Sangshaptak Asrayon o Punarbashon Kendro

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Abstract:

One out of every three women worldwide is a victim of violence—physical, sexual or psychological—throughout her life time. Considering, the global population of about 6 billion where women constitute nearly half of it, roughly ONE billion women have either faced, continues to face or will face abuse at the hands of perpetrators. Please note that, even though the degree of violence is more or less constant among countries, it has been found that the region of South East Asia has the highest rates of crimes committed against women; and within the boundaries of this region, countries such as India, Thailand and Bangladesh experience massive issues of violence against women (VAW). This is largely attributed to cultural and social conception of women as subordinate characters that is found common here.

Now, of the different forms of violence such as work place violence, rape, husbandry rape, acid attacks, arson and so on, the aspect of domestic violence trumps the rate of any other violence types by far, globally. The issue is the same in Bangladesh too. For instance, around 42 percent of women in rural areas and 40 percent women in urban areas in the country experience multiple forms of domestic violence. And this percentage is constantly escalating. It must be mentioned here that there are facilities provided all around the country to meet the basic needs of violence victims—domestic violence inclusive, which range from medical to legal, psychological to training aid and so on. However, such services are disparate and far in between, as a result of which women, unable to simultaneously avail all of the services required to help them come out of the violence situation continue to be victimized repeatedly and new victims surface. At the same time, due to the lack of adequate information dissemination and awareness facilities on the issue of VAW, not many people are knowledgeable about the consequences of VAW on the society, or the measures to be taken to curb VAW. This too, contributes to the constant increasing stream of violent activities against women.

In light of the current conditions and the fact that the current system of help provided is never holistic, an attempt has been made to design a system of rehabilitation facilities which would provide an overall healing system for female victims of domestic violence—***Sangshaptak Asrayon o Punarbashon Kendro***, that would address not only the existing victims of violence in terms of re-securing their identities and reintegrating them into the society by the virtue of providing them with information, medical aid, legal aid, psychological and occupational support, and transitional shelter, all simultaneously within one place, but also in terms of creating mass scale awareness and knowledge dissemination opportunities among both the victims and general population so as to eradicate domestic violence from the very roots of the society.

Shangshaptak Asrayon o Punarbashon Kendro can thus be referred to as a place of ‘universal healing’ where each and every one will be able to find a way of developing themselves--either to renew their broken identities or to become better human beings by learning to stand up against VAW and hence contribute to make a better society.

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Table of Contents

Chapter 1

1.1 Background of the Project

1.2 Project Brief

1.3 Project Introduction

1.4 Needs and Aims

1.5 Given Program and Functions

Chapter 2

2.1 Reasons for choosing the stated site

- 2.1.1 Geographically
- 2.1.2 Socio-culturally
- 2.1.3 Historically
- 2.1.4 Environmentally
- 2.1.5 Symbolically

2.2 The Site

- 2.2.1 Background
  - 2.2.1a About Mymensingh District
  - 2.2.1b About Mymensingh Sadar
  - 2.2.1c About Mymensingh Town

2.3 Site at a Glance

- 2.3.1 Site Location
- 2.3.2 Site Size

2.4 Site Images

2.5 Site Topography

2.6 SWOT Analysis

- 2.6.1 Strengths
- 2.6.2 Weaknesses
- 2.6.3 Opportunities
- 2.6.4 Threats

Chapter 3

3.1 Understanding ‘Abuse’ and ‘Violence’

- 3.1.1 Defining ‘Abuse’
- 3.1.2 Defining ‘Violence’

3.1.3 Defining ‘Violence against Women

3.1.4 Most common forms of ‘Violence against Women’

3.2 Understanding ‘Domestic Violence’ or ‘Women Abuse’

3.2.1 Definition and World Context

3.2.2 ‘Domestic Violence’ in the context of Bangladesh

3.2.3 Laws and Acts passed by GoB to curb VAW

3.3 Battling Domestic Violence head on

3.3.1 Health Effects of Domestic Violence on victims

3.3.2 Effects of Domestic Violence on society

3.3.3 The need for rehabilitation

3.3.4 Understanding ‘Rehabilitation’

3.3.5 Correlating rehabilitation with victims of domestic violence

3.3.6 Types of rehabilitation

3.3.7 Understanding the Hierarchy of Rehabilitation needs for DVAW victims in Bangladesh

3.4 Understanding the role of architecture in rehabilitating female victims of violence

3.4.1 The architectural principles to be applied in domestic violence victim rehabilitation communities

3.4.1a Role of architecture in therapy:

