6%, high intervention: 15.9%, control: 19.7%)

### ***Mental punishment***

By family members: Different forms of mental violence perpetrated on children in the surveyed households by family members. Table 42 shows that 84.1 per cent from low intervention, 92.6 per cent from the high intervention group and 90 per cent from control group reported to have experienced mental violence by their family members. That is, the control group had significantly higher percentage of respondents of this type than the treatment group with low intervention coverage, while the difference between control and high intervention group in this regard was found to be opposite.

By gender, there was no significant difference found between and within the groups in this regard (Appendix 4), while when going by the distribution of age group, the mental violence was found to have decreased with age in low intervention and control group (Appendix 5).

Forms of mental violence by family members: The various forms of psychological violence perpetrated against children were revealed in this study. Threatening in the case of child's disobedience or doing wrong came out as the highest reported form of psychological violence in all groups (low 91.0% and, high intervention 85.1% and control group 90.3%). A good per cent of respondents from treatment group (low 4%, high 2.5%) reported that they were mentally violated when they had to witness domestic violence like a mother being physically tortured by father or father taking alcohol and mistreating with mother or with other family members. Scolding came out as another form of violence reported by many of high intervention (5.6%) and control (3.1%) group. Other



forms of mental violence perpetrated against child respondents included insulting and embarrassed the child, mocking, calling them by bad names and ignoring.

Relationship with violators within household: Like physical violence, the mother had been identified as the responsible for committing the psychological violence by highest per cent of respondents from all three groups (low intervention: 51.7%, high intervention: 53.7% and control: 55.5%). This has been followed by 35.5 per cent from low intervention, 32.4 per cent from high intervention and 34.8 per cent from the control group who reported that they became victims of psychological violence by their fathers. Many from all group reported brother as the perpetrator (low intervention: 5%, high intervention: 6% and control: 2.9%). Other relations that have come out as perpetrators included sister, grandmother, grandfather, uncle, aunt and sister-in-law.

Reasons of mental violence by family members: Highest per cent of children from both treatment and control group identified children's improper behaviour (low intervention: 49.5%, high intervention: 52.5% and control: 54.2%) and reluctance to study (low intervention: 50%, high intervention: 45.6% and control: 58.4%) as the cause of psychological violence, and this per cent followed by the per cent of children reported that they became victim of psychological violence because of being over-occupied with games (low intervention: 5.5%, high intervention: 12% and control: 6.7%). Five point seven per cent from low intervention, 8.7% from high intervention and 6.7% from the control group had been subjected to psychological violence after refusing to do domestic work they were asked by their caregivers. Few but significant percentage of children became the victim as the result of caregivers' anger with other people not with the children. That is, caregivers expressed their frustration over other people by abusing children mentally who were not responsible for the anger (low intervention: 0.5%, high intervention: 2.7% and control: 1.8%). Other reasons that were reported to work behind the violence of such type included children's act of stealing, doing something aggressive to other children and adults, doing something risky for their well-being. Few reported that they became victims of mental violence because they tried to prevent their father from doing something unfair, like mistreating their mothers and taking alcohol.

By outsiders: There was no significant difference found between the groups in terms of per cent respondents reporting mental violence by outside family members (Table 42). By gender, there was no significant difference found in per cent respondent experienced mental violence by outsiders between and within groups (Appendix 6).

By age group, among respondents aged 10-12 years, highest per cent experienced violence had been found in the low and high intervention group, and in the same age group, the per cent respondents having violence experience was significantly higher in the high intervention group than that of the control group. In the case of the control group, highest concentration of respondents was found to be in 7-9 age group (Table 45).

**Table 45. Mental punishment by age group (by outsiders)**

Age group	Intervention type			Level of significance	
	Low	High	Control	Low vs Cont.	High vs Cont.
7 - 9 y	61.2	67.4	71.9	ns	ns
10 - 12 y	62.8	74.5	58.1	ns	p<0.01
13 - 18 y	50.8	54.7	55.6	ns	ns
Level of sig.	ns	p<0.05	p<0.05		

Forms of physical violence by outsiders: Like physical violence, there were many forms of psychological violence perpetrated by outside household members revealed in this study in all groups. Like the same form of violence by household members, threatening has been revealed as the one reported by the highest percentage of children from all groups (low intervention: 83.2%, high intervention: 77.6% and control: 67.2%). Then, the significant percentage of children reported that, outsiders psychologically violated them through calling bad names (low intervention: 9.2%, high intervention: 15.1% and control: 12.9%) or scolding (low intervention: 1.6%, high intervention: 4.7%, control: 12%). Other forms included denying or ignoring children, keeping children locked inside the home and causing humiliation.

Relationship with violators of outsiders: Unlike physical violence, majority of children from all groups reported that they were victims of psychological violence by outsiders or someone who were not their household members. Despite this, significant per cent reported to have experienced violence of this form from their family members or relatives who were not the members of their households. Among perpetrators of this group (outside household), most of them were teacher by relation (low intervention: 57.2%, high intervention: 52.2% and control: 53.5%). This per cent was followed by the respondents who reported neighbours (low intervention= 6.8%, high intervention: 7% and control: 2.9%) as the perpetrators. Other relations that came out as the violators were grandmother, grandfather, uncle, aunt, cousins and employer.

Reasons of physical violence by outsiders: Improper behaviour was appeared to be the cause of psychological violence for highest per cent of children perpetrated by outside household members (low intervention: 47.4%, high intervention: 51.2%, control: 36%). Then, the cause reported by the second highest percentage of respondents was children's reluctance to do study including homework assigned by the school (low intervention: 36.8%, high intervention: 28.0%, control: 38.5%). Then the act of violating classroom rules, like copying classmate's work, fighting and disobedience appeared to be another reason (low intervention: 13%, high intervention: 15.7%, control: 11.3%). Besides the other major reasons included were the aggressive behaviour of child, being over-engaged with games, disobedience, lack of discipline, refused to pray *namaj* or sit for prayer.

## Comparison between baseline and end line information on VAC

### **Physical violence**

*By family members:* Significantly higher percentage of respondents from both treatment and control group reported physical violence by family members in end line survey compared to the baseline survey. That indicates the significant increase of physical violence against children after intervention (Table 46).

**Table 46. Physical punishment by family members by intervention type**

Intervention type	Survey status		Change	Level of sig.
	Baseline	End line		
Treatment	54.1	87.8	33.7	p<0.001
Control	54.9	93.3	38.4	p<0.001

The same significant increase in physical violence against children perpetrated by family members was found over time by gender in both treatment and control groups, and in both groups increase rate was higher in the case of female children than male children (Table 47).

**Table 47. Physical punishment by family members by gender**

Intervention type	Gender	Survey status		Change	Level of sig.
		Baseline	End line		
Treatment	Boys	59.8	87.3	27.5	p<0.001
	Girls	48.5	88.4	39.9	p<0.001
Control	Boys	57.1	94.5	37.4	p<0.001
	Girls	52.4	92.1	39.7	p<0.001

While going through the different age group, significant increase has also been observed over time in all age group. In both groups, the highest change took place for the children belonging to 13-18 age group. That is, during this time period (from baseline to end line), the highest change took place in terms of the incidents of physical violence by family members in this particular age group (Table 48).

**Table 48. Physical punishment by family members by age group**

Intervention type	Age group	Survey status		Change	Level of sig.
		Baseline	End line		
Treatment	7 - 9 y	68.9	97.4	28.5	p<0.001
	10 - 12 y	61.5	95.7	34.2	p<0.001
	13 - 18 y	32.5	72.0	39.5	p<0.001
Control	7 - 9 y	68.9	99.2	30.3	p<0.001
	10 - 12 y	64.8	96.1	31.3	p<0.001
	13 - 18 y	28.9	77.8	48.9	p<0.001

*By outsiders:* It has been like physical violence by family members, there was a significant rise of the same kind of violence by outside family members with time. Both groups experienced significant change in this regard (Table 49).

**Table 49. Physical punishment by intervention type (by outsiders)**

Intervention type	Survey status		Change	Level of sig.
	Baseline	End line		
Treatment	41.2	70.1	28.9	p<0.001
Control	46.7	83.6	36.9	p<0.001

By gender, the same pattern of change had been observed in both groups. That is, in both cases, children irrespective of gender were subjected to physical violence by outsiders in higher per cent after the intervention than before (Appendix 7). The same pattern of change has been found while looking for the change through various age group. In each age group shown in Table 16 a significant increase of the percentage of children reporting physical violence by outsiders was found over time in both groups (Table 50).

**Table 50. Physical punishment by age group (by outsiders)**

Intervention type	Age group	Survey status		Change	Level of sig.
		Baseline	End line		
Treatment	7 - 9 y	52.1	74.1	22.0	p<0.01
	10 - 12 y	44.2	78.7	34.5	p<0.001
	13 - 18 y	27.4	59.3	31.9	p<0.001
Control	7 - 9 y	52.6	92.2	39.6	p<0.001
	10 - 12 y	54.4	82.2	27.8	p<0.001
	13 - 18 y	32.2	70.8	38.6	p<0.001

### ***Mental violence***

*By family members:* Intervention has found to have left an impact on the incidents of mental violence against children, though not statistically significant. The per cent children reporting the violence of this type by family members decreased in the end line survey compared to that of the baseline survey. On the other hand, significant increase has been observed over time in the case of control group regarding the issue (Table 51).

