

Karipokkho's Pilot Study on
Violence against Women
in Bangladesh

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Naripokkho's Pilot Study on Violence Against Women in Bangladesh

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Preface

Naripokkho undertook this Pilot Study on Violence against Women with two primary purposes in mind – both related to the organisation's activism in this area:

- (1) Addressing issues of institutional reforms
- (2) A national survey.

As the information from the study started flowing in, the organisation undertook tasks to meet the first objective. The initial finding from this study was that institutions involved in the redress of violence in the lives of women needed co-ordination. Interventions unrelated to each other were so far ineffective in combating the problem. This led to the first outcome of the research: The Government's MULTI-SECTORAL PROGRAMME TO COMBAT VIOLENCE AGAINST WOMEN. Under this project several ministries are working together to address the issue of violence against women (VAW). The second key finding was that the presence of women taking account in public institutions designed to redress VAW led to better performance and behaviour of the intervening agencies. The outcome of this finding was Naripokkho's project on MONITORING STATE INTERVENTIONS TO COMBAT VIOLENCE AGAINST WOMEN. Under the aegis of this project, Naripokkho staffs visit police stations, hospitals and courts within Dhaka city to monitor medico-legal interventions. Feedback is given to the agencies on a regular basis and thus a rudimentary system of monitoring state interventions in cases of VAW has been set up.

National statistics are powerful in the advocacy against violence against women – nonetheless as was seen from the outcomes arising from the first objective, even small-scale studies are sufficient in addressing different issues of violence. Keeping this lesson in mind, Naripokkho is now collaborating with the International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B) on the World Health Organisation's Multi-country study on WOMEN'S HEALTH and DOMESTIC VIOLENCE. This collaborative research is seen as a step towards delineating a methodology for a national survey on violence against women.

In many ways this research has served its purpose as far as Naripokkho's activism is concerned and in many ways it will continue to guide its activism for years to come. The importance of compiling the research into a comprehensive report serves several aims:

- It takes the focus away from the issue of blame and punishment and provides a holistic view of violence
- It is primer on relevant issues of violence against women in a single compendium.
- It points to areas where in-depth research is required to design strategies for prevention, interventions and services in the area of violence against women.
- It provides abundant material for activists to advocate for changes in attitudes and the constructions of normative behaviour patterns both at individual and institutional levels.
- It points to the crisis in masculinity whereby male violence against women appears to be more widespread in Bangladesh than any other country in the world.

The next generation of women's rights activists will be moving away from traditional forms of protest and focus their attention on specific actions that will challenge personal relationships and jeopardise the status quo of gender inequality at home, in the community and the state. There is much work in the areas of both research and activism that remains undone and it is hoped that this research will provide direction to a new line of activism and advocacy to the mainstream women's movement nationally as well as internationally.

The Naripokkho Pilot Study on Violence against Women commenced in early 1997 as a component of the Naripokkho project entitled BEYOND BEIJING – BUILDING A NATIONAL NETWORK OF WOMEN'S ORGANISATIONS AND UNDERTAKING A PILOT STUDY ON VIOLENCE AGAINST WOMEN with assistance from the Canadian High Commission, The Royal Danish Embassy and the Royal Norwegian Embassy. For the violence research component, Tk 14, 77,900 was received by Naripokkho from developmental partners

The research team consisted of four field researchers – Arjumand Banu, Salma Huq, Hasina Firdaus Lipi and Juliet Lipika Sarkar. Nahid Naznin supervised the fieldwork. Shawkat Ghani, Pial Das and Md. Nasir Uddin were responsible for data codification, data entry, and data analysis. An ad-hoc research committee made up of Naripokkho members supported the research team. Members who actively participated in the monitoring and implementation of the study were Ruby Ghuznavi, Shireen Huq, Shamsunnessa, Sadaf Saaz Siddiqi, Rowshan Ara Baby, U.M. Habibunnessa, Mahbooba Mahmud, Sina Akhter, Najma Akhter Rita Das Roy and Firdous Azim. Naripokkho member and statistician Rezina Firdaus was responsible for designing the sampling strategy of the study of the study. The study team is grateful to Dr. Kate Young, Reza Shahriar, Dr. Shahnaz Huda, Dr. Tasnim Azim, Dr. M.A. Razzak and Feisal Siddiqi for providing fruitful inputs to the analysis of the findings as well as moral support during the final phases of writing up the report. The entire research was co-ordinated by Safia Azim.

EXECUTIVE SUMMARY

"Violence against women" in this study was defined as any act of gender-based physical assault, or the threat of such an assault, which leads to injury or interferes with the freedom of woman in any way. "Women" was defined as women of all ages, starting from birth through childhood, puberty, adolescence, reproductive years, middle age to old age. In this study violence perpetrated by men only was considered.

THE OBJECTIVES OF THE STUDY

This study was undertaken as a post-Beijing project by Naripokkho in order to meet the organisational needs for empirical data. The objectives of the present study were:

1. To categorise the different forms of violence perpetrated against women in Bangladesh.
2. To assess the nature and magnitude of the various forms of violence
3. To analyse the consequences for the woman herself and to identify her coping responses.
4. To identify institutional deficiencies in responding to incidents of violence with respect to the needs of the survivor.
5. To use the findings of this study to design a methodology for a nation-wide prevalence survey and to create pressure on the government to conduct such surveys on a regular basis.

The study data was collected over a period of two years from November 1996 to November 1998. The objectives of the study were met by following a multi-method approach in collecting empirical evidence for violence against women (VAW) in Bangladesh through records from various institutions, informal observations of various institutions involved in the redress of violence, semi-structured interviews, in-depth case studies and a house-to-house survey using a structured interview format. The study was conducted in three phases. In the first phase of the study exploratory research was conducted through the collection of newspaper reports from 4 national dailies, case studies, key informant interviews and a review of literature. In the second phase of the study institutional records were collected. These were collected from four police stations, one urban hospital and two Special Courts. In the third phase of the study a house to house survey on domestic violence against women was conducted. In the household survey structured interviews of 835 randomly selected adult women from two urban areas were conducted.

RESULTS

Findings from the 1st phase of the study

From October 1995 to September 1997 a total of 2,093 cases, i.e., 87 cases of violence against women monthly were reported in four national dailies. Forms of VAW when ranked according to prevalence showed that newspapers most commonly report (1) rapes, (2) murders, (3) abduction, (4) suicides, (5) acid burn, (6) battering for dowry, (7) burning women with fire, (8) abandonment of women, (9) trafficking and (10) threatening women. In the category of 'others' were cases of gouging eyes, a hundred and one lashes, injuries caused by stabbing or strangulation, etc. According to press reports husbands perpetrated 20.6% of this violence and 20% were by identified miscreants. Other perpetrators were neighbours, persons in authority, and acquaintances of the woman. From the available information it was seen that majority of the cases reported were of women very young between 11 and 20 years of age.

Findings from the 2nd phase of the study

621 cases of violence against women were collected from 4 police stations (Lalbagh and Dhanmondi in Dhaka city, Sunamganj Sadar in Sylhet and Shariakandi in Bogura). Different police files were consulted for the purposes of data collection: 5 years FIR records from 1993-1997 for cases filed under Special laws for women and children, 5 years of UD records for the same period, as well as 6 months GD entries for the period February-July 1997. However, police reports were found to be incomplete and important information was missing from most of these. For example, some files were missing altogether - therefore there are many gaps in the data collected. In many instances the police did not record important information, such as 8% cases perpetrator information was missing from police records.

Abductions (48% FIR), rape (26% FIR, 1.5% GD), battering and torture for dowry (43% in GD and 8.5% in FIR), trafficking (8% FIR), missing women (4% GD), murder (3.5% FIR), abandonment (3.5% FIR), acid burn (1%), 0.8% failure to provide maintenance and fire burn (0.5%) were seen as prevalent forms of violence against women reported to the police. In UD cases 57% of deaths were ascribed to accidents, 28% were referred to as "mysterious deaths", 10% were due to burns and 4% due to abortion related injuries.

Findings from court records

Records were collected from an urban (Dhaka) and a rural Special Court (Sunamganj) set up to try the Women and Children Repression (Special Provision) Act 1995. 96% of the cases collected were from the urban court. In 208 of the court cases filed in the urban area it was found that the perpetrator was a man and in 9 cases the perpetrator was a female person whereas in 25 cases there is no information as regards the sex of the perpetrator. Male perpetrators were mainly acquaintances, lovers or suitors, family members including husbands, fathers, and relatives as well as strangers. Women perpetrators included co-wives and female in laws. The forms of violence perpetrated against women discovered in courts were similar to those seen in police records. Although abduction was common in both police and court case records, an analysis of court cases revealed 39 cases out of 117 of abduction (34%), were actually of young girls eloping with their boyfriends.

Findings from hospital

Seventy-nine (79) cases of violence were recorded from emergency admission entries of cases for the six-month period between February–July 1997 from an urban hospital. Thus, more than 12 cases of VAW were seen every month at the hospital. The forms of violence seen at the DMCH included battering related injuries (32%), rape (23%), acid burn (23%), fire burn (10%), stab (8%), poisoning and other injuries (5%). A total of 6 cases, about 23% of all cases ascribed to VAW, could be identified as murders. In 63% cases, physically threatening violent attacks requiring medical intervention occur in the home whereas 18% occur in other people's homes, 15% in public areas and 4% in the work place.

Findings from the household survey

From two areas of the Dhaka Metropolitan Area 845 women were randomly selected to participate in a house to house survey on violence. They were asked questions according to structured close-ended format. All women interviewed during this phase of the study were above the age of 18 years. Of the entire sample, 10 women selected as respondents refused to participate. Of those who participated 728 women were married, however only 719 had shared homes with their husbands; the rest never lived with their husbands. Sixty per cent women of these 719 women reported that their husbands had hit or beaten them at some point in their married lives.

Conclusions

- It is not strangers but women's friends and family members who attack them most violently. Findings from newspapers and institutions show that women are more vulnerable to violence at the hands of men they know.
- In direct contradiction to the belief that women are the safest at home, case histories collected from the hospital reveal that 63% of violence related injuries requiring hospitalisation occurs within the home.
- Institutional findings also reveal that young women (aged between 11-15 years) are most vulnerable violence, specially abduction, rape, trafficking and acid attacks.
- 60% adult married women in Dhaka city reported that they have been physically hit by their husbands at some point during their marriages. In most developed countries in the world the percentage of women reporting physical violence by their husbands varies between 20%-30%. However in some studies conducted in parts of South Asia, Japan and South America similar findings have been reported.
- The percentage derived from this survey reflects the notions that "a woman's heaven lies under the feet of her husband" (shamir paayer nichay narir behesth) and the oft quoted excuse

for male violence - "the part of a woman's body that is hit by her husband will go straight to heaven". Men in Bangladesh seem to have the prerogative to use violence against their wives and thus violence against a wife is a common male behaviour in our culture.

- In researching violence we found that newspapers only give a preliminary picture of violence forms and figures. Institutional records reveal criminal and extreme forms. The household survey did not reflect any of these forms but revealed that a high proportion of adult married women chronically subjected to physical attacks by their husbands.
- The learning from this research experience was that different methods, using different tools of research display different forms and levels of violence. Therefore activists who are in the area of combating violence have to devise new tools for more in depth understanding of violence against women and its redress.

Recommendations

Interventions of violence have to be designed at different levels. At the individual level women need to feel accepted and not stigmatised. They may need medical care, legal aid and mental health counselling. At the community level there is a need for shelters, facilities for child care, education and training opportunities, credit, housing facilities as well as employment opportunities. At the State level women need equal rights, women sensitive health and law enforcing policies, judicial procedures, methods of investigations and an assurance of justice. Men have to be made aware and involved at all levels of interventions against violence against women otherwise women's human right to live a life free from violence will not be actualised.

Introduction

There are 3 million less women than there should be in Bangladesh¹.

In developed countries the typical sex ratio is 103 – 106 women per every 100 men. In Bangladesh, 48.64%² of the population consists of women, which sets the ratio at 94 women to 100 men. If the population of Bangladesh reflected women's rates of survival as they are in more egalitarian societies, then there would be between 2.5 – 3.4 million more women in the country today. The disproportionately male population is an indication of the fact that there is excess morbidity of women. The women's movement asserts that while many of these deaths are due to systematic discrimination, many are the results of violent attacks.

Personal accounts, newspaper reports, collection of records from human rights organisations illustrate the endemic nature of violence against women (VAW). Murder of women, gang rape, burning with acid, trafficking, spousal battery and torture for dowry, child physical and sexual abuse, rape in peace times and in war, rape in custody, violence and harassment in the home and in the public sphere, *fatwas* against women are recurrent forms of violence perpetrated against women in Bangladesh. In August 1996 the Home Minister reported to the Parliament that all over the country a rape case is reported to the police every 12 hours and the rape of a minor is reported every 48 hours. The Inspector General of Police in his Annual Report (1998)³ highlighted the fact that a case of acid throwing is reported every three days. Despite such incontrovertible substantiation of the prevalence of VAW from various sources, no systematic studies have been conducted which give the facts and figures of all forms of VAW in this country. Several studies in the eighties and the early nineties gave an overall picture of inequality and discrimination against women in Bangladesh.

Maternal mortality rates of a country are universally viewed as indicative of women's status within that country. UNICEF reported that 28,000 women die yearly due to pregnancy related difficulties which translates to more than three women dying every hour in our country. It is also reported that the maternal mortality rates (MMR) are 4.5 per 1000 births in Bangladesh⁴ whereas it is 0.8 per 1000 births in Sri Lanka. This places Bangladesh among those having the highest rates of maternal mortality in the world. The devaluation of women's lives is reflected in the low uptake of critical maternal care services. UNICEF estimates that only 5% of women whose lives are threatened by complications receive the care they need. The significance of women dying due to violence related causes during pregnancy or within two weeks of giving birth was underscored by Fauveau and Blanchet's⁵ (1989) study. This study indicated that in rural Matlab more women in their pregnancies died due to violence related causes than they died from accidents.

¹ The phenomenon of "missing women" was put forth by Amartya Sen (1990) in "*More than a 100 Million Women are Missing*". Sen's paper looks into the phenomenon of the negative sex ratio in South Asia, West Asia, China and North Africa. In these countries the ratio between women and men is typically 0.93 - 0.96 or lower in contrast to the ratio of 1.03% - 1.06 or higher, in Western Europe and North America, including some sub-Saharan countries. He contends that the biological fact is although more boys than girls are born, however men's higher mortality and lower survival rates at the all ages henceforth get reflected in a disproportionately higher female population in more egalitarian societies. This ratio is also affected by the fact that more men die due to violence and war related causes, but nonetheless the biological factor favouring women's survival is significant. Sen argues that if the entire the world reflected women's biological advantage of survival and mortality, then there would be a hundred million more women in the world today.

² BBS, Jan 1995. *The 1997 Statistical Yearbook of Bangladesh*, 18th ed., Bangladesh Bureau of Statistics, Statistics Division, Ministry of Planning, Govt. of the People's Republic of Bangladesh, p 31.

³ *The Annual Inspector General's Report*, 1998. The Government of Bangladesh.

⁴ Akhter, H.H., Chowdhury, M.E.E.K. & Sen, A. 1996. A cross sectional study on maternal morbidity in Bangladesh. Bangladesh Institute of Research for Promotion of Essential and Reproductive Health and Technologies (BIRPERHT), *BIRPERHT Publication No. 112, Technical Report no. 60*. Dana Printers, Dhaka.

⁵ Fauveau, V. & Blanchet, T. 1989. Deaths from injuries and induced abortion among rural Bangladeshi women. *Social Science and Medicine*, 29.

conceptualising VAW as a gender based phenomenon

Constructions of cultural norms and social institutions create hierarchies between men and women where the former as a group is always in a position of dominance and the latter in a position of subordination. Inequalities between men and women show up in many different ways. Only 7.4% of all government and semi-government employees (ASK, 1997)⁶ and 34% of those enrolled in higher secondary level (grades 11-12)⁷ are female. Bangladesh is ranked 140th out of 174 countries using a gender-related development index (GDI)⁸ which is mainly affected by women's low literacy rates and low share in earned income. Studies in rural areas have shown that there is parental son preference when it comes to seeking medical care for children less than 5 years of age (Hossain and Glass, 1988)⁹. It is estimated that in Bangladesh 60 million people live below the poverty line, and the poorest are disproportionately comprised of women and children.

Figures collected from different studies in Bangladesh document the fact that women are under-represented in all civil, political, social, cultural and economic arenas of life but are over-represented in figures showing violence and discrimination. The women's movement asserts that gender hierarchy is maintained through actual and threatened violence against women and thus VAW is a manifestation, rather than cause, of existing gender inequalities (Huq, 1998, personal communication). Many studies in Bangladesh have shown that higher levels of education, participation in economic activity as well as in skills and awareness training programmes change family dynamics and the power structure within the home (Hadi 1997¹⁰; Goetz and Gupta, 1996¹¹; Schuler *et al* 1996¹²). In attempting to draw links between social deprivation and violence these studies conclude that violence is a manifestation of the unequal power relations which arise out of socio-economic inequalities between men and women.

defining violence against women as a human rights issue

Nearly half a century after the Universal Declaration of Human Rights (UDHR) was endorsed by all member states, the Vienna Declaration and the Programme for Action affirmed that *"the human rights of women and of the girl child are an inalienable, integral and indivisible part of universal human rights"* (UN Vienna Conference on Human Rights, June 1993). The political ideal of human rights stresses the equality between all human beings despite differences between them. The concept of "rights" incorporates the possibility of fairness and justice, and a violation of rights constitutes a rejection of justice. Dissimilarity and diversity in race, religion, nationality, socio-economic status and gender lead to inequalities in the treatment of individuals and groups. The effect of unequal treatment is a hierarchical order in which one group enjoys greater rights, privileges, opportunities, authority and freedom than others.

For the last two decades, the women's movement has been re-conceptualising violence against women beyond criminal violence to underlying mechanisms that foster an environment of terror in women's lives. These mechanisms include formal and informal practices that ensure a perpetual gender hierarchy between men and women. During a workshop on violence at Naripokkho, violence against women was defined as, *"nari hobaar kaaronay jay nirjaton, shaytaai nari"*

⁶ The ASK Report on the Sectoral Needs Assessment Team, The Ministry of Law, Justice and Parliamentary Affairs, Dhaka, 1997.

⁷ UNICEF Draft Strategy Paper, 1999.

⁸ The UNDP Human Development Report, 1998. UNDP.

⁹ Hossain, M. & Glass, R. I. 1988. Parental son preference in seeking medical care for children less than five years of age in a rural community in Bangladesh. *American Journal of Public Health*, 78(10): 1349-50. WHE2028

¹⁰ Hadi, Z. H. 1997. Household violence against women in rural Bangladesh: Research and Evaluation Division, BRAC. *Watch Report*, 27.

¹¹ Goetz, A.M. & Gupta, R.S. 1996. Who takes credit? Gender, power, and control loan use in rural credit programmes in Bangladesh. *World Development*.

¹² Schuler, S.R., Hashemi, S.M., Riley, A.P. & Akhter, S. 1996. Credit Programs, Patriarchy, and Men's Violence against Women in Rural Bangladesh. *Social Science and Medicine*, Vol. 43, Great Britain, 1729-1742.

nijaton" (violence that is inflicted specifically for being a woman). Today it is widely accepted that violence is a gendered phenomenon where women are disproportionately more at risk than men.

Women's activism globally has promoted the reformulation of "violence against women" as an issue of human rights (The United Nations Vienna Conference on Human Rights, June 1993). The definition provided by the Declaration on the Elimination of Violence Against Women adopted by the United Nations General Assembly¹³ (1993) states that VAW is: "any act of gender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life".

This definition encompasses "physical, sexual and psychological violence occurring in the family; including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices that are harmful to women; non-spousal violence related to exploitation, psychological violence occurring in the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women and forced prostitution; and physical, sexual and psychological violence perpetrated by the state wherever it occurs".

VAW is recognised as the "the most pervasive and insidious form of human rights abuse known to the world today" (UN Vienna Conference on Human Rights, June 1993). Violence as an issue of human rights is a powerful concept because the legitimacy of political regimes as well as states are measured against standards set down in the UDHR. The human rights lobby asserts that individual governments do not have the authority to flout the UDHR by arguing that rights are subject to "cultural relativism and national peculiarities" (Donnelly, 1999¹⁴). For example, Bangladesh as a state, takes a particularly restrictive view of women's human rights. Here family matters are relegated under personal laws that treat women unequally to men. Such discriminatory laws are justified on the basis of cultural relativity based on religion and they legitimise women's subordination as the pervasive cultural ideology. The women's movement asserts that when it comes to women the developed world and the developing world cannot be regarded separately because VAW is a global phenomenon and the solutions for it have to be charted out at national, regional and international levels.

the definition of VAW used in this study

"Violence against women" in this study was defined as any act of gender based physical assault, or the threat of such an assault, that has the potential to cause injury or interfere with the freedom of a woman in any way. This definition discounts any gender-neutral form of assault (such as mugging) and emphasises the study of only those forms that are disproportionately targeted at women (such as rape). This study adopted a narrower definition of VAW in order to gain a finer focus on the kind of research to be conducted, the kind of data to be gathered, and eventually to inform activism against VAW. "Women" was defined as women of all ages, starting from birth through childhood, puberty, adolescence, the reproductive years, the middle ages to old age.

Furthermore in this study women who had experienced and lived through severe physical violence were referred to as "survivors of violence". Women who had died as a result of violence were referred to as "victims of violence". The importance in shifting the labelling from victims to survivors of male violence was seen as acknowledging women's strengths: survival skills, coping strategies and resilience. "Survivor" emphasizes the woman's own actions and will to live, and in contrast, the "victim" label was seen as stressing the act of violence that was carried out by another person.

¹³ Declaration on the elimination of violence against women, New York, United Nations, Feb 23, 1994. (Resolution No. 48/104/104)

¹⁴ Donnelly, J. 1999. Human Rights, Democracy and Development. The Johns Hopkins University Press. *Human Rights Quarterly* 21, 608-632.

rationale for the study

Newspaper reports alongside existing studies all irrefutably point to the endemic proportions of violence against women in the world today. Despite this recognition, in Bangladesh, state policy in terms of interventions, redress, prevention, or proactive measures in police and law reform, medical practice, education and social reform, the media, etc. remain a far cry from reality. While the discourse on violence against women on the one extreme creates despair, at the other extreme it also creates denial and desensitisation. Empirical studies in this area have been necessitated as they not only provide knowledge and refine understanding but they also guide the women's movement and policy makers into more effective arenas of combating violence against women.

It has always been an uphill task for the women's movement to set any little wheel in motion to counter pro-violence messages prompted by an essentially sexist culture. The Platform for Action (Beijing, 1995)¹⁵ asserts that the lack of sex disaggregated data and statistics makes "elaboration of programmes and monitoring of changes" difficult in women's achievement of equality, development and peace. Naripokkho's Pilot Study on Violence against Women was undertaken early in 1997 in order to draw together informed perceptions as to the nature and etymology of violence backed up by facts and figures. In order to spur political action, better data on the incidence and prevalence of violence is required. It is important to obtain the numbers of women going to various institutions for help for violence, reveal the quality of care received in these institutions leading to better assessment and evaluation of these institutions, and to facilitate better ways of identifying women who are living and dying through their experiences of violence.

¹⁵ United Nations, 1995 *Declaration and Platform for Action: Fourth World Congress on Women*. Beijing: United Nations.

METHODOLOGY

THE OBJECTIVES OF THE STUDY

The objectives of Naripokkho's Pilot Study on Violence against Women were:

1. To categorise the different forms of violence perpetrated against women in Bangladesh.
2. To assess the nature and magnitude of the various forms of violence.
3. To analyse the consequences for the woman herself and to identify her coping responses
4. To identify institutional deficiencies in responding to incidents of violence with respect to the needs of the survivor
5. To use the findings of this study to design a methodology for a nation-wide prevalence survey and to create pressure on the government to conduct such surveys on a regular basis

These objectives were met by following a multi-method approach in collecting empirical evidence. Records from newspapers, other research and institutions involved in the redress of violence were collected. Informal observations, semi-structured interviews and in-depth case studies were conducted as well as a house-to-house survey using a structured interview format.

The study was conducted in three phases described in the following.

1ST PHASE: DATA SOURCES

1. Literature review

Material on violence, both national and international, was collected both through corresponding with researchers, by attending workshops and through a literature search in various libraries and the Internet. Articles published in scientific journals, popular magazines, newspapers as well as information provided in reports by various non-government organisations and state departments were used as part of the literature review.

2. Newspaper reports

All reports of violence against women and girls reported in four national dailies, *Jonokantha*, *Inquilab*, *Bhorer Kagoj* and the Daily Star, for the period September 1995-1997, were collected to see the forms of violence are reported by these newspapers.

3. Case studies

Four case studies of survivors of rape and acid violence were made using informal observations and semi-structured interviews to gather life histories including the experiences of violence experiences. Survivors, their families, the doctors, social welfare officers, forensic specialists, the police and specially Investigating Officers (IO) of cases, were interviewed. Survivors were observed for over a year. Institutional activities and responses were also observed. Women survivors of violence were identified through Naripokkho's projects and activism as well as from newspapers.

Case studies began with an intake interview where the socio-demographic characteristics of the woman were collected along with a brief history of the incidence of violence. Several follow-ups were conducted, usually to answer questions raised in discussions with the Naripokkho research team.

In reporting case studies, it was decided that no woman's real name would be used and each woman would be referred to by a pseudonym. However, as Naripokkho's understanding developed it was decided that in cases of acid attacks, revealing identities was an empowering experience for the individual women concerned. Naming women, in such cases, visibilised and gave voice to an otherwise marginalised group of women. Pseudonyms were used in cases involving more socially stigmatised forms of violence, such as sexual and spousal violence.

2ND PHASE: DATA SOURCES

Various institutions involved in the redress of violence were studied, e.g. the police, courts and hospitals. Their records were also scanned.

1. Police stations

Records of violence against women during the period February 1997- July 1997 were collected from two urban and two rural police stations. These records were in the form of:

- General Diaries entries (GD)
- First Information Reports (FIR) filed under the sections of the Women and Children Special Provision Act of 1995
- Unnatural Death (UD) reports
- Murder cases of women filed under section 302 of the Penal Code

The two urban stations were both from Dhaka City – Dhanmondi and Lalbagh. The two rural stations were Shariakandi, from the north-western district of Bogura, and Sunamganj, from the north-eastern district of Sylhet of the country. These police stations were not selected randomly. Dhanmondi was selected because people from all socio-economic levels live in this area of Dhaka city and because the Naripokkho office is located there - it is important for the organisation to know the levels of violence in its own neighbourhood. The second area in the capital city – Lalbagh – was chosen as it is part of the old city of Dhaka. It is reputed to be a high crime zone and people who live there also are from all socio-economic levels. Shariakandi and Sunamganj were chosen to represent the north-eastern and north-western regions of Bangladesh, and are areas known to the organisation, and where Naripokkho members live.

It was important to go into communities where Naripokkho had a stronghold for three reasons:

1. ethical consideration: for women survivors of violence, it is important to have a safety net system in place. Naripokkho members resident in these localities could provide support and lobbying for any woman referred to them by field researchers.
2. acceptability of the research in the community: this enabled the organisation to ensure the research could be carried out.
3. safety of field researchers: as women's mobility is still not socially approved of in Bangladesh, the organisation had to be able to ensure that the women researchers who would be sent out into these fairly remote sites would not come under attack from the community and would have organisational support in the locality.

2. Courts

The Courts selected for collecting violence-related records were the *Nari O Shishu Nirjaton Doman Bishesh Bidhan Adalat* (Special Courts for Women and Children) in Dhaka (an urban court) and Sunamganj (a rural court). All cases filed under the Women and Child Repression Act (1995) were collected from these two Courts.

3. Hospital

Only one hospital – The Dhaka Medical College Hospital (DMCH) - was selected. Records of cases of violence against women were collected from a file described as the "Police File". Informal observations and interviews with individual women admitted to the hospital were conducted. In many cases their family members were also interviewed to establish whether the case was one of violence or accident. Some administrators, doctors, nurses, ward boys, social welfare workers within the hospital were also key informants. The justification for selecting the DMCH as the only hospital to study were:

1. It is the largest referral hospital and treats people from all over the country.
2. It is one of the country's best-equipped hospitals.
3. It is the only hospital with a separated burns ward and treats severe burn cases from all over Bangladesh.

- 4 The mortuary at DMCH is the most advanced in Bangladesh and is equipped to conduct post-mortems.