3.4.1b Kinesthetics and landscaping:

3.4.1c Light and shadow:

3.5 Rehabilitation Spaces

3.5.1 Medical services (primarily first aid services):

3.5.1a Spaces:

3.5.1b Architectural specifications

3.5.2 Physical rehabilitation:

3.5.2a Spaces:

3.5.1b Architectural specifications:

3.5.3 Psychiatric and psychological rehabilitation:

3.5.3a Spaces (formal defined spaces):

3.5.3b Architectural specifications:

3.5.4 Occupational rehabilitation

3.5.4a Spaces:

3.5.4b Architectural specifications:

3.6 Domestic violence shelter features applicable in the design of a (rehabilitation) institution

3.7 Shelter Facilities for Women Victims of Domestic Violence

3.7.1 Shelter typologies

3.7.2 Category of women availing shelter services in a centre for domestically abused women

3.8 Meeting the Needs of Children in Centres for Abused Women

3.8.1 Facilities for children in a centre for female victims of domestic abuse

3.9 Understanding 'awareness'

3.9.1 Defining 'awareness'

3.9.2 Understanding the need for 'awareness' in curbing (Domestic) Violence against Women:

3.9.3 Reviewing Awareness Options Existent Locally and Globally

3.9.4 Scope of Architecture in the creation of awareness:

Chapter 4

4.1 Introduction to case studies

4.2 Cases

4.2.1 Kenya Women and Children's Wellness Center, Nairobi, Kenya

4.2.2 Women's Opportunity Centre, Kayonza Rwanda

4.2.3 Maggie's Centre

4.2.3a Example 1

4.2.3b Example 2

4.2.3c Example 3

4.2.4 Pima County Behavioral Health Pavilion and Crisis Response Center, Arizona, USA:

4.2.5 Steilneset Memorial, Vardø, Norway

Chapter 5

5.1 Program Development

5.2 Rehabilitation Space Allocation

5.2.1 Rehabilitation Administration Zone

5.2.2 Rehabilitation: Call Centre Services

5.2.3 Rehabilitation: Medical Services

5.2.4 Rehabilitation: Psychological Counselling Services

5.2.5 Rehabilitation: Occupational/Training Services

5.2.6 Rehabilitation: Temporary Shelter Services

5.2.7 Rehabilitation: Victims' Children Support Services

5.3 Awareness Space Allocation

5.3.1 Awareness Centre and Memorial Services
5.4 Transition Space (between Public and Rehab) Allocation
5.5 Additional Spaces

Chapter 6
6.1 Introduction
6.2 Reaffirming: the issues; where to intervene, the outcomes
6.3 Concept Development Phase
6.3.1 Primary Thoughts and Ideas
6.3.2 Understanding Crack for Real
6.4 Space Development Phase
6.4.1 Healing through Interaction
6.4.2 Healing through Belonging
6.4.3 Healing through Isolation
6.4.4 Healing through Nature
6.4.5 Healing through Believing
6.5 Physical Development Phase
6.5.1 Design Process
6.5.2 Form Development
6.5.3 Fenestration, Structure and Landscape Development
6.6 Final Design
6.6.1 Plans
6.6.2 Sections and Elevations
6.6.3 Model Images
6.6.4 Rendered Images

Chapter 7
7.1 Conclusion

Appendix 1

Appendix 2

Bibliography

List of Figures:

Fig. 2.3.1: Site Location

Fig. 2.3.2: Road Network Mapping

Fig. 2.3.3: Built Form Mapping

Fig. 2.3.4: Vegetation Mapping

Fig. 2.3.5: Agriculture Mapping

Fig. 2.3.6: Overall Site Element Mapping

Fig. 2.4.1: Site Images

Fig. 2.4.2: Site Images

Fig. 2.4.3: Site Images

Fig. 3.1.1: Types of Common Violence Diagram

Fig. 3.3.1: Health Effects of Domestic Violence

Fig. 3.3.2: Existing Hierarchy of Programs Diagram

Fig. 4.2.1: Aerial view of Kenya Women and Children's Wellness Centre

Fig. 4.2.2: Plan Layout, Women and Children's Wellness Centre

Fig. 4.2.3: View of Women and Children's Wellness Centre

Fig 4.2.4: Aerial view of Women's Opportunity Centre, Rwanda

Fig. 4.2.5: Plan Layout

Fig 4.2.6: Views of the different spaces within the WOC

Fig 4.2.7: Axonometric View of Program Layout.