**Table 51. Mental punishment by intervention type (by family members)**

Intervention type	Survey status		Change	Level of sig.
	Baseline	End line		
Treatment	87.9	84.1	-3.8	ns
Control	75.9	90.0	14.1	p<0.001

In case of mental violence against male children, no statistically significant difference found between baseline and end line information, and the same was the case for female children. Although in both cases in the treatment group, the per cent of respondents reporting violence of this type decreased after the intervention. In contrary, after the intervention, the per cent increased significantly in control group (Appendix 8).

Although not statistically significant, the per cent respondents having to experience a mental form of violence by their family members decreased after intervention if looking for the change in different age group defined in Table 52. The case was reversed in

control group. In both cases, changes between before and after intervention were statistically insignificant.

**Table 52. Mental punishment by age group (by family members)**

Intervention type	Age group	Survey status		Change	Level of sig.
		Baseline	End line		
Treatment	7 - 9 y	90.8	88.8	-2.0	ns
	10 - 12 y	93.3	89.4	-3.9	ns
	13 - 18 y	80.3	75.4	-4.9	ns
Control	7 - 9 y	72.6	93.8	21.2	p<0.001
	10 - 12 y	83.2	91.5	8.3	ns
	13 - 18 y	71.9	80.6	8.7	ns

By outsiders: The per cent respondents of both groups reporting mental violence by outsiders was significantly higher in end line survey compared to baseline survey (Table 53). The same pattern of change has been observed in this regard after intervention while seeing through gender as well as the age group (Appendix 9 and Appendix 10).

**Table 53. Mental punishment by intervention type (by outsiders)**

Intervention type	Survey status		Change	Level of sig.
	Baseline	End line		
Treatment	6.8	57.9	51.1	p<0.001
Control	28.9	62.9	34.0	p<0.001

## Discussions and Recommendations on VAC

The study tried to measure the impact of VAWC on the incidents of violence against children by keeping its limit to the violence in its physical and mental forms. It kept the sexual forms of violence excluded from its focus considering the challenges and difficulties of getting information on this particular form due to the social stigma and cultural values attached to it. Little or in cases no impact of the studied three years intervention over child violence confirm the widespread cultural acceptance of violence against children in the name of “punishment” or “the means of disciplining children”.

In this study, efforts were made to see the violence, both physical and psychological, perpetrated by household members as well as outside household members. In the end line survey, physical violence by both household members and outsiders, and mental violence by household members were found to have decreased significantly in low coverage intervention compared to control group. However, there was no significant difference found in this regard between high intervention and control group. Therefore, the positive impact of VAWC on awareness had been reflected in this lower incidents of violence especially in the case of physical punishment. Moreover, the per cent of male children reporting physical violence decreased in low intervention group compared to other groups in the end line survey, although it increased while comparing with the baseline data.

The per cent of children experiencing violence both in mental and physical form has found to be highest in 7-9 age group and lowest in age group of 13-18 years in all three groups: low and high intervention and control group. That is, violence decreased with the age. Although, the mental violence by family members was seen to be lower after intervention compared to the time before the intervention, the difference was not

statistically significant. However, outsiders significantly increased the per cent after intervention in case of mental violence.

While being asked about the violators outside home at the end line survey, highest per cent of children identified teacher and neighbours who committed psychological violence against them, and it was friends or classmates and neighbours for the physical violence. Therefore, in the case of outsiders, teachers in schools and private tutors, especially religious teachers or *huzur*, involved in committing psychological violence in a markable number, though family members both within and outside home, were seen to be in higher percentages in the case of both forms of violence, especially in the case of physical form. The law regarding the prohibition of physical punishment in the educational institutions in Bangladesh may contribute to the fact of a decreased per cent of physical violence by teachers compared to that by family members. Here, it should be mentioned that in Bangladesh corporal punishment is unlawful according to a Supreme Court Judgment issued on 13 January 2011 (Writ Petition No. 5684 of 2010). Nevertheless, inappropriate focus on the same issue at the family level or persisting attitude of viewing the practice as the 'family matter' or "means of disciplining children for their benefit' may contribute in the high percentage of violence, both physical and mental, perpetrated in the home by family members.

Parents are thought to have rights to raise their children and also pass their beliefs and traditions to children to ensure the continuation of the cultural communities they belong to. This study revealed within household mother as the main perpetrator of violence against children with the intention of upbringing their children as the moral citizens of their tradition, cultural and religious standard. Improper behaviour like disobedience, lack of discipline, violation of classroom rules and study related matters came out as the major reasons for violence against children perpetrated by both household members and outsiders. Cultural acceptance over the issue is responsible for perpetuating the violence of such kind. The study shows that boys who experience corporal punishment in childhood are likely to perpetrate violence against partners and children as adults (Contreras *et al.* 2012) that also confirms the social learning theory. According to this theory, children observe and imitate the behaviour of all around them, and therefore, children who grow up in abusive families imitate that behaviour and are likely to practice in their future relationships (Bandura 1977).

Keeping the cultural acceptance and insignificant impact of the intervention as found in the study, it is recommended to run a long-term intervention to create awareness among both caregivers and children about the negative consequence of violence against children. This awareness is expected to ensure the proper implementation and effectiveness of the law regarding the issues. The study also suggests to revise the content of their message and make the necessary change in their strategy to ensure the maximum participation in terms of number and quality, in the events and programmes organised by the project.

## Section 3.

### **An insight into BRAC's Coordinated Approach in Addressing Violence against Women and Children: Promises and Lessons<sup>1</sup>**

#### **Findings**

The coordinated approach of VAWC project works in the field in multiple levels. Firstly, it works through Central Co-ordination Committee, Field Co-ordination Committee (FCC), and UCC (*Upazila* coordination committee). The last two committees are active in the field and constituted by managers from different programmes. DBRs (District BRAC Representative) are also included in FCC. These committees take decision on any case of VAWC, exchange information, visit victim's house if necessary, visit *Thana* and other stakeholders office, use their networks with government staff to support a case of violence, and facilitate awareness on VAWC in their individual programmes. Secondly, some components of the individual programmes have been bought under VAWC project to create awareness on violence occurred both in the domestic and public sphere (rape, acid throwing, abduction, child abuse) and strengthening reporting of the violence (e.g. government hotline for reporting violence). For example, MF managers and POs are now sharing information on VAW with VOs (Village organisation members), HNPP *shashthya shebikas* and *Kormis* are giving information on VAW in their services, and BEP teachers and ADP clubs are discussing this information among their programme participants. Although these components were aware of VAWC more or less, the co-ordination approach has strengthened the awareness with a focus on reporting system.

The study has found some promising aspects of the coordinated approach:

#### **1. Embodying 'One BRAC' concept**

One BRAC concept is an approach towards the holistic aspect of BRAC's work on empowerment as well as the integration of BRAC's different types of interventions. Findings show VAWC project has initiated this concept at field level through more teamwork and collective effort to address violence against women. Through this project, managers of five different programmes including DBRs sit regularly and discuss the issues related violence. They also coordinate with each other for organising different events of VAWC project and supporting the victim. These meetings facilitate their mutual understanding and cooperation in work. Members of UCC and FCC committee think that since BRAC's organisational structure has changed and programmes are more focused on their field with their resource and manpower, VAWC project has rejuvenated "One BRAC" concept through engaging everyone in a crucial issue like VAWC.

*'When there was BDP (BRAC development programme) in organisational level, Microfinance manager would help HRLS and SD (Social Development) programme in organising local community leader's event. Gradually Programmes were separated for*

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<sup>1</sup>This is a qualitative part of the research which aimed to explore how co-ordinated approach is working. The time duration of this study was from July to August including data collection and analysis. The details of the research method were given in the part on research method.

*sharpening their focus and planning for work. Now it is again return to one BRAC' – One member of UCC*

*'Previously it was only their and CEP's responsibility. Now it became everyone's responsibility.'*

–One HRLS staff

## **2. Strengthening the role of Police**

In case of violence, police plays an important role in many ways. Research shows that police has a very strong influential role in a case on violence including arresting the perpetrator and preparing an extremely important legal document which determines the fate of the case in the court in later stages (Naomi, 2009). The findings of this study show when a case is filed, and the perpetrator is arrested, the family of the perpetrator put social and personal pressure on victim's family. This pressure includes offering money for out of court settlement where the victim is given an amount of money, and she will not appear in the court or give a weak statement for releasing the perpetrator, as well as invoking fear or anxiety in victim's mind so that she does not go forward with the case. Police's strong presence and visit in victim's area, their inquiry and interaction with local people keep the situation in favour of victim's justice. For example, if police visit the victim's house, talk with her and make inquiry whether she is being threatened or feeling secured, the chance of threatening from perpetrator and victim's fear is reduced. Before the coordinated approach began, it was mainly the staff of HRLS or CEP programme who would visit *Thana* for cases of violence. But after the coordinated approach has implemented, the staff of all programme can visit *Thana* altogether and use their networks with police. In this research, it was found that in some cases, where police were reluctant to arrest perpetrator or indifferent in visiting victim's place, staff from different programme altogether visited *Thana* and convinced the police to take actions more effectively. This activity gave a sense of collective strength.