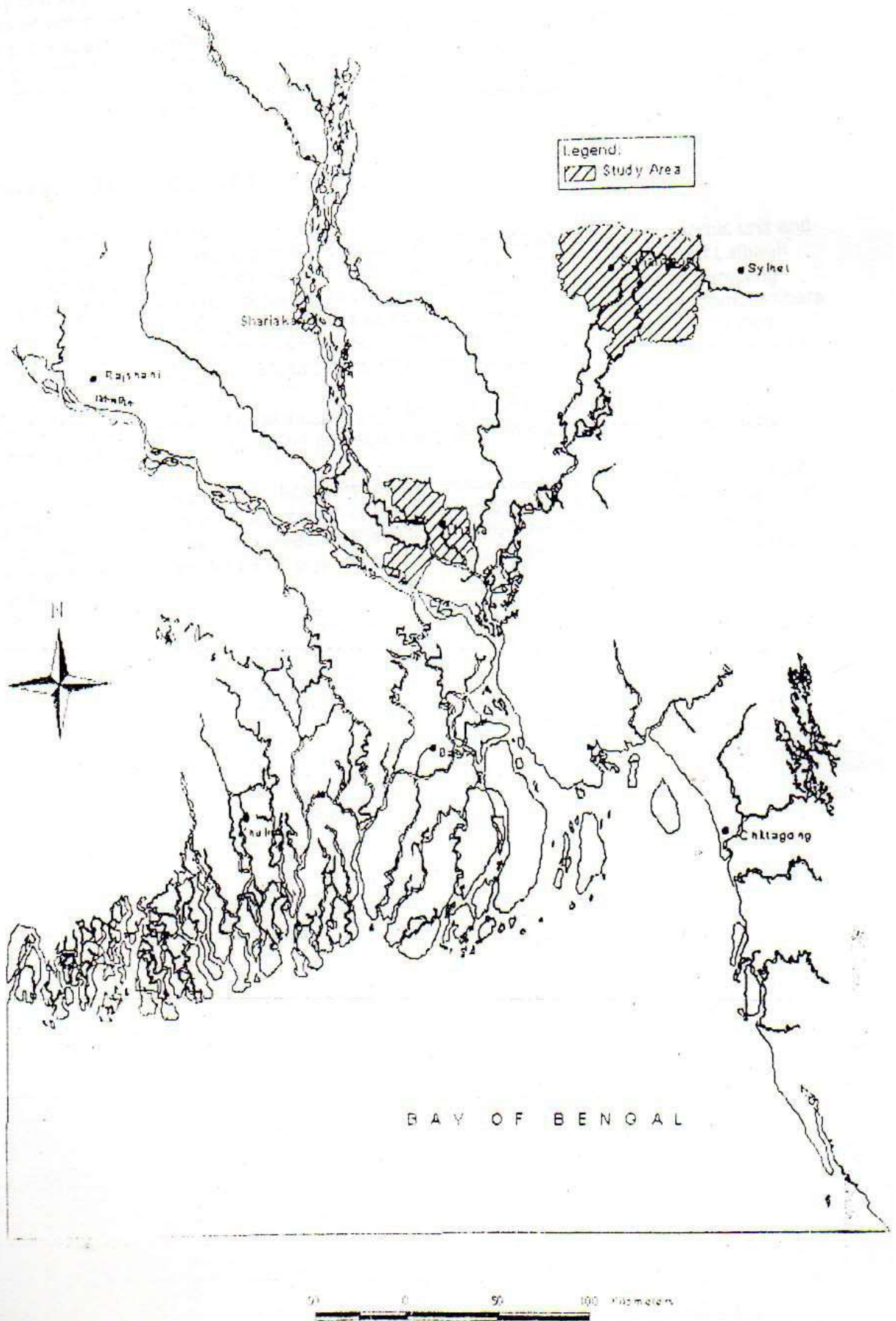
A simple way of explaining of what can be achieved with empirical data for hospitals would be the example of how to best prepare it to treat survivors of, say, acid assaults. When dealing with such a specific form of violence a hospital should ideally have information on how many cases need treatment every year, the special needs (medical, legal and psychological) of these patients, the average length of time for in-patient treatment, possible numbers of reconstructive surgeries, and costs incurred. Such information would create awareness of the factors which go into the medical redress of VAW which then would lead to a more effective institutional response to women's needs.

the means used in collecting institutional data

An information sheet was developed by the research team to collect information about the cases reported in these institutions. This sheet covered the following information:

- the source of the case record – whether it was a police case, a court case or case from the hospital
- the district where the incident occurred and whether it was a rural or an urban area
- the place and time of occurrence
- the form of violence
- the case status: dead / seriously injured / injured / not at all seriously injured / not injured
- if anyone else was injured (multiple survivors/victims) and their physical status
- in case of a police or court case, the woman's relationship with the petitioner
- present status of the GD/FIR; present status of the case as regards investigation
- whether a case was filed; with which station or court; whether the case was tried
- in case of a hospital case, the quality of treatment
- the conduct of a medico-legal examination
- numbers of persons accused who may be absconding/bailed/under custody/jailed
- whether statements under Sections 161 and 164 were taken
- was the final report submitted by the police was challenged or whether it was accepted
- survivor information included educational level, marital status, religion, occupation, parental occupation
- perpetrators' information included the numbers of perpetrators, relationship with perpetrator, age, education, marital status, religion, occupation and parental occupation.

Areas of Research : Sunamganj, Shariakandi, Dhaka



4. Case studies

Six (6) case studies of women survivors were planned for this phase however ten (13) were conducted. The following table gives an outline of the cases conducted.

5. Key informant interviews

Twenty-one key informants were interviewed to better understand institutional involvement in the redress of violence against women. Key informants included lawyers, police investigating officers, police sub-inspectors, gynaecologists, forensic experts, pathologists, plastic surgeons, nurses, ward boys, the director of the DMCH as well as Social Welfare officers. In these interviews standard questions relating to their experience in dealing with cases of violence against women were used, all questions being open ended. Additional questions were left up to the discretion of the interviewer.

3RD PHASE: DATA SOURCES

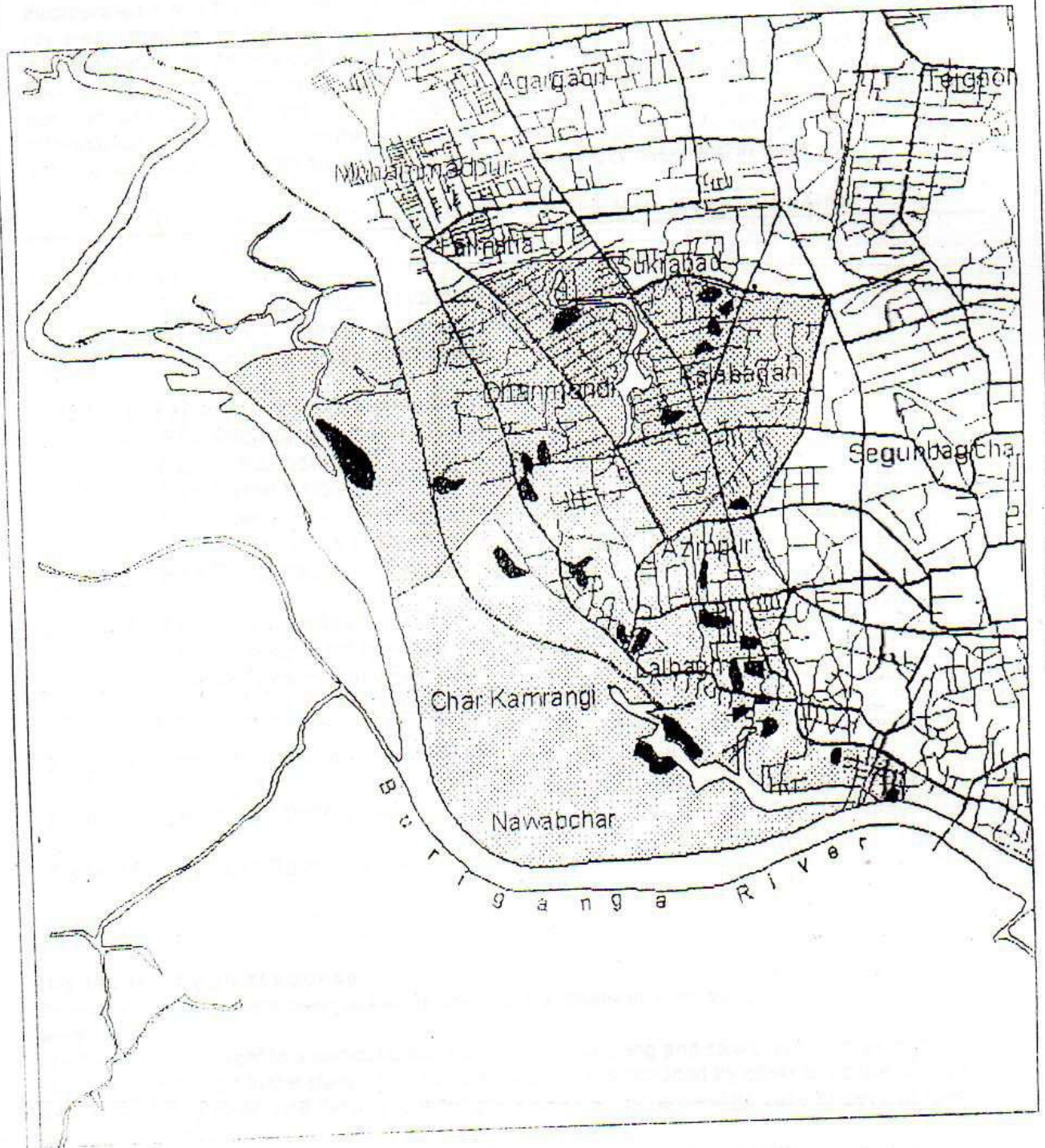
1. The household survey

A household was defined as a group of individuals who form the same socio-economic unit and share the same food. Households were randomly selected from the Dhanmondi and Lalbagh thana areas of the Dhaka Metropolitan area using the Probability Proportionate to Sampling method. Individual adult women respondents selected for the interview using a random numbers table after household information was collected. Three hundred and nine women were thus selected from the Dhanmondi area and five hundred and thirty-six (536) from the Lalbagh area.

In the following page a map of Dhaka city depicts the areas where the study was conducted. A summary description of the sampling procedure is given in Annex 1¹ at the end of this chapter.

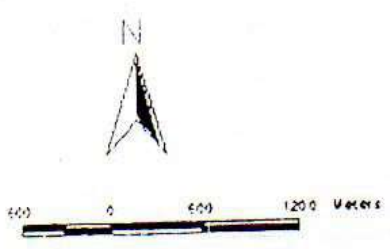
Household information was first collected and one woman of eighteen (18) years or more was selected randomly for the interview in each of the households in the survey. It was decided that only adult women would be interviewed, as that would resolve the complications of taking permission from guardians for minor girls. Women's verbal consent was a prerequisite for the interview.

HOUSEHOLD SURVEY AREAS



Legend

Metropolitan Boundary	Dharmasala Thana
Major Road	Saltah Thana
Minor Road	Survey Area
Rail Line	Slum Area
Encastment	Residential Area
Hydrographic Details	



Instruments used in household survey

The close-ended structured household questionnaire was developed in three stages. In the first stage, a preliminary questionnaire with open ended items were developed based on the questionnaire used in for a Canadian national survey conducted by Statistics Canada in 1993 (Johnson, 1996)¹. This was tested on several Naripokkho members. After their suggestions were incorporated it was tested at the field level (the second stage). Fifty respondents in two Dhaka city areas (the Agargaon slum and Dhanmondi) were involved in this trial. Several questions were then rephrased, some new questions were added, some old ones were dropped and the sequencing of some questions were changed. In the third stage the final format of the questionnaire was developed. It was divided into two major segments; these were: **household information** (twelve items) and the **main questionnaire** consisting of questions around violence. This was subdivided into the six sections and has been briefly described in the following.

BOX 1: A SUMMARY DESCRIPTION OF THE MAIN QUESTIONNAIRE.

Section A : Fear

- A1 = Fear of violence in public places (No. of items = 16)
- A2 = Fear of violence in the workplace/educational institution (9)
- A3 = Fear of violence at home (7)

Section B: Factors Related to Violence

- B1 = Personal information (7)
- B2 = Family history (3)
- B3 = Marital history (17)
- B4 = Power in marriage (34)
- B5 = Mother abuse history (7)
- B6 = Self-perception (5)

Section C: Forms of Violence

- C1 = Violence at the hands of strangers (10)
- C2 = Violence by known persons (7)
- C3 = Violence by family members and husband (22)

Section D: Institutional Involvement (13)

Section E: Traditional Beliefs (14)

Section F: Snowball Questions (12)

Total number of questions: 183

the issue of non response

Several instructions were given to field researchers to deal with non-response issues. These were:

- (1) If interviewers went to a particular site selected for sampling and saw that the dwelling targeted for inclusion in the study had been demolished and replaced by other structure(s) they were to randomly select one flat and respondent and conduct interview (in case of several flats replacing an individual house)
- (2) In case an entire area had changed, such a garments factory stood where a slum should have been, the field researchers were instructed to return to the Naripokkho office and consult with the statistician in charge of the sampling. The statistician then randomly selected another area for the study

¹ Johnson, H 1996. *Dangerous Domains: Violence against Women in Canada*. Toronto: International Thomson Publishing Co.

(3) If the selected respondent refused to comply to the interview or was not there at the time of the interview, researchers were instructed to drop her from the list of respondents to interview. No replacements were allowed and no repeat visits were possible due to time and financial constraints.

2. Case studies

Two case studies were conducted to look into the nature of violence in marital relationships.

Ethical issues and quality control

Several steps were taken to ensure quality of data collection. These steps were:

- *The research team:* A system of accountability was set up with the research Co-ordinator, the person primarily responsible for the research. A violence research working-group, comprised of Naripokkho members, planned and designed the research. The research team included the Co-ordinator, Project Supervisor, the Project Officer and Field Researchers. Later on in the research Computer Data Analysts were employed for data entry and analysis.
- *Administrative functions:* The Co-ordinator had the responsibility of ensuring that the research was conducted according to established rules and guidelines. A project officer undertook certain administrative functions, such as setting up meetings. The Naripokkho accountant and the Office Manager were also involved in supporting the research.
- *Daily supervision:* The Project Supervisor was responsible for the day to day running of the research according to a work plan agreed by the research working group. Her responsibility was not just to oversee the quality of data collected by field researchers but also to participate in the data collection.
- *Weekly meetings:* Weekly meetings were held between the research staff and the research working-group. These meetings helped in guiding the research as it unfolded.
- *Guidelines:* The research team drew up informal guidelines or a code of conduct for the researchers.
- *Common understanding:* Discussions were also held on issues around violence as well as gender issues to set the tone of the research. Activists from other disciplines were brought in to share their experiences in combating violence. Discussions were also held after viewing films² on video. These discussions served both to sensitise each team member to issues of violence against women and to build a common understanding of the issues.
- *Permission for research:* Researchers were provided with copies of official letters of permission to collect data from various institutions.
- *Safety of researchers:* Field researchers were supplied with identity cards and were introduced to the police as well as employees of other non-government organisations working in the research area. Two field researchers always accompanied each other.
- *A uniform introduction to the survey* was drawn up; each interviewer had to learn this by heart.
- *Respondent's rights:* In each introduction respondents were informed about the subject matter of the survey and that they had the options of refusing to take part in the interview as well as refuse to answer particular questions.
- *Case studies:* All members of the research team including the working group conducted case studies; different members of the research team followed up each case. Again these case studies were conducted according to the instructions of the research working group.
- *Back-up support:* Emotional support was provided to field researchers by the Naripokkho working team on violence as well as other members of Naripokkho.

² The Bandit Queen, a documentary on sati in Rajasthan as well as a documentary on a case of child sexual abuse.

Sampling procedure:

BBS maps of the Municipal areas in Dhaka were used.

Total households in Dhanmondi thana = 29,390

Lalbagh thana = 50,939

Total = 80,329 = N

Sample size = n

$nh / Nh = n / N$

nh = households selected from hth thana

Nh = Total number of residential households in each thana

h = 1 = Dhanmondi

h = 2 = Lalbagh

$nh = n / N \times Nh$

$n1 = n / N \times N1$

Total sample size = 845

Dhanmondi = $n1 = (845 / 80,329) \times 29,390 = 309$

Lalbagh = $n2 = (845 / 80,329) \times 50,939 = 536$

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EXPLORATORY RESEARCH

This chapter presents findings from the first phase of the study where a literature review was followed by a review of newspaper reports and four in-depth case studies.

LITERATURE REVIEW

The Platform for Action (1995)¹ formulated at the Fourth World Congress on Women at Beijing recognised that "in all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture". Studies from around the world have shown that violence is an experience common to women the world over. Wilt and Olson (1986)² conducted a literature review of surveys in the United States of America. They found that violence prevalence in the last year varied from 8-17%. Lifetime prevalence figures were 9% for severe violence and 8%-22% for total violence. In Bangladesh some researchers have collated information on VAW from news reports, others have found it to be causal factor in maternal deaths in specific rural areas and yet others have looked at the influence of micro-credit programmes on domestic violence. Most researchers in Bangladesh have studied violence in rural, but not in urban, contexts.

An analysis of newspaper reports (Akanda and Shamim, 1985)³ collected over a two-year period from 1983-1985 found that more rural than urban women in Bangladesh were likely to be casualties of violence. Some studies have shown similar findings (e.g., studies in Papua New Guinea cited later in the chapter) but others conducted in the region or elsewhere in the world have found the reverse. A clinical sample studied in Allahabad in India (Tyler et al., 1995)⁴ revealed the highest levels of family conflict in urban settings. In Mexico, Ramirez and Vasquez (1993)⁵ found more urban than rural women reporting interpersonal violence.

The research and study group Women for Women found that the most common forms of VAW reported in newspaper between 1982-1988 (Jahan, 1994)⁶ were respectively murder, acid throwing, beatings and stabbing, rape, kidnapping and abduction, suicides, hijacking/mugging, robbery and clashes. Men were by and large the targets of violence in clashes, murders, robbery, mugging and beating cases. Women were predominantly the targets in cases of rape, acid throwing, kidnapping and abduction, and suicides. 32% of the reported cases of murders were of women. In this study the effect of injuries was also seen.

A legal aid organisation in Bangladesh, Ain O Salish Kendra⁷ compiled case reports from nine national daily newspapers. This exercise revealed that during January- March 1998, two hundred and sixty-four (264) cases of different forms of VAW were reported in the papers. Of these, one hundred and ninety-two (192) were cases of rape, twenty-five (25) were acid attacks, eight (8) were *fatwas*⁸, and thirty-nine (39) were "inhuman torture for dowry".

¹ United Nations. 1995. *Declaration and Platform for Action: Fourth World Congress on Women*. Beijing: United Nations.

² Strauss, M.A & Gelles, R.J. 1986. Societal change and change in family violence from 1975-1985 as revealed by two national surveys. *Journal of Marriage & Family*, Vol. 48, 465-79.

³ Akanda, L. & Shamim, I. 1985. *Women and violence: A comparative study of rural and urban violence against women in Bangladesh*. Women's Issues 1, 1985. Published by Women for Women: A Research and Study Group, Dhaka.

⁴ Tyler, S., Tyler, Dhawan, N., Punetha, & Sinha. 1995. Paper presented at the first meeting of the International Research Network on Violence against Women in Arlington, Va.

⁵ Ramirez, R. & Vasquez, G. 1993. *Mujer y violencia: un hecho cotidiano*. Salud Publica de Mexico. Cuernavaca: Instituto Nacional de Salud Publica.

⁶ Jahan, R. 1994. *Hidden danger: Women and family violence in Bangladesh*. Published by Women for Women: A Research and Study Group, Dhaka.

⁷ Reported in the Daily Star on Saturday, 1 August 1998.

⁸ *Fatwas* are religious edicts dispensed by village priests and elders. The punishment meted out can be extreme forms of community violence, such as 101 lashes. Implementing *fatwas* is illegal in the eyes of the law.

The Institute of Democratic Rights (IDR)⁹ also collected newspaper reports during the month of March 1998. According to their report, one hundred and thirty-nine (139) women were killed, seventy-five (75) were raped, fourteen (14) received acid burns, twelve (12) were tortured for dowry, and sixty-eight (68) were abducted during this period. It has also been reported¹⁰ that there are eighty-one (81) criminals in every 100,000 people in Bangladesh.

A critique of enactments against VAW in India (Agnes, 1991)¹¹ includes rape, dowry, cruelty to wives, domestic violence, forced prostitution, indecent representation of women, *sati*, trafficking and sex determination tests. *Sati* refers to public murders of women based on religious practises and the killing of Roop Kanwar in 1987 in the state of Rajasthan triggered off the wrath of Indian feminists and mobilised the movement to address this practise in a more proactive manner. Sex determination tests (especially amniocentesis) has also come under the list of gender based violence because of the growing practise of female feticide in Northern India.

The Nepali NGO Saathi's¹² study on violence against women and girls found that 95% respondents had first hand knowledge of incidents of VAW and 77% perpetrators in the cases reported were family members. According to the findings, the common forms of gender based violence in Nepal include domestic violence, sexual slavery, forced prostitution, international trafficking in women, incest, reproductive rights violation, rape, sexual harassment, sex discrimination, medical abuse, abuse of women with physical and mental disabilities, culture bound practices harmful to women, ritual abuse with religious cults, marital rape, pornography, abuse of women in the media, abuse of refugee and relocation camps, female feticide, dowry related violence and murder.

Heiskanen and Piispa (1998)¹³ found that in Finland 40% adult women have been subjected to male physical or sexual violence or threats after their 15th birthday. According to their study, 52% of all Finnish women have been sexually harassed after the age of 15 years; 29% women have experienced of violence or sexually threatening behaviour or have been forced into sexual relations before the age of 15 years.

Harmful traditional practices such as forced early marriage and female genital cutting exist in many countries of Asia and Africa. Child marriage is common in Bangladesh where it is estimated that a majority of Bangladeshi women are married before the legal age of first marriage¹⁴. It is reported that one hundred and thirty (130) million women in twenty-eight (28) African countries and twelve (12) Middle Eastern countries have undergone female genital cutting - a procedure essentially done to control female sexuality¹⁵.

official records

The Ministry of Women and Children Affairs was contacted to share with Naripokkho their records on VAW incidents till 1997. The following table portrays a tentative picture of VAW in Bangladesh as found these records maintained at the Ministry.

⁹ The Daily Star on Saturday, 1 August 1998.

¹⁰ The Daily Star, March 15, 1998.

¹¹ Agnes, F. 1991. "A critical review of enactments on violence against women during the decade 1981-1989". In Maitreyi Krinaraj (Ed.) *Women and Violence: A Country Report*. Study sponsored by UNESCO. Research Centre for Women's Studies. SNDT University, Mumbai.

¹² Saathi, 1997. *A situational analysis of violence against women and girls in Nepal*. Report prepared in collaboration with The Asia Foundation, Nepal.

¹³ Heiskanen, M. & Piispa, M. 1998. *Faith, hope, battering: A survey of men's violence against women in Finland*. Statistics Finland.

¹⁴ Blanchet, T. 1997. *Lost Innocence, Stolen Childhoods*. UPL, Dhaka.

¹⁵ Measure Communication, Population Reference Bureau, April 2000. *Conveying concerns: Women report on gender based violence*. Washington DC

TABLE 1. ANNUAL COMPARISON OF CASES OF VAW IN BANGLADESH

	Rape	Acid attack	Dowry	Murder	Physical violence	Abduction	Trafficking
1985	248	14	19	1712	164	23	4
1990	407	21	82	1904	258	30	12
1991	982	20	79	1500	300	28	18
1992	749	29	101	1879	217	18	32
1993	526	39	134	2269	350	17	23
1994	285	19	122	806	469	19	28
1995	651	51	267	1787	808	49	55
1996	1415	83	594	1839	1664	138	85
1997	2224	117	747	2426	2029	85	72

According to the table above rape, acid attack, dowry, murder, physical violence, abduction and trafficking are the most commonly perpetrated crimes against women recorded with law enforcement agencies in Bangladesh. Murder, rape and physical violence top the prevalence charts in recent years. The increasing numbers at every consecutive year needs to be researched further to see how much of it reflects increased reporting by women and how much of it shows that VAW is on the rise.

deaths due to violence

The table above shows that for the year 1997 two thousand four hundred and twenty-six (2,426) deaths of women were recorded as murders with law enforcement authorities. This amounts to more than six (6) murders of women every day in Bangladesh.

Wife killing, or uxoricide, in some societies is common. The rate of uxoricide in the United States is reportedly five to ten times higher than in Western Europe¹⁶. Between 1987-1995, on average forty-seven (47) women were killed annually in Finland and family members committed 56.7% of these murders¹⁷.

In the mid eighties research on deaths among rural women of reproductive age in Bangladesh revealed that 17 deaths per 100,000 were due to injury related causes and of these injuries 10 were due to intentional causes (Zimicki et al, 1985)¹⁸. In the late eighties a retrospective analysis of deaths among 1139 women, aged between 15-44 years, from the rural area of Matlab, during the period January 1976- December 1986 was conducted. Along with death registrations, a structured questionnaire for ascertaining the cause of death was administered to community health workers and to female relatives or attendants of the woman prior to her death in the comparison area where no community health workers were available. Intentional and unintentional violence and injury accounted for 18% of all deaths and 26% of all maternal deaths. Intentional injuries such as homicide and suicide accounted for 13.5% of all deaths, 6.1% of all maternal deaths and 21.5% of deaths due to complications from induced abortions were also included. In contrast to the 6.1% of maternal deaths due to intentional injuries, 3.2% of those deaths were due to unintentional injuries such as accidents or snakebites (Fauveau and Blanchet, 1999)¹⁹. Verbal autopsies collected in the in the Matlab area during 1982-1990 revealed that that 13.6% maternal deaths were due to injuries and violence. Other research on deaths of women in rural Bangladesh revealed that 28.7% deaths were due to violence or accidents

¹⁶ Wilson, M. & Daly, M. 1998. "Lethal and nonlethal violence against wives and the evolutionary psychology of male sexual proprietariness" In R.E. Dobash and R.P. Dobash (eds.) *Rethinking Violence against Women*. Sage, California, London, New Delhi.

¹⁷ Heiskanen, M. & Piispa, M. 1998. *Ibid*

¹⁸ Zimicki, N., Haber, L., Sarder, A.M., and D'Souza, S. 1985. Cause of (reporting in) Matlab. Demographic Surveillance System, Matlab. ICDDR,B. Scientific Report No 63, Vol 13

¹⁹ Fauveau, V. & Blanchet, T. 1999. Deaths from injuries and induced abortion among rural Bangladeshi women. *Social Science and Medicine*, 29

whereas 23.4% were suicide related. Moreover 14% of all maternal deaths were due to violence (Rahman, Rahman & Hossain, 1993)²⁰.

domestic violence

Researchers in Bangladesh found more family violence, more rural than urban cases of VAW in newspaper reports in the eighties. It was also found that husbands were most commonly the perpetrators of violence against their wives. The common forms of spousal violence identified through these reports were murder, acid throwing, beating/stabbing and rape (Jahan & Agarwal, 1988)²¹. Although no separate data on spousal violence is available for Bangladesh, but based on the information collected from the Ministry of Women and Children Affairs (previous table) we can safely ascribe all "dowry" related figures to domestic situations. Given that a total of seven hundred and forty-seven (747) cases of dowry related violence was recorded with law enforcement authorities, we can say that a minimum of two cases of domestic violence was reported in 1997.

In a small study by Roy (1992)²², thirty-nine (39) out of fifty (50) women interviewed said that they had suffered physical violence by their husbands. Both men and women who participated in focus group discussions said they regarded wife beating as normal behaviour.

In the Grameen Trust study by Schuler et al (1996)²³ it was found that group based credit programmes can reduce men's violence against women. The researchers interviewed 1305 rural women of reproductive age in six villages where microcredit programmes for women were operational as well as those where no credit was available. Forty-seven per cent (47%) women reported experiencing physical violence at the hands of their husbands at some point in their lives whereas 13% women reported that their husband's had beaten them in the preceding year. Sixty-six per cent (66%) reported having been beaten by their husbands on at least one occasion.

Hadi's (1997) study also looked at the prevalence and determinants of spousal violence in the context of rural credit programmes. In the study 500 women below the age of 50 years were interviewed in 70 villages in 10 districts in Bangladesh during March-May 1996. Verbal abuse and mental torture were common and more than 20% reported physical violence by their spouses. This study delineated patriarchy, compounded by poverty and illiteracy as the main causes of such violence.

Between 1990-97, surveys on violence against women conducted in Asia (studies presented in the following table) indicated that anywhere from 30-60% women sampled in these studies reported physical violence at the hands of their intimate partners.

²⁰ Rahman, F., Rahman, M. & Hossain, M. B. 1993. Deaths Due to Violence and Accidents to Women of Reproductive Age in Rural Bangladesh. Working Paper No. 90, August 1993, ICDDR,B.

²¹ Jahan, R., & Agarwal, B. 1988.

²² Roy, R.D. 199. Battered Spouse Syndrome.

²³ Schuler, S.R., Hashemi, S.M., Riley, A.P. & Akhter, S. 1996. Credit Programs, Patriarchy, and Men's Violence against Women in Rural Bangladesh. *Social Science and Medicine*, Vol. 43, Great Britain, 1729 - 1742.