Fig 4.2.8: Views of the spaces within Maggie's Centre, Aberdeen

Fig 4.2.9: Ground Floor Plan Layout, Maggie's Aberdeen

Fig 4.2.10: Views of the spaces within Maggie's Centre, Aberdeen

Fig 4.2.11: Plan Layout, Maggie's Monkland.

Fig 4.2.12: Interior and exterior views of Maggie's Monklands

Fig 4.2.13: Spatial arrangement of natural healing spaces for a fixed function

Fig 4.2.14: Pima County Behavioral Health Pavilion and Crisis Response Center

Fig 4.2.15: Axonometric program layout, Pima County BHP and CRC

Fig 4.2.16: Interior and exterior spaces of Pima County BHP and CRC

Fig 4.2.17: Steilneset Memorial

Fig 4.2.18: Interior and exterior spaces Steilneset Memorial

Fig. 5.1.1: Regular, Periodic and Other Activity List

Fig: 6.2.1: What Really Happens Diagram

Fig 6.2.2: Scope of Intervention Diagram

Fig 6.2.3: Outcomes of Proposal Diagram

Fig 6.3.1: Concept:Breaking Free

Fig 6.3.2: Swarm Intelligence Diagram

Fig 6.3.3: Concept: Piecing back Together

Fig 6.3.4: Concept: Fragmented Reality

Fig. 6.3.5: Concept: Healing through landscape

Fig: 6.3.6: Crack Formation Study Diagram

Fig. 6.3.7: Correlating concepts and Crack Formation Principles into a Cohesive Design

Fig 6.4.1: Healing through Interaction Diagram

Fig 6.4.2: Healing through Belonging Diagram

Fig 6.4.3: Healing through Own-space Diagram

Fig 6.4.4: Healing through Nature Diagram

Fig. 6.4.5: Healing through Believing Diagram

Fig 6.5.1: Primary zoning in Site

Fig 6.5.2: Design Process Diagram

Fig 6.5.3: Form Development Diagram

Fig 6.5.4: Fenestration Development Diagram 1

Fig. 6.5.5: Fenestration-to-Structure Development Diagram

Fig: 6.5.6: Inspiration from Nature

Fig. 6.5.7: Inspiration from Impressionist Artwork

Fig. 6.5.8: Psychologically Suitable Colour Palette Diagram

Fig 6.6.1: Master plan

Fig 6.6.2: Level 1 and Level2 Plan

Fig 6.6.3: Roof Plan

Fig 6.6.4: Sections and Elevations

Fig. 6.6.5: Model Images

Fig: 6.6.6: Rendered Images

CHAPTER 1:

INTRODUCTION

1.1 Background of the Project
1.2 Project Brief
1.3 Project introduction
1.4 Needs, Aims and Objectives
1.5 Given Program and Functions

1.1 Background of the Project:

"How resilient was the body, to return to its prior form so quickly! Yet the mind was formed of a less pliable substance. The emptiness in her thoughts would not be so easily filled. Instead there was hollowness among them-a place she had reserved for future joys which now would never arrive."

— Galen Beckett, The Master of Heathcrest Hall

Living free from violence is a human right, yet millions of women and girls suffer disproportionately from violence both in peace and in war, at the hands of the state, in the home and community. Across the globe, women are beaten, raped, mutilated, and killed with impunity.

Gender-based violence stems from the failure of governments and societies to recognize the human rights of women. It is rooted in a global culture of discrimination which denies women equal rights with men and which legitimizes the appropriation of women's bodies for individual gratification or political ends. Every day, all over the world, women face gender-specific persecution including genital mutilation, sexual slavery, forced prostitution, and domestic violence. At least one out of every three women worldwide has been beaten, coerced into sex, or otherwise abused in her lifetime; considering that women make up about 3.5 billion people— 49% of the world population, this number stands at an appalling value of approximately one billion minimum.