The study found that besides HRLS and CEP, MF also needs to deal with *Thana* for some of the incidents that occur in relation to credit and handling big amount of cash. As a result, they also have their informal networking with local *Thana*.

*'I was going some where, and I realised that local Thana was on the way. I thought to halt for some time and have a chat with an officer.'*

- One MF manager, member of UCC committee.

According to the staff, this type of informal visit has a role in building friendly relationship between BRAC's staff and local police, and work very well when a serious legal case would arise where BRAC is involved, and police have to intervene. When managers of MF were on the scene due to coordinated approach, their networking with *Thana* strengthened the effort of the staff of CEP and HRLS programme in making police effective.

## **3. Strengthening relationship with local government officials and journalists, and the interrelationship of individual networking**

Local authorities are very close to citizens' everyday needs including human right issues (Human Rights Council 2015). As a result, there lies a strong connection between protection and prevention of human rights and local government. Local authorities take decisions on law and order, which are directly connected with the implementation of human rights. BRAC's different programmes maintains a good relationship with different officials of local government. For example, HNPP and TB programme have worked with



government health officials and local hospitals, BEP maintains regular networking with Deputy Commissioner (DC), TNO (*Thana Nirbahi Officer*), *Upazila* Education Officer for arranging their visit to BRAC schools. More or less all the staff of different programme maintain a relationship with UNO (*Upazila Nirbahi Officer*) for work purpose. For the purpose of organising *Upazila* Workshop event, the staff of five programmes co-ordinate and use their own networking with local body and journalists. For example, *Upazila* health officer was present in one *Upazila* workshop. He is affiliated with BRAC's TB programme. Due to the involvement of HNPP and TB, it has become easy to ensure his presence. DBR maintains a regular connection with UNO which helps to approach him when his involvement is necessary. HRLS and CEP programme have interaction with local elected members and local community leaders for their influential role in the community. More or less all the staff maintain good rapport with the local journalists who play one of the pivotal roles in creating pressure on the community and local administration to take actions against violence occurred in the areas. These networking are not confined in formal meeting, but also in informal interaction and conversation. Under the coordinated approach, the formal and informal networking of the BRAC staff and local government officials, elected members, local leaders and journalists have become more interrelated in addressing the cases of violence in a more effective way.

The UNO has a coordinating role in the *Upazila* and he/she belongs to BCS (administration) cadre of Bangladesh Civil Service (Sarker, 2001). Due to this coordinating role and involvement, he plays a highly influential role in the important matters of local government and law and order situation in *Upazila* (Hassan and Mannan, 2016). UNO is in charge of approving development plan, some areas of law and order and liaison with other government's office which are related with violence against women (e.g. local office of women and children affairs). His duties as well as liaison, have made him the extremely influential person in the cases of violence.

The study found the highly influential role of this local government officials in some cases violence, especially UNO (*Upazila Nirbahi Officer*) which reveals close tie among local government officials, BRAC's staff, and local community leaders. The VAWC project has strengthened this relationship through engaging different programmes, DBRs as well as organising *Upazila* workshop in short-term interval.

There are other cases which corroborate UNO's influential role in VAWC. In a case of prevention of early marriage where BRAC's *Polli shomaj* member actively participated, UNO's contact with police, school's headmaster or mistress and UNO's visit in the community have made the authority active to address the issue with more concern. In another case of cyberbullying, the victim faced an obstacle in access to school. Staff of BRAC's coordinated approach's networking with UNO and UNO's intervention in the case made the headmaster accepted the victim in the school. *Upazila* Chairman and an elected member also have a role in motivating the victim and her family to report the case. This case shows the salient feature of the informal power of UNO and other local government officials and representative in facilitating justice in cases on violence.

One of the activities of VAWC project is to organise workshops in *Upazila* level where local government stakeholders and officials such as *Upazila* chairman, *Upazila Nirbahi Officer* (UNO), Police, *Upzailia* health officer, women elected members, journalist remains present. Members of UCC and FCC committee help and coordinate to organise the workshop. Although BRAC is coordinating and maintaining a relationship with the local community leaders and local government officials for a long time, this platform strengthens the relationship in a more effective way.

The finding shows that due to this platform, BRAC gets the chance to inform the local body about the most up to date information and intervention on VAWC. Local government officials and elected members become more aware and focused on the incidents of violence in their respective areas. In that platform, women elected members also remain present. For the purpose of organising the workshop, BRAC staff and local administration, especially, UNO, chairman and members interact on a regular basis which is paramount to engage them in the cases of violence.



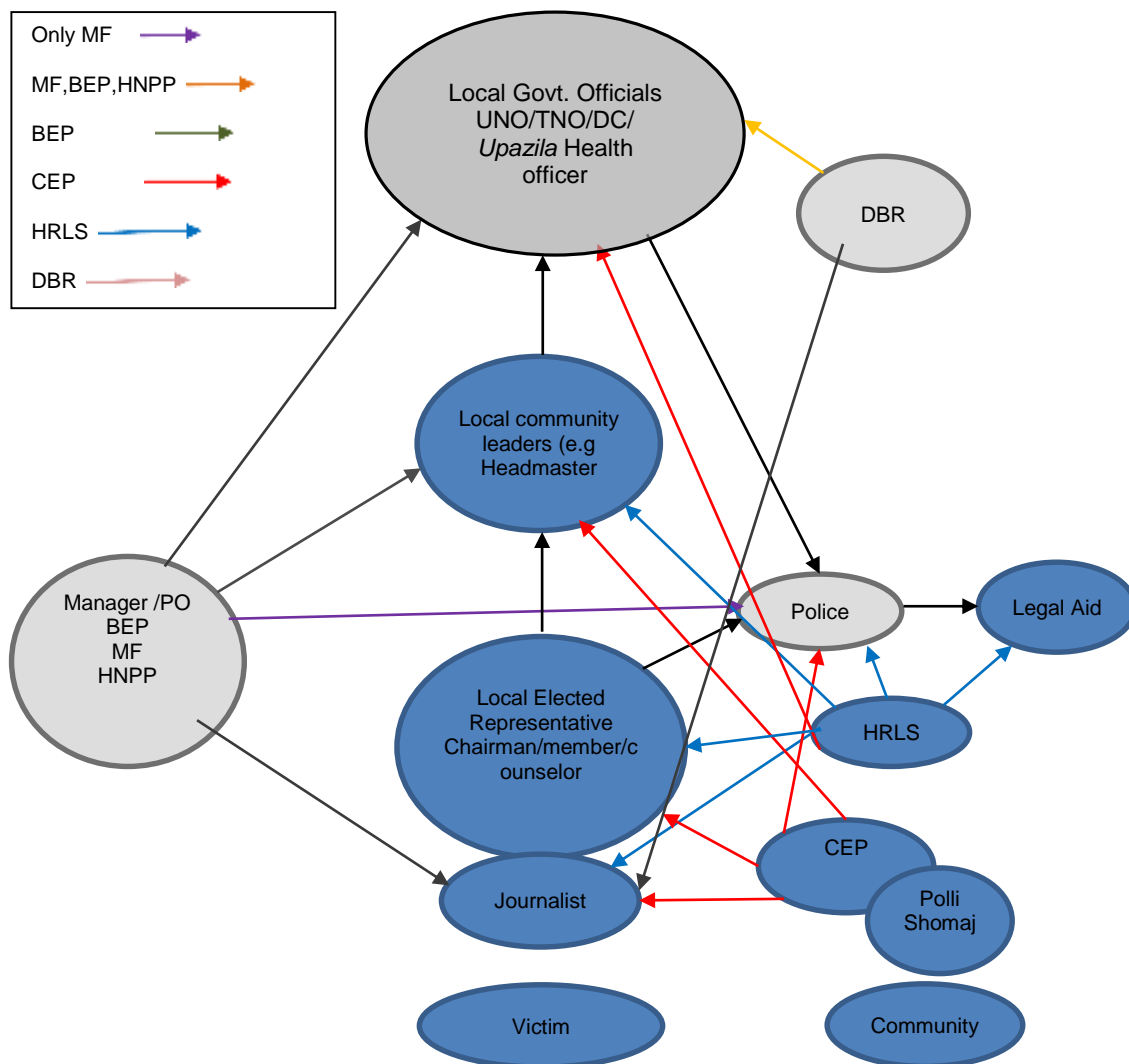
Picture: Upazila Advocacy Workshop, Homna, Cumilla. Police, local elected members and local government officials are giving speech.