TABLE 1. DOMESTIC VIOLENCE IN NEIGHBOURING COUNTRIES
(Adapted from Lori Heise, 1994)²⁴

	Sample	Findings
India Jejeebhoy & Cook (1997) ²⁵	1,842 women of reproductive age studied.	45% women reported being beaten by their husbands in the north Indian state of Uttar Pradesh and 37% in the south Indian state of Tamil Nadu.
EVALUATION Project (1997) ²⁶	Survey of 6700 husbands in Uttar Pradesh.	30% said they beat their wives and 22% said they had forced their wives to engage in sexual relations.
Pakistan Faruqi, Hussain, Bhatti, Haroon, Malik, Fikree & Razzak (1996) ²⁷	Cross sectional descriptive survey using a questionnaire conducted on 150 women from breast patient departments of one government hospital, one private hospital and one primary care centre in the heart of Karachi	34% reported physical abuse, 39% reported verbal abuse, 37% reported sexual abuse, 37% economic abuse and 94% psychological abuse at some point in their lives. 41% women reported being slapped, 37% being kicked and 39% had been hit with an object more than once a month.
Nepal Saathi (1997) ²⁸	Focus group discussions held with 95,752 people in various communities.	43% reported that women are physically beaten in their communities.
Sri Lanka Sonali (1990) ²⁹	Random sample of 200 mixed ethnic low income women in Colombo.	60% were beaten by their husbands and in 51% cases husbands used weapons.
Malaysia Raj-Hashim (1993) ³⁰	National random probability sample of 713 women and 508 men over 15 years of age.	Their partners in the last year physically beat 39% women.
Israel Haj-Yahia (1997)	Random sample survey of 1,826 married Arab women.	Lifetime experiences of physical abuse by husbands was reported by 35% women.
Japan Yoshihama & Sorenson (1994) ³¹	Nation wide mail questionnaire survey on a convenience sample of 796 women aged between 20 - 80 years, during the period July - December 1992.	58.7% respondents reported physical abuse, most commonly being slapped/hit. 65.7% reported emotional abuse and 59.4% sexual abuse.

Physical spousal violence was highest in Sri Lanka (60% reported violence by husbands) and the lowest (30%) was in the Uttar Pradesh in North India. Some studies also revealed a high proportion of women reporting emotional or psychological abuse by their partners. For example, in the Pakistani study 95% respondents and in the Japanese study 65.7% respondents reported psychological abuse.

Percentages of women reporting violence by husbands/partners varies between 26%-60% in studies conducted during the 1990s in developing nations in other parts of the world. In Mexico, Ramirez and Vasquez (1993)³² found close to 60% urban women and 44% rural women reported

²⁴ Heise, L with J. Pitanguy, & A. Germain. 1994. *Violence against women: the hidden health burden*. World Bank discussion papers 255, The World Bank, Washington D.C.

²⁵ Jejeebhoy, S.J. & Cook, R.J. 1997. State accountability for wife-beating: the Indian Challenge. *Lancet* 349: s110 - s112.

²⁶ EVALUATION Project. 1997. Uttar Pradesh: male reproductive health survey, 1995-1996. Chapel Hill: Carolina Population Centre.

²⁷ Faruqi, N., Hussain, K., Bhatti, L.I., Haroon, N., Malik, A.I., Fikree, F.F. & Razzak, J.A. 1996. *The Women's Group Report on The Cycle of Domestic Violence: A Power and Control Trap*. An unpublished report of the study by Phase III students, class of 1995, The Aga Khan University, Department of Community Health Sciences.

²⁸ Saathi, 1997. *Und.*

²⁹ Sonali, D. 1990. *An investigation into the incidence and causes of domestic violence in Sri Lanka*. Women in Need (WIN) Colombo, Sri Lanka.

³⁰ Raj-Hashim, R. 1993. Unpublished report. *Summary of Survey Research Malaysia (SRM) Study on Women and Gender Battery*. Asia-Pacific Resource and Research Centre for Women, Kuala Lumpur, Malaysia.

³¹ Yoshihama, M. & Sorenson, S.B. 1994. Physical, sexual, and emotional abuse by male intimates: experiences of women in Japan. *Violence and Victims*, Vol.9, No.1, Springer Publishing Company, 63 - 77.

³² Ramirez, R. & Vasquez, G. 1993. *Mujer y violencia: un hecho cotidiano*. Salud Publica de Mexico. Cuernavaca: Instituto Nacional de Salud Publica.

interpersonal violence in a random survey conducted in the State of Jalisco. In Ellsberg's (1997)³³ study in Leon, Nicaragua, 40% respondents reported physical abuse by current or former partners in a cross-sectional survey on 488 women, aged between 15-49 years in. Lifetime prevalence figures were 52% for ever-married women and 8% for dating women. In Chile (Larrain, 1992)³⁴ a survey on a stratified random probability sample of 1000 women, aged between 22-55 years in the Metropolitan Region of Santiago, found that 26% women reported at least one violent episode within the last year. In a representative Zimbabwe sample of 966 women over the age of 18 years from the Midlands province, 32% reported physical abuse by household/family member since the age of 16 years (Watts, 1996)³⁵. "The Fact Sheet on Gender Violence" (Heise, 1992)³⁶ states that 67% rural and 56% urban women in Papua New Guinea, 42% in the Kissi district in Kenya, 80% women in Chile and 57% women in San Salvador are battered by husbands. The Americas Watch (1991)³⁷ study conducted over a five month period in 1987 on women reporting violence to the Sao Paulo Women's Police Station in Brazil found that more than 2,000 women reported battery and of these more than 70% cases occurred within the home. In almost all cases the perpetrator was the woman's husband or lover.

Studies in developed countries during the 1990s indicated that between 20%-29% women were targets of intimate partner violence. In a nationally representative sample of 12,300 Canadian women, 29% reported physical assault by their current or former partners since the age of 16 years (Johnson, 1993)³⁸. In this study women over the age of 18 years were interviewed over the telephone. In the United States, Strauss and Gelles (1986)³⁹ conducted a survey on a nationally representative probability sample of two thousand one hundred and forty-three (2,143) cohabiting couples and found that 28% reported at least one experience of physical violence in their lives. In the United Kingdom, Mooney (1995)⁴⁰ conducted a survey on women in the London borough of Islington and found that 25% reported lifetime experiences of violence by current or former partners. In a Norwegian study (Schei & Bakketeig, 1989)⁴¹ on a random sample of 150 women aged between 20-70 years, 25% respondents reported severe physical or sexual abuse by male partners. Mullen et al (1988)⁴² sent questionnaires 349 women in New Zealand - 20% reported being hit by their husbands.

Jahan and Islam's (1997)⁴³ study delineated the causes for spousal violence in Bangladesh as:

- the unchallenged status of gender inequalities
- traditional constructions of the family and its values
- the centrality of marriage for women
- the fear of social reprisal

³³ Ellsberg, M.C. 1997. *Candies in hell: domestic violence against women in Nicaragua*. The Department of Epidemiology and Public Health, Umeå University, Sweden.

³⁴ Larrain, S. 1992. *Violencia familiar: la situación de la mujer en Chile*. (Family Violence: the Situation of Women in Chile). Sponsored by the Pan American Health Organisation and the Servicio Nacional de la Mujer (National Women's Service), Chile.

³⁵ Watts, C. Hillborn, T. & Kooch, E. 1997. *The magnitude and health consequences of violence against women in Zimbabwe*. *Women Project Report*.

³⁶ Heise, L. 1992. Facts and Statistics on Gender Violence. In Eds. Margaret Schuler, *Freedom From Violence: Women, Law and Development*. OEF International. p 339-341

³⁷ Americas Watch. 1991. *Criminal Justice: Violence against Women in Brazil*. Human Rights Watch, The Women's Rights Report, New York.

³⁸ Johnson, H. 1993. *Dangerous domains: violence against women in Canada*. Toronto: International Thomson Publishing.

³⁹ Strauss, M.A. and Gelles, R.J. 1986. Societal change and change in family violence from 1975 to 1985 as revealed by two National Surveys. *Journal of Marriage & Family*. 48: 465-79.

⁴⁰ Mooney, J. *The hidden figure: domestic violence in North London*. Middlesex University, School of Sociology and Social Policy, London, 1993.

⁴¹ Schei, B. & Bakketeig, L.S. 1989. Gynaecological impact of sexual and physical abuse by spouse: A study of a random sample of Norwegian women. *British Journal of Obstetrics and Gynaecology*, 96:1379-1383.

⁴² Mullen, P.E., Romans-Clarkson, S.E., Walton, V.A. & Herbison, P.E. 1988. Impact of sexual and physical abuse on women's mental health. *Lancet* 1:841.

⁴³ Jahan, R. 1994. *Ibid.*

The Dhaka Medical College Hospital

The Dhaka Medical College Hospital (DMCH) is the biggest hospital in Bangladesh occupying an area of about 1000000 square feet in the heart of Dhaka city. The building itself was constructed in the year 1904 as the government secretariat during the British colonial rule. In the year 1911 a portion of it was made into the residential quarters for the students of the University of Dhaka and the rest of it was the Dhaka Museum. During the Second World War, in the summer of 1946, the entire complex was converted to a hospital with a capacity of 500 beds. The same year the medical college building was constructed next to the hospital and today the Dhaka Medical College (DMC) is the most prestigious medical school in the country. The professors of DMC are the senior doctors in the hospital.

physical capacity

The hospital has 23 departments and 36 wards under these various departments. 18 wards are allocated to male patients exclusively, 6 wards are shared wards and 12 are allocated to women and children. The sanctioned number of beds at the DMCH is 800, of which 582 are general beds and 130 are paying beds. The State pays for the treatment of patients admitted to the general beds. There are 88 cabins, some are shared and some are single, and patients are charged for admission to the cabins. With increasing demands on the hospital the numbers of beds have been increased to 1400 leading to congestion and unhygienic conditions.

personnel

The Director heads the DMCH whose primary responsibility is the administration of the hospital as per specified rules and regulations. Previously the principal of the DMC was also the hospital superintendent. The post of the Director was created in the year 1983 because it was becoming more and more difficult for the same person to take charge of two major institutions. Permission to collect data from the DMCH was taken from the Director of the hospital in January 1997. The ranking of doctors employed by the DMCH starts with the Medical Officer as the junior most official, followed by the Assistant Registrar, Registrar, Assistant Professor, Associate Professor and Professor. A basic version of the hospital organogram as been presented in the following:

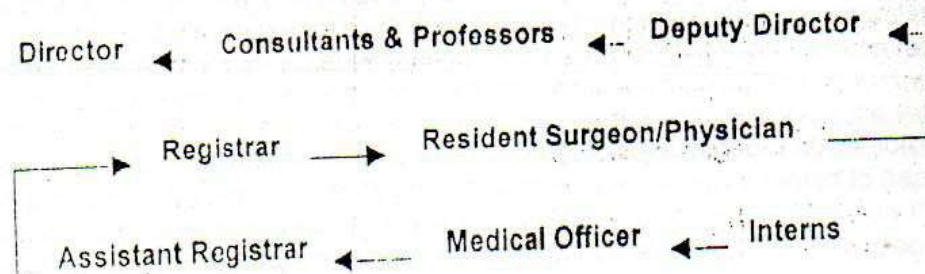


DIAGRAM 2: THE DOCTORS' CHAIN OF COMMAND AT THE DMCH

Interns form the bottom rung of the hierarchy of medical professionals in the hospital, but they are not employees of the hospital. They are placed on rotation at the different Departments within the hospital after attaining their basic medical degree from the DMC. Medical Officers are required to have a basic MBBS degree. Assistant Registrars are trainees in post-graduate courses. Registrars have post-graduate degrees and between two or three years of teaching experience. The number of Resident Surgeons or Physicians (RS/RP) are based on the numbers of years of experience and degrees. The Ministry of Health and Family Welfare employs all Professors of the DMC as well as the Heads of Departments, Consultants and the Director of the DMCH. Since 1983 till 1997 only male army doctors having the rank of a Professor have

occupied this post¹. The Deputy Director is employed by the Director General of Health (DG Health), and is junior in status to Professors.

The administrative staff consists of 1st, 2nd, 3rd and 4th class employees. Officers of the 1st class are the Doctors and Matrons. The 2nd class officers are administrative and management personnel such as accountants, junior matrons etc. The 3rd class officers consist of clerical, technical and nursing staff as well as ward masters. Of the entire nursing staff 10% were male nurses. In an interview with a ward master it was found that there were approximately ten ward masters in the hospital. Ward boys, ayahs and peons were the 4th class employees of the hospital and they constituted the largest class of hospital staff. One Professor said that the ward masters and the 4th class employees of the hospital were unionised, politicised and during elections they cast their votes according to political panels. Ward masters also employ a group of people known as "sardars" who operate under them and all 4th class employees are directly answerable to them. The administrative hierarchy of the DMCH is shown below:

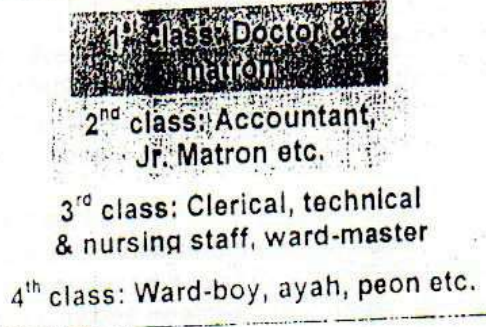


DIAGRAM 2: THE 1ST, 2ND, 3RD & 4TH CLASS OFFICERS AT THE DMCH.

The Director in an interview said that he did not believe that cases of violence needed to be identified and treated differently from other patients because this would lead to further stigmatisation of the woman victim of abuse. He felt a "male dominated society" was the root cause of violence against women everywhere. He also added, "the fact that women are dependent on their husbands leads to their subordination". From his experience he could say that women who sought health care for violence related problems and injuries at the hospital were mainly "illiterate women, women without careers and the floating women of the city". It was noted that the DMCH catered mainly to people from low-income groups, and majority of the women who came for treatment of violence related injuries were socially disadvantaged. The Director distinguished between two types of violence against women. One, which seemed to happen as typical of low income groups, and the other at the hands of men who were in love with the women they attacked. This was evinced from his comment that "but these cases (i.e., from poorer backgrounds) of violence are different from those caused by the Romeos. Romeos cause violence amongst all groups of people all over the world and this type of violence cannot be stopped".

Institutional deficiencies as identified by the Director of DMCH:

- lack of funds
- lack of appropriately trained doctors
- lack of trained personnel
- lack of adequate numbers of beds

¹ The Director declined to comment on why an army doctor is needed to run the biggest hospital of the country. One of the junior administrative staff however expressed the prevalent belief that a military man is required in order to control "the hospital's unruly fourth class employees".

The director declined to comment on why an army doctor was necessary to run the biggest hospital of the country. An interview with a ward master of the hospital revealed the prevalent belief that an army person was appointed as Director in order to control "the unruly fourth class employers" of the hospital.

A network of departments at the DMCH caters to women seeking medical intervention for wounds sustained from violent attacks. These departments are briefly described.

the emergency department

The Emergency Department is the main point of admission into the DMCH. The Emergency Medical Officer (EMO) is in charge of all admissions into the hospital. There are two admission files in the Emergency Department. One of these is the medical file. Records of emergency medical cases are entered here, such as cases of appendicitis, heart attacks etc. The other file maintained by the emergency department is the police file. All non-medical emergency cases are recorded here - e.g., accidents, stab wounds etc. When cases entered in the police file are discharged, ward masters have to be informed by the doctors in charge of the patient. Many doctors interviewed at the hospital could not say what happened to the cases recorded in the police files - but a few doctors said that ward masters had the charge of reporting all cases in the police file to the police at the Ramna *thana*.

the outpatients department

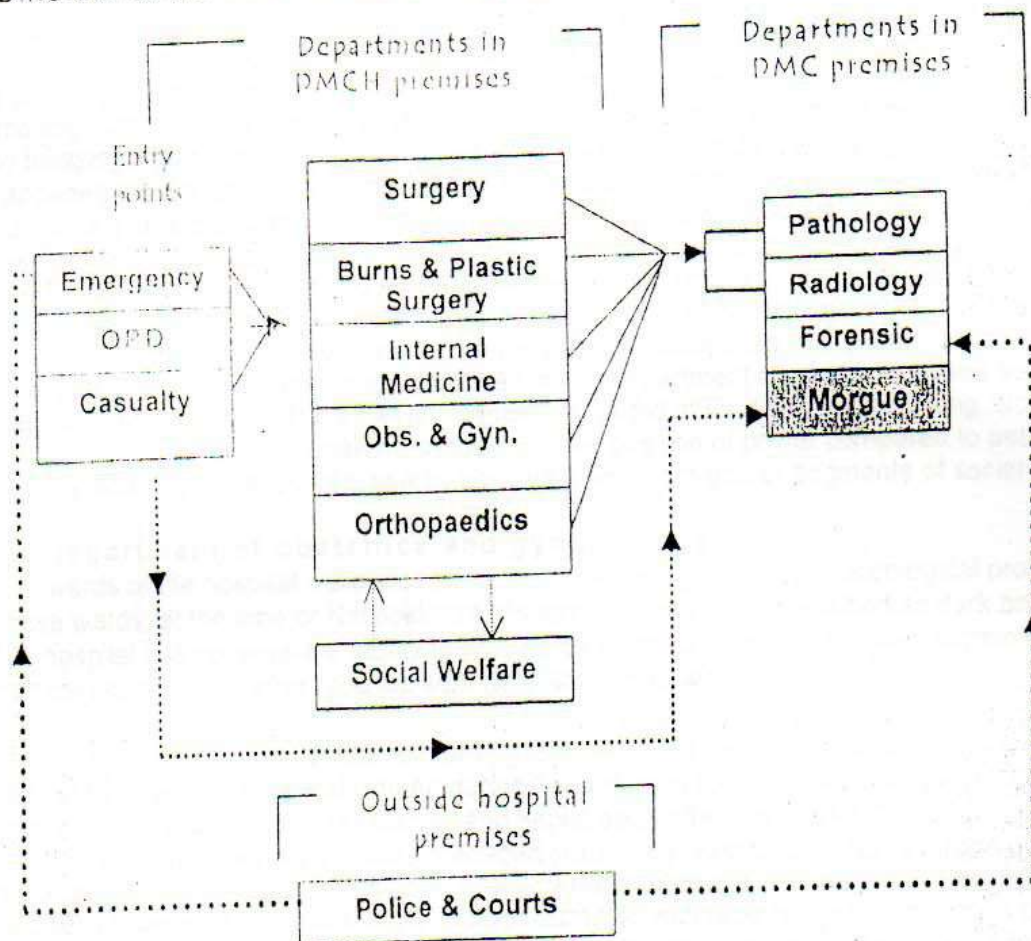
Patients who visit the Outpatients Department (OPD), popularly known as the "outdoor", sometimes also end up being admitted if the officer in charge deems the case as demanding admission. This department provides treatment to individuals chronically in need of medical care or those not considered in an "emergency" condition, i.e. individuals not requiring immediate hospitalisation.

the casualty

The Casualty is another entry point into the hospital. Cases of accidents, poisoning, septic abortions, battery and gunshot wounds were admitted from here. The following chart displays the possible route within the DMCH for a woman suffering from injuries caused by violence perpetrated against her. There are four wards under this department and two of these are allocated to women. Special Branch police personnel were deputised to this department on eight hourly rosters. Data from the Casualty Department was not considered in this study. Lack of time, researchers and funds did not allow for the coverage of the entire hospital.

After admission formalities are completed, patients are referred to the relevant department for treatment. For cases of injuries related to violence against women (VAW), the patients may end up in any one of the following departments: Gynaecology, Burns, Internal Medicine, Orthopaedics or Surgery. Women requiring forensic examinations have to be referred by the courts to the Forensic Department located in the Dhaka Medical College building. Medical officers are not authorised to refer anyone for a forensic examination. If a woman is declared dead on arrival at the Emergency, she may be sent to the Morgue, also in the college building. The Department of Social Welfare has an office in the hospital premises and their job is to look after the non-medical needs of the woman survivor of violence while she is admitted in hospital. The presence of the police within the Medical College and Hospital premises was observed in the Morgue as well as the Emergency Department.

DIAGRAM 3: NETWORK OF DEPARTMENTS DEALING WITH VAW CASES IN THE DMCH.



the department of burns and plastic surgery

In case of burn wounds, either from fire or from acid, women are admitted in the Emergency Department and sent to the Department of Burns and Plastic Surgery. The DMCH is the only hospital in the country with a separate Burns Unit. The Department can access two wards for the care of female and children patients. The Intensive Care Unit has eight beds catering exclusively to women and children burns patients. The ward next to the Intensive Care Unit is for women and children with less severe less life threatening burns wounds. A nurse interviewed in the gynaecology ward said that the worst cases of violence against women she had seen in the hospital were usually burns patients admitted in the Intensive Care Unit. She also said that she used to have trouble getting to sleep when she was posted as a nurse in that department.

Since burn wounds have to be left open as much as possible it was essential to keep this unit free of germs - the Intensive Care Unit, albeit insufficiently, is cleaner compared to other hospital departments. However almost anyone can walk into either ward - the rule stipulating "no shoes" in the Intensive Care Unit is not enforced, especially since the doctors themselves do not always take off their shoes. Burns wounds need immediate treatment for faster healing, the essentials being keeping the skin and the body well hydrated as well as free of germs - the Intensive Care Unit ensured these. The Unit has air-conditioning facilities - although during Naripokkho's study, it was frequently seen to be out-of-order. It is worth noting that when a Minister decided to visit Sonia, a young girl burnt with acid, the air-conditioning was quickly repaired. A big veranda next to the Unit allows patients to walk around as well as be immersed in tubs of water. The ward, in contrast, is over-crowded, patients usually have to share beds - thereby their wounds are made especially vulnerable to further injury and germs. One major shortcoming in the treatment related to burns is that the Department can only access the operation theatre twice a week leading to delays in performing emergency surgery. Doctors interviewed in the department said that they

were over-worked (most had private practices in the evenings) and that they were doing more than could be hoped for under the circumstances. A plastic surgeon approached in the context of a patient's request said he did not have the time most patients needed to comprehend the nature and implications of their injuries. He also said many patients resorted to threats and pulled rank by bringing orders from high ups in government or major political parties – and when that happened the doctor in charge could not be expected to administer impartial treatment. It is worth mentioning here that when a report of possible negligence was printed in the papers (as in the case of Shimul cited later in this chapter) the hospital's attitude took a turn for the better; or when the Minister decided to visit, the air-conditioning was set right. However, when a poor patient with severe burn wound is objected to sharing a bed with another patient, the attitude of the hospital authorities took a turn for the worse (as in the case of Ruma cited in the chapter on exploratory research). Most women patients interviewed in this department reported they were scared of the hospital staff and said that they were frequently shouted at for doing things wrong. Doctors in the department seemed to be unaware of their relative position of power compared to patients who were by and large uneducated, or less educated, and from poorer segments of society.

the department of obstetrics and gynaecology

Five wards of the hospital were allocated for women and girls with gynaecological problems. These wards, at the time of Naripokkho's research, were at best described as dark and dingy. The hospital has no separate facility to provide care for survivors of rape and women who need medical interventions after rape are sent here after admission.

In an interview, Professor Syeba Akhter of this department said that she had seen many types and cases of violence against women during her tenure in the hospital. These included cases of rape, physical trauma, ruptured uterus, and septic abortions as well as cases of unwed mothers who need to have their pregnancies managed sensitively. She said that on average every week a new rape case is admitted for treatment. Children's injuries due to rape more obviously demand medical intervention and more under 15s are admitted with rape related injuries than older women. The physical evidence of rape includes vaginal and hymen tears as well as bruised thighs. As soon as rape survivors are admitted a vaginal swab is taken to ascertain the presence of sperm – but since almost all women before coming to hospital wash themselves after being raped, in very few cases is there any evidence of sperm. The mental state of rape survivors is usually one of shock while many display phobic reactions. In the initial stages after rape it is fairly easy to obtain case histories from survivors according to Professor Syeba Akhter but within a few days women's stories change and become inconsistent. The Professor pointed out that doctors from this department can not refer cases to the forensic department making co-ordination between medical and legal interventions impossible. Forensic doctors are supposed to be on call but they are rarely available in time to conduct medico-legal examinations.

Immediate treatment is often needed in cases involving major vaginal tears, ruptures, septic abortions. When emergency surgery is required the department ensures that appropriate action is taken. In an interview a female gynaecologist said that the Department of Social Welfare is always informed whenever rape survivors are admitted.

women's medicine wards

The Department of Internal Medicine has ten wards under its jurisdiction and three of these are Female Medicine Wards. These are the most crowded of all DMCH wards which indicates that treatment for internal medicine is of special priority at the DMCH. The three wards for women cannot accommodate the numbers of patients seeking treatment. Due to the overcrowding, patients, even those with life threatening conditions, are kept in the corridors adjacent to the wards which are on the ground floor. Frequently people pass through these corridors to reach other destinations. Thus there is absolutely no privacy in these wards.

Cases of poisoning, particularly purported suicide attempts, are commonly seen in these wards. Laboratory technicians at the Institute of Public Health who conduct visceral examinations for the DMCH, reported that the commonly used poisons were:

- copper sulphate (its blue colour made it invisible in food)

- sleeping pills or tranquillisers mixed in alcohol
 - *dhatūra* (a bitter poison) usually fed by mixing with puffed rice or *chanachur* or cigarettes.
- However the impression received from the personnel at the DMCH was different - most cases of poisoning were by the ingestion of a pesticide called "endrine". Anyone going near a patient who had swallowed "endrine" can smell the chemical at arm's length. Quite often nurses or *ayahs* showed Naripokkho researchers bottles of "endrine" recovered from the room of the woman admitted for treatment of poisoning.

the forensic department

The Forensic Department is in the Dhaka Medical College premises, next to the hospital building and all forensic specialists employed in the DMCH are male. This department is especially relevant in dealing with cases of VAW – on the one hand it houses the Sexual Assault Examination Unit where medico-legal examinations are conducted and on the other hand it is responsible for conducting autopsies. The Sexual Assault Examination Unit was separated from public view by means of a cloth curtain. In the 6 months of Naripokkho's presence at the hospital 118 medico-legal examinations were conducted. As there are no female forensic specialists, the male doctors conduct all medico-legal examinations in the presence of a female *ayah*. The Department doctors complain that they are constrained in their work due to budgetary limitations: they lack adequate numbers of disposable gloves, the gel required to conduct the medical legal examination, gowns etc. It is alleged that patients who come for a medico-legal examination have to pay for the gloves etc. and that there is a lot of insecurity about the contents of the forensic reports because of corruption. The Doctors alleged that powerful political henchmen who committed many of these crimes against women frequently threatened them and there was no policy to provide them with adequate security.

the medico-legal examination: Forensic tests become necessary in cases of murder, rape, acid burn and poisoning. The procedure begins with the police investigating-officer's (IO) application for a court order from the Court Magistrate for a forensic examination. Other than the court magistrate, the Court Inspector or the Assistant Commissioner (Crime) of the police were also empowered to give such an order. This order may take a few days to process. The case study of Lucy (cited in the chapter on exploratory research) showed that it is sufficient for the police to take the woman to the forensic department with a copy of the application to the Magistrate and a request to the forensic doctor to conduct the examination immediately.

The first task in forensic examination is to obtain a written consent from the woman saying that she agrees to being examined. The police informed us that a passport size photograph is required for the completion of these documents, however nowhere in the rules or guidelines for investigation has this photograph been mentioned as mandatory. Normally the IO also arranges for a photograph to be taken before sending the woman to the forensic specialist. Once the paper work is complete the forensic examination can be conducted. The forensic doctor's first task is to first scrutinise the woman's body externally from head to toe in the Sexual Assault Examination Unit. The signs which the doctor looked for are scratches, bruises, whether the breasts have been manhandled, the condition of the pubic hair, vaginal/perineal tears, bleeding etc. After this external examination a high vaginal swab was taken.

Cases of VAW not demanding immediate medical attention but requiring a forensic examination are sent directly to the forensic department of the DMCH. The Department maintains records of all such examinations.

Naripokkho researchers spoke with a forensic doctor about Lucy (case study presented earlier). He explained that "rape in medical jurisprudence is not a diagnosis". The girl was minor and the medico-legal examination revealed a perineal tear for which stitches were required to stop the bleeding, as well as bruises in other parts of her body. However, the doctor said that although these were enough evidence to prove an incident of rape, he could not report that she was 'raped', as this was his "opinion and not objective reporting". He was required to use the medico-legal jargon "she was not habituated to intercourse" based on the signs of force present on her

body. In a court of law, a forensic report stating that the woman concerned was "not habituated to sex" implies use of force and signs of physical trauma. In contrast "habituation" refers to no evidence of physical distress and therefore no force in the sexual act.

The doctor also said that vaginal swabs should be carried out as soon as possible and definitely before all the evidence of sperm is washed away. However since there are no laboratory facilities in the country which can do genetic testing, such tests can only ascertain the presence of sperm. For married women or for women "habituated to intercourse" a report confirming the presence of sperm would be irrelevant in a court of law. He added that he actively tries to discourage women from agreeing to sign the consent form for the examination because it requires that the woman undress fully so that her body can be scanned for injuries and bruises. By using a particularly nasty tone, he said, most women refuse to be examined, which relieves him of the pressure to appear in court.