Studies conducted by the World Health Organization reveals that over 35% of the global female population has undergone some form of violence in their lifetime; and of regional distribution, the South East Asia zone reports over 37.7% of women experiencing physical and sexual violence. Please note that violence against women feeds off discrimination and serves to reinforce it. When women are abused in custody, raped by armed forces as "spoils of war," or terrorized by violence in the home, unequal power relations between men and women are both manifested and enforced. This is very evident in the South East Asian region, with countries such as Bangladesh, India and Thailand being major crime grounds for violence against women.

However, before any further discussion on the matter of what can be phrased as 'violence against women', it is crucial that we understand the above-mentioned term. The United Nations defines violence against women as "*any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (General Assembly Resolution 48/104 Declaration on the Elimination of Violence against Women*, *1993).* Simply put, any form of violence, abuse, mistreatment and neglect that women

experience in their lifetime, regardless of intimate, kin or independent relationship is referred to as ‘violence against women’.

Having looked at the global situation and the definition of violence against women, it is essential to comprehend the issue of violence against women in Bangladesh alone. Nationwide studies conducted by the *Multi-sectoral Program on Violence against Women* under the Ministry of Women and Children Affairs, Bangladesh indicate that about 58% of women between the age of 19-49, all over Bangladesh are victims of violence. Please note that for the context of patriarchal Bangladesh, this is not a surprising finding. Despite the several international acts to which Bangladesh is a cosignatory and the many laws that attempt to curb violence against women, and empower them in turn, the concerns of discrimination on the grounds of sexual identity, social status, class, and age are some of the most common basis on which women are abused in this country. And it is this faulty understanding of women being ‘lesser’ than men, or their characters playing subordinate roles that restricts women's choices, that increases their vulnerability to violence, and makes it even harder for women to obtain justice.

States have the obligation to prevent, protect against, and punish violence against women whether perpetrated by private or public actors. States have a responsibility to uphold standards of due diligence and take steps to fulfill their responsibility to protect individuals from human rights abuses. For Bangladesh, such steps include but are not limited to national laws protecting rights of women and empowering them, emergency medical facilities for women victims of violence, maternal healthcare, a national Trauma Counseling Centre, provision of legal and occupational support and temporary shelters to abused women, microfinance opportunities for women and even awareness programs, and so on.

Yet the rate of violence against women is not reducing at an appreciable pace. The reasoning for this can be attributed to multiple aspects that range from very few women partaking in the seeking of justice countrywide, help centres being restricted to certain areas of the country alone, the failure in including a comprehensive system of services/facilities provided by government organizations and NGOs, and their inability in being able to address the issue of complete rehabilitation of a victim starting from medical care and ending at financial/occupational support altogether, the lack of awareness of laws and rights protecting the rights of women, and so on.

Thus, keeping in mind all of the above-mentioned shortcomings, the need for a holistic rehabilitation and awareness program is an obvious deduction. Any program that capacitates the provision of: medical facilities to address physical aspects of violence, facilities for psychological services to address the psycho-traumatic outcomes of violence, occupational amenities to rebuild ‘self-value’ in society, a safe abode, legal consultation options for protection

services, and finally a platform of awareness for everyone—victims, families of victims, would-be-victims, would-be-perpetrators, and every single person in the society who has a right to information—to comprehend the degree of importance that the issue of violence against women holds in Bangladesh and the rest of the world, today.
Hence, an all-encompassing Centre for Abused Women has become the intention of achievement for this thesis proposal.

1.2 Project Brief:

Project Title: Sangshaptak Asrayon o Punarbashon Kendro
Location: Taek, Mymensingh, Bangladesh
Site Area: 13.5 acres
Client: Ministry of Women and Children Affairs, Bangladesh

1.3 Project introduction:

"The dog leash was still tied tight around the oak tree in the back, stretched worn and limp across the green grass as if trying to escape to freedom; and he buried his wife without a tombstone. Where before, she sat most times in his home, licking her wounds."