*“In this type of meeting (Upazila Advocacy workshop), there will be lots of talking. Gradually at some stage, there will be points of co-ordination”*

*– Upazila chairman, in Upazila workshop.*

The study found that the individual networking of different programme’s staff with local government officials and elected members are interrelated, which gets activated in protection and prevention of cases of violence. The individual networking creates a matrix, which helps legal justice in many ways. Below is a chart of this interrelationship of this individual networking:

The above matrix shows that how different programme staff use formal and informal networking with local government officials create linkages among BRAC, local government officials and police. This linkage has a positive influence on the police in preparing legal documentations well, visiting victim’s house as well as avoiding out of court settlement that happens in cases of violence. Cases have shown that this linkage also influences community positively which indirectly help the victim to be strong enough. The following case will give a glimpse on the influential role of local government officials and elected members and BRAC’s role in using their power in favour of the victim in a rape case.



*Her appearance showed that she was below 18 years old. Her case was just lodged by the support of BRAC legal aid. She was waiting to elope with her boyfriend when some boys came and kidnapped her. She was gang-raped. The perpetrators were drug addicted. When she was kidnapped, local elected members and some political person rescued her. She was found with a serious injury. A youth organisation came to know about her incident. They created community resistance against this case with the help of local elected member and political person. The perpetrator was arrested. When UNO and upazila chairman came to know about the incidents, they referred the case to BRAC legal aid. The findings bought out that upazila advocacy workshops that were held in that upazila facilitated this linkage. POs from CEP and HRLS visited victim's house and gave her courage. When UNO or local influential government staff as well as BRAC and other youth organisation became associated with the case, the fate of the case turned out to be more promising to the community. In this case, police visited victim's house regularly and community were cooperative. BRAC's presence and support for the victim paved the way to justice.*

#### 4. Legal Aid

Violence is a criminal offence which is presented as a criminal case in the court. Like other criminal case, VAWC cases are mainly conducted by Public Prosecutor (PP). As a government lawyer, he normally remains extremely busy to give clients ample time.

Since 1998, HRLS is providing legal aid service through panel lawyers. BRAC's panel lawyers help the victim to prepare for the court and all kinds of support. (Naomi, 2009). The rape cases of this study show that when a perpetrator was arrested or refused bail from the court, it created a huge relief in victim's family and community and positive image of the justice system. In this regard, HRLS's support was extremely significant for both victim and the community. HRLS's support is further strengthened by the coordinated approach, especially in terms of creating pressure on police through the use of networking of different programme's staff with local government officials as well as the justice system.

The following case can give insight on how legal justice is valued in the community, the role HRLS and VAWC project for giving support to a vulnerable woman.

### **The role HRLS in VAWC project**

*She said she was 18 years old. But at the very sight, it could be guessed that she was under the age of 18. She was alone in the house when some neighbour came, kidnapped, and gang-raped her. She was severely injured and taken to the hospital. After the incident, a local shalish (mediation) happened in the village. This very fact was astonishing. According to the law of Bangladesh, this type of grievous crime should be reported as soon as possible to Police. Legally, there is no scope for mediation or compromise in this type of criminal offences. Her fragile body was brought before the crowd on the day of mediation. She could not stand up due to too much blood loss and other physical issues. Local community decided to take the perpetrator to police and filed the case. One of the persons, who participated in the shalish and played a strong role in making this decision, was found to have a strong relationship with BRAC. His daughter went to BRAC school and he, along with other people, was an audience to BRAC's popular theatre.*

*For the work purpose, the staff of HRLS and CEP always maintain a very good relationship with the local journalists. Local journalists are invited to BRAC's local events and they exchange very important information for their work purpose. Police are always found to be cooperative and active when journalists give a high coverage to the stories. When the case was filed, the local journalist got the news. Through journalists, staff of CEP and HRLS came to know about the incident. HRLS provided their panel lawyer for the case. The police were also cooperative to make the case strong. Perpetrator was refused the bail and remained in the jail. During a visit to the village, the village women said it was a relief to see the perpetrator in jail. They were notorious in the community for robbery, drug business and eve teasing. But no one was successful in taking them to jail. Now the local people are in peace in their absence. Unfortunately, the victim has stopped going to school out of shame. The staff of BRAC HRLS and CEP programme visit her sometimes. This gives her strength and courage. She was also brought under BRAC's social reintegration project. She was asked whether she would like to take a stitching machine or a cow. She preferred cow. She dreamt that the cow would give milk in a year, and she could earn some money selling the milk and contribute to the family.*

From the above case, we can see how difficult it is to report a case of rape unless the victim is severely injured and a local elected member and influential people would stand beside her. After the rape case, there was *shalish* where the local community leaders decided to report the case. The case also reveals the role of journalists and linkage between BRAC staff and the journalists to reach out the victim. Although little, but we can see an important role of BRAC's popular theatre role in this case. There are also other cases where community people were motivated to report the case after watching the popular theatre. This particular case also shows that person who came across BRAC's other interventions like BEP played a strong role in *shalish* in favour of the victim. The arrest and refusal of bail of perpetrator have a positive impact on the

community. While taking interviews with the victim, women in community voluntarily expressed their relief about the perpetrator being in the jail and their sense of security. The case brings forward how HRLS support is strengthened by providing psychological and livelihood support under VAWC project.

## 5. Reaching out to many within short time

One of the activities of VAWC project is to widely spread “24 hours national helpline number” managed by national helpline centre for violence against women and children of Department of Women Affairs. One can call helpline number for help for addressing different types of violence including early marriage, physical assault, psychological torture, burn, harassment over the phone, eve teasing, sexual harassment, pornography, rape, polygamy, dower, kidnapping etc. It also provides diversified services – legal aid, rescue, police assistance, counselling, medical assistance, gives suggestion, awareness raising, and linking the victim to other service. One of the aspects of VAWC project is to engage the field level POs and programme participants of all five programme in spreading the awareness on violence. It should be noticed that compared to CEP and HRLS programme which usually deal with violence, MF’s POs are large in number. As a result, the awareness on hotline number, which VAWC project promotes, spread quickly with the help of other programme, especially MF. In this regard, the opinion of a CEP staff is mention worthy – ‘if it would be sole duty of CEP POs to make the awareness on hotline through putting stickers in the door to door, it

would take longer time due to a small number of staff in this individual programme’.



Picture: A HNPP PO. While interacting with a woman for her health service, she grabbed the scope to make awareness on reproductive aspects of early marriage using her key ring which gives the message on women’s suitable age for conceiving children. This shows how a programme’s staff has integrated the awareness of violence in their individual programmatic intervention.

Compared to other programme, MF’s PO has a door to door access to VO on daily basis. HNPP *shebikas* have also access to household regularly to check-up and delivering different health packages. Since they are now aware of VAWC and instructed to report violence to their individual managers, they have also become concern about any information they heard or see during the time of visiting programme participants. As a result, information on violence is brought into notice quickly. This is the most crucial part of addressing violence - any act of violence needs to be reported in the shortest period, so that it can be medically identified and this proof makes the case legally reliable.

HNPP *shebikas* develop a close relationship with women through their service delivery and sharing the information about women’s health. While visiting the house, HNPP *shebikas* chat with women on personal issues and daily life. This relationship creates a space where women can share their experience including mental and physical torture. Before VAWC project, HNPP *shebikas* are not that much focused on this aspect. After getting instruction from their individual managers, now they are more keen to take note of these type experiences and share information about violence.



## 6. Engaging peer educators

Under VAWC project, students from different schools were trained as “peer educators” who will create awareness among their peers, family and community, and play role in protection and prevention of violence in their community. As a team, they have used different means to make awareness of violence, eve teasing and early marriage. They were encouraged to draw ‘harassment map’ identifying the locations in their area where there were more possibilities for violence and harassment. The study found that besides harassment map, peer educators have also used creative means to create awareness in schools, for example, different colourful posters, complaint box and drama. Some peer educators, who were active in other networks and participated in different debates and events, used their informal networking to pass any incident of early marriage to the relevant authority, such as district commissioner. Cases were found where peer educators and school teachers jointly played role in preventing early marriage, peer educators informed the incident of early marriage to their teachers who eventually made contact with a member of the different committee of BRAC or local government and thus they became able to prevent the marriage.