The doctor underscored the fact that in a government hospital salaries are meagre and forensic specialists do not have the option of a private practice. Furthermore they bear the cost of the transport when they have to appear in court. He termed court cases for rape as "a most futile exercise" because the hearings are always postponed and most cases are never resolved because evidence was never collected properly. He would have regarded "the Tk. 1000" he spent monthly on going to court as a "social service" had the results been more effective. The futility of court proceedings has led him to break rules in order for him to make his own life simpler.

autopsies. If a woman's corpse is brought to the Emergency Department, the doctor on duty may decide, after recording the information, to send it to the Forensic Department for an autopsy. If a body is brought after office hours it is kept in a special room in the Department. Not all corpses are sent for autopsy; for example, if a woman dies from a heart attack before reaching the hospital, then the doctor can use his/her discretion in deciding whether an autopsy is necessary. If an autopsy is considered unnecessary then the body is handed over to relatives. If no one claims it, it is sent to the morgue prior to burial. A religious non-governmental organisation, *Anjuman-e-Mafidul Islam*, dedicated to taking care of unclaimed bodies, quite often take the responsibility for burials. Sometimes DMC sweepers sell the skeletons to medical students studying human anatomy.

For an autopsy the police require two things: 1) an inquest report (*surathaal*), which includes the name, address and age of the woman, a description of how the body was found and a detailed account of the case along with any other evidence that might have been collected; and, 2) a memo, which includes the request to the Forensic Department to identify the cause of death. The police take pictures of unidentified corpses and maintain these for the time during which the case is under trial.

Autopsies are always conducted during office hours (before May 1997, from 8am - 2pm, but from 31 May 1997 these changed to 9am - 5pm) by the forensic doctor who is on roster duty at the autopsy room. The logic behind this rule is apparently that daylight is necessary to perform an autopsy. During the autopsy the first task is to externally examine the body and identify signs of distress. The aim of this external examination is chiefly to determine whether the case is one of suicide, murder, accident or disease. Then the skin is incised from the neck down to the pubic area and internal organs are observed for signs of distress, like bruises, tears etc. The organs are brought out and medically assessed. The heart tissue is analysed at the DMCH laboratory but other organs such as the liver, stomach, kidney, spleen and the brain are sent to the only biochemical laboratory in Bangladesh - the Institute of Public Health (IPH) in Dhaka. A hospital sweeper otherwise known as a *dhom* assists the doctor. It is alleged that sweepers mainly handle the body. The forensic report is given immediately after the autopsy.

The police take pictures of unidentified bodies and maintain these for the time during which the case is under trial. The forensic report is supposed to be given immediately after the autopsy.

a case study from the forensic department

Rabiya, about 10 years of age, was brought for a forensic examination at the time of Naripokkho's research. Her case history revealed that she lived with her parents and two sisters in a city slum. Her father worked as a day labourer and mother as a housemaid. She was a student in a primary school. Her mother told us that two days prior to their arrival at the Forensic Department, a neighbour - a young man, known to the family - asked Rabiya to get him a cup of tea. After she went into his room, he shut the door and according to Rabiya, tried to do "bad things" (*kharap kaa*) to her. This was at about three in the afternoon and Rabiya's mother was taking a nap. Other neighbours heard the girl's screams and broke down the door to this man's room. He managed to escape. Rabiya's mother woke up to the sound of the commotion outside and saw people standing around her little girl. The neighbours reported the incident to the police and the man was immediately caught. Rabiya and her mother had to stay overnight at the police station. When her mother was speaking with Naripokkho researchers Rabiya was very quiet. On that first meeting her mother said, "my daughter is ruined" (*aamar mayer shorbonaash hoyay gachchay*). On a follow-up visit to the slum her mother talked to about her own problems - which included the fact of her high blood pressure and the history of her sister being murdered - and she insisted that nothing had happened to Rabiya. She knew the alleged rapist well; she said he was a good man and a friend of theirs. She believed that other neighbours wanted him to get into trouble and had falsely accused him. Now not only was this man languishing in the police lock-up but her daughter was also harmed by these false accusations. Rabiya was given a paper and coloured pencils to draw on while we spoke to her mother - she drew a picture of a dressed up little girl in a sari and bangles.

the pathology and radiology departments

These departments were located within the premises of the Dhaka Medical College and facilitated in the treatment of cases as well as forensic examinations by conducting relevant tests. Tests for blood grouping, the presence or absence of spermatozoa and sexually transmitted diseases (excluding HIV) were conducted in the Pathology laboratory. The doctors at the Pathology Department said that heart tissue was analysed at the DMCH laboratory, but other viscera such as the liver, stomach, kidney, spleen and the brain were sent to the only biochemical laboratory in Bangladesh at the Institute of Public Health (IPH) in Dhaka. The laboratory in the Pathology Department did not perform tests on items collected from crime spots of violence. Such tests were also conducted in the Institute of Public Health. Genetic (DNA) testing facilities were reportedly unavailable in Bangladesh and therefore the tests that could be conducted in rape cases could only detect the presence or absence of spermatozoa but not provide a positive identification of the person from whom the sperm had come.

Dr. Maliha Akhter at the Department of Pathology said that the high vaginal swab was essentially what the rape test was about. She also said that spermatozoa have to be tested within six hours of ejaculation. She had worked in this laboratory for two years and she had never seen any sperm from vaginal swabs. Dr. Maliha Akhter's experience was similar to Professor Syeba Akhter's observation that women who came to the DMCH for treatment of rape related injuries inevitably bathed and washed themselves before seeking medical intervention.

In the Radiology Department x-rays are taken to assess the age of the woman; this is done by looking at the union of the joints in her ankles, elbows and knees.

the morgue

The Morgue is located on the ground floor adjacent to the college building. The police are always present in the Morgue, as are *dhoms*, forensic specialists and students on rotation duty. Personnel of the *Anjuman E Mafidul Islam* also frequently visits the morgue. As there are no air-conditioning, freezing or storage facilities in the morgue - corpses cannot be kept there for prolonged periods.

the department of social welfare

The Department of Social Welfare under the Government's Women's Affairs Directorate is located on the first floor of the hospital building. This department's responsibilities include looking after the non-medical needs of patients. Doctors inform officers at this department when they feel the person concerned needs help in terms of counselling, legal aid, free or subsidised medical care, shelters etc. When Naripokkho researchers began visiting the hospital the Social Welfare Department told them that at most two to three cases of violence would be found every month. In their view Naripokkho's job should be to find shelters for these women rather than to conduct research.

THE INSTITUTE OF PUBLIC HEALTH:

Pathological tests of forensic cases that cannot be conducted at the DMCH are meant to be sent to the Institute of Public Health (IPH). The IPH mainly performs pathological tests on viscera and items of criminal evidence. It had three trained toxicologists (although there were provisions for 10 posts) and two assistants working at its biochemical laboratory. An interview with one of the assistant chemical analysts revealed that in addition to working in the laboratory the toxicologists had to appear as witnesses in courts all over the country. He said that each one of them had to appear in approximately 200 cases every month. In court, their main job was to verify that they had written the report and that the signature on the report was theirs. According to toxicologists, cross-examination on the chemical analysis was normally very poor. They alleged that the inquest and post-mortem reports submitted by the police and forensic doctors respectively were never adequately detailed. For example, inquest reports should mention in detail whether the woman was ill before she died, whether she was frothing at the mouth, or had diarrhoea. This kind of information was necessary because different types of poisoning result in different reactions and knowing the kind of reaction that occurred was essential in accurate identification of chemical matter. Again, post-mortem reports normally just gave a one-line description of internal organs, without describing bruises and other features in detail.

Newspaper reports have alleged that viscera sent to the IPH were stored for years before they were analysed. The IPH personnel said that nothing had ever been stored over six months. They said that cases of violence against women receive attention on a priority basis and reports were always submitted within two weeks. However they said that the delay was normally caused by the hospitals themselves from where the viscera was sent to them.

At the end of the eighties this laboratory acquired an ultra-violet spectrophotometer, a gas chromatograph, and a thin layer chromatograph which facilitate chemical analyses. When asked whether there was any other equipment that was necessary for their work, the assistant chemical analyst reported that any modern equipment that they acquired had better come with trained personnel who would know how to use, maintain and fix these. The problems and requirements that he delineated were:

- lack of training
- lack of adequate staff
- lack of exposure to other biochemical laboratories in other countries, specially those which are economically and developmentally similar to Bangladesh
- lack of other biochemical facilities in Bangladesh leading to an overload on the IPH laboratory.

source of hospital information

When the Pilot Study on Violence against Women was being planned Naripokkho had thought looking at admission records would be sufficient for the identification of violence cases served by a health facility. However, initial experience with admission registers revealed that this was not a feasible option. We found that the Emergency Room Information Centre maintained a log of all admissions into the hospital. However these records revealed no information as to the reason for the injury for which individuals were admitted. In all hospital registers checked the contents included in medical reports did not allow for the identification of any case as a case of violence. For example, at the Department of Burns and Plastic Surgery we were allowed to look at the

- the explaining away of "violence" as a class issue.

Risk factors of domestic violence against women include economic inequality between men and women (Schuler et al, 1996)⁴⁴ as well as a rigid conception of dominance as masculinity (Ellsberg, 1997)⁴⁵. Factors which were protective of women included female power outside the home (Sanday, 1981⁴⁶), active community interference with violence, participation in women's solidarity groups and the presence of shelters, refuges and sanctuaries for women within the community (Counts et al, 1992⁴⁷; Levison, 1989⁴⁸). Economic dependence and lower educational attainments have been found to be risk markers of VAW (Straus et al, 1980⁴⁹; Larrain, 1992⁵⁰).

Pregnancy is also risk marker for domestic violence. The study by Tyler et al (1995)⁵¹, quoted earlier, revealed women in their twenties and in their 4th pregnancies, across all levels of literacy, reported maximum violence by family members. Other studies (Helton et al, 1987⁵²; Stark et al, 1981⁵³; Gazmararian et al, 1996⁵⁴) have found that one in six pregnant women are abused in the United States of America. These studies show pregnancy to be a risk period and greater number of pregnancies to be a risk factor in intimate partner violence.

rape and sexual violence

The world over women and girls are disproportionately the targets of actual or threatened sexual violence and rape. A woman's body, sexuality and sexual organs are emblematic of honour and chastity (*izzat, shombhromé*) for herself, her family and community - and an instance of rape is construed as a "loss of honour". In many Latin American countries it is considered a "crime against morality"⁵⁵ as opposed to a crime against the person it is perpetrated.

Rape is commonly used as a weapon of war. It represents patriarchal notions of power and control that are employed to annihilate the enemy's identity and honour. The history of Bangladesh records that during its war of independence in 1971, the Pakistani army raped one lakh (1,00,000) Bangladeshi women. Similar examples have been found in the former Yugoslavia, Kosovo, Bosnia, Rwanda, Pakistan, Sri Lanka, India, Latin America, and Palestine. In post war situations women raped during the war are rarely ever accepted back into their families and communities⁵⁶.

Refugee women are especially vulnerable to rape. According to a report by the IRC (International Rescue Committee) 26% of the three thousand eight hundred and three (3,803) Burundian

⁴⁴ Schuler et al., 1997. *Ibid.*

⁴⁵ Ellsberg, M. 1997. *Ibid.*

⁴⁶ Sanday, P. 1981. The socio-cultural context of rape: A cross-cultural study. *Journal of Social Issues*, 37 (4), 5-27.

⁴⁷ Counts, D.A., Brown, J. & Campbell, J. (Eds.). 1992. *Sanctions and Sanctuary*. Boulder, Co.: Westview Press.

⁴⁸ Levison, D. 1989. *Violence in cross-cultural perspective*. Newbury Park: Sage Publishers.

⁴⁹ Straus, M.A., Gelles, R.J., & Steinmetz, L. 1980. *Behind closed doors: Violence in the American family*. Garden City, NJ: Anchor.

⁵⁰ Larrain, S. 1992. *Violencia familiar: la situación de la mujer en Chile*. (Family Violence: the Situation of Women in Chile). Sponsored by the Pan American Health Organization and the Servicio Nacional de la Mujer (National Women's Service), Chile.

⁵¹ Tyler, S., Tyler, T., Dhawan, N., et al. 1995. *Ibid.*

⁵² Helton, A.S., McFarlane J., & Anderson E.T. 1987. Battered and pregnant: a prevalence study. *American Journal of Public Health* 77:1337-9.

⁵³ Stark, E., Flitcraft, A., Zuckerman, D., et al. 1981. *Wife abuse in the medical setting: an introduction for health personnel*. Monograph no.7. Washington, D.C.: National Clearing House on Domestic Violence.

⁵⁴ Gazmararian, J.A., Lazorick, S., Spitz A.M., Ballard, T.J., Saltzman, L.E., & Marks, J.S. 1996. Prevalence of violence against pregnant women. *JAMA* 275:1915:20. [Erratum, *JAMA* 1997; 227:1125.]

⁵⁵ Population Reference Bureau, Measure Communication. April 2000. *Ibid.*

⁵⁶ Al Fanar, 1995. Developments in the struggle against the murder of women against the background of so-called family honour. *Women against Fundamentalism Journal*, 6, 37-51. Reported in "Violence against women in societies under stress" by Monica Williams, in *Rethinking Violence Against Women*, R.E. Dobash and R.P. Dobash (eds.) Sage 1998, California, London, New Delhi.

refugee women who have been in Tanzania since 1993 experienced sexual violence since becoming a refugee. The perpetrators in the Burundian refugee camps were, not only soldiers and policemen, but also fellow refugees, relatives, husbands, and, in one instance an NGO staff (Nduna & Goodyear, 1997)⁵⁷.

The sad fact remains that men not only rape women who are their enemies, they also rape their own women. It has been mentioned earlier in this report that the Bangladesh Home Minister reported in Parliament that two women were raped each day and a girl child every second day, during 1995-96. In 1997, two thousand two hundred and twenty-four (2,224) cases of rape, i.e. six (6) cases of rape per day, was documented by Ministry of Women and Children's Affairs. UNICEF estimates that a minimum of 10,000 girl children are employed in sex work in Bangladesh (reported in a paper by Sherry, Lee and Vatikiotis, 1995)⁵⁸. It is generally accepted that sexual relations with minors, with or without their consent, constitute rape. Based on this common understanding it can be said that the number of girls raped in Bangladesh in 1995 was over ten thousand.

Research on rape in Bangladesh has mainly concentrated on child sexual abuse. Global statistics on rape indicate that 40%-60% rapes happen to women before the age of 15 years⁵⁹. Nearly 25% teenage maidservants interviewed reported sexual harassment and 10% considered themselves raped in Blanchet's (1996)⁶⁰ anthropological study. Chowdhury's report on Non-commercial sexual abuse of Children in Bangladesh (Breaking the Silence Group, 1997)⁶¹ was based on interviews with one hundred and fifty (150) children of both sexes. It was found that child sexual abuse exists in all social classes in Bangladesh, in both urban and rural locales. Children aged between 10-14 years were the most vulnerable, nevertheless even those as young as 5-6 years may be subjected to sexual violence. Ain O Salish Kendro (1999)⁶² studied thirty-five (35) child prostitutes and fifteen (15) non-commercially sexually abused children for a qualitative assessment of their health needs. This study found that the latter group never sought justice because of the stigma attached to sexual abuse. Even families of child prostitutes were unwilling to take action on behalf of their children. These children had neither shelter nor savings. They were malnourished and manifested various health problems. Despite all this they showed remarkable resilience evinced by the absence of suicide attempts, self-mutilation and other destructive behaviour. This study included reports from the Child Development Centre at Shishu Hospital where sexual abuse was detected in 5%-7% of children coming in for health care.

The Fact Sheet on Gender Violence (Heise, 1992)⁶³ reported that every minute and a half a woman is raped in South Africa, and, in Canada the government estimated that one in every four female children and one in ten male children would be sexually assaulted before they were adults. In the United States of America, Kilpatrick, Edmunds and Seymour⁶⁴ conducted the first national survey to assess the prevalence of rape as recently as in 1992. They found that only 16% of all completed rapes were reported to the police. Seventy-one per cent (71%) women interviewed said that they were concerned about their families knowing they had been raped,

⁵⁷ Nduna, S. & Goodyear, L. 1997. Draft report entitled "Pain too deep for tears: Assessing the prevalence of sexual and gender violence among Burundian Refugees in Tanzania".

⁵⁸ Sherry, A., Lee, M. & Vatikiotis, M. 1995. Sex trade: For lust or money. *Far Eastern Economic Review*, Dec. 14, 1995; p 22-23.

⁵⁹ Population Reference Bureau, Measure Communication, April 2000. *Ibid*.

⁶⁰ Blanchett, T. 1996. *Lost Innocence, Stolen Childhoods*. UPL, Dhaka.

⁶¹ Chowdhury, A. 1997. Unpublished report. *Non-commercial sexual abuse of children in Bangladesh: A case study based report*. Breaking the Silence Group.

⁶² Ain O Salish Kendro. 1999. The Executive Summary of the Draft Report on *Sexually exploited and abused children: A qualitative assessment of their health needs and services available to them in Bangladesh*. United Nations Social Commission for Asia and the Pacific.

⁶³ Heise, L. 1992. *Ibid*.

⁶⁴ Kilpatrick, D.G., Edmunds, C.N., & Seymour, A. 1992. *Rape in America: A report to the nation*. National Victim Center, Arlington, VA, and Crime Victims Research and Treatment Center, Charleston, SC.

68% were worried about people blaming them for the attack, 68% said they did not want people outside their families knowing about the rape, and 50% feared media publicity.

The Federal Bureau of Investigation (FBI) has records of all crimes reported to law enforcement authorities in the USA since 1932. According to this report, ninety-six thousand one hundred and twenty-two (96,122) cases of forcible and attempted rapes were reported to the law enforcement agencies in 1997 - of these 88% were completed and 12% were attempted. Thus the rate for forcible rape was seventy (70) women per one hundred thousand (100,000) females⁶⁵. The 1992 report by the National Victim Centre⁶⁶ emphasised that the United States has the world's highest rape rate of the countries that publish such statistics; US rape rates are 4 times higher than Germany, 13 times higher than England, and 20 times higher than Japan. Sixty-one per cent of all US rape cases are less than 18 years old. Twenty-two per cent are between the ages of 18 and 24 years. Seventy-eight per cent rape survivors know the attacker. In one study 35% of college going men indicated that if they felt confident of getting away with it, there was a good chance that they would commit rape. Women who have been raped are attempt suicide 8.7 more times than those who have not. A survey on why women do not report rape/attempted rape showed that 43% thought nothing could be done, 27% felt it was a private matter, 12% were afraid of police response, and 12% thought it was not important enough.

Kelly and Radford (1998)⁶⁷ conducted a wide range of relationships and locations and found that rape can occur in the contexts of harassment, trafficking and marriage. Spousal sexual abuse was reported by 22% women in Uttar Pradesh in India⁶⁸, 37% in Pakistan⁶⁹, and 59.4% in Japan⁷⁰.

trafficking

Trafficking involves commercial trade in human beings for purposes of cheap labour and forced prostitution. Many allege that it also involves the buying and selling of human organs. It is also commonly likened to a "modern day slave trade" and "flesh trade". It is propelled and sustained through existing inequalities that create possibilities for exploitation and is the result of the immense gap between the rich and the poor, the powerful and the disempowered. Thus women and children, more than men, fall prey to this form of violence.

Trafficking in women and children has been identified as a major area of concern by authorities in South Asia. The Ministry of Women's and Children's Affairs in Bangladesh has listed it as the seventh most commonly perpetrated crime against women and the Government of Bangladesh has undertaken specific steps to counter its momentum.

There is both inter-state and intra-state trafficking in women and children in our country. Outside the country, trafficked women may either become a part of the global sex trade or they may be employed by the informal domestic labour market. They are most commonly trafficked to India, Pakistan, the Middle East, some European countries, and to Malaysia. Within the country they are usually sold to brothel pimps and madams (*sardarnis*).

⁶⁵ FBI Uniform Crime Reports, 1932-1997 presented in *The epidemic of rape and child sexual abuse in the United States* by Diana E.H. Russell and Rebecca M. Bolen. 2000. Sage, California, London, New Delhi.

⁶⁶ *US National Victim Center Report. 1992.*

⁶⁷ Kelly, L. & Radford, J. 1998. Sexual violence against women: An approach to an international overview. In *Rethinking Violence against Women*. In Eds. R. Emerson Dobash, & Russel P. Dobash. Sage Series on Violence Against Women.

⁶⁸ EVALUATION Project. 1997. *Uttar Pradesh: male reproductive health survey, 1995-1996*. Carolina Population Centre

⁶⁹ Faruqi, N., Hussain, K., Bhatti, L.I., Haroon, N., Malik, A.I., Fikree, F.F. & Razzak, J.A. *Group Report on The Cycle of Domestic Violence: A Power and Control Trap*. An study by Phase III students, class of 1996, The Aga Khan University, Department of Sciences.

⁷⁰ Yoshihama, M. & Sorenson, S.B. 1994. Physical, sexual, and emotional abuse: The experiences of women in Japan. *Violence and Victims*, Vol 9, No.1, Springer

Information from a Pakistani document⁷¹ mentions a police estimate that in Karachi alone there are over a million undocumented Bangladeshis and a good proportion of them are trafficked into the country. The report indicates that between 1991-1993 everyday 100-150 Bangladeshis were brought into Pakistan. During this period there were at least 2,000 Bangladeshi women in Pakistani prisons on charges of unauthorised entry as well as for having committed *zina*⁷². The same report also alleges that traffickers, pimps, and law-enforcing authorities collaborate in the exploitation of women. In many cases the person who purchases the woman may marry her to legalise the process of enslavement and then make her work as a prostitute in a brothel or as a labourer in the home or field. It is alleged that women who are trafficked are commonly subjected to physical, sexual and psychological abuse.

Cross border trafficking exists in other parts of the world too - Nepali women follow routes that are similar to Bangladeshi women, African women are trafficked to Europe, and South American women to north America. The Nepalese NGO Maiti⁷³ estimates that each year between 5,000-7,000 girls are sold to India and most of them are less than 16 years of age. The organisation estimates that there are between 1,50,000-2,00,000 Nepali girls in India.

Trafficking is not a South Asian phenomenon. Women from Africa are trafficked to Europe in large numbers as are women from South America to North America. Normally the route is from the more poor countries to more developed ones but in the context of the global sex trade poor women from any country are at risk of being trafficked to anyplace where more money can be made through sexually exploiting them.

NEWSPAPER REPORTS

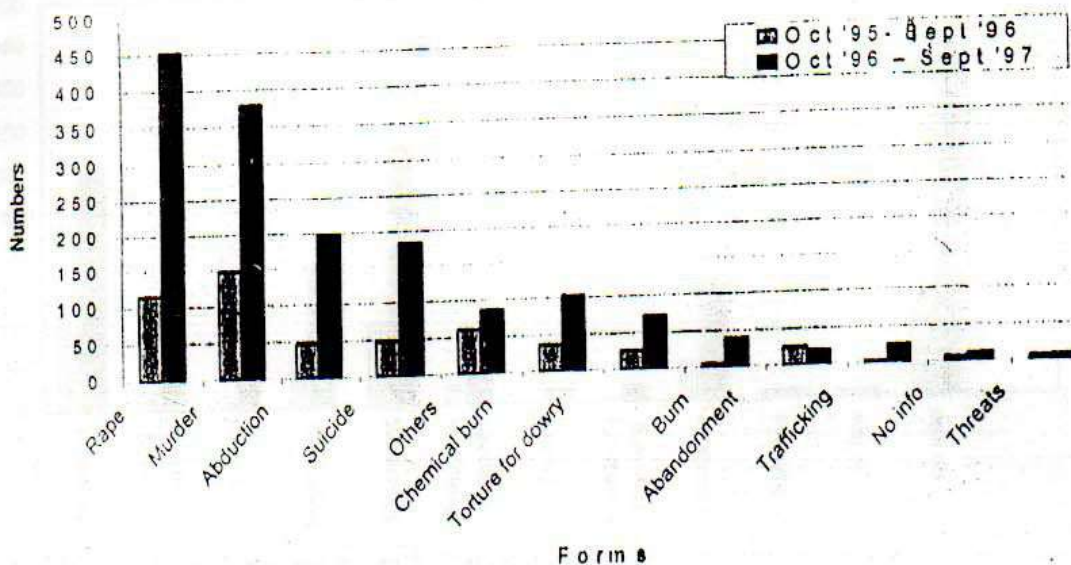
The news media is an effective instrument with which public opinion is shaped and in Bangladesh increasingly journalists are becoming conscious of the brutal reality of the violence in women's lives. Newspapers reports of VAW were collected from October 1995- September 1997 from four national dailies, three of which were Bangla and one English. These newspapers were: *Bhorer Kagoj*, *Inqullab*, *Jonokontho* and the *Daily Star*. In twenty-four months from October 1995 to September 1997, a total of 2,093 cases of violence against women (VAW) were reported in the four national dailies - i.e., every month on average 87 cases of violence incidents against women were reported in the papers during this period. In the first year of the study five hundred and twenty (520) cases of VAW were reported whereas in the second year of study the number of reports of VAW cases increased more than threefold to one thousand five hundred and seventy-three (1573) cases.

⁷¹ Lawyers for Human Rights and Legal Aid (LHRLA), 1996. *Trafficking of women and children in Pakistan: The flash trade report 1995-1996*.

⁷² *Zina* is a section under Pakistan's *Hudood Ordinance* where the punishment for extra-marital sex, both adultery and fornication, is stoning to death or 30 lashes or imprisonment for up to 25 years

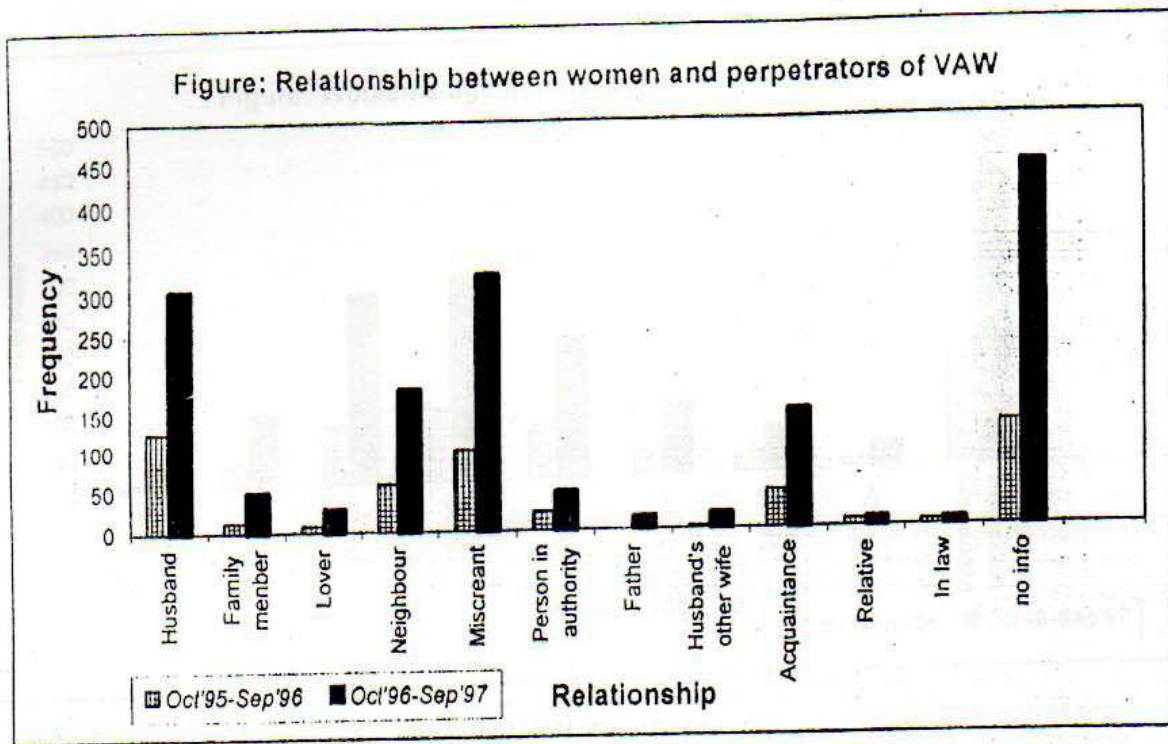
⁷³ Maiti, 1999. Politics and trafficking: Role of Parliamentarians to combat trafficking. Report based on Maiti Nepal-organized workshop on "Trafficking in Girls and Women: Solution to the Problem, Political Commitment and Role of Parliamentarians" held in September 1999, Kathmandu, Nepal.

Figure: VAW forms in news reports.