The study noticed that peers educators from the Schools where BRAC’s education programme is working, specially BRAC graduates have shown more confidence and creativity on their role in protecting and preventing violence against women. Below is the case of a school in *Baneshwar*, Cumilla which explains this point more elaborately:

The connection between BRAC and that school has been strengthened by multiple interventions. The school has received interventions of PACE programme and MENTORING programme of BEP programme. School’s headmaster has participated in BRAC’s training. BRAC Wash programme has made a toilet there. Among the peer educators, some students are BRAC graduates. According to the headmaster, BRAC graduates perform well in education as well as extracurricular activities. Peer educators spent several days in BRAC Learning Centre (BLC) for the training. They enjoyed the training. They have learnt about 18 t types of violence including domestic violence, dowry, polygamy and acid throwing. According to them, there was scope for entertainment in BLC, at the same discipline and learning. Everything was on time. But they did not feel a sense of imprisonment or confinement. They enjoyed reading in the library and learning about BRAC’s vast works on poverty alleviation. One Peer educator expressed her feeling, ‘I felt sad to leave the training’. After coming back from training, they made a harassment map. They also made posters on phone numbers of UNO,

TNO (*Thana Nirbahi Officer*) BRAC managers and other stakeholders whom they could call on any incident. Peer educators think this will be very effective to prevent early marriage. One peer educator was in tears narrating that how she failed to prevent the early marriage of her friend in 2011. Her friend died while giving birth to a baby. She said if she would have that training, the story might be different. Because this training has given collective strength as well as courage to prevent early marriage more effectively. Besides, they have numbers of influential people and government staff as well as BRAC's staff whom they can call anytime to inform about any violence. Another female student also pointed that since she has the phone numbers of these influential people and more knowledge on violence, she is more confident to protest against eve teasing. Girls told that when they said to the boys doing eve teasing that they have a number of UNO, Thana OC and they can complain to them, it works much effectively.

The study found that peer educators shared their knowledge with fellow students, their family and community. Some peer educators shared that they have expressed their opinion and protested against early marriage in their family (e.g. cousin or other relative). While interviewed, they said that their parents were happy to know that they were engaging with this issue., Peer educators passed their knowledge to their juniors students in the In school.

### **7. The role of teachers:**

Usually, headmaster/mistresses are invited to BRAC's different events as local community leaders. Under VAWC project, this relationship is strengthened through organising school quiz. The study found that headmaster/mistress of the schools in the areas under VAWC project played a role in preventing early marriage. His/her role is important in convincing the parents of the child, community as well as facilitating a student's return to school after the marriage is prevented. A case can explain well how VAWC project has strengthened this role:

Munni studied in class six when her marriage was fixed with a middle-aged man by her stepmother. Animators of VAWC project and members of *Polli shomaj* came to know about the incident. At first, members of *Polli shomaj* intervened. But the family was determined to arrange the marriage. Members of *Polli shomaj* resorted to the headmistress of the school. Munni's school is a government school. BRAC has a library there. Under VAWC project, a school quiz was organised in the school which helped to develop good relationship between BRAC and that school. Headmistress requested UNO to send police to visit the place. After Police visited the place, the marriage was stopped. Now Munni is back to school. Members of *Polli shomaj* are visiting her place and talking to her parents so that she can continue study.



Picture: Headmistress of the school with the members of *Polli shomaj*. They have jointly prevented the early marriage of a student of the school mention in the case study.

## 8. Role of *Polli shomaj* members

*Polli shomaj* members have always played role in addressing human rights violations. The study has found *Polli shomaj* member's linkage with local community leaders like headmistress and local elected women members which is helpful for addressing the cases of violence in terms of reporting, acquiring information, providing security and giving emotional and community support. *Polli shomaj* works to facilitate poor people's access to government support such as widow allowance, disability allowance, old age allowance. As a result, they have access and interaction with a government elected members. *Polli shomaj* members are found to report the cases to local elected members or community leaders, accompany victims to hospitals, *Thana* or 'One Stop Crisis Centre' where a victim is linked with other social support and visit victim's house to give them social support. The VAWC project has made their points of linkage more powerful and made their efforts more effective.

## 9. Social reintegration

For a woman who is raped or suffered from violence, filing a legal case is not enough. Her needs are both psychological, social and financial, and sometimes related to health. Under VAWC project, victims are given psychosocial counselling so that they can move further in life with confidence. The VAWC project also bears the medical cost of the victim's treatment if needed. The project also provided cow and sewing machine to victims for her reintegration. This help is appreciated in the community and family of the victim. A woman received livelihood support shared that how she could spend money for her children from the earning of her sewing machine. This has given her sense of strength to support her family and dignity and her relationship with family improved.

*'After taking group psychological counselling and meeting with aggrieved women, I feel that I am not alone.'* – One survivor

## 10. *Monobondhu*

According to World Health Organisation, mental health expenditures from government health department are less than 0.5% (WHO 2007). The Daily Star, citing Bangladesh Health and Injury Survey (BHIS) 2016 reported that 66 people commit suicide every day in Bangladesh (The Daily Star 2017). Of them, 40 are adults and the rest are young adults. Here comes the importance of community based first aid counselling that can reach people quickly before it is too late. Psychological first aid is a group of skills identified to limit distress and negative health behaviours. Psychological first Aid refers to a group of skills as an instant response limit distress and negative health behaviours (IOM 2003). These skills include active listening, understanding the importance of maintaining physical health and normal sleep, nutrition, and rest, rapid establishment of trust, lowering anxiety, and showing compassion and so on, ability to remain calm, showing understanding, and linking victim with other social support (Ardenne 2012; Everly *et al.* 2006; Uhernik and Husson 2009). **Most people experiencing emotional distress and negative emotions want an empathetic listener to share the grievances without the fear of being judged.** (National Council 2013; Stebnicki 2017). According to Ardenne (2012), the diversity of need and experience should be taken into consideration during the time of psychological first aid. Under VAWC project, women community workers from BRAC's HNPP, CEP and BEP are trained in psychological first aid service to give instant service to women. These community workers are called '*Monobondhu*'. Interviews and FGDs found that these women cadres are already active in the field through their presence and work including popular theatre,



*Polli shomaj*, health service and teaching. Some *Monobondhus* are found to do additional work besides BRAC's service which gives them the scope to interact with other women in the community, such as running small business, sewing dresses. They are also found to accompany women in a different type of informal family and community mediation. Active *Polli shomaj* member is found to interact with local police, hospital, and women local members. *Monobondhu* training has made them more equipped and empathic, particularly the skills of deep listening without judgment has enhanced. This skill helps them to carry better interaction, rapport building and addressing emotional distress of vulnerable and *marginalised* women. **Most people experiencing distressing and negative emotions want an empathetic listener to share the grievances without the fear of being judged.** (National Council, 2013; Stebnicki, 2017). Through deep listening to other women's stories, *Mnobondhus* develop an empathic connection with other women. This bonding and support help women to reflect their life journeys and think about their choice and decision with more strength and confidence. One *Monobondhu* said aptly, . "It is about what they want".

*Monobondhus* have integrated the skills of deep listening, gathering information, emphatic understanding, linking government supports and creating awareness on violence in their own individual work periphery. One BEP teacher said although as a school teacher she might have talked with the mother of the kids and other women in the community, she did not have that much focus on violence. Another BEP teacher said that she now promotes government hotline number in parent's meeting and her school as a way of linking the victim with different social and legal supports. Some BEP teachers share how *Monobondhu* training has helped them to support students during the vulnerable phases of life. One BEP teacher gave example that how she mentally support a student performed very poor in a public examination. She talked with her parents and advised them not to do bad behaviour with her. She encouraged the student to study well. It should be noted that there are many cases of student suicides due to bad performance in the public examinations. It should be considered that in a community where mental health support is in scarcity, door to door free service of these community workers during the vulnerable phases of a student should be counted as helpful.

One health *Shebika*, who is working with BRAC for seven years said that how she used her training of *Monobondhu* in her work related to health service of BRAC:

*I visited a house of a pregnant woman. One day I went there and the way she greeted me provoked suspicion in my mind. It was not warm like other days. Her appearance gave signs that she was not ok. I took her to a room and asked her to tell me what happened. She cried out. I let her cry for sometime to relieve her pain. After a while she calmed down. She was afraid that her husband was doing an extramarital affair and would leave her. She was feeling extremely sad. She said, 'I cannot live without him'.*

*I then approached her husband. I said to him 'I am your sister' and made him feel easy with me. Through conversation, I felt that there was some misunderstanding going on between them. I advised both of them to understand each other. I again visited the house in one week. I found the situation was less tensed. After one month I went there again for selling medicine. Again I took the scope to convince them for mutual understanding.*

While reading this narrative, we should consider a rural woman's cultural context and the importance of her choice and agency in keeping the bonding with her family intact, at the same time, not overlooking her rights. Her desire and *Monobondhu's* response should not be equated or expected to be the same as a conversation between a lawyer

and woman client thinking to file a case for her rights. The present case is embedded in personal and cultural context and needs to be read with consideration of limitation and desire of a rural woman who did not want to go through complicated legal procedures for seeking her rights, wanted to remain her family bonding intact, at the same time felt deeply sad for her deprivation. *Manobandu's* response might not be perfect or disappoint the high thresholds, but it took into consideration of that woman's context and connectedness. However, if that woman would be really deprived of her inheritance, the story might have been different, so does our perspective.