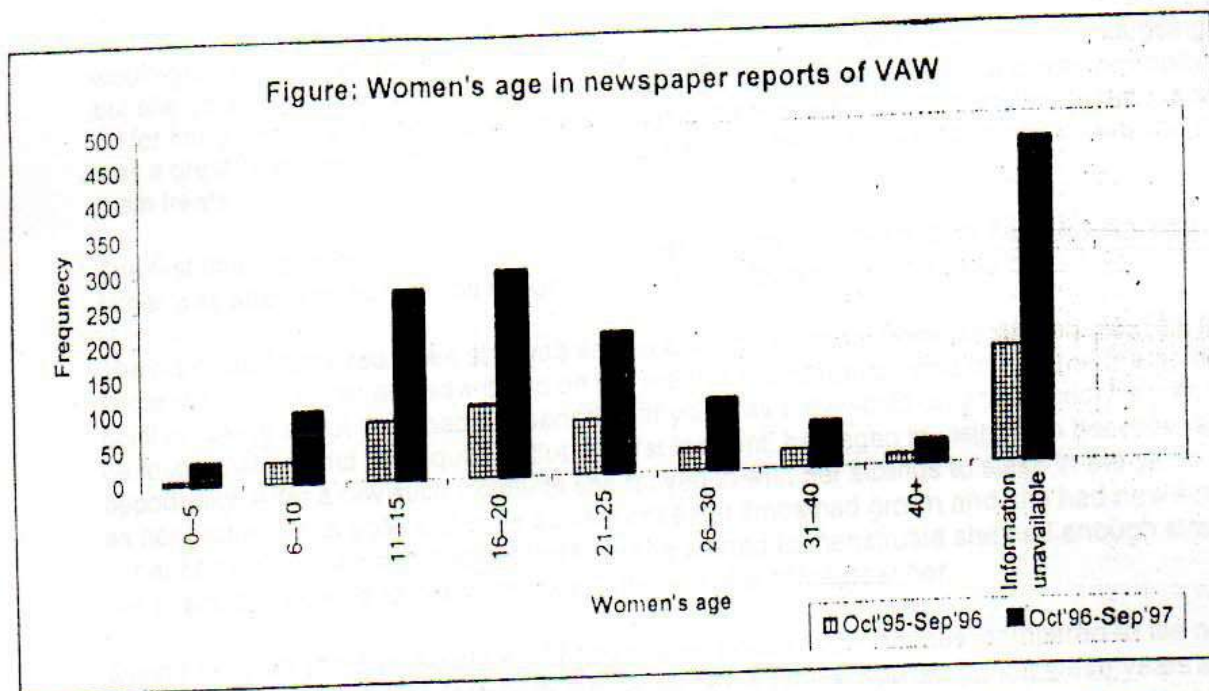
Forms of VAW in newspapers were ranked according to prevalence. It was found that (1) rape, (2) murder, (3) abduction, (4) suicide, (5) acid burn, (6) torture for dowry, (7) burning women with fire, (8) abandonment of women, (9) trafficking, and (10) threatening women were the most prevalent forms reported in the papers. Twenty-seven per cent (27%) of these reports were of rape or rape attempts with an average of twenty-three (23) rapes per month. A fourth of all newspaper reports on violence against women were of murders of women, with an average rate of twenty-two (22) murders a month. Twelve per cent (12%) reported cases were of women being abducted and eleven per cent (11%) of women committing suicide. There were also single cases of gouging eyes, a hundred and one lashes, injuries caused by stabbing or strangulation. The following bar graph shows the difference in the numbers of VAW cases (table provided as Annex') reported by the press in the two consecutive years of study.

The following figure gives a picture of (table provided as Annexⁱⁱ) the alleged perpetrators of VAW as found in newspaper reports.



According to current findings, 20.6% cases (431 cases) of the reported VAW were perpetrated by husbands and 20% cases (421 cases) by identified criminals. More than eleven per cent cases (241 cases) were committed by neighbours and nine per cent (196 cases) at the hands of other acquaintances that were not reportedly neighbours. Persons in positions of authority committed more than three per cent cases (70 cases). All reports of violence increased in the second year of the study and henceforth the numbers of various perpetrators also increased, with the exception of relatives and in laws where the numbers were seen to be nearly the same in both years. Despite the change in numbers the rank order of common perpetrators, with husbands and ex-husbands topping the list of alleged perpetrators, remained the same in both years. It is worth noting here that the total number of current husbands was 424 and ex-husbands 7.

The age of women was available in 1469 out of a total of 2093 cases reported. Women's age distribution as found in newspaper reports of VAW has been presented in the following figure and the table has been provided as Annexⁱⁱⁱ.



In six hundred and thirty-one (631) cases of VAW, newspapers did not mention the age of the women attacked. However from the available information it was seen that majority of the cases reported were of young women aged between 11 and 20 years of age.

CASE STUDIES

As part of the exploratory research for the Pilot Study on Violence against Women, Naripokkho conducted four case studies with follow-ups over the period of one year.

TABLE: CASE STUDIES CONDUCTED IN THE FIRST PHASE OF THE STUDY.

Name/ Pseudonym	Form of violence	Current age	Current Socio- economic status	Education
Lili	Childhood rape	26 years	Upper SES	Post-graduate
Nurunnahar	Acid assault	15 years	Lower Middle SES	Secondary school
Lara	Childhood rape	12 years	Lower SES	Primary school
Ruma	Acid assault	14 years	Lower Middle SES	Secondary school
Kokila (incomplete)	Rural spousal battery	Mid 30s	Lower SES	None

Lili: A case of child sexual abuse

Lili's case illustrates how women cope many years after an experience of violence. She was interviewed when she was in her late twenties, married and with an eight month old baby. She gave a retrospective account of her experience of rape in childhood by an adult male person, her father's subordinate colleague, during her pubescent years.

Lili comes from a middle class educated family. She is the eldest of four children and the family at the time lived in Kushtia, a town in the western region of Bangladesh, on the border with India. Her family is extraordinary in that her (paternal) grandmother was Hindu but her father had converted to Islam and was a strict Muslim.

Between the time when she was about 10 years old up to the time till she was 12 or so, she was regularly raped by her father's subordinate at work. This man was a frequent visitor to their house; it appeared from her recollection that he would be over at their house on a daily basis, running small errands for the family and sharing in some form of food business (*arat babshya*)

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with her mother. Before the actual incident of the rape, this man (she referred to him as an uncle) would grab her, corner her, at every available opportunity. She had no idea what was going on but she definitely did not feel "right" about it. She told her mother about it and was promptly told off for her overactive imagination. She also began to believe she was imagining things as 'uncle' was a great favourite with her and her younger siblings. He used to take them to fairs and buy them treats.

The first time he raped her was when her mother was away in hospital to have a baby and her father was attending to her mother. Uncle was left in charge of all the children.

The rape itself occurred when she was asleep and she woke up because of the pain. She found uncle lying next to her and saw blood on the mattress. Uncle explained to her that there was no point in talking about what had happened to anyone, as they would only think badly of her. When he found that she did keep quiet about the first incident, he began to visit her in her room at every opportunity. After a few such incidents she moved in with her siblings to sleep in the same room as her brothers and sisters. During adolescence her limbs had grown and she had new strength in her body. She claims that about the time she started to menstruate she had enough strength in her to actually be able to push him away whenever he came near her.

During her teen years and early adulthood she was quite 'promiscuous' compared to the norms of the virginal Bengali woman for whom premarital sex is taboo. She felt during these years she had difficulties making friends with women, she did not find interest in "girl talk" (*meyeli kothabarta*) and it was easier for her to be with men. She tried to commit suicide a couple of times in her teens and early twenties, and the last attempt was after a failed love affair during her early years in University. When asked about the suicide, she said at that time she felt she had nowhere or no one to go to, neither friends nor family. She took a large quantity of sleeping tablets and when the hall (dormitory) authorities discovered her she was rushed to the hospital emergency for a stomach wash. The phone number of a Naripokkho member was found in her bag and this woman was informed of Lili's condition. The Naripokkho member barely knew Lili but nonetheless brought her home where she stayed for a while before returning to her hall.

When she was interviewed she spoke about her life and recalled her childhood experiences in a disconnected way - apparently mixing up the continuity of events. During the interview she was asked about her worries in her current context. She said that she worried whether she would be able to give her child a happy childhood because nothing good happened to her during her own childhood. She was also afraid that she herself might harm the child in some way. Regarding what remained of her childhood experience of rape - she said that many little things surrounding the rape creep into her thoughts everyday, specially when she is doing things which require no thought, things which are automatic (such as drying her hair). She still feels nauseous whenever she smells coconut oil because uncle used to wear it on his hair. She was also asked whether she had derived any pleasure from her different sexual relationships; she explained that in her earlier relationships there was love, but not much passion. It was much later when she had an affair with a French man that she first experienced sexual climax. It was interesting to note that although she had had physical relationships with Bangladeshi men, it was with a foreigner that she first had an orgasm and later on she also married a man from another foreign country. Today she lives abroad.

Lara: A case of child sexual abuse

Reports in newspapers on 30 March, 1996 mentioned that a girl aged about 12 years was gang raped on March 29, 1996 allegedly by three guards employed by the railway authorities, in an empty train carriage at Kamalapur Railway Station in Dhaka. Naripokkho researchers visited her in hospital four days after the report appeared in the papers. She had been brought to the Dhaka Medical College Hospital (DMCH) by the police sub-inspector of the Government Railway Police (GRP) as she was bleeding excessively. In order to locate her within the hospital premises two researchers from Naripokkho, along with a film maker, first went to the office for Social Welfare workers on the 1st floor of the hospital. They were directed to the gynaecological on the ground

floor of DMCH. Generally the hospital is dark, gloomy, overcrowded and at that time there was some construction going on in the hospital, for which many of its long corridors were overflowing with concrete and water. The patients in that particular ward were mainly older women and many appeared to be very ill. The nurse at the front desk pointed Lara out. The girl was being guarded by a police officer in plain clothes and as we approached tentatively he seemed quite willing to help us with whatever information we wanted. Lara looked like she had not reached puberty, she was sitting up in bed in a new dress and a bright sparkle in her eyes that stood out in stark contrast to the half dead women in the rest of the ward. The Naripokkho researchers told her as simply as it was possible that they would like to interview her. She appeared to be quite excited and showed us all the Horlicks, Ovalitne, biscuits, and bananas she had received from many visitors and child rights activists. She said she worked as a domestic help in a house in Dhaka but she could neither give the address nor the names of her employers. She said that her village home was in Rangpur in the northern part of the country, and she had a sister who lived there. Her mother had expired and her father had abandoned them a long time ago. She was brought to Dhaka, but what she said about her journey was not clear as the details she gave were contradictory. She ended up working in a house in Dhaka, her employers were good people but she missed home and had come to the railway station because she wanted to go home. However that evening no trains were running due to a non-cooperation movement by the political opponents of the Government. She went to sleep on the platform along with the thousands of homeless people who stay there at night. The next thing she recalled was that at some point during the night some men in khaki came and picked her up. The woman lying next to her even said to one of the men, "Jobbar bhai, where are you taking this one?" (*ayray kothai loiya jaan?*) He replied that he just wanted a massage (*ga tipbar jonyo*). They took her to an empty bogey and as she said, "did this to me" (*ammaray ayda korsay*). She also added that they had taken another little girl, smaller than herself and the men raped this girl too. She said she even requested them to let the girl go (*oray chchairya than*) and she demonstrated how she watched this other girl later lying in a dead heap in the carriage. Lara felt she had survived because she was bigger. The next morning a little boy in the railway station helped clean her up but as her bleeding would not stop he fetched the police, who she referred to as "Huzur".

Very soon after the arrival of Naripokkho members in the gynaecological ward, the hospital *ayah*, a female hospital attendant, came over to Lara's bed, sat down and related the night Lara had been brought to the hospital. She was brought in around 1pm and the doctors told the *ayah* to bathe the girl. Lara had to be carried to the shower and when she was made to stand on her feet, she bled so profusely (*chaka chaka rokto*) that the *ayah* was worried she would not survive.

At one point during this conversation, another police officer came charging and inquired what we were doing. We told him who we were and asked who he was. He introduced himself as the Investigating Officer (IO) of GRP *thana* in charge of the case and we realised that this was "huzur" Lara had spoken about.

The film maker who was present with us brought out a video camera and told the IO that this was part of Naripokkho's research and whether he would mind if he was interviewed. The man was agreeable to being photographed, and he gave the Naripokkho crew a detailed picture of the case. We asked if we could interview the girl since she was now under his custody, and he gave us the permission to do so. He claimed that Lara was under threat and that her rapists could easily kidnap her from the ward and therefore he had arranged for round the clock police vigil. Before we left he advised us to speak to the forensic doctor in charge of writing the report of the medical examination.

Before leaving the ward we looked at Lara's medical file where it was recorded that she had a perineal tear and that she was given stitches on the morning of the 29 March, 1996.

The Forensic Department of the DMCH is not in the hospital building but is located on the 1st floor of the college premises. The doctor who had conducted was informed about the purpose of Naripokkho's visit. He explained to us that given that Lara's body showed many indications that

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she had been raped – she had a perineal tear as well as other bruises - he would report that "she was not habituated to intercourse". He further added that the girl was a minor and the law says that sex with a minor was an offence, whether she consented or not, and therefore he had no doubts that his report would favour Lara in court.

A week later Lara had been moved from the DMCH. We visited the GRP *thana* at Kamlapur Railway Station to find out where she had been taken. We were asked to come back in the evening after 8pm because the IO would not be back before then. In the meantime we sought permission from the IGP to follow up Lara's case with GRP *thana*; he personally phoned the *thana* and informed them that they should assist us in every way. When we got hold of the IO, he told us that Lara had been removed to the jail premises under judicial safe custody (*nirapatta hefazat*) on 8 April 1996 and that we needed the court's permission to visit her. He as IO had access to her and said that the last time he saw her, she had become very quiet (*chupchaap*) and did not like being in jail. We were given a copy of the First Information Report - the case was recorded as Dhaka GRP *Thana*, dated 27.3.96, Case No.6 under Section 6(3) of the Women and Children Repression Act (1995). The IO also informed us that the men who had raped Lara were employed as guards in the station – they were not part of the police force but they were railway employees. They were all absconding and one of them had given a false home address to the railway authorities. The IO was not sure whether he would be able to locate and nab the criminals.

Later that evening we walked around the station to see what it was like. Hundreds of homeless people had begun to gather on the platforms and other areas around the station for the night's rest. As it was still early, mainly women and children were settling down everywhere. There is a public toilet right outside the entrance to the ticket booths where people were taking their showers and generally winding down their day's activities. They were curious about us as we were about them and we took this opportunity to talk to them. When we asked if anyone had heard anything about a little girl being raped there a fortnight back, they replied in the negative.

Despite the fact that no permission had been sought to visit Lara we decided to visit the Dhaka Central Jail in the old part of the city and see how far we could enter. The entrance gate is a huge iron structure and we knocked on it. There is a hole, the size of a tennis ball, carved out on the gate. When we knocked, an eye appeared in the hole and then a mouth that asked who we were and what we wanted. We explained and were allowed to go in to talk with the jailer. The man was very amicable and he first sent off one of his subordinate officers to check whether Lara was there. Her presence was confirmed after about 45 minutes and then we were told that we could not see her without permission from the judge in whose court her case was being tried. All of May 1996 Naripokkho sought permission from the courts to visit Lara in jail – but no permission was granted.

Six months later Lara was transferred to a government shelter in Mirpur, in the northern part of the city. We took permission from the Department of Women's Affairs to visit Lara once a month. Lara did not remember us and she was not as chatty as she was when we visited her in DMCH. She was quiet but not shy, and she showed us her work - her copybooks and embroidery. She asked us to bring a pair of earrings for her the next time we visited her. By the third visit the shelter authorities started complaining about her – they said she would not attend her lessons, she fought with the others and she took off all her clothes in public. On one of our visits we asked if we could see the rest of the shelter and not just talk to her in the office room in front of the shelter authorities; the manager of the shelter and her assistant were both very wary of us and criticised our presence. However we insisted they allowed us to go up to the dormitories. The shelter is over-crowded and everyone there appeared to be fearful of breaking rules. Lara told us that they management were ill tempered we got the sense that they showed no respect to anyone there. At one point we asked her about the other little girl who was raped in the train bogey – she replied that there was no other girl.

By the end of six months the shelter authorities started asking her if we would take her away from there – but we had no legal authority of Lara and Naripokkho has no shelters of its own. She was sent from the shelter to a government vagrant home. We asked the Department of Social Welfare for permission to visit her in the vagrant home where she was placed but they declined to let us visit, however they said we could access any information about her through them.

Her case history as recorded by a legal aid organisation and the shelter at which she was later placed revealed that she had run away from an orphanage further along the railway tracks. Given that she was literate and worked dextrously with her hands (her hand writing and embroidery looked as if she had been trained) revealed that she did have some form of education.

NURUNNAHAR – A CASE OF ACID ASSAULT

Nurunnahar lived with her mother and younger sister in the village Bamnikatthi in Baufol thana, in Patuakhali, a southern district in Bangladesh. Her father died when she was ten years old – he used to be a farmer. They lived off their land, and as Nurunnahar reported they lived quite well. Her only brother, the eldest child in the family, worked in an industry in Narayanganj, where he lived with his family. He supplemented the expenses of Nurunnahar's family.

In 1995 at the age of 15 years, Nurunnahar was a student of class X in the school Boga Union Madhyomik Biddaloy. At that time a college-going young man named Jasim Shikdar would waylay her on the way to school and profess his love for her. He was her neighbour in their village and an alumnus from the same school. She disliked him and so refused his proposals.

In the early hours of July 27, 1995 Nurunnahar was asleep beside her mother and younger sister in their room. A male teacher was lodging in their house and a young male cousin who stayed with them were asleep in the front verandah. Jasim and ten other men entered the house through its back entrance. At first Nurunnahar's mother thought they were being burgled and she quickly took off the gold jewellery they had on and hid them under the mattress. Nurunnahar huddled up in her *kantha* (a light blanket) and lay very still in bed. Jasim, with the help of his friends, got hold of her by the hair and dragged her out of bed. Some men forcefully held her mother and sister and the two male houseguests at gunpoint.

Nurunnahar saw Jasim bring out a small bottle from his pocket and pour a liquid on her face. She gripped his hand tightly and in the ensuing scuffle some of the acid in the bottle spilt all over her hands as well as his hands and two of his friends who were holding her down. When her grip loosened he threw the remaining acid on her face. After this the men ran away. Nurunnahar could not see anything. Her sister brought her down from the bed and took her out of the house; both of them felt that Nurunnahar should hide in case the men came back. Nurunnahar hid herself behind the house and just sat there crying quietly.

About half an hour later the neighbours came in. They initially thought that Nurunnahar had been abducted. Nurunnahar's aunt, along with a cousin, had noticed a crouching shadow and thought it was one of 'the burglars' – they followed with a hurricane lamp and found Nurunnahar outside. Initially the aunt thought that Nurunnahar's face was bleeding from a knife wound – she tried to wipe her forehead to see where the wound had been inflicted. It was her cousin who realised that acid had been poured on her face and he screamed at the aunt to stop. There was much confusion as to what should be done to help her: it was suggested that her face should be wiped with cloth and others said that water should be used. Eventually they poured some water, and Nurunnahar felt her face burn up even more intensely. They stopped pouring the water when she started screaming in pain.

One neighbour went to get the village doctor, who said he could not do anything to help but advised them to pour water on her face and gave some medicine to reduce the pain. He also suggested that she should be taken to Barisal for treatment, but he never came down to see her himself.

Early next morning she was taken on a boat for the bus stand from where they took a bus Barisal – they reached the Sher-e- Bangla Medical College Hospital at Barisal in the afternoon. By that time she had lost her consciousness. She was in this hospital for three days where she was given intravenous saline, some anti-biotic injections and painkillers. Then the authorities transferred her to the Bongobondhu Sheikh Mujib Medical University and Hospital (former BSMU Hospital) in Dhaka. The journey from Barisal to Dhaka was via launch and it took about ten days. They took a babytaxi (a three wheeled motorised vehicle) from the launch terminal to BSMU. From there she was again referred to the Pongu Hospital in the city. They hired another babytaxi to Pongu. This was on a Thursday afternoon. Pongu did not admit her immediately and she had to travel to Narayanganj by babytaxi again where she stayed with relatives. She was kept receiving saline and injections. She was eventually admitted to Pongu on Saturday.

Several operations (she cannot remember the exact number) were performed on her hand and face in the eight months she spent at Pongu. At first both her eyelids had lost their ability to open and uncover the eyeballs – it took three surgeries to get the eyelids to function again.

A case was registered in Baufol *thana* by her mother three days after the incidence. It took several days because the police required a doctor's certificate to accept the case. Nurunnahar feels that Jasim's family had bribed the police not to accept the case immediately.

At first the police were unable to nab the men who had attacked Nurunnahar. Two months later when all their movable property was attached and a notice was given saying that if they did not hand themselves in within ten days all their immovable property would also be attached all the men surrendered. It is believed that the police had threatened to oust Jasim's family from the village and that is why he actually returned from India and handed himself in. There were three good reasons for this sudden police alacrity: (1) Naripokkho was following the case up to ministerial level, (2) a journalist called Hafiz had ensured media publicity (four national dailies carried the news of the attack on Nurunnahar), and (3) a Dhaka based legal aid NGO was pursuing it in court. The men against whom the case was brought were well known for their criminal activities in the community – they were involved in burglaries and torture of other villagers. People in the village were happy to see the hoodlums nabbed.

Even after the boys surrendered to the police, their relatives continued to threaten her family; they threatened her brother to withdraw the case otherwise they would kidnap and kill her so that he would never be able to appear in the witness stand. They even threatened to kill him. Her mother had to sleep nights at neighbour's houses and her little sister had to move to Narayanganj to stay with her brother.

The local *thana* police handed the case over to the *goenda bibhag* – the detective branch - of the police who took Nurunnahar's statement while she was still in Pongu Hospital in Dhaka.

On May 11 1996, almost a year after the case was filed, the verdict was given against five of the men involved. Two men were awarded the death sentence and three were awarded a life term in prison. The rest were set free despite their alleged involvement in the crime. The convicted men have now appealed these sentences in the High Court.

During a visit to the hospital, Nurunnahar was seen lying in bed with her head and eyes in bandages. She was awake but not communicating with anyone other than her aunt who was at the time attending to her. Since her aunt did not live in her village, the woman could not tell us much about what led to the attack. One young girl, an attendant to another patient in the hospital, spoke to us. She emphatically said that if this was a case of a boy throwing acid on her face, that she must have done something grave - no one could harm another person like this without the other person asking for it in some way.

When Nurunnahar was discharged from the hospital and was on her way back home, people of her village gathered at the launch *ghat* (pier) to see her. They followed her home, which made it

feel very self-conscious and like a "freak" (*tamsha*) on show. She returned to school with the support of her teachers and she passed her Secondary School Certificate examinations in the third division in 1997. She then moved to Dhaka and became a student at the Dhaka Government Commercial Institute. She established her lodgings at a women's hostel in the city.

In 1998, UNICEF trained psychologists and psychiatrists in EMDR (Eye Movement Desensitisation and Reprocessing) - a novel approach to handling cases of post traumatic stress disorder (PTSD). A preliminary try-out of the therapy was conducted on Nurunnahar and Beena; both survivors of different incidents of acid violence. Initially they both reported feeling much better. However Nurunnahar continued to derive benefits from EMDR but Beena began to have nightmares and refused further therapy.

Nurunnahar had regular sessions of EMDR with a psychologist in Dhaka. At first she did not talk much about her subjective feelings. Later in the therapy she began to open up and talk about herself and the acid attack that she referred to as "my accident" (*amaar accident*). On her fifth session, she began with a thought (*chinta*) that she claimed she had harboured for a while. She said that had she given into Jasim may be this acid attack would not have happened. She said, "So okay I would have had to have an affair with him and then may be I could leave him later; at least this would not have happened to me". During the EMDR the psychologist asked her to think that through and at the end of the session she said that whenever she left him, he would have done some harm to her because he was just that sort of a person.

During that time a new organisation called The Acid Survivors' Foundation was arranging to take seven girls from Bangladesh to Spain - the Spanish government would bear the cost of their reconstructive surgeries. Nurunnahar was one of the seven. Before she left for Spain, she said that some good things were still happening to her despite her defacement; at least now she had an opportunity to see the world which she would never have had sitting in Baufol. Before she left she was excited and she believed that she would come back with a better face.

After her return from Spain she married a man who worked in Saudi Arabia. He was a pen pal for a while after her "accident" - while she was in Spain he came to Bangladesh and tried to locate her at her brother's and at her hostel. When she returned a programme on TV covered the girls who were taken to Spain - after seeing her on TV, he came back to the hostel and proposed to her the second time they met. They stayed together for five days in her brother's house after which he had to return to Saudi Arabia.

When asked about her dreams of the future, she says she fantasises about working in an office where she is respected. She fantasises about being an independent person. She also fantasises about telling Jasim to his face, "I am not scared of you anymore - in fact you are scared of me. You are going to pay for what you did to me. You will pay with your life. And for what you did to me I am on top of the world - people know of me in Bangladesh and in other places in the world. I have friends who will stand by me whereas you have nobody. I feel sorry for you."

Nurunnahar's continuing health problems include the following symptoms:

- Small runny eyes.
- No breathing problems initially although her nose was burnt away. Plastic surgery by Pongu doctors helped in reconstructing a small nose. Later in Spain her nose was enlarged. Today her breathing is noisy and she says she has problems breathing. When she first saw her face after the nose job, she said she cried because it looked much worse than before.
- Dry skin (*taan taan*) and needs constant moisturising.
- Left ear burnt away in acid attack. A hole remained that did not impede her hearing. Later in Spain a cosmetic ear was fixed. This has added to her discomfort because it is attached to her head on hinges. Although she takes the ear off when she sleeps, she cannot rest her head on the left side where the hinges are attached to her head.
- One of her veins in her right hand was torn but it did not cause her any great discomfort.

RUMA: ANOTHER CASE OF ACID ASSAULT

In May 1996 it was reported in the papers that two sisters and a brother had been burned with acid and that they were undergoing treatment at the Dhaka Medical College Hospital. The Naripokkho team went to see her on the fourth day after admission.

Ruma's family lived in the village Kajla Bogarbaid in Tarail *thana* in the district of Kishoreganj. They were a farming family and seemed to be fairly well off in the rural context of Bangladesh. In 1996, Ruma was 14 years old and she was a student of class IX at the village school. Her mother reported that she was doing well in school. On the way to school a boy she knew from childhood, her neighbour, class friend and cousin, Mizan-ur-Rahman, used to harass her. One day he made a proposal for marriage to her and she refused him straight away. Subsequently he started threatening her (*ami tomakay dekhe nibo*). She told her parents about Mizan's proposal, her refusal and his threats. Her father warned Mizan not to disturb her. At that time the family had been negotiating a marriage for her elder sister, and after Ruma started receiving threats from Mizan they decided that she too would be married off as soon as possible. Grooms were arranged for both the girls and the respective families were fixing dates for the weddings.

On the night of 27 April, 1996 Ruma was asleep with her older sister and younger brother. Round about midnight, Mizan entered their house with two of his friends, Rafique and Alam. He was carrying acid in a plastic container. They threw the acid on Ruma's face; some of it spilled over her sister's back and younger brother's hands.

Ruma and her siblings were rushed to DMCH in an ambulance that very night. She was admitted to the Burns Ward whereas her siblings were released after they received first aid. On our first visit we saw her lying in bed with her face half covered in bandages and obviously in a state of great pain. At first Naripokkho researchers spoke to the mother who looked shell shocked and very tired. Tears were just streaming down her eyes and she did not say much other than hold our hand. Her Dhaka based uncle came up to us and said that it was costing them a lot to buy the relevant lotions and anti-biotic creams and he did not know how long they would be able to afford the expense. He added that it would have been better had she died because "now she has the rest of her long life in front of her and how will she go through it in this maimed state". At one point Ruma's raised her arm seemed to be grasping for something in the air. This was called to her mother's notice who then went and sat next to her. She kept running her hand over her mother's face. Her mother explained that whenever Ruma was awake the only comfort she got was from touching her mother's face.

Ruma required surgery and the doctors at the Burns Ward said that she would have to await her turn because the Burns Department has access to the operating theatres at the DMCH on two specific days of the week and usually all operations are scheduled much beforehand.

The following month Naripokkho researchers found Ruma sitting up in bed and chatting with a young cousin and her father. The skin on her face was beginning to heal and her eyes were open. She spoke clearly and was very gracious (e.g., she said she was glad to meet members from Naripokkho). We asked her what we could do and were informed by her cousin that the hospital was doing its best. Her father however was tearful and said that he had never felt so helpless in all his life.

On Naripokkho's next visit, Ruma had been moved from the intensive care to the general ward. Initially she had to share a bed with another patient. She was actually looking worse since our earlier visit. She was having severe breathing problems and tubes had to be inserted into her nostrils to keep them from closing up. The hospital doctors said that they had had enough of Ruma's mother's whining. One doctor told us, "You can see the constraints within which we work, there is no point complaining about it". Although we could see why the doctors were irritated we could also understand the pain and the frustration of Ruma's family—we tried to appease both parties. After we spoke to the doctor, he told us that he had neither the time nor the patience to explain these things to Ruma and her family. He was very annoyed that they had tried to order

him, through political leaders in the community, to have her moved to a cabin (paying beds). We tried to explain to Ruma's mother that may be she should tell us to speak on their behalf with the doctors since the hospital staff were getting irritated - but the woman was in no state to process anything we were telling her.

On the fourth month of Ruma's stay at the hospital, her mother broke down completely and howled about the treatment they were getting, her worries for Ruma and her concerns for her other children back home. Ruma quite harshly told her mother off. She said she needed to stay in hospital for her treatment and that they would have to co-operate with the doctors. After chatting with us for a while she said she was looking forward to going back to her village. At that point her mother broke down again and said she was scared about what people in their village were saying about them.

Naripokkho did not follow up Ruma's case in court. However once when her father complained that Mizan's family had looted their house, we informed the Inspector General of Police who immediately called Tarail *thana* and asked the police there to protect her family.

Ruma was released from hospital eight months later to return to Tarail. She said that it was very nice returning home and that her neighbours were very good to her and they all supported her returning to her studies in school.

On a bus one day a businessman from Kishoreganj and his German wife spotted Ruma and got talking to her. Later on they proposed to take her to Germany and bear the expenses of her treatment. Ruma was away to Germany for nearly a year. On her return, her skin looked better than before and she said the reconstructive surgeries had definitely made her more comfortable.

Currently Ruma is back in her village home. The women in her family, including herself, have taken to wearing the *hijab* (veil). When her mother was asked whether this was out of religious concerns, she said, "Look what happened when we showed our faces". Although Ruma was a talkative sort of a person all through our interaction with her, it seems she has become more reserved and quiet.

INCOMPLETE CASE STUDY INVOLVING SPOUSAL BATTERY: KOKILA

Kokila was from the same village as one of the members of the research team. She was a rural housewife with no independent source of income or education. The reason why the research team was interested in following her up as a case study was because she had made her situation public and was putting up a fight to preserve her dignity despite her lack of economic independence.

Kokila lived away from her natal home with her in-laws and a husband who drank and womanised. Before she had her first child she had left her husband because he used to beat her mercilessly at regular intervals. She had gone back to her family (*baaper bgr*). However, he went after her and she returned to him after a few months because she had conceived her first child. A few years later, and after a few more of these short sojourns to her parents' home, she called the village elders together and complained about her husband's behaviour. A village court (*salish*) was set up and after the hearing the verdict given was that her father-in-law would write away some of the family property due to her husband in her name. She then became the owner of the house in which they lived. For a while there was peace in her household, but within a few months he began to come home drunk again, which was always followed by beating her up. She also knew of his intimate relationships with other women. But each time she attempted to leave him, he managed to bring her back. When she was asked why she always accepted him back, she said, "the storm always passes" (*jhor aashay, tobbay jhor choleo jai*). Although, more than anything else in the world, she wanted the physical violence and womanising to stop, it appeared that above all she continued to cherish him as her husband.

Annex^I

TABLE 1: COMMON FORMS OF VAW FROM NEWSPAPER CLIPPINGS.

Forms	Oct '95- Sept '96	Oct '96 – Sept '97	Total
Rape & attempted rape	115	452	567
Murder	147	379	526
Abduction	46	198	244
Suicide	48	183	231
Others	61	86	147
Chemical burn	36	102	138
Battering & torture for dowry	25	73	98
Burn	4	39	43
Abandonment	24	19	43
Trafficking	2	24	26
No specific info	6	11	17
Threats	6	7	13
Total	520	1573	2093

Annex^{II}

TABLE 2: RELATIONSHIP BETWEEN THE WOMAN AND PERPETRATOR OF VAW FROM NEWSPAPER REPORTS.

Relationship between ♀ and perpetrator	Oct '95- Sept '96	Oct '96 – Sept '97	Σ
Husband / Ex-husband	126	305	431
Miscreant	100	321	421
Neighbour	59	182	241
Acquaintance	46	150	196
Authority	23	47	70
Family member	12	49	61
Lover	8	28	36
Co-wife	2	18	20
Relative	8	9	17
Father	0	15	15
In-law	6	8	14
NA	81	272	353
NR	49	169	218
Total	520	1573	2093

Annex^{III}

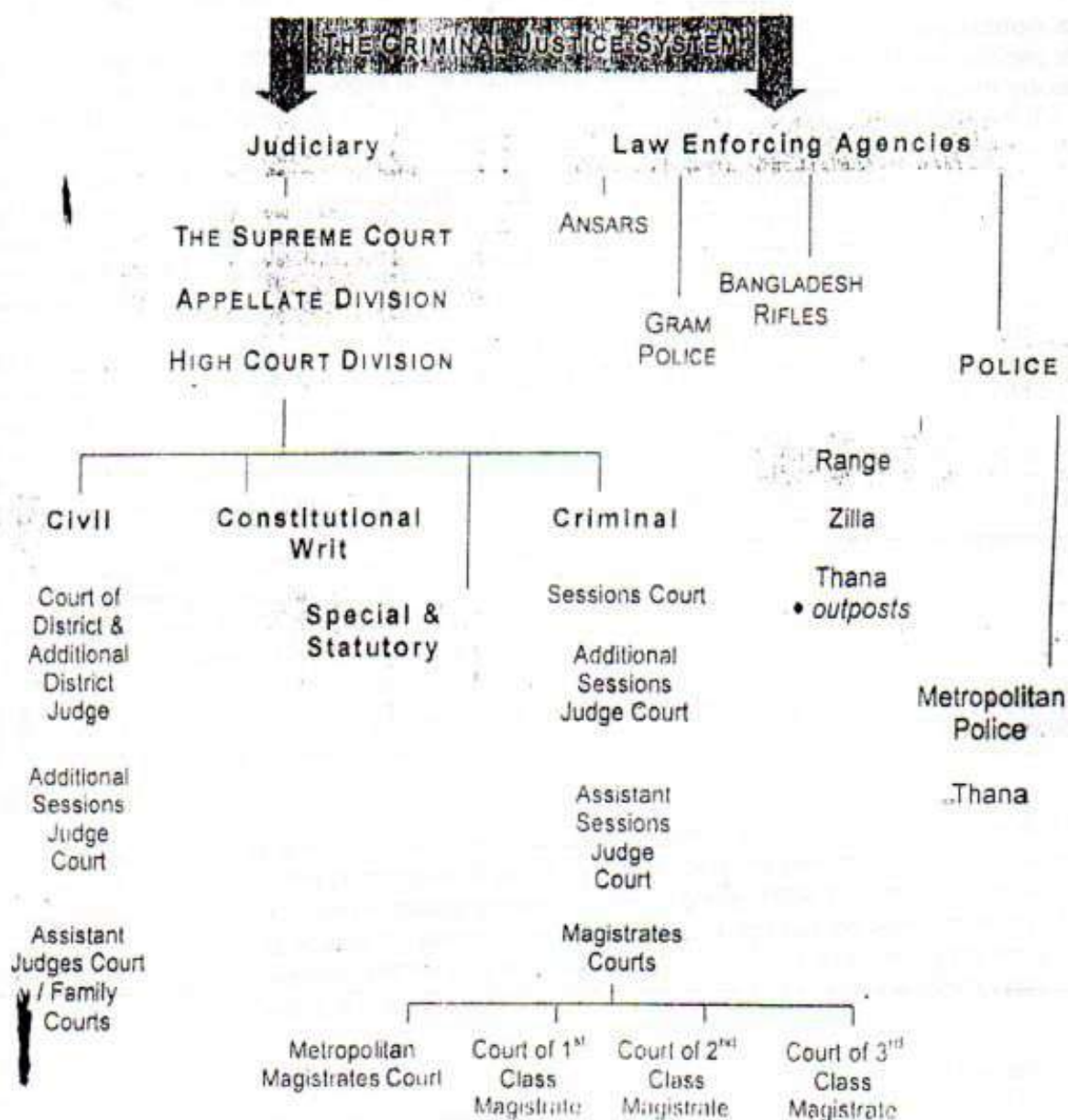
TABLE: AGE OF WOMEN SUBJECTED TO VIOLENCE IN NEWSPAPER REPORTS.

Age in years	Total
0 - 5	38
6 -10	130
11 - 15	353
16 - 20	398
21 - 25	277

Legal Redress in VAW

As part of the Pilot Study, the involvement of the legal system in the redress of violence was studied through the examination of records and conduction of interviews in two special courts, two urban police stations and two in rural areas. The two courts were Dhaka and Sunamganj courts. Both urban police stations were in Dhaka and the rural stations were in Shariakandi and Sunamganj. This section begins with a brief description of the legal system and is followed by a description of the mode of legal involvement along with an analysis of information gleaned from the observation of these institutions, interviews with involved personnel, institutional records and case studies. The Bangladesh criminal justice system operates through the Judiciary and various law enforcement agencies. The former includes the courts where trials are held and the latter include the police as shown in the chart below. All these institutions are under the control of the government, some central some local. The chart¹ below shows the organisation of the legal system.

CHART: THE JUDICIARY AND THE POLICE AS PART OF THE CRIMINAL JUSTICE SYSTEM



¹Adapted from Taslima Monsoor's *From Patriarchy to Gender Equity: Family Law and its Impact on Women in Bangladesh*, 1999. University Press Limited, Dhaka, Bangladesh

The chart shows that the Supreme Court is at the pinnacle of the Judiciary. The point of entry into the court system is the Family Court, Magistrates Courts or the Special Courts for Women and Children. The Police is the chief law enforcing agency of the State, and the police station or the "*thana*" is the main point of entry for women seeking redress for criminal violence. Courts and the police organisation are discussed in further detail in the sections on the Judiciary and on the Police in this chapter. Except where references have been presented all information provided in these sections was based on interviews with lawyers, police personnel, and activists who have dealings with these institutions.

THE LEGAL SYSTEM

The apex law of the land, the **Constitution of the People's Republic of Bangladesh**, was adopted by the Constituent Assembly on 4 November 1972 and it came into force on 16 December 1972. The Constitution in Article 65² confers law-making powers on the national legislature - the **Parliament** or the *Jatiyo Sangsad*. The **Ministry of Law, Justice and Parliamentary Affairs** has the responsibility for drafting new laws, bills etc.

Parliament is the body authorised to formulate new laws or modernise old ones. Thus **legislation** is the most important source of law although judges while interpreting laws may make important contributions in the form of **precedents**, or judgements that serve as exemplary decisions for future cases. Along with social progress new crimes have also evolved. To keep pace with social change, special laws are enacted with the intent of meeting the demands for speedy trials and punishments commensurate with the crime. The mechanism used is that Parliament may introduce **special acts** in special situations - for example, the **Women and Children Repression (Special Provision) Act 1995**. No mention of acid throwing was made in the **Penal Code (1860)** which we have inherited and use till today. This led to the drafting of a new law specifically making acid throwing a criminal act.

When Parliament is not in session (or stands dissolved), the President of the country has the authority to make and promulgate ordinances. Ordinances are placed before Parliament in the following parliamentary session. All laws, acts or ordinances found to be inconsistent with the Constitution can be declared void or *ultra vires* by the Court. However several acts are retained despite the inconsistencies with the Constitution, for example, it is argued that the **Special Powers Act (1974)**³ is inconsistent with the constitutional guarantees of fundamental rights.

There exists a general or common law of the land, which is uniform and applicable to all citizens. Such law may be broadly categorised into:

- civil law or *Dewani Ain* (e.g. contract laws)
- criminal law or *Faujdari Ain* (e.g. penal laws)

Civil law covers all legal issues arising between individuals, between an organisation and an individual as well as between the State and the individual. Civil law does not include laws for crimes, laws based on religions or military laws.

Criminal law defines crimes and fixes punishments for them. A crime is defined as "an act, default or conduct prejudicial to the community, the commission of which by law renders the person responsible liable to punishment by fine or imprisonment in special proceedings" (Osborne, 1964⁴). Criminal offences covered by criminal law include offences against the safety of the state, offences against the administration of justice, offences against the public welfare, offences against property, and offences threatening the lives or safety of persons. Curbing these offences is one of the major challenges facing any criminal justice system.

² In Part V, Chapter I, Article 65 (1) of the Bangladesh Constitution it is said that: "There shall be a Parliament for Bangladesh (to be known as the House of the Nation) in which subject to provision of this Constitution, shall be vested the legislative powers of the Republic: Provided that nothing in this clause shall prevent Parliament from delegating to any person or authority, by Act of Parliament, power to make orders, rules, regulations, bye-laws or other instruments having legislative effect." *The Constitution of the People's Republic of Bangladesh, 1972*.

³ The Special Powers Act (1974) grants the government the powers of preventive detention. This law allows the State to detain or prevent anyone under the pretext of preventing the commission of "certain prejudicial acts". It is alleged that the SPA has been widely used by all political parties who have held office in order to harass and detain political opponents.

⁴ Osborne, 1964, *Encyclopaedia Dictionary of Law & Justice*, London: Sweet Maxwell.

Procedural law provides the courts with rules and procedures that are set down in

- the Civil Procedures Code (CPC) or *Dewani Karjo Bidhi* (1860)
- and the Code of Criminal Procedures (CrPC) or *Danda Bidhi* (1898).

The CPC provides guidelines for procedures to be followed in civil proceedings whereas the CrPC provide rules and procedures for preventing, investigating crimes as well as prosecuting criminals. It gives a description of the offences outlined in the Penal Code as well as offences under other laws. It classifies courts and defines their powers in terms of the sentences the various classes of courts can pass. It is worth noting that the CrPC and the CPC were drafted during the British colonial rule of India.

The legal system consists of a large number of codified laws or codes which can be found in the eleven volumes of the Bangladesh Code. These volumes cover laws formulated only up to the year 1938. All laws drafted since then are found in various legal books such as the Bangladesh Legal Digest (BLD), Civil Digest, Gazette Notifications etc.

The Bangladesh Penal Code and the Code of Criminal Procedure regulate the administration of the criminal justice system in Bangladesh. The Penal Code is provided in Volume 1 of the Bangladesh Code in 23 chapters with 511 sections. This tome was also drafted during the British colonial rule of India, under the Presidency of Lord Macaulay. The version we have today, with minor changes, was passed in 1860.

LAWS PERTAINING TO WOMEN

The Bangladesh Constitution guarantees in Article 28(1) that *"the state shall not discriminate against any citizen on grounds only of religion, race, caste, sex or place of birth"*, it says in Article 28(2) that *"women shall have equal rights in all spheres of the state and public life"*. However, Bangladeshi women are equal to men before the law only in their dealings with the State and in their public lives; in their private lives they do not have equal rights in law with men.

special legislature

Many ordinances (The Muslim Family Law Ordinance, The Family Court Ordinance, The Cruelty to Women - Deterrent Punishment - Ordinance) 1983 etc. as well as many acts (e.g., The Dowry Prohibition Act, The Child Marriage Restraint Act of 1929, The Suppression of Immoral Trafficking Act, 1993 etc.) have been formulated to protect women's interests.

the family law

The Bangladesh Constitution separates the private from the public sphere and men and women have different rights in these two realms. The application of personal religious law is retained for family matters. These include marriage, divorce, guardianship, child custody and inheritance. Thus rights differ according to the religion of the person/persons concerned.

international conventions

Many international human rights conventions, such as the Convention for the Elimination of All Forms of Discrimination against Women, CEDAW and the Child Rights Convention, CRC, have been ratified by the state. However as far as enforceability is concerned Bangladesh is not legally bound to ensure consistency between national law and ratified conventions.

sections in the Penal Code dealing with VAW

Many sections of national law are delineated in the Penal Code's chapter XVI under which cases of VAW were recorded. Sections 299-377 include "offences affecting the human body" - starting with assault and battery, rape, murder, death due to negligence, attempting suicides, causing miscarriages with and without consent, voluntarily causing hurt, wrongfully restraining or confining another person, kidnapping another person etc.

the women and children repression (special provision) act 1995

During the time of Nanpokkho's Pilot Study on Violence against women most cases of violence against women in Bangladesh were recorded under *Nan o shishu nirjaton (Bishesh Bidhan) in 1995* translated as The Women and Children Repression (Special Provision) Act of 1995. Ten Special Courts were set up all over the country for the conduction of trials of cases filed under this act. Cases filed under this act were collected as part of the Pilot Study from four police stations and two courts.

The 1995 Act covered several crimes against women and children. These included:

- burning with erosive, or poisonous or corrosive substances leading to loss of sight or hearing, or the disfigurement of face or organs or glands or the deformation of any part of the body
- causing death by erosive, poisonous or corrosive substances
- rape
- forcing or reducing a woman or child to illicit intercourse
- attempting to cause death or grievous hurt after rape
- causing death by or after rape
- forced prostitution
- compelling a woman to marry against her will
- trafficking in women and children
- kidnapping or abduction for unlawful or immoral acts
- attempting to cause death for dowry
- causing death for dowry
- causing grievous hurt for dowry
- kidnapping for ransom and abetting in crimes

The definition and the punishment for rape in this act was the same as that described in Section 375 of the Penal Code where rape was specified as constituting acts by men only and involving penetration during sexual intercourse with a woman, under the following circumstances:

- if sexual intercourse happens against her will
- it is without her consent
- when she consents under threat of death or hurt
- when he uses false pretences by posing as her husband
- and, whether she consents or not, when she is below the age of fourteen years

The exception here is that if the man is married to the woman and she is thirteen years of age or more then the act of sex between them is not considered rape. If she is twelve years old or less, then the act of sex between them is construed as rape.

Section 376 of the Penal Code (Act XLV of 1850) specifies the punishment for rape as life imprisonment or simple/rigorous imprisonment for a term extending up to 10 years. A person convicted of rape is also liable to fines. If the woman concerned is twelve years or less and is married to the man charged with raping her, then the man may be imprisoned for up to two years with or without fines. Those involved (excluding children being married) are liable to imprisonment and/or a fine. It is also possible to obtain an injunction from the court prohibiting a planned child marriage.

The 1995 Act spells out the rules of investigation and punishments for crimes against women that are "cognisable" in nature, i.e., concrete evidence in the form of visible bruises or injuries are required for the recognition of the assault as a crime. Special Courts are established to try cases filed under this Act. Death sentences can be appealed in the High Court.

The investigation of cases falling under the Women and Children Repression (Special Provision) Act 1995 has to be completed within sixty days of filing the report through the police or through the Magistrate. If the court fails to conclude the trial within the prescribed period, thirty extra days are granted after the submission of a written explanation to the High Court. According to this Act the principal accused cannot be granted bail during the time of the investigation. The accused can be granted bail after the expiry of the time period granted by the courts for investigation, unless the court is convinced of the reason for not granting bail. In such an instance, the reason for not granting bail is also recorded. The court had to complete trying the case within 90 days of receiving the case for trial. If the court fails to conclude the trial within the prescribed time, there is scope to permit 30 extra days after submission of a written explanation to the High Court.

nari o shishu nirjaton bishesh bidhan ain (2000)

Another special act for the protection of women was passed by the Parliament in the year 2000: this is referred to as the *Nari O Shishu Nirjaton Bishesh Bidhan Ain (2000)*. This Act is similar to the 1995 act in many ways.

the issue of domestic violence

"Domestic violence" is not a criminal offence in Bangladesh law. However a woman tortured for dowry could file a case under the Women and Children Repression (Special Provision) Act of 1995 till 1999 and since 2000 under the *Nari o Shishu Nirjaton Bishesh Bidhan Ain (2000)*.

Sections 299-377 in Chapter XVI of the Penal Code cover various forms of assault falling under the general heading of "Offences Affecting the Human Body". For example, in Section 320 it is mentioned that whoever causes bodily pain, disease or infirmity to another person is said to have caused "hurt". Hurt is classified as being either "simple" or "grievous" in nature. Section 319 defines "grievous hurt" as including permanent injuries such as blindness, permanent disfigurement, fractures etc. In Section 325 the punishment for such hurt is given as 7 years imprisonment (simple or rigorous). The threat of assault is also classified as a crime in the Penal Code. Therefore, a woman can bring charges against any of her family members, including husband, for battery and assault without having to prove that dowry was related to her being battered. However, such a case would be tried in a Criminal Court as opposed to a Special Court. Trials in Criminal Courts are protracted and expensive - thus the option of filing a case under the Penal Code is impractical for women seeking redress from violence.

PUNISHMENT

Punishments, whether institutionalised or informal, serve as retribution for "wrongs". Institutionalised forms of punishment are delineated in the Penal Code (1860). The Penal Code outlines punishments for offences committed within the country as well as those committed outside the country but by law can be tried within the country.

The punishments delineated in Bangladesh law include:

- death sentence - a person sentenced to death is hanged till s/he is dead; however for pregnant women the order of the execution has to be postponed and may, in many cases, be reduced to life imprisonment
- transportation for life or life imprisonment
- rigorous imprisonment or RI (with hard labour)
- simple imprisonment
- forfeiture of property
- fine
- solitary confinement
- censure
- whipping - a person has to be male, in good health and above the age of 16 years for this sentence to be passed and moreover if he is sentenced to death or imprisoned for a period exceeding five years then this sentence will not be valid; whipping is done with a light rattan not less than half an inch in diameter.

The president has the right to grant pardons, reprieves, respites or remissions of punishment.

In Bangladesh law punishments for various crimes of violence against women are in the form of fines, imprisonment, life sentences and death penalties.

naripokkho's stance on the issue of punishment

As a human rights organisation Naripokkho does not endorse capital punishment and also maintains that harsh punitive options do not always result in punishing the criminal. It was reported in a consultative workshop with judges (Naripokkho, Siddiqi *et al*, 1998⁵) that there is bias in giving judgements when the sentence involved is too severe. Judges participating in this workshop narrated that quite often reliable witnesses are not produced in court and there is rarely ever any eyewitness in cases of VAW. They added that evidence is seldom collected and when it is collected it is inappropriate and inadequate, rendering the evidence worthless in a court of law. Sometimes reports are never submitted and cases are not investigated properly either by the police or by lawyers. Intimidation of witnesses and complainants is commonplace. To add to the inefficiency there is also corruption and lack of accountability by the police, public prosecutors and lawyers. These factors make it impossible for the courts to ensure beyond any reasonable doubt that the crime was committed by the accused. It is not easy for a judge to give a severe sentence (i.e., one of life imprisonment or capital punishment) when there is a lack of sufficient evidence. In such situations judges are compelled to acquit criminals who are most probably guilty of very serious crimes. Many judges suggested that if there was the option of a lesser sentence then some punishment could be meted out to those who may well be guilty, but now they are getting away with impunity.

THE POLICE FORCE

The principal law-enforcing agency of the Government of Bangladesh is the Police Force. This public agency is responsible for the maintenance of law and order, prevention and detection of crime. The Police Force is under the jurisdiction of The Ministry of Home Affairs. This ministry is a Government structure whose main functions are controlling the law and order situation within the country and ensuring the rights of the citizens of the country.

The headquarters of the national police force is situated in Dhaka City. The Police Act of 1861 specifies that the Inspector General of Police is the officer in charge of the administration of the police throughout the country. The IGP has the full powers of a Magistrate throughout the country. The Government has the authority to impose on the powers of the IGP from time to time.

There are six administrative divisions in Bangladesh: Dhaka, Chittagong, Rajshahi, Khulna, Sylhet and Barisal. The Police Force is decentralised to the divisional level according to Ranges (presented in the chart earlier). Each police Range is headed by a Deputy Inspector General of Police (DIG) who has authority over the entire division other than its metropolitan area. In the metropolitan area of each division, the police are under the jurisdiction of the Metropolitan Police headed by a Police Commissioner - who in turn is directly answerable to the IGP. There are sixty-four districts or *zillas* under these six administrative divisions. District Superintendents of Police (DSP) head the district or *zilla* police offices and are answerable to DIGs of their respective Range offices. The District Magistrate from the judicial system is also incorporated in certain police operations and in any such involvement is answerable to the Police Commissioner or DIG of that Range. The investigative units of the Police Force are the police stations or *thana*. The chief authority at the *thana* level is the Officer-in-Charge (OC) - a police officer with the rank of Inspector or in some cases Sub-Inspector (SI). All OC have Masters degrees from any university in the country. *Thanas* are well placed to provide services twenty-four hours a day, and they put the police in a position to take effective action for detecting, preventing, curbing and ensuring restitution for crimes against women, within their area of jurisdiction. In 1997 there were four hundred and ninety *thanas* in the country.

The police station or *thana* is the investigative unit of the police force and its chief authority is with the Officer-in-Charge (OC) - a police officer with the rank of an Inspector and in some cases a Sub-Inspector (SI). All OC have a Masters degree from any university in the country. *Thanas* are well placed to provide services twenty-four hours a day and they put the police in a position to take effective action for detecting, preventing, curbing and ensuring restitution for crimes against women, within their area of jurisdiction. A simplified version of the organogram of the Gazetted Officers Police Force has been presented in the following chart.

CHART: THE GAZETTED OFFICERS OF THE POLICE FORCE

1ST CLASS OFFICERS 2ND CLASS OFFICERS 3RD CLASS OFFICERS 4TH CLASS OFFICERS

⁵ Siddiqi, S., Huq, S., Nessa, S., Mahmood, M. & Banu, F. 1998 *Proposed Nari O Shishu Niganton Doman Act 1998 A Review*. Naripokkho, Dhaka, pp-1

Inspector General of the Police (IGP)	Inspector	Assistant Sub-inspector (ASI)	Head Constable
Additional Inspector General (AIG)	Sub-inspector (SI)		Naik
Deputy Inspector General (DIG)			Subedar
Assistant Inspector General			Havildar
District Superintendents (DSP)			Constable
Assistant Superintendents			

Sergeants seen in police stations are non-gazetted officers of the police force.

women in the police service

In 1997 approximately 0.3% of the entire police of the country were women police officers⁶. Official police records showed that out of eighty thousand eight hundred and sixteen (80,816) Class I, Class II police officers and constables two hundred and fifty-seven (257) were women.

THE DHAKA METROPOLITAN POLICE

An ordinance was promulgated in 1976 for a separate police force for the regulation of Dhaka City known as the Dhaka Metropolitan Police (DMP)⁷. The DMP has its own constitution and is under the superintendence of the Government. The Police Commissioner, a government appointee, is in charge of the DMP and is subject to control by the IG of the police. The government also appoints the Additional Police Commissioners, Deputy Police Commissioners, and Assistant Police Commissioners whose responsibilities are to assist the Police Commissioner. The Police Commissioner is in charge of appointing subordinate officers in the police force such as inspectors, sub-inspectors, sergeants, assistant sub-inspectors, head constables, naiks and constables. Each of these police officers are given a sealed certificate with a photograph stating that s/he has been appointed in her/his respective post by the DMP.

police stations

During the period of Naripokkho's Pilot Study the Dhaka Metropolitan Area was divided into the fifteen police thanas given in the following:

- | | | | |
|-------------|----------------|----------------|--------------|
| 1. Kotwali | 2. Demra | 3. Tejgaon | 4. Pollobi |
| 5. Sutrapur | 6. Motijheel | 7. Mohammadpur | 8. Sabujbagh |
| 9. Ramna | 10. Dhanmondi | 11. Mirpur | 12. Uttara |
| 13. Lalbagh | 14. Cantonment | 15. Gulshan | |

On 9 December 1998 this number was increased to a total of twenty-one with the addition of six new police stations. These were 1) Kafrul, 2) Kamrangir Char, 3) Badda, 4) Shyampur, 5) Hazaribagh and 6) Khilgaon.

duties of the police

The primary duty of the police is to enforce the law of the land according to specified procedures. Police officers of and above the rank of a sub-inspector have the legal mandate to investigate assault cases against women in the following circumstances:

⁶ Information taken from Siddiqi's Draft Report on Naripokkho's Rapid Assessment Study on Violence against Women in Bangladesh.

⁷ The ordinance was promulgated by the President on August 20, 1975 and November 8, 1975 and is known as The Dhaka Metropolitan Police Ordinance, 1976: Ordinance No. III of 1976, Dhaka, 20 January 1976.

- when a cognisable offence is committed and when there is grievous hurt
- when injuries are incurred with weapons
- where there is criminal intimidation and threats
- when special orders are issued

Assaults, which do not fall under these categories, are not under the jurisdiction of the police. In instances where the conditions outlined above are not met, the case may get referred to the Magistrate's Court for resolution.

Separate divisions in the Metropolitan Police Force are in charge of discharging these different duties. General duties, as outlined in the Metropolitan Police Laws⁸, of all police officers included:

- following legal orders, summons, arrest warrants issued by any competent Authority
- obtaining information on cognisable offences or the threats to commit such offences (Sub-Inspectors appointed as Investigating Officers of *thanas* dispense this duty)
- taking steps in accordance with the law and orders from superiors
- preventing acts which constitute public nuisance (e.g., littering)
- apprehending persons whom they are legally authorised to do so or where there is sufficient reason for apprehension
- aiding other police officers in their needs
- discharging duties imposed by law
- regulating traffic
- maintaining peace in the streets of the city

In "duties of the DMP towards the public and arrested persons" it is mentioned that the police are to provide proper food and shelter for arrested persons and if anyone under arrest falls ill then prompt measures have to be taken. The DMP is specifically duty bound to act with strict regard to decency and with reasonable gentleness in dealing with women and children. This ordinance also spells out the procedures for investigation that the DMP has to follow as well as the penalties for specific crimes.