It should be noted that community workers of BRAC are usually interacted with women in the community for both their service related and personal reasons. *Manubandhus* use their networking with other women to use the skills and be with the distressed women when required. One HNPP *shebika* said:

*"I told them I have done the training. If you know someone who is suffering, kindly introduce to me".*

*Monobondhus* have their individual styles to deal with cases and these styles are more contextual in nature. One BEP teacher's way of supporting a woman can be an example of *Manobandu's* individual style and wisdom embedded in the local context:

*One woman gave some of her property to her daughter's husband and experienced deceptive behaviour from him. For some reasons including this issue, her father became upset which resulted in a threat to deprive her of the share in family property. She was shattered. She was the owner of the house where BEP's school was held. She came to the BEP teacher for advice. BEP teacher consoled her saying that probably, her father thought so in an angry mood. As a Monobondhu, she advised the woman to behave well with her brothers. BEP teacher asked the woman, 'with whom you have better relationship in the family?' She replied that she had good relation with her younger brother. BEP teacher suggested to share her problems with her younger brother. The woman did so. By the time her father became sick and went to the hospital. Now BEP teacher advised her to spend some time with father. The woman took care of her father. At the end, her father agreed happily to give her share in the property. He said to her daughter, 'I will not get peace if I do not give my share to you'. Her younger brother also supported her to make her claim strong in the family.*

Training for *Monobondhus* has helped the women community workers to change their approach to their service. One HNPP *shebika* said, '*after doing Monobondhu, my prejudice has reduced. Previously I used to think that women's is liable for what is happening to her. But now, I do not think in that way.*' Another HNPP *shebika* said that she was not very used to talk with many people whom she did not know well. After doing *Monobondhu* training, she became confident to talk with different type of people. The training helped her to interact with pregnant women. One BEP teacher said previously she used to focus only on the study. After getting the training of *Monobondhu*, she advised the parents to become friends with their children.

*The training have made the community workers be more confident and use the knowledge in their own lives as well. The study has found that Monobondhus have used this knowledge to create a friendly relationship with their adolescent children and family members. This benefit is not confined to Monobondhu's family. One young Polli shomaj member said she found the confidence to protest against harassment in the road. That is a sign that Manobondhu training and their work not only helped the women to whom these community workers were giving support but also the community workers themselves.*

As mentioned earlier, *Monobondhus* were active in the community as community workers of BRAC. But training for *Monobondhu* has added a new dimension to their work and personal life. This whole process needs to be understood from a holistic perspective. Hence, life journey of a *Monobondhu* is given to invoke an in-depth insight. In this regard, the life narrative of a HNPP *Shebika* is chosen as an example of a programme which was not directly involved in addressing violence against women before:

### ***Monobondhu's life***

*Since she was married, she felt very vulnerable. Her Husband did not treat her well. When she became Shashthya shebika, she began a new life. Through her affiliation with BRAC, she gave advice to pregnant women, became a friend of many unknown women, had access to untold stories of the women whom she gave service, and more importantly found a space of her own with her four children. Since she was contributing to the family, her husband became cooperative to her. When BRAC initiated "violence against women and children project", she was trained to give first aid counselling to women suffered from violence. Due to her work as Shashthya shebika, she has access to the household. She can enter into a house to check-up pregnant women, and sell health packages to adolescent girls and women. This access has given her an ample scope to know the stories of violence occurred in the households, especially the extremely sensitive cases. She never feels tired of listening to other women's miseries. She feels that she herself is aggrieved, and that makes her connected with other aggrieved women. Due to the nature of her service, she is used to interact with women very closely. She passes her knowledge on violence through this intimate relation. Often she is approached to mediate in the cases of conflict in the nearby areas. She also applies her skills of "Monobondhu" in her personal life such emphatic listening and non-judgmental attitude. These skills have made her reconnected with her children in a new way. Previously she was very rude to her children's restless nature. The training for Manubandhu has helped her to be more patient in dealing with her children. Now she has developed more friendly relationship with her adolescent girl. Her long engagement with BRAC has been renewed and deepened through the training for Manubandhu. She feels more confident and courageous to walk further on this journey.*

The way *Monobondhu* interact with women and help them to explore their choice and agency would be overlooked if this *Monobondhu's* approach is solely judged on the basis of an individualistic autonomous outlook. *Monobondhu's* interventions can be understood in the context of a relational model of autonomy and agency where a woman by her choice does a strategic negotiation for her desire, love and belongingness with the strong value of interdependence (Mackenzie and Stol-Jar 2000). From that perspective, *Monobondhu's* intervention can be considered to have significance in the lives of the rural woman.

### **Lessons Learned**

The study made an inquiry about the challenges in addressing violence against women through the co-ordinated approach as well as the ways to address these challenges in future. These findings are presented here as lessons learned from the programmatic interventions.

## **I. Mobility and Gender issues**

*Manubandhus* have expressed their interest and strong will to help distressed women. However, despite of having the information of a woman who needs support, sometimes *Manubandhus* cannot travel a long distance for a social and financial reason. These issues need to be addressed for both short term and long-term basis. Short-term intervention could be to offer a travel cost and incentive for each session, and long-term intervention could be a holistic coordinated educational, social and economic interventions taking into consideration of women's needs and interests in their cultural and social context (Hussain and Smith 2007).

Although the study has found evidence of *Polli shomaj* member's access to *Thana*, One Stop Crisis Centre, and their interaction with local elected members. Some *Polli shomaj* members have shared their difficulties as a woman to convince male leaders and male members of the community. While understanding that this issue cannot be solved very quickly, a *Polli shomaj* secretary suggests that she should have an identity card that would give her a dignified stance about what she is doing in the public spaces.

Gender stereotyping was also found among the police or other community. From this approach, a victim's fault is searched for the offence committed against her. The issues of gender stereotyping do not have quick fix it approaches. Addressing this issue requires in-depth insights into masculinity and gender norms, and long terms interventions on changing the dominant form of masculinity based on dominance and control.

### **ii. Organisational transformation**

Currently, BRAC is going through an organisational transformation, particularly through adopting cost recovery model. There is also pressure on individual programme's staff to meet certain targets. Due to staff retrenchment, individual staff's work pressure has increased. The heavy workload is a barrier for the individual programme's staff, especially for the staff from HNPP and BEP programme to engage fully with VAWC issues. In this respect, individual programme's staff need more motivation from their own programme. One of these ways can be to value VAWC project's work in performance evaluation on yearly basis.

### **iii. Priority of individual programme**

Programmes like MF, BEP and HNPP are a bigger programme of BRAC with their own priority and programme's targets. Sometimes these priorities, deadlines and individual goals create difficulty in staff's participation in VAWC project's work. Flexibility and encouragement of higher management can help the staff to deal this issue.

### **iv. Out of court settlement**

Although there is no legal scope for out of court settlement in the cases of violence like rape, in reality, out of court settlement happens in rapes cases for many reasons (Naomi 2009). These reasons include the inconvenience of the victims to carry the case for a long time period and victim's experience of hassles of a court proceeding, weak evidence such as washing the physical evidence after a rape, influence of political and socially powerful people to compromise, financial and social insecurity and so on. Out of court settlement happens through marriage between victim and perpetrator for social security and offering money to victim from perpetrator's side. These negotiations results

in providing an incoherent statement from the victim's side to make the case weak or not appearing in court to bring the case in favour of perpetrator's side. Panel lawyers have mentioned that a lawyer can hardly do anything when victim's family decides to do out of court settlement due to their own inconveniences and avoid shame in society. It was also found that sometimes local elected representatives are involved in this type of compromises. A massive awareness should be raised against this type of practice in conjunction with a local elected representative, lawyers and local government officials with more monitoring of BRAC's staff and community workers. To reduce the difficulty of victims to deal with social and financial issues, travel cost to the court should be provided and more comprehensive social reintegration system should be developed.

#### **v. Reluctance of reporting**

It was found that 78% victims who come to "One Stop Crisis Centre" set up by the government to link the victims with legal and social support as well as psychological counselling do not want to report the violence in the legal system (Islam 2013). There is reluctance on the part of the victim to report the case legally, especially in terms of domestic violence. Even in rape cases, the first attempt was not the filing of the case but exploring the possibilities of mediation. This shows reluctance of community and victim to reveal and report the case unless the physical condition of the victim becomes extremely bad. The study also found that reporting is also debarred due to political influence. In dealing with this type of challenges, government and non-government organisations should work together to create awareness, develop strong activism in grass root level and strong monitoring system engaging local government officials, elected members and community workers.

#### **vi. Need for skill training**

Under VAWC project, victims are given sewing machine or cow. It was found that although this intervention definitely helps the victim, there is a need for skills training to make the victim maximum use of this livelihood support.

#### **vii. Exploring more innovative means for creating awareness**

Programme participants, particularly the VOs of MF do not want to allocate much time for knowing about VAWC. In this respect, innovative and attractive means (e.g virtual means) can be applied to draw the attention of the programme participants. Similarly, in case of HNPP, information regarding VAWC are mainly given during their programme's events in the community (e.g. *uthanbaithak*). Since there are also other programme related issues to be discussed in these events, there should be more time for creating awareness on VAWC, especially by VAWC specialised staff. For scaling-up these interventions and focusing on different types of violence with more in-depth interactive engagement between staff and programme participants, innovative means of creating awareness should be explored.

One of the interventions can be increasing the shows of popular theatre where men, women and local community leaders all can attend. The study found that actresses of popular theatre have linkages with women elected members in addressing different violence in the community as well as other social issues. Local elected members have a role to play to in spreading information of popular theatre and thus encouraging more people, especially local leaders including religious leaders to attend the show as the audience. Scaling up this intervention and encouraging local leaders to join can pave the way for more awareness among people from all strata in the community.

### **viii. Strengthening peer educators**

The aspiration, interest and promises of peer educators were found to be very positive in the study. However, peer educators and school teachers expressed their concern for their limitations in not stopping the child marriage in the case when the girl and her family are determined to be married. Peer educators can be linked with BRAC community workers (e.g., *Polli shomaj* members) and other stakeholders to strengthen their role and efforts.

### **ix. Long term multifaceted interventions in addressing early marriage**

The reasons for early marriage are deeply related to diversified social and economic conditions as well as gender stereotyped practice (Jisun 2016; Singh and Samara 2015). The study found that despite of government local official's strong determination and NGO's awareness, early marriage is still prevalent due to complex social and economic factors including financial inconveniences of the family, social insecurity of a growing child and so on. Incidents were found where BRAC's staff and community workers prevented an early marriage, but again the girl was sent to another area for marriage. The study also found that there are some legal and social limitations which facilitate early marriage. One of the loopholes is to have birth registration with the wrong date from a local government officials and thus, showing that the bride is 18 years old to make the early marriage valid. One staff's comment explains how the practice of corruption practice weakens the possibility of preventing or early marriage:

*'When the person who gives the birth registration certificate and the person who takes the birth registration are in mutual understanding (indicating the practice of giving bribe), even UNO (Upazila Nirbahi Officer) cannot do anything'.*

A *Kaji* mentioned his challenges of protesting against early marriage. When he refused to do an early marriage, he was told that there were other more "respectable *Kajis*" who would do it. He expressed frustration saying that "these *Kajis*" become more respectable at that time'.

It was found that most of the early marriage occurred during the time of the weekend, and on the time when the local law and order administration is on leave. As a result, sometimes, there left little scope to do something at an instant.

As a social and legal problem, these issues need to be handled with long term interventions to address a girl's social and financial need as well as more advocacy and collaboration with local government administration and police.

### **x. Advocacy with local government officials and elected members**

The study found a strong influential role of local government officials and elected members in facilitating justice and BRAC's field staff's linkage with them and their positive influence. However, the study found despite interest and willingness, sometimes local government officials (e.g. UNO) cannot attend BRAC's different events or give enough time to be there and listen to the opinion of local leaders and BRAC's staff. Those events can be the place for more networking and interaction between different stakeholders which can work very effectively to create pressure on local administration and community to protect and prevent violence. Usually, Local government official's schedule remains extremely busy and hectic. Without an official order from higher level management, it becomes inconvenient for the officials to find

time amidst busy time. In this regard, more central level of advocacy with the government can encourage the local officials to attend these events.

*'If I would have direction from the high level of government to attend these events, It would be easier for me to attend these events'* – One local government official pointing his time constraint for *Upazila* workshop

Both BRAC staff, community workers and local government officials and elected members talked about the need for more grass root level advocacy like making ward-based community and engaging more root level leaders. Ward based or union-based advocacy can address more grass root reality, and hence can be more swift in reaching a victim of violence with more coordination.

#### **x. More coordination and linkage with government support system**

According to local government officials and elected members, there is more scope for NGOs and government's coordination. NGO's can link their household access and connection with grass root people to government's support system such as 'One Stop crisis centre', *Upazila* Legal Aid and other livelihood and skills training. At the same time, government support system and local government officials and the elected member can have more coordination and interaction with BRAC's community workers (e.g. members of *Polli Shomaj*) to know the information about violence and envision their possible interventions in the community.

#### **xi. Spreading the information of BRAC's support and exploring more convenient means for wider access to BRAC's support**

During the time of visiting court, it was noticed that government legal aid has its own office in the court. Pointing this, one-panel lawyer mentioned that how government legal aid publicises their works once a year. Although compared to BRAC legal aid, government legal aid has lots of inconveniences for the poor clients, sometimes clients prefer to go to government legal aid just because it's convenient location at the court premise. A similar thought is reflected in an interview with staff of 'One stop crisis centre' who is interested to refer more clients to BRAC legal aid and clients are more prone to go to the legal aids that is near to the court. BRAC should consider this issue and explore how the information about their legal aid and support system can be spreaded widely and how the clients can access to BRAC legal aid in an easier way.

Interviews with government stakeholders also reveal their interest to know about BRAC's works and activities in more in-depth levels. They would like to receive updated information about BRAC's works in their local area so that they can link government support system with BRAC's access to the grassroots level. One staff from Women and Children affairs office recommended that if she would have updated reports on BRAC's work in her area, she could give it to her supervisor and promote more linkages between BRAC and government's local support. BRAC could think about how more advocacy and networking can be made with these government support system and local government officials, and how more co-ordination can be developed to support victims of violence as well as protect, prevent and socially reintegrate the victims through more holistic service.

## **XII. Engaging MF programme of BRAC**

Interviews and FGDs show MF managers, POs and VOs have been working as an informant to the community about BRAC's support for victims. As a large programme of BRAC, MF POs are on the field in a daily basis, and hence in a very good position to collect information on violence and report the incidents of violence as early as possible. MF has client service room in BRAC office where people visit to know information about the loan and other financial services. These services and facilities can be used more effectively to increase the reporting of violence in a convenient way at low cost. A MF manager talked about the possibility of having VAWC booth in client service room where people can report any incident of violence through a mobile phone or other means.

### **Discussion**

The qualitative study investigated how the coordinated approach of VAWC project is working at field level. The findings indicate that the coordinated approach has promising aspects including invoking a sense of 'One BRAC' among the staff, creating awareness of different types of violence and reporting system to many through programme participants of five different programme, engaging peer educators and school teachers and use of different programme staff's individual networking with local government officials, local leaders, and police to support the victim of violence and introducing social reintegration system of the victims of violence. Findings show that through combined efforts to address the case of violence, the staff of different programme feel a sense of unity and collective strength. Under the coordinated approach, programme participants of five individual programme are made aware of different forms of violence within a short time which would be hard to pursue an individual programme. One of the activities of coordinated approach was to spread the information about government hotline number which can link a victim to the different type of social and legal support system. Under coordinated project, the staff of five individual programme cooperated with a staff of CEP to spread this information. As a result, the information was spread within a short period to many programme participants. If this particular job would be the sole responsibility of the field level staff of an individual programme like CEP or HRLS, this spreading would take longer time, more resources and manpower.

The study found that the cases where early marriage were prevented, the victim was protected by the community, and police was found highly active had the influence of local government officials and representative. Media coverage also created a pressure on the local administration to be alert and not to indulge in perpetrator's different tricks to manipulate the justice system. Findings reveal that informal and formal networking of staff of different programme influenced the local government officials, leaders and representative to intervene in the cases in a positive way. Besides formal networking, staff and community workers of the different programme also developed informal interaction with local government officials and elected members which worked very effectively during the time of coordination for supporting a victim. This confirms the value of informal communication which bears the immense potential to promote more interactive relationship and cooperative actions at local level (Sarker 2011). Local government officials and elected members can support a victim through motivating the police to work well in arresting the perpetrator, preparing legal documentation to facilitate justice, convincing the school teachers to help the victim return to the school, and motivating the community to be beside the victim. The formal and informal networking of the staff of different programme with local government officials, police and leaders were found to be interrelated as a matrix which coordinated approach activated and made more powerful.



Peer educators show very good potential for preventing early marriage and eve teasing. However, in this regard, BRAC graduates and the schools where BEP was active responded with more confidence and determination. Cases of prevention of early marriage revealed the role of headmistress/masters and their interaction with local government officials. Under VAWC project, schools were given additional focus through organising school quiz and creating peer educators. These activities facilitated active involvement of headmistress and headmaster in preventing early marriage and creating awareness.

Community workers from the different programme were trained as “*Monobondhus*” to give first aid psychological support to women in the community. The training of *Monobondhu* not only helped the community workers to connect with other women more empathy, but also to reflect their life struggles and relate to their family members with more understanding.

The previous study found *Polli shomaj* member’s role in the community for addressing the violation of human rights and working with local elected representative and leaders (Qayum *et al.* 2012). It was also found that BRAC’s *Polli shomaj* member keep rapport with local elected representative and leaders to get proper justice (Evans 2010). These findings are again corroborated in this study. *Polli shomaj* members were found to be jointly working with headmaster/mistress and local leaders to prevent early marriage and linking victim with a different type of government service, such as “One Stop Crisis centre” which provides free counselling and links the victim with various government support system. The study found how community and victim valued legal assistance which BRAC HRLS provides. The VAWC project has strengthened this assistance combining with livelihood support and psychological counselling.