Police stations are headed by Officers-in-Charge (OC) with the rank of Inspectors. Under the OC are Sub-Inspectors (SI), Assistant Sub-Inspectors (ASI) and Constables. In rural areas, specifically in the *zilla* police lines, there are police Controllers, Sergeants or *Subedars*, *Havildars*, *Naiks*, and Constables.

The Office of the Police Commissioner was approached to share their records of crimes committed in the DMP with Naripokkho. These records reveal that numbers of most reported crimes had increased in each consecutive year since 1994 to 1997. In 1994 there were sixty-one rapes, seventy-three in 1995, eighty-six in 1996 and one hundred and thirty-eight in 1997. Under the general heading of violence against women (*nari nirjaton*) eighty-five crimes were recorded in 1994, ninety-nine in 1995, two hundred and thirty-six in 1996 and three hundred and twenty-four in 1997. It is worth noting here that the number of reporting cases of VAW under the general heading of "*nari nirjaton*" increased by more than double after the enactment of the Women and Children Repression Act in 1995. These records also show cases recorded under *nari nirjaton* in the other areas of the country.

Statistics of crimes against women was also collected for the entire country for the year 1997, and is shown in tabular form in the following

TABLE CRIMES AGAINST WOMEN DURING 1997 FROM THE OFFICE OF THE POLICE COMMISSIONER

Unit	Rape	Acid Attacks	Serious Injury	Others	Total
Dhaka Metropolitan Police	144	13	5	311	477
Chittagong Metropolitan Police	25	0	0	64	89

⁸ Edited by Syed Lutfur Rahman, 1987. *The Metropolitan Police Laws*. Published by Syed Mozammel Hossain, Soilur Mudron, Dhaka

Khulna Metropolitan Police	6	3	11	32	52
Rajshahi Metropolitan Police	8	2	13	11	34
Dhaka Range	202	24	54	894	1174
Chittagong Range	73	19	27	372	491
Sylhet Range	48	1	4	190	243
Barisal Range	126	12	26	233	397
Rajshahi Range	630	27	58	1509	2224
Railway Range	1	0	0	10	11
Bangladesh	1336	117	206	4184	5843

According to this table, in 1997, the police throughout the country recorded a total of 5843 cases of crimes against women. It appears that maximum cases were recorded with the Rajshahi Range and Dhaka Range. The reason for this was not explored. Also according to this table, every day in 1997 the police in Bangladesh recorded more than three cases of rape and approximately nine cases of women being burned with acid each month.

other state offices aiding the police in cases of VAW

There were various departments within and outside the police force that aid in investigations of crimes against women. These are briefly described.

The Nari Nirjaaton Protirodh Cell ("The Cell to Combat Violence against Women") is a unit of the Mahila Adhidaptar (The Directorate of Women's Affairs) under the Ministry of Women and Children's Affairs located in the Eskaton area of Dhaka city. This Cell, headed by a Joint Secretary, provides legal assistance to women who bring complaints of violence and monitor cases of VAW at a national level.

Women's Investigation Cell at Mirpur was established in Dhaka city with the sole responsibility of investigating cases of violence against women such as kidnapping and abduction, dowry related torture, rape. A female SI is the IO and three SIs are given charge of investigating all cases which are reported to this cell.

Criminal Investigation Department (CID) is under the jurisdiction of the Chief Additional IGP. Its office is located in the Rajarbagh area of Dhaka city. This organisation of the police force gets involved in cases when:

- ✓ the case is deemed too complicated
- ✓ the local *thana* officials refuse to take on the investigation or has reservations about the case (e.g., because they fear political intimidation or persons involved are relatives)
- ✓ the complainant lacks trust in the police to handle the case
- ✓ the court decides that the case should be handled by the CID.

The Special Branch (SB) of the police has many different duties. The SB gets involved in cases of violence against women only in unusual cases. The Detective Branch (DB) or the *Goenda Bibhag* is in charge of checking hospital registers for cases of VAW. This department of the police gets involved in the investigation of cases of VAW on certain instances only. The National Security Intelligence (NSI) is concerned with investigating crimes related to national security and sovereignty. The Defence Force Intelligence (DFI) investigates crimes by personnel of the defence forces.

Certain state departments⁹ have been set up to directly aid women bringing complaints of violence committed against them. These included the Women's Support Centre, Committees at district and *thana* levels and the Jatiyo Mahila Shangstha. The Women's Support Centre, under the Directorate of Women's Affairs, runs shelters for women in the six divisional headquarters. These shelters provide basic food, housing, literacy and skills training for women survivors of violence. Skills mainly mean sewing and embroidery, literacy and cooking. Women who are placed under judicial custody are also housed in these shelters. The shelters have a policy of allowing women to stay within the premises for six months - however for some special cases this policy was observed to be waived (for example, survivors of acid assaults at the Mirpur shelter were seen to be living there for more than a year). Committees are also set up at the district and *thana* levels headed by the Deputy Commissioner or the Thana Nirbahi Officer (TNO) of that locality. The main responsibility of these Committees is to take action upon receiving complaints and attempting to settle cases through mediation or legal proceedings. These committees are also expected to incorporate preventive measures of VAW, conduct awareness raising campaigns and collect information on VAW cases. The Jatiyo Mahila Shangstha maintains 12 centres in Dhaka and 8 in other divisional towns for vocational and skills training as well as options for credit for poor and destitute women.

complaints procedures relating to VAW cases

When a case of a threat or an incident of violence against women is reported to the police, an application to file a General Diary Entry (GD) or a First Information Report (FIR) is made out. The location of the crime determines the police station in which the case can be filed. Each police station has a circumscribed area of jurisdiction and any crime occurring within this territory comes under the charge of the station concerned.

GD entries are usually made when a woman reports she has received threats of violent attacks or when the police are yet to determine whether the incident has occurred at all. The police are responsible for taking down the following information when a GD entry is made:

- date of the incident
- name/names of person/persons of the accused, the person against whom the entry is filed
- date of filing the GD entry
- name of the petitioner, the person bringing the charge
- the woman's name and address
- a brief description of the incident
- if the police feel the need to investigate the case further then a Sub-Inspector (SI) of the station is given the responsibility of the Investigating Officer (IO); the name of the IO is included in the GD entry.

The DMP had three hundred and sixty male Sub-Inspectors and fifteen female Sub-Inspectors who can function as Investigating Officers. Thus in a majority of VAW cases the IO is a man. Women IO's investigate all cases of VAW at the Mirpur Women's Investigation Centre - the only women's police cell under the DMP.

Normally after a GD entry is made, the police have the responsibility to authenticate the case through an investigation. This investigation is in the form of checking out the person/people accused of the crime and generally being alert to the situation. The way in which the police actually operate is by maintaining a group of paid informers. Maintaining a group like this is not officially recognised but police personnel openly agree to this practice. If a witness is found after a preliminary investigation then the GD entry comes under the proceedings of Section 107 of the Code of Criminal Procedures (CrPC) and a case (FIR) is filed. A lawyer from a legal aid NGO said in an interview that most informers themselves are criminals who frequently buy police protection by aiding the police in lucrative raids of contraband items.

A First Information Report (FIR) is filed when an incident, a cognisable offence, has occurred. The FIR includes a few bits of extra information - these were the case number and section of law under which the case is filed. Other than cases that are considered highly sensitive, a case under investigation is not treated with confidentiality. Cases of VAW in FIR records were observed to receive particular attention (they were flagged with red ink marks) since the Women and Children Repression Act (1995) was passed.

⁹ Khar, M.R. 1999. *Effectiveness of Government Interventions in Combating Violence against Women: A Baseline Report prepared under the Regional Project to Facilitate the Fulfillment of State Obligations towards Women's Equality*. Unpublished report prepared for Bangladesh Majlisa Parishad, Naripokkho and WRAW Asia Pacific.

investigation procedures in cases of VAW

As the state's the primary law enforcing agency, the police have to undertake the crucial function of investigating crimes. An IO, of or above the rank of a Sub-Inspector, is deployed from the *thana* to investigate complaints. The IO has the legal mandate to search without warrant any place within the area of the particular *thana*'s jurisdiction if s/he has reasonable grounds to believe that the search would aid the investigation. The IO also has within his/her powers to arrest anyone, without a warrant, reasonably suspected to be involved in a cognisable offence.

Three aspects to the process of investigation have been separately dealt with in this section of the report: the woman, the suspect and the evidence.

the woman

The first task of the police, upon a report of an instance of VAW, is to determine whether she needs emergency medical care. In Dhaka city all cases of violence survivors needing medical attention are taken to the Dhaka Medical College Hospital (DMCH) by the police. If she is coherent she is interrogated immediately. Depending on her state, she herself or someone else on her behalf fills out an application for a FIR. For an illiterate person a police clerk fills out the application, reads it out to the petitioner, and collects her/his thumb print on the written statement after s/he agrees with whatever was read out.

During the time of the Pilot Study, rapes, acid or flame burns, trafficking in women or torture for dowry the cases were usually filed under the Women and Children Repression (Special Provision) Act 1995. Under this Act the woman herself was regarded as the chief witness. In many cases women filing cases of violence towards them were vulnerable if left unguarded. The police or the Magistrate dealing with the case then might have decided to keep her under judicial custody while the case was investigated.

A woman seeking emergency shelter from the police may be allowed to stay overnight at the station if the police are convinced of the seriousness of her problem. For example, if a woman, passing through a police station's area of jurisdiction, is robbed after dark and has nowhere to go she might be permitted to stay overnight at the station and go her own way the next morning. Other than letting her stay in the station the police have no provisions for emergency shelter facilities for women. For more serious offences, like rape, she will be taken to court the next morning and the court will decide whether she should be allowed to go or whether she should be put under safe custody. The court chooses the option of safe custody when the woman is judged to be in need of protection while the case is under trial or if there is a fear that the woman might not appear in court of her own will. Safe custody usually consists of a lockup within the police station (*thana hajat*) or the prison: being in safe custody means that the woman is confined in a closed space which she has to share with others who may be criminals. It was observed that women from well to do backgrounds are never placed in safe custody whereas women who are socially disadvantaged and politically unconnected are usually placed in safe custody.

In cases of death due to violence, the body of the woman is taken to the morgue of the forensic department of the DMCH for a post-mortem along with a memo and an inquest report from the police station where the case is filed. The inquest report is prepared with special emphasis on the apparent aspects of the dead woman's body. There is one SI and a constable present at the morgue to take charge of the body. According to the assessment of the body a case of unnatural death (UD) may be filed. If the body is unidentified then a press release is dispatched and a notice comes out in the police gazette. If the forensic examination shows that the woman was murdered then FIR under section 302 of the Penal Code is filed.

the evidence

In order to collect evidence the police first go to the scene of the crime. One of the primary objectives of this visit is to locate eyewitnesses and listen to the accounts and opinions of the people in the community where the crime has occurred. Evidence in cases of "torture for dowry" is in the form of testimonies of the marital history given by the woman, other family members, neighbours etc. Testimonies given by the woman as well as others are recorded at the police station under section 161 of the Penal Code.

Evidence where there is grievous hurt includes apparel worn by the woman at the time of the incident. Any other object that appears to be a part of the crime, like broken bangles, ropes, knives, bullets, containers filled with chemicals, etc., are also collected. The soil or the dirt on the scene of the crime is collected for chemical analysis. Photographs of the woman are taken. The evidence is brought to the police station and preserved in labelled polythene bags.

After labelling the evidence, a seizure list is prepared – the original of which is kept in court and a copy remains with the IO. A sealed tag and a memo stating the case number are kept along with the list in the bag containing the evidence. This bag is handed over to the storekeeper of the police station. The evidence can be kept within the *thana* premises for any length of time (varying between a day to the entire length of time taken to resolve the case). How the evidence is kept also depends on the nature of the crime as well as that of the evidence. Again, depending on the nature of the evidence, it might be sent to the DMCH for forensic testing or for chemical analysis to the biochemical laboratory at the Institute for Public Health (IPH) in Dhaka.

In case of murder, a photograph of the woman at the scene of the crime is taken. Finger prints (and foot prints in some cases) on objects around the murdered body are collected and sent to the Criminal Investigation Department of the police for matching with the prints of those suspected and/or accused of the crime.

the suspect

The police serve a warrant of arrest after the court issues the charge sheet. For grievous offences, as in cases of burning a woman with acid, a prayer is made for immediate issuance of the warrant and the police are authorised by the CrPC to apprehend the suspect forthwith. If the suspected person is missing then the court urges the IO for a quick resolution of the case. The IO is usually given a time limit within which he has to produce the suspected person in court. If the court believes that the person against whom the warrant has been issued has absconded or is concealing him/herself, it may publish a written proclamation for the person to appear within 30 days, and thereafter may order the attachment of any property of the said person.

Suspected persons matching the description of the accused are produced in front of the woman (if she is alive) or the petitioner of the case for identification. If a suspect is identified then s/he can be kept within the premises of the police station for a period of twenty-four hours. Along with a photograph, fingerprints of the suspect are taken. A statement of the suspect is taken in the police station under section 161 and another statement is taken in court under section 164 of the Penal Code. The court decides whether to keep the suspect in custody or let him/her go either with or without bail.

If the suspect is in custody s/he can apply for bail while the case is under trial. Whether or not a suspect is granted bail depends on the section under which the case is filed. For example, offences of murder, violence against women, dealing in arms etc. are non-bailable offences, as defined in the CrPC. Although there are specific legal guidelines according to which a person can be detained by order of the court, the length of the detention and the kind of treatment given to the accused depends on many factors (such as, social and political power relations within the state).

submission of the charge sheet or final report (FRT)

After the investigation is complete the officer in charge (OC) of the police station is required to submit a charge sheet (C/S) to the Magistrate of the court where the trial of the case is to be held. The information provided in the charge sheet is according to a prescribed format – the C/S has to mention the names of the parties involved, a description of the crime, and the particulars of witnesses. Once the Magistrate accepts the C/S, the trial begins.

When no C/S is made out then the police have to submit a final report generally referred to as the "FRT" mentioning that no case was filed. A final report can be of three types. In the first category we have the Final Report (True) – from which the abbreviation FRT has come about. This is made out by the OC when the evidence substantiating the crime is inadequate while acknowledging the occurrence of the crime. Thus in an FRT the incident is said to be true, as in the case of theft, but the alleged perpetrators are said to be falsely accused and no other persons are said to be found as involved in the crime. In the second category, there is the Final Report (False) – which essentially means that the incident never occurred and the people against whom the complaints were brought were falsely accused. The third category is the Final Report (Mistake of Fact) – which essentially expresses that the incident was incorrectly interpreted. An example of such a situation would be a case of reporting the trafficking of women out of the country which upon investigation is found to be a genuine case of migrating labour. In such instances there is a mistaken interpretation of the "fact". Again the Magistrate has the discretion to accept or reject any report submitted by the police.

All cases of unnatural deaths are supposed to be investigated through forensic tests and examinations, and the police have to submit a report on the basis of these reports. However human rights lawyers, when interviewed, said that in many cases the police just close the case without conducting a proper inquiry.

permission to collect records from police stations

Permission to collect records from police stations was sought from the IGP and a letter from his office was given requesting the OC of the four police stations to aid Naripokkho researchers with whatever was required. On the first visit to each *thana* the purpose of the research was explained to the OC and he was given a copy of the permission from the IGP. In all cases the *thana* OC gave their verbal support to the research.

location of naripokkho researchers in the police stations

At the Dhanmondi *thana* – the field researchers sat in the room of the *munshi* (police clerk). They were allotted two chairs and a desk to work on. The desk was a big table that they shared with two other police officers. In the Lalbagh station, the *munshi* and the sub-inspectors sat in the same room and the researchers again were given two chairs and a desk to share with police officers. It was slightly over-crowded in Lalbagh. In Sunamganj and Shariakandi there was more space than in the city *thanas*. The researchers sat in the room of the sub-inspectors and they did not need to share their desk with other police officers.

what police officers have to say

Despite the fact that the Government of Bangladesh is supposed to provide Sub-Inspectors with furniture and other equipment required to dispense their duties, a number of sub-inspectors told Naripokkho researchers that they had to buy their own desks, chairs, fans, stationery, etc. themselves. They also had to spend on having their reports bound and photocopied. Their own money was also spent on snacks and tea required for entertaining various people they talked to during investigations. They claimed that the monthly allocation for the purchase of essential items was insufficient – paper, carbon papers etc. that they could buy with the government money lasted them about 4-5 days in the month. When the police officers get transferred they move location with all their belongings, including furniture. Each sub-inspector moreover had his/her own informers who they paid on a monthly basis. Each informer apparently earned between Taka 1,500-3,500 per case, rates depending on the nature of the crime and the investigation. Each police SI had between five to six informers helping them with the investigation. Individual SI's had to spend a maximum of Taka 35,000 every month when their salaries were about a tenth of that amount.

Police officers complained that they worked much longer hours than their stipulated 8 hours/day. They claimed that most of them worked 18-hour days, and sometimes they worked 3-4 days at a stretch continuously. They received no over-time pay. Their duties not only included investigation of cases, but also chasing criminals, writing reports and appearing in court. They asserted that there were days when they did not have time to bathe or rest. The police agreed that there are too few women police but they added that their female counterparts were useless when it came to investigating crimes or providing security in the streets. Referring to the underemployment of female police officers, they complained that women police officers came in at around 9am and left by 1:00-1:30pm.

Police sub-inspectors openly said they had to bribe others in order to receive pay cheques and increments due to them. One police officer gave an example. He said he needed to get a particular form from another police department – he had already paid a "tip" of Taka 400 but it looked like he would have to pay Taka 200 more before he could expect any results. The police were open about the bribes they took as well as gave. The police SI interviewed said that since the police force did not supply enough stationery to police personnel, "tips" were taken to write out applications for illiterate petitioners. Police officers complained bitterly that they received no credit for successful completion of assignments but the fact that there was rampant corruption in the police force was widely publicised in the print media.

The police feel that too many of them are deployed for the provision of security to high officials of the government and diplomats, in contrast the numbers of police officers deployed to investigate crimes are too few. At any given time one IO may be investigating several cases at the same time, which does not leave enough time for the IO to write adequately detailed reports. The police officers interviewed stressed that the numbers of the police force should be enhanced in keeping with the ever-expanding population. The former Inspector General M. Azizul Huq¹⁰ is also of the opinion that the powers of the police should be enhanced, but at the same time he recognises that "the human rights of a citizen could be undermined if the police were given too much power in the name of crime control".

In response to questions regarding delays in conducting forensic examinations in cases of rape, police personnel expressed their exasperation with forensic doctors. They said they were well aware of the urgency of medico-legal examinations but they felt it was the doctors who were negligent of their duties. They were the ones who had to track down and chase doctors to conduct medico-legal examinations. Moreover, they complained whenever a case of rape came to naught at court, people commonly blamed the police accusing them of taking bribes and for causing delays in the collection of evidence, no one ever blamed doctors for being negligent.

The police complained about Court Magistrates also. They said it was frustrating to find deals made in court between criminals and Magistrates presiding over the Court. Even in non-bailable offences, for instance murders of women, the police have been surprised to see the accused person out on bail. They resented the fact that even for court corruption the police were blamed.

Bitter complaints were made about excessive interference by the politically powerful and the police also asserted that "identified criminals are politically powerful". Police interviewed stressed that political henchmen wielded too much power and were a constant threat to the jobs of "poor" police officers.

They said that they lacked technologically advanced crime control equipment – criminals had more guns, bombs and other lethal weapons. They also lacked adequate transport – criminals with faster cars got away quicker. It was hard for the police to conduct proper investigations because people whom they interrogated were rarely forthcoming and moreover many of them considered questioning by the police an infringement of their civil rights.

Given that there are so many problems related to police investigation and there is so much doubt in the public mind regarding police neutrality, Justice A K Roy (1999)¹¹ suggests that it might be a good idea to have a separate agency, independent of the police, to investigate crimes. The police then should have the sole responsibility of maintaining law and order, and preventing crimes.

attitudes towards naripokkho researchers

When Naripokkho researchers started visiting the two Dhaka city police stations in February 1997 the police officers were resentful of their presence. They were suspicious that Naripokkho was there only to collect evidence against the police. They made comments about how the researchers just collected the information in comfort ("aram koray") whereas they were the ones who had worked so hard in compiling these records. For the first half of the data-collection period comments were passed about the way they walked and how they wasted their time doing useless stuff they called work ("ajira kaaj"). On a regular basis they were told that women were the ones who put pressure on men for material comforts and things, and that most violence were

¹⁰ M. Azizul Huq, 1998 *ibid*.

¹¹ A. K. Roy, 24 Oct 1999. *Investigation and trial of criminal offences. In quest of capacity enhancement*. The Daily Star, Dhaka.

perpetrated by mothers-in-law against daughters-in-law or housewives against maid servants. Researchers also were questioned about their marital status, numbers of children they had and the salaries they received. Whenever a case of rape was filed in any of the two urban stations, comments were made with sexual innuendoes within earshot of Naripokkho researchers. All discussions were somehow reduced to personal examples and relationships. The tack that was taken by the researchers was one of silence and smiles - it was decided that there was no point getting agitated about these comments. Even with accessing appropriate files sexist attitudes and resentments became apparent. When the collection of records from a particular file (*khata*) was complete, police officers had the charge of handing over the next file of records to the researchers. Whenever they were requested to bring the next file out, police officers would often waste time. During the first month of the data collection, the researchers themselves would try to find the records they needed. However, once a Sub-Inspector in Lalbagh *thana* admonished his colleagues, "How can they be expected to find the relevant files without your help?" After that one of the police constables would always help them to locate the correct file required.

By the middle of the data-collection period, around April 1997 a change was observed in the attitude of the police in both the city stations. Suddenly police officers were seen to be offering tea to the Naripokkho researchers, asking them to speak to women petitioners, who were overwrought with emotion. Comments changed to "These Naripokkho *apas* (sisters) are a hard-working lot". Even after an atmosphere of acceptance had set in, it was seen that the Naripokkho women were only welcome for a certain part of the day. For instance, there was TV in the rooms of the *munshis* in Dhanmondi *thana* - when the researchers went in the afternoons to collect records, the police told them their presence hampered their TV viewing and they should only come during the morning hours.

attitudes towards women petitioners

Very rarely were women petitioners seen in police stations filing their own cases. In most cases women's male relatives filed cases on their behalf. In one instance Naripokkho researchers were present in the Lalbagh police station when a woman, most likely in her thirties was reporting a case of abandonment by her husband. She was upset and was sure that he had left her. The police at the Lalbagh station after taking her entire life history found that this man was her second husband and that her first husband had also left her. Their immediate reaction was that something must be wrong with her if all her husbands had left her. Naripokkho researchers felt that instead of haranguing her, the police could have advised her to seek redress through the Family Courts as this clearly was a family matter.

OBSERVED ANOMALIES

Incomplete reports

The reports seen by Naripokkho researchers during six months of data collection from police stations revealed that essential information was often missing in reports submitted by the police - e.g., very often there was no information on the woman's age, profession, relationship to the alleged perpetrator. When asked about this, police officers said that lack of adequate staff made it impossible for them to write detailed reports.

storage of evidence

The polythene bags in which evidence is stored within a *thana* are nothing special - just-normal everyday shopping bags. The discomfiture of police officers in an urban station was obvious when Naripokkho researchers asked to see where the packed and labelled evidence is stored. After they were pestered a little, one of them pointed out the window and said, "There!" Naripokkho researchers looked out the window to see two packets wrapped in polythene bags, the size of a typical 1 kg sweetmeat box, hanging from the guava tree out in the compound of the station. When asked why the evidence was hanging outside on a tree, they were told that blood soaked cloth and other such stuff begin to rot and smell - therefore it is less hassle keeping them out in the sun, moreover they are protected from the rain by the plastic wrapping.

bribes

When passports are issued to Bangladeshi citizens a police investigation has to be conducted. The police collected money from people who are investigated as part of the paper work involved in the issuance of passports. During the initial few months of this research the police did not collect bribes related to passport investigations in front of the researchers. However they used to complain that the researchers should be given a separate room as they were getting in their way of work. By the third month of the research the *munshis* were openly collecting money from people who were being investigated for their passports. When they were

Age (in years)	N	%
0-5	1	5.56
6-10	9	50
11-15	4	22.22
16-20	2	11.11
21-30	2	11.11
Total	18	100

These findings invalidate the myth that rape only happens to single women. Out of the 18 cases of rape, 15 were married and only 3 were single. 17 of the rape survivors were from urban areas and 1 was from a rural area. The latter case involved an 8-year-old child who was raped by her father. When she told her mother about it, she was sent to Dhaka to work as a domestic help with a woman her mother knew. The woman filed a case against him when her father came looking for her. The police involved in the case sent her to the DMCH for a forensic examination. In 6 of the 18 cases (33%) the women sustained serious life threatening injuries; 9 (50%) had serious but not life threatening injuries, and 3 older married women had no major injuries – the women had been admitted so as to fulfil the legal requirements of a medical certificate. Below is the case study of a woman who was allegedly raped but had only slight injuries.

the case of Shoma

Shoma was a housewife in her late thirties who lived in a slum outside Dhaka city. She said that on the previous evening she had gone to collect water at the slum's common tube well. Her landlord's son, his nephew along with two other male friends waylaid her, took her by the drain which ran along the length of the slum and forced her to drink a glass of murky looking liquid. She was semi-conscious when they gang raped her. Later in the evening she was found lying in the drain, without any clothes on, by her husband. Her husband took her home and bathed her. He said that he would stand by his wife whatever happened and the two of them then filed a case with the police that very night. She reported that the police were initially averse to accepting the case. The following day the police sent her to the DMCH for a medico-legal check-up and this is when she was interviewed. She received first aid in the gynaecology ward and was given an anti-biotic. Doctors felt that her medico-legal examination would not reveal much because she had already bathed before she came to DMCH and being a married woman "habituated to intercourse", a case of rape would be hard to prove. She was released from hospital in two days.

To follow up her case Naripokkho researchers visited the slum where she lived – but within a week of the incident she had moved out. In following the case up at the police station, it was found that a case had been filed against four of her husband's brothers. The police told researchers that it was a case of property dispute within the family and nothing would probably come of the rape case.

In seven cases of rape the perpetrator involved was an unknown person or a stranger to the woman. In five cases the rapist was the woman's neighbour, and in two, the woman was acquainted but not related to the man. Two fathers were alleged to have perpetrated the rape. The case of Mishti is reported in the chapter on the Police and the other case involved a nine-year-old raped by her *hajjam* father. Her father was absconding at the time Naripokkho interviewed this girl. She did not consent to a medico-legal examination. In another case the alleged rapist was the landlord's son. In one case no information about the perpetrator could be collected.

case of a government secretary accused of rape

Onu was 11-years old and a housemaid whose parents in rural Mymensingh were unable to look after her. Her mother brought her to Dhaka to work as a housemaid at the home of a man who was Secretary in the Government. She was admitted into hospital for abdominal pains and her case was originally

recorded in the medical register at the emergency. Doctors were suspicious about her illness, and asked her what had happened to her. She eventually told them that that night at around 11pm she awoke to find her employer (whom she called "uncle", *khalu*) sitting on her chest. She could barely breathe and fell ill. When she started frothing at the mouth, *khalu* brought her to hospital. She also said that it had been about two weeks since she had moved to Dhaka to work as a housemaid.

After hearing her story the doctors requested the emergency that the case be recorded in the police file of the emergency admissions register. Lawyers from a legal aid NGO got involved and filed a police case with the Lalbagh police station. The lawyer representing the organisation also arranged for her medico-legal examination. Later Onu was transferred to the shelter home run by the same NGO.

Follow-up of Onu case was conducted with the police as well as the shelter. The police reported that when they went to the scene of the crime they met the girl's mother. Her mother said Onu had epilepsy and she had had a similar attack once before. She was adamant that nothing else had occurred and that the alleged rapist was a good person. Later the mother ensured that the case was withdrawn and Onu was released from the shelter. Lawyers pursuing the case alleged that the mother had been bought off. She was now working in the same house and Onu was living there with her. However the lawyer interviewed said she was apprehensive that the mother would eventually leave Onu on her own to return to her village home. The lawyer said that the wife of the Secretary was instrumental in appeasing the mother and that "she was in the end looking out for her own interests - to save her husband and her marriage".

Nurses who had looked after Onu were asked what they thought - they said that they believed that the man did try to do something but she was not raped as she fell ill and needed medical attention immediately.

gang rape: Of the three cases of gang rape, the numbers of perpetrators was four in two cases and two in one case.

rape accomplices: In one case a man enticed the woman into his house - his wife was present and aided him in raping the woman.

socio-demographic features of rape survivors: Of the eighteen (18) rape survivors, twelve (12) were illiterate, two (2) girls were in primary school and one (1) in secondary school; no information was obtained for three (3) of the women. A single rape survivor was employed outside her home. Nine (9) women said that they did not do anything for a living, two (2) were housewives and three (3) were students.