However, the potentials and promising aspects of VAWC project are not without challenges and limitations. *Monobondhus* have mentioned about how their mobility is restricted due to financial and security reason. *Polli shomaj* members also shared their problems to convince males in the community. These issues need to be investigated further with a focus on masculinity and gender. Influence and power of political and powerful leaders and out of court settlement sometimes overshadowed victim’s justice through a formal court procedure. Peer educators and headmaster shared that how they sometimes could not stop early marriage which is embedded in deep societal prejudice and insecurity of women. The study observed that although managers and staff of different individual programme are coordinating, they have to find time from their extremely hectic work. It should be noted that BRAC is going through an organisational transformation with staff retrenchment and cost recovery. In this crucial time, the staff of different programme other than CEP and HRLS need more encouragement.

Intra-organisational co-ordinations are considered to be the signs of organisation’s dynamic structure (Mintzberg 1979). Despite challenges, the coordinated approach bears immense potential in connecting different programme participants and staff. In a time when BRAC is moving forward for more integration of their diversified programme, this coordinated approach is a way to value the collective strength of BRAC through its multidimensional programmatic interventions. The coordinated approach can be a beginning of BRAC’s unity on the basis of more integration and synthesis of the differences of individual programmatic interventions.

## Section 4.

### Overall discussion and recommendations

A number of BRAC programmes are working to address violence against women and children (VAWC) through their individual programmatic interventions. Until now the programmes have been targeting programme participants individually without any common framework to address VAWC. The project 'addressing violence against women and children through a coordinated approach' worked as a pilot initiative to connect four programme and their participants to know different types of violence and their reporting system. These different types of violence range from domestic violence, dowry, early marriage to rape and acid throwing. The project also brings individual programme's staff under a common platform to prevent the incidents of violence and protect and socially reintegrate the victims. In order to understand the impact of VAWC project through coordination approach, the study was undertaken using both qualitative and quantitative means. Quantitative means included baseline survey and end line survey in areas of Cumilla and Gazipur. The survey is focused on intimate partner violence as well as violence against children on the basis of random selection of households. The qualitative study explored how the coordinated approach is working in the field through combining four individual programme's interventions.

The quantitative part used the baseline information and the difference-in-difference method to compare the changes in outcomes over time between intervention and non-intervention villages (control). Taking the end line information according to the intervention coverage but without baseline information allowed the study to compare situation between areas with high coverage and those with low coverage as well as with control group. Although the findings of the quantitative survey found that a good portion of respondents did not support wife beating in any circumstances after the intervention, the similar positive change has been noticed in the cases of the control group. The findings found some positive impact in the areas of intervention including increasing respondent's knowledge on some legal issues, women's decision-making in the investment of saving, family planning and the decision about livestock and NGO loan compared to non-intervention areas, although when comes to comparison with baseline information, this rate does not show significant progress. The survey found that after the intervention the per cent of respondents reported to the experience of IPV became significantly higher than the same response of control group. Women's courage and interest to reveal their personal grievances could be the reason for the higher reporting of the violence among the treatment group in comparison to control group. In this respect, the high reporting of violence can be considered to be a positive sign after the intervention. However, the study did not find a relationship between reduction of intimate partner violence and programme's interventions. In case of violence against children, no significant difference was found between high intervention and control group. The highest percentage of children experiencing violence both in mental and physical form belonged to 7-9 age group, while lowest percentage came from the age group of 13-18 years in all three groups: low and high intervention and control group. This shows the decrease of violence with the age. The highest percentage of children identified teacher and neighbours as perpetrator committing psychological violence against them, while it was friends or classmates and neighbours for the physical violence. Family members both within and outside the home, were in higher percentages in the case of both forms of violence, especially in the case of physical form.

The qualitative study found that the co-ordinated approach has the potential to combine the resource and capacity of individual programmes altogether to address violence against women. The co-ordinated approach has created awareness on different types of violence within the short term of the period of time among programme participants of four individual programmes, spread the hotline number to many using individual programme access to different programme participants, used individual networking of different programme's staff with local administration and elected representative to facilitate justice, engaged peer educators and schools to prevent early marriage and provided training community workers on first aid psychological counselling to support mentally distressed women. The study also observed the challenges that work against flourishing the potentials of coordinated approach including organisational transformation, out of court settlement, women's restricted mobility, and political influence so on.

The food for thoughts from these two studies are separate yet related and invoke some ideas to be considered in future. The findings of the quantitative study present a strong claim to revisit programme's intervention on awareness with a focus on changing patriarchal ideology. While the qualitative study which is more operational in nature put forward recommendations that include more coordination between government and NGOs, creating awareness using innovative means, motivating individual programme's staff for more coordination. Although the qualitative study found effectiveness and promising aspect of this coordinated approach in the areas of reporting, legal justice, preventing early marriage and re-integration, the quantitative survey did not find the relationship between reduction of intimate partner violence, violence against children and programme's intervention. In this context, the study recommends to explore new means for creating awareness on patriarchal ideology, scaling up of the interventions on long-term basis as well as more advocacy with government and local leaders.

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# Appendix

## Appendix 1. Demographic information of children under survey

Variables	Low intervention (n= 328)	High intervention (n= 324)	Control (n=329)
Sex			
Male	52.7%	50.0%	50.2%
Female	47.3%	50.0%	49.8%
Age (yrs)			
7-9	35.4%	40.7%	38.9%
10-12	28.7%	32.7%	39.2%
13-18	36.0%	26.5%	21.9%
Enrollment in educational institute			
Never enrolled	0.9%	0.9%	1.5%
Presently not enrolled (but was enrolled in the past)	4.9%	6.5%	3.6%
Presently enrolled	94.2%	92.6%	94.8%

## Appendix 2. Physical punishment by age group (by family members)

Age group	Intervention type			Level of significance	
	Low	High	Control	Low vs. Cont.	High vs. Cont.
7 - 9 y	97.4	100.0	99.2	ns	ns
10 - 12 y	95.7	95.3	96.1	ns	ns
13 - 18 y	72.0	69.8	77.8	ns	ns
Level of significance	p<0.001	p<0.001	p<0.001		

## Appendix 3. Physical punishment by age group (by outsiders)

Age group	Intervention type			Level of significance	
	Low	High	Control	Low vs. Cont.	High vs. Cont.
7 - 9 y	74.1	85.6	92.2	p<0.001	ns
10 - 12 y	78.7	87.7	82.2	ns	ns
13 - 18 y	59.3	58.1	70.8	ns	ns
Level of significance	p<0.01	p<0.001	p<0.001		

## Appendix 4. Mental punishment by gender (by family members)

Gender	Intervention type			Level of significance	
	Low	High	Control	Low vs. Cont.	High vs. Cont.
Boy	83.8	93.2	89.7	ns	ns
Girl	84.5	92.0	90.2	ns	ns
Level of significance	ns	ns	ns		

## Appendix 5. Mental punishment by age group (by family members)

Age group	Intervention type			Level of significance	
	Low	High	Control	Low vs. Cont.	High vs. Cont.
7 - 9 y	88.8	92.4	93.8	ns	ns
10 - 12 y	89.4	95.3	91.5	ns	ns
13 - 18 y	75.4	89.5	80.6	ns	ns
Level of significance	p<0.01	ns	p<0.01		

**Appendix 6. Mental punishment by gender (by outsiders)**

Gender	Intervention type			Level of significance	
	Low	High	Control	Low vs. Cont.	High vs. Cont.
Boy	59.0	69.1	64.2	ns	ns
Girl	56.8	63.6	61.6	ns	ns
Level of significance	ns	ns	ns		

**Appendix 7. Physical punishment by gender (by outsiders)**

Intervention type	Gender	Survey status		Change	Level of significance
		Baseline	End line		
Treatment	Boys	46.7	75.7	29.0	p<0.001
	Girls	35.7	63.9	28.2	p<0.001
Control	Boys	44.4	86.1	41.7	p<0.001
	Girls	49.2	81.1	31.9	p<0.001

**Appendix 8. Mental punishment by gender (by family members)**

Intervention type	Gender	Survey status		Change	Level of significance
		Baseline	End line		
Treatment	Boys	84.6	83.8	-0.8	ns
	Girls	91.2	84.5	-6.7	ns
Control	Boys	75.0	89.7	14.7	p<0.001
	Girls	76.8	90.2	13.4	p<0.01

**Appendix 9. Mental punishment by gender (by outsiders)**

Intervention type	Gender	Survey status		Change	Level of significance
		Baseline	End line		
Treatment	Boys	6.5	59.0	52.5	p<0.001
	Girls	7.0	56.8	49.8	p<0.001
Control	Boys	29.1	64.2	35.1	p<0.001
	Girls	28.6	61.6	33.0	p<0.001

**Appendix 10. Mental punishment by age group (by outsiders)**

Intervention type	Age group	Survey status		Change	Level of significance
		Baseline	End line		
Treatment	7 - 9 y	7.6	61.2	53.6	p<0.001
	10 - 12 y	3.8	62.8	59.0	p<0.001
	13 - 18 y	8.5	50.8	42.3	p<0.001
Control	7 - 9 y	31.1	71.9	40.8	p<0.001
	10 - 12 y	32.0	58.1	26.1	p<0.001
	13 - 18 y	23.1	55.6	32.5	p<0.001