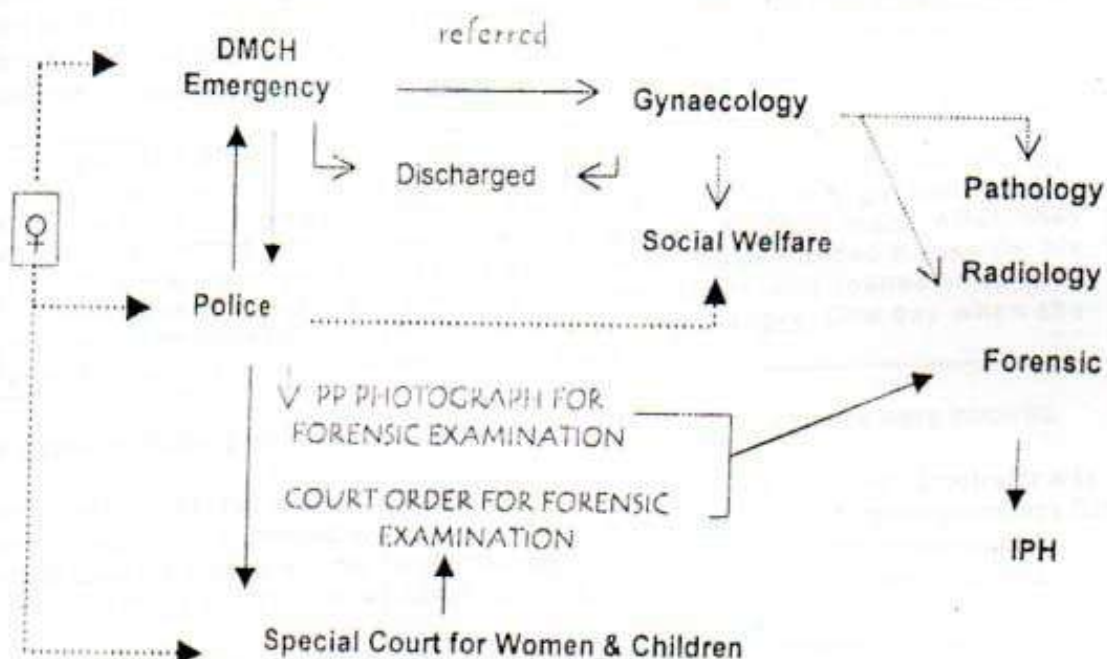
location and period of rape incidences: In five (5) cases of rape the incident occurred within the woman's home and seven (7) in other people's homes. In one (1) case it occurred in the rapist's home - the rapist enticed the woman, his fellow passenger on a bus, to come with him to his house. In another case a woman working as a domestic help was raped in her employer's house. In six (6) cases the incident occurred in a public place. In one case a seven-year-old child went out visiting with her grandmother and was later found in a semi-conscious state in a nearby field.

the route of the rape survivor: A woman who has been raped may either -

- Keep quiet about it
- Speak to her friends
- Go to a traditional healer in her locality
- Go to the police
- Go to the Women's Directorate
- Go to hospital or a medical facility
- Go to court

If she goes to a state hospital such as the DMCH, she is first admitted in the Emergency Department. The route of the rape survivor in the DMCH is illustrated in the following flow-chart.

DIAGRAM 6: INSTITUTIONAL INVOLVEMENT AFTER RAPE.



The EMO either discharges her or refers her to the Gynaecology Department if she requires hospitalisation. The personnel at Gynaecology Department may then inform the Department of Social Welfare so she can get proper counselling, support in terms of shelter or financial aid. If required the Department of Gynaecology may even ask the Departments of Pathology and Radiology to run appropriate tests.

If a woman goes to the police first, they file a case and send her to the Emergency Department at the DMCH. The police also require her to have a passport size photograph taken. They then apply for a court order for a forensic examination. If the woman goes to a Magistrate first then again she will be sent with a court order for a medico-legal examination.

findings on acid burns

A total of seventeen (17) cases of women burned with chemicals, apparently sulphuric acid, were seen in the Burns Department during the six months research period. From observations of and interviews with acid survivors, it can be said that most came from middle to lower class backgrounds. Ten (10) women were from rural and seven (7) from urban areas. Five acid survivors were illiterate, three were in primary school and nine were either in secondary school or had completed secondary schooling. In general, parents or others attending the woman reported that the young woman concerned was full of promise – serious about her studies, popular at school and in the community, and good looking. The acid was in most cases aimed at their faces in an obvious attempt to deface them. Women burned with acid were young - nine were between 11-15 years, six were between 16-20 years and two were in their twenties. See table in Annex¹.

marital status of women survivors of acid violence. Out of the 17 women burned with acid during the six-month period of data collection at the DMCH, 8 were married and one was a divorcee.

perpetrators of acid violence. Perpetrators of acid attacks included husbands, prospective suitors, neighbours and persons in authority. The table is attached as Annex¹¹.

Of the seventeen perpetrators, eleven cases involved husbands and ex-husbands. In three cases female accomplices were involved. Two of these were younger co-wives and the acid was targeted on the face of the elder wife. In one case the husband with his mother threw acid on the woman's face. In five cases lovers and suitors were the perpetrators. Most were the women's schoolmates or lived in the same community.

the case of Lalla

Lalla's first husband used to torture her regularly for dowry. He divorced her after the birth of their second child. She started working in a garment factory where she formed an intimate relationship with another man. After they married, Lalla found out she was his second wife. He demanded money for his business; she borrowed some money from her sister and loaned it to him. Whenever she asked him to return the money he got angry. One day when she returned from work he threw acid on her body.

In five cases neighbours threw the acid; in all these cases property disputes were involved.

multiple perpetrators: In six (35%) cases of acid throwing more than one perpetrator was involved. In two cases of prospective suitors throwing acid, the number of perpetrators was five. In another case the woman and her family reported that there were multiple perpetrators but they could say how many exactly. In three cases female accomplices were reportedly involved.

locations and period of acid assaults: In the vast majority of the cases (88%) the incident occurred at night within the woman's home. In cases where outsiders entered the home, family members reported that they came in a group and broke down the door (usually made of cane and reeds). In two cases the assault occurred in someone else's home.

multiple-survivors in acid attacks: In five (29%) cases more than one woman was burned in a single acid attack. In one case, a husband threw acid on his wife and two of their minor sons were also badly burned. In another, the woman's grandmother was burned. In a third case the woman's sister and her grandmother were also burned with her. In the fourth case the woman's mother was also burned in the attack. In the fifth case the woman's mother and younger brother were also burned. In all these cases the woman was the focus of the attack but whoever slept next to her also became a casualty.

women's age at the time of acid violence: Acid burns were commonest amongst young women between 11-20 years old. Perpetrators of acid attacks varied from thwarted suitors, jealous husbands and jealous second wives.

findings on burns

Several women with fire burn injuries were found in the burns ward. In the following box is a case study of a girl who was brought to DMCH for burn injuries. The case reveals how current institutional back-up provisions fail to protect women as well as the dearth of options for women who are in trouble.

a case of burns from fire: Shimul

Shimul had burned her leg in fire and had been admitted in the burns ward for treatment. She was about 12 years old. At first she did not want to talk to Nairpokko researchers. All that could be gathered from her was that she worked in her aunt's house where she slept in the kitchen. Her leg had caught fire from the kitchen stove. She was brought to the hospital by someone who had found her on the street in the neighbourhood where she lived. The person who had found her left after she was admitted. Her attendant doctor said that he was certain that hers was a case of deliberate as opposed to accidental

burn. He explained that when the human body catches fire, the natural reaction is to jump about, which results in the fire spreading over large areas of the body. This girl had a deep burn in a small area on her leg and he surmised that somebody had held her down to burn her. Naripokkho researchers started talking to her every day they visited the hospital. She gradually began to open up and talk about her aunt and their household. She said she had been brought from her village to work as a domestic servant in Dhaka. She recalled the night she got burned, and said, "they only let go of me after I started screaming" (*ami chikkir parsi bolay amakay chchayray dissay*). The researchers asked, "who let go" of her. She said her aunt and uncle were trying to force her into having sex with other men and when she refused they held her down and burned her. During the second week of her stay in hospital, a foul smell had begun to emanate from her. It was discovered that her dressing had not been changed for a while and that her toes had begun to rot. The nurse in charge of the ward said that Shimul would scream when anyone approached her and she had kicked over the bowl of hot water that had been brought to clean her wound. Therefore the nurses had decided they neither had the time or the patience to deal with her temper tantrums. The doctor said in a very matter of fact way that in a few days two of her toes would need to be amputated. Even after this decision, her bandages were not changed. At this point Naripokkho decided that a national daily newspaper should be informed about the negligence Shimul was suffering at the DMCH. A reporter came to interview and photograph her, and the following day her story appeared on the front page. The day the story broke, she was given fresh bandages and clean sheets. A very concerned aunt in gold chains and bangles suddenly appeared and took over her care completely. Shimul seemed very happy to see her aunt and stopped talking to the Naripokkho researchers. The Social Welfare Department at the DMCH was informed about Shimul's story regarding how she got her burn but it remained uninvolved. Two weeks after her toes were amputated, her stitches were removed. That night she vanished from the hospital without being discharged by the doctor in charge.

Naripokkho went to the address that she had given them but found that some other people lived there. A neighbour confirmed that a couple who fitted the description of Shimul's aunt and uncle had actually lived there until a few days previously. The neighbour also said that they had involved many little girls in "bad business" and had probably kidnapped the sister's daughter (ie Shimul). The police were informed but no trace of Shimul was found.

The case of Shimul shows that in research on VAW it is necessary to have a whole back up of a network of services – such as medical, legal and shelters/refuges where women can seek the care they need.

findings on possible homicide

Other than five alleged cases of death due to suicide, six women brought in for treatment died after they were admitted – these deaths were ascribed to accidents or murder. Of the women who were probably murdered, four were in their late teens, one was in her twenties, and one in her thirties. Five of the women died of their burns and one of stab wounds.

In all six cases the most-likely perpetrator was a man: four were husbands, one was a nephew, one was a neighbour. Five women were married and one was a widow. The latter was killed by her nephew who wanted money to buy drugs.

Four women were illiterate, one was in secondary school and one had been to university. Four women were housewives, one worked in a garment's factory, no educational or occupational information was available for one.

In five cases the woman was murdered at home; in one case the woman was killed on her way home from her workplace in a garment factory.

The case of Fahmida cited below may not be legally one of 'murder', but on the basis of what her doctors as well as she herself said to Naripokkho researchers, her death did not appear to be accidental

a case of possible homicide: Fahmida

In mid June 1997 at mid afternoon a woman was brought to the DMCH ward 35/B. The next day Naripokkho researchers were told that she had what the doctors called "70% burns" and a slim chance of survival. Doctors said that in accidents the level of burn is not usually this extensive. Fahmida told Naripokkho that she burned herself accidentally in the kitchen. Four days later the researchers spoke to her younger sister, who was attending to her in hospital. She convinced Fahmida to speak "openly" with the Naripokkho team in hospital.

Fahmida came from a large family of ten brothers and sisters. She was 32 years old, a housewife with a BA degree. She used to work before she got married and moved to Comilla. Fahmida's marriage to her businessman husband was of her own choice to which her father never consented. As her husband was not doing well in his business she had to turn to her father to support them. She said she spent a lot of time in her parents' home with her twin toddlers. Initially he used to get annoyed with her because she had trouble conceiving but after their birth her relationship with her husband had deteriorated.

The day prior to the incident, her husband lost his temper with her because the cat ate the biscuits they had bought for the children. She took offence at what he said and went off to sleep without eating. Next day when she sat down to eat, he said, "Aren't you ashamed to eat my rice?" She went without food for the whole day and began to feel very weak. According to her testimony, she lost her balance because of her weakness and fell on the kerosene stove while she was warming the milk for her two babies. Her clothing and body caught fire and she started screaming but her husband did not come to her aid although he was in the house. She told us that her husband did physically torture her but he did not set fire to her. However he did nothing to put the fire out. Her greatest worry was her two children - she was scared that no one would look after them after her death and that if her husband remarried their step mother would mistreat them.

Her brothers and sisters told the researchers that although they did not know the exact details of the circumstances under which she was burned, they were well aware of the abysmal state of her conjugal life. Her brother said that Fahmida's husband had warned her that if she implicated him in her death he would take it out on her children and that is why she would never testify against him.

Her husband complained that she was a stubborn woman and the day of her accident they did quarrel. He said that she was not looking after the children - they were lying in bed in urine soaked clothes and he had to clean them in the nearby pond. When he returned he found the door their house locked from inside. He broke open the door and found Fahmida. He is the one who took her to hospital.

When the case was followed up with the police, it was found that a General Diary entry had been made in the Borura *thana* in Comilla, where Fahmida lived with her husband. After her death ten days later a legal aid NGO ensured that a case was filed.

A dying testimony was taken from her by a magistrate sent by the Department of Women's Affairs.

doctors' positions on VAW cases

Conversations with doctors and nurses showed that many of them were overwhelmed by the enormity of the problem of violence against women and the challenges facing the hospital. No one denied that violence against women was a serious problem in society and the hospital had deal with many such cases. It was pointed out to them that despite this recognition no effective or innovative steps had so far been taken to address the problem of VAW cases requiring medical intervention.

Some doctors were very smug about their abilities and felt they were contributing more than their fair share. However many seemed to have become helpless in the face of too many obstacles. They were seen to complain a lot, but never take any action or protest effectively, they just appeared to accept the situation and remain dissatisfied with their sphere of work. According to them the lack of proactive measures by hospital administration arose from different sources. "A politicised infrastructure" was cited as the main reason why it was not possible to bring about changes, especially when any change implied hard work, honesty, lack of monetary compensation and dedication of all medical and administrative staff of the hospital. The favours, financial gains, perks incurred through corrupt practices and a lack of moral authority within the hospital as well as the government made all new and people friendly policy difficult to implement. It was also mentioned that State health policies do not respond to public needs and demands sufficiently unless pushed to do so externally or from the top. Although some problems are unique to Bangladesh interventions required are quite the same globally. For example, despite the fact that medical trainees can be expected to deal with cases of acid burns, the medical colleges have no scope of training students in reconstructive surgery.

In direct contrast to Naripokkho's understanding of violence related injuries and the needs of individual women, most doctors voiced the opinion that "women do not want others to get involved" in cases of intentional violence against them. Thus the general perception among doctors is that identifying a woman as a "victim" would further her stigmatisation. Rather than acknowledge that women need special help, doctors commonly thought that women are better off when left alone to deal with the psychological pain in privacy and isolation.

TABLE: CHEMICAL BURN SURVIVOR'S AGE FROM DMCH

Age	Frequency (n)	Percentage (%)
11-15	9	52.94
16-20	6	35.29
21-30	2	11.77
Σ	17	100

TABLE: ACID BURN SURVIVOR'S RELATIONSHIP WITH PERPETRATORS

Perpetrator	Frequency (n)	Percentage (%)
Husband + ex-husband	6	35.29
Lover + suitor	5	29.41
Neighbour	5	29.41
Person in position	1	5.88
Σ	17	100

attempted to cover their faces and the driver who insisted he was innocent began to cry. At this point a couple of policeman started hitting with batons and kicking them with their boots while hurling insults at them.

After the journalist left, the police told the men that it was no use denying their involvement because "the police knew how to extract a confession". The men were then taken to the room of the SI's where they were beaten mercilessly. The researchers could hear their screams but did not witness the beating.

They were later put in the police lock up.

beating: the 2nd case

Half way through the six-month data collection period, a man in his early twenties - allegedly a pickpocket - was picked up by the Dhanmondi police. The researchers heard screams coming from outside and asked what was going on; they were told that a pickpocket was being beaten up. Then they saw the young man running in the verandah and a police sub-inspector chasing him with a baton in his hand. Naripokkho researchers could not concentrate on their work with all this commotion going on so they went and stood at the door of the *munshi's* room facing the verandah. The young man started shouting at them that he had done nothing and that they should save him. At that moment one constable told the SI, "Sir he won't confess to anything, give me the *lathi* (stick)". The SI went away into his room while the constable beat up the young man. When the beating stopped, the young man just sat down on the floor. Naripokkho researchers heard the constable asking him whether he had defecated in his pants. The young man was quiet at first but said "yes" when they began to shout at him. He was made to clean up at a tap in the open yard within the compound of the station, and later when the researchers left the station they saw him sitting in his wet pants.

WHAT DO POLICE RECORDS TELL US?

In order to collect information on VAW cases several records were consulted. They included General Diary (GD) entries, Unnatural Death (UD) records as well as First Information Reports (FIR). GD entries were collected for the period 1 January - 29 July 1997. First Information Reports were collected from 14 March 1993 to 28 October 1997 from all four police stations. UD cases were collected from 8 January 1993 to 27 December 1997. It is worth noting that a few FIR files were missing - therefore these are not the complete records for the period mentioned. From the available files the following information was gathered.

TABLE: SOURCES OF POLICE INFORMATION.

	Dhanmondi	Laibagh	Sunamganj	Shariakandi	N
GD	146	233	4	8	391
FIR	48	62	50	21	181
UD*	11	19	14	5	49
Σ	205	314	68	34	621

*Suicide cases, which are a part of UD records, were not considered.

More cases were reported in the two urban stations than in rural areas. Within the urban area, more crimes against women were reported in Laibagh station in the old part of the city. For the period February to July 1997, three hundred and ninety-one GD entries were found. For a period of five years from 1993-1997, one hundred and eighty-one First Information Reports and forty-nine UD cases were found. It is worth noting that one hundred and seventeen cases of suicides were also seen in the UD cases; however these were not considered in the study.

FIR cases collected came under the following statutes of law:

- Women and Children Repression (Special Provision) Act, 1995
- Cruelty to Women (Deterrent Punishment) Ordinance, 1983
- Penal Code Section 375 (covering rape)
- Penal Code Section 493 (covering abandonment)
- Penal Code Section 302 (covering murders)

Rape, kidnapping, chemical burns, burns with fire after pouring kerosene on the woman, trafficking and torture for dowry were filed under the *Women and Children Repression (Special Provision) Act 1995*

Rape and kidnapping were also found under *Cruelty to Women (Deterrent Punishment) Ordinance, 1983* for cases filed before 1995. Abandonment was filed under Penal Code Section 493 and murders under Penal Code Section 302. UD cases included accidental deaths, mysterious deaths, deaths due to suicide and deaths due to burns. In the following table a breakdown of the forms of violence against women seen in the various sections of law from police records have been presented.

TABLE: FORMS OF VIOLENCE AS SEEN WITH THE POLICE

Police FIR	Police GD	Police UD
86 abductions (47.5%)	16 cases of missing women (4%)	28 accidental deaths (57%)
47 rapes (26%)	6 rapes (1.5%)	13 mysterious death (28%)
16 cases of torture for dowry (8.84%)	168 cases of battering (43%)	5 deaths from burns (10%)
15 trafficking cases (8%)		3 deaths from abortion (4%)
7 cases of murder (3.87%)		-
7 cases of abandonment (3.8%)	3 cases of failure to provide maintenance (0.77%)	-
2 cases of acid burn (1.1%)		-
1 burns with fire (0.55%)		-
	188 complaints of threats (48%)	-
	Others** 2.5%	-
181 cases in 5 years from 4 police stations	391 cases in 6 months from 4 police stations	49 cases in 5 years from 4 police stations

Threats accounted for one hundred and eighty-eight GD entries. However these GD entries had no counterparts in FIR records - these were just complaints filed and left under the discretion of the police to investigate. It was not possible within the scope of the study to follow up on what became of the complaints.

Threats were followed in order of prevalence by one hundred and sixty-eight complaints (43% GD entries) of women being assaulted and battered. In FIR records, cases of women being battered (total of sixteen cases or 8.84% FIR cases) fell under "torture for dowry". It appears from these records that police only pursue those cases of battering which appear to be related to dowry. When the police were questioned about this, they said they felt that half of these GD entries were really "*baktyigoto paribarik byapar* (private family matters)" and in their experience women themselves finally drop the case after their anger.

Abduction was found to be the most commonly perpetrated crime against women in the FIR records. Nearly half of all FIR entries (eighty-six in total and 47.5% FIR cases) were seen to be cases of abduction. Case details as well as interviews with the police revealed that many of these cases were of young girls eloping with their lovers. When parents came to the police for help in recovering their daughter, the case was recorded as one of kidnapping rather than child marriage. The reasoning behind this was that kidnapping charges under the aegis of the Special Provision Act of 1995 ensured a speedy resolution of the case. However, as a lawyer interviewed noted, the punishment for the offence of kidnapping is quite severe and in many such false cases of abduction the young man involved ends up in prison. If the young girl refuses to go back to her parents, she is placed under judicial custody, in other words held in prison.

Rape was found in forty-seven cases or 26% FIR records. It is the second most common form of violence reported to the police. Although rapes are also found in GD entries, they are not as common as threats, assault and battering complaints and reports of missing women.

A total of twenty-eight accidental deaths under UD cases (57% of UD cases) were recorded. Deaths were due to falls from roofs/higher floors of buildings, electrocution, drowning, disease, burns from kitchen stoves and

fires in slums. Two cases were in fact clearly murder (from reading the post-mortem report). In one case the dead body of a woman was found in the pond near her father's house on the second day of her visit to him. However the post-mortem report said she was killed by suffocation. In a second case, a woman's relatives filed a case saying the woman had committed suicide (all suicide cases fall under the UD category). The investigation led the police to believe that this was a case of murder and the post-mortem report also supported this assumption. A follow-up of this case revealed that later this death was filed as a murder case.

Trafficking in women accounted for 8% of all FIR cases. Trafficking cases involved forcing women into prostitution. During the time of the study the Bangladesh National Women's Lawyers Association in Dhaka brought a group of women back from India. Members of the research team met two of the women. They said that they were taken to India as children to work as maidservants (it may be that they were in a brothel, but they did not say this in their interviews). They were later admitted as illegal immigrants into a shelter for women where one of them was given the charge of looking after children at the shelter. While they were in India they knew they were from Bangladesh and openly said so, however, they had no clear memories of their families or their village homes and basically all their adult attachments had been formed in India. They spoke in Bangla with a West Bengal (Indian) accent. At the time we met them one of the women greatly missed the children she used to look after and broke down in tears because she was having problems adjusting to her new surroundings.

Reports of "missing women" comprised 4% of GD entries (sixteen cases). Incidents involving maidservants leaving the house of their employers without notice was found to be a common occurrence in the Dhanmondi police station. The police were seen to register these cases but not follow them up with a thorough investigation.

Fourteen cases or 28% of all UD cases were of "mysterious deaths". Police reports showed that women's bodies had been found and it appeared that these women had died of "unnatural causes". However, no cause of death could be determined from the police records.

Seven cases of murders (3.8% FIR records) of women were found in the police FIR records for a period of 5 years from 1993-1997.

There were seven cases (3.8% of FIR records) of women being abandoned by their husbands in FIR records. In Bangladesh law a woman has the right to be maintained by the man she marries. In GD entries, three women (0.77% GD entries) brought complaints of "failure to provide maintenance" against their husbands.

UD cases revealed five cases of deaths due to burns (10% UD cases). In FIR cases, one case of burns from fire (0.55% of FIR records) was seen in a rural police station and two cases of women being burnt with acid (1% FIR cases) were seen in an urban station.

All three deaths from abortions (4% UD cases) were filed in the Sunamganj Sadar *thana*. All three women had opted for traditional methods of terminating pregnancy and had died due to excessive bleeding.

In the table above ten (2.56% GD entries) complaints have been grouped under "Others" - these included different incidents, such as:

- forcing a woman to sign on a blank sheet of paper
- not giving her enough to eat
- maidservants not being granted leave by their employers.

a comparison between the forms of violence reported in urban & rural police stations. Differences in VAW as between urban and rural police stations were examined. Where there are few cases no comparison can be made. For example, the small numbers of acid attacks recorded in rural police stations cannot lead us to assert that acid assaults are more common in urban areas - especially when we know from hospital records that many rural women are brought to Dhaka for treatment of acid burns. However, where numbers of a particular form of violence are considerable (such as rape) such a comparison can be meaningful. Therefore only the most frequently occurring forms of violence were compared.

TABLE FORMS OF VIOLENCE BETWEEN URBAN & RURAL POLICE STATIONS

Form	Source of information	N		
		Urban	Rural	Total
Threats	GD total	182	6	188
Battering & torture for dowry	GD	163	5	168
	FIR	6	10	16
	Total	169	15	184
Abduction	GD	16	0	16
	FIR	67	19	86
	Total	83	19	102
Rape	GD	5	1	6
	FIR	19	28	47
	Total	24	29	53
Accidental deaths	UD total	15	13	28
Trafficking	FIR total	14	1	15
Mysterious deaths	UD total	10	4	14
Abandonment	GD	3	0	3
	FIR	1	6	7
	Total	4	6	10
Murder	FIR total	1	6	7

The results of the comparison between the rural and urban areas showed that some differences do exist between the two areas. However, since we do not know whether these differences arise as a consequence of the locale of residence and we have no knowledge of the community factors that prompt women to report particular crimes to the police, no definite conclusions can be drawn from these findings. For example, 182 complaints of threats were recorded in urban police stations as GD entries whereas only six complaints were filed in rural areas. Similarly one hundred and sixty-nine cases of battering and "torture for dowry" were seen in urban areas and only fifteen in rural areas. The interesting finding here was that city stations revealed more GD entries than FIR cases of battering and torture for dowry but exactly the opposite was found in rural stations records. In the rural records we found ten FIR cases accusing husbands of "torture for dowry" whereas in the urban areas only six cases. These urban/rural differences may also arise because in rural areas different arbitration methods may exist which do not encourage women to go to the police for protection - especially where violence by family members and husbands is concerned.

comparison between the 2 urban police stations

The records of the two urban police stations were compared to see the differences between the old part of the city to a relatively new part of the city. Moreover, Lalbagh is reputed to be home to more hardened criminals than Dhanmondi.

TABLE: FORMS OF VIOLENCE SEEN AT DHANMONDI & LALBAGH

Form	N		
	Dhanmondi	Lalbagh	Total
Chemical burn	-	2	2
Rape	6	18	24
Flame burn	3	2	5
Abduction	42	41	83
Trafficking	2	12	14
Threats	85	97	182
Battering & torture for dowry	53	116	169
Murder	-	1	1
Abandonment	1	3	4

Reports of threats, battering and abduction were prevalent forms of violence in both parts of the city, however reports of battering were twice as great in Lalbagh as Dhanmondi. Indeed more cases of all forms of violence were reported in the Lalbagh thana - twice as many rapes, six times as many reported trafficking offences.

Thus findings in this study do show that Lalbagh is more prone to violent crimes against women than Dhanmondi.

Information about women gathered from police records

In many instances the police do not record essential socio-demographic information. The following table shows the percentage of information gathered about women from these records.

TABLE: INCOMPLETE POLICE RECORDS

Essential information	% of missing information
Women's age	70.8
Marital status	14
Education	90
Occupation	72

These findings support the comments made by judges (reported in the section on courts in this chapter). Indeed Naripokkho has been forced to conclude on the basis of this research that the police severely neglect writing reports and that this later hampers the dispensation of justice.

women's age

The age of women who report violence to the police were available in only 29.2% of the cases examined. The Table in Annex¹ indicates that violence begins in early childhood, peaks in the early teens (between 11 and 15), continues through the teens, into the early twenties and decreases in intensity as women approach mid life. Information on the age was missing 70.8% cases (in 440 out of 621) compiled from police stations. Women's age was not recorded in thirty-two out of the fifty-three cases of rape collected and therefore it is not possible to say at which age women are more likely to bring charges of rape. For the nineteen cases of rape where this information was available, the age range was between 10 - 27 years, with a peak at 11-20 years. Five women murdered were aged between 21-30 years. Most of the 9 cases of women being deliberately burned in fire were of women aged between 16 - 20 years.

women's marital status

Women's marital status (table presented in Annex¹) was investigated to see how many married women report violence to the police; only in a small number of cases - 14% - was this information not recorded. More than forty-seven per cent cases (295 out of 621) involved married women. The most common forms of violence reported by divorced/widowed women were life threats, incidents of battering and rape. Single women were most susceptible to abduction (44%), life threats, trafficking and rape.

women's educational level

The police record very little information on the educational level of women who reported violence (only 9.2% of cases include this data). This information apparently plays no role in the investigation conducted by the police - even in crimes of murder, rape and burning.

women's occupations

Police records also did not give information about women's occupations in 72% case reports. For the purposes of this study women's occupations were classified in the following categories:

- No occupation (currently single women as such playing no role in the household where they lived)
- Unskilled work (domestic work; day labourer)
- Housewife (currently married women who are not employed outside the home)
- Student
- Skilled work (professional women & women in service).

It is difficult to draw any conclusions from this data other than the fact that the police are not interested in socio-demographic characteristics of women whose cases they are entrusted to investigate. It might also be inferred that the police do not deem it worth their effort to record the occupational status of women who have been subject to violence when they are unemployed or employed in menial jobs.

Information on perpetrators gathered from police records