— Anthony Liccione

Violence against women is one of the most significant human rights problems in Bangladesh. Women comprise 49.35% (nearly half) of the total population of Bangladesh, and there are stringent laws to protect their rights. Yet, it appears from national and international statistical findings that there is an increasing trend in violence against women here. Of course it is of common knowledge that violence is part of every society and has existed since time immemorial in various degrees; however, countries like Bangladesh have conditions which are more favorable to a culture of violence that include poverty, avarice and patriarchy. Needless to say, female subjugation and inequality as displayed in the Bangladeshi culture are related conditions that propagate violence.

When speaking of violence committed against women in Bangladesh, domestic abuse, dowry-related assault, stalking, sexual harassment, rape, acid attacks, murder, lack of employment opportunity, violence at work place, trafficking, may be relegated as some of the most common forms of violence and discrimination against women in this country. However, the extent of domestic violence is a point of concern that outruns any other form of abuse propagated here.

Titled: *Violence Against Women Survey 2011*, a research conducted by the Bangladesh Bureau of Statistics and the Bangladesh Mahila Parishad (involving a sample of 12600 women) indicated that nearly 87% of women experience domestic violence on a regular basis in Bangladesh. This value was 77% in 2010, and about 53% back in 2007 (as revealed by Bangladesh Demographic and Health Survey, conducted by ICDDR,B). The statistics clearly indicate that the degree of domestic violence is an escalating phenomenon. In fact, the other above-mentioned forms of abuse that range from acid attack, husbandry rape, dowry-related assault, underage sexual harassment, or even murder can all be identified as partial sub categories under the banner of domestic violence itself.

Now, being a part of patriarchal society, women face various types of domestic violence in Bangladesh. In a recent study (Centre for Policy Dialogue, 2009) it has been observed that mainly four types of domestic violence occur, i.e. physical, psychological, economic and sexual abuse and violence, all of which are prevalent throughout Bangladesh. Of the women victims, 93% experience physical violence; some 13 per cent report of having experience of sexual violence, and 84% admit to psychological violence committed by their husbands. Such is the degree of inferiority and contempt attributed to the 'weaker' gender of our society. Women—especially when they are in marriage and are assumed to be 'dependent' on the husbands for their daily life incidents, it seems only "normal" for husbands to exert their rights and willfulness on the wives by an exuberant display of cruelty that is not limited to the husband alone but also extends to the rest of his family . What is surprising though is that despite the massive differences in lifestyle, livelihood measures, educational background and so on among urban and rural population, the occurrence of domestic violence varies little in terms of urban-rural divide in Bangladesh. Studies show that among ever-married women, 40% of those in the urban area and 42% in the rural area reported physical violence by their husband. What is even more appalling is that the cases of woman abuse that get recorded represent only **one percent** of the actual number of cases of domestic violence committed against Bangladesh women!

Having considered the extent of this human rights issue that covers a large portion of the socio-cultural norms of Bangladesh and challenges many of its gender discriminatory attitudes, this thesis project attempts to bring to life, the creation of an 'all inclusive' **Centre for Female Victims of Domestic Violence—Sangshaptak Asrayon o Punarbashon Kendro—**that would look into the needs of women, susceptible to the most prevalent form of violence against women in Bangladesh—domestic violence. This centre intends to span its facilities in a manner that will seek to heal an abused woman from the start of trauma till the end in a comprehensive approach. By upholding the phrase 'all-inclusive' this centre will host facilities that will design the journey of any domestically "broken" woman under the virtue of physical, psychological, sexual or economic abuse to find it within her to become "whole" again. This indicates that the proposed centre will house a number of facilities ranging from medical services to treat

preliminary injuries sustained by a domestically abused woman, to legal consultancy services to enroll complaints and aid legal procedures if/when victims seek legal advice; from psychological treatment facilities that encompass both short term and long term psychological rehabilitation program to occupational healing options to help victims qualify to support themselves economically in future. Please note, in order to avail all of the above, the centre will also consist of temporary shelter facilities for the victims who will remain here for the duration of their treatment—physical, psychological, or occupational. Finally, keeping in context with one of the oldest and effective beliefs of time, that prevention is always better than cure, the centre will also host a number of awareness-oriented facilities, the principle aims of which will be to disseminate knowledge regarding the rights of women both nationally and internationally and the issue of curbing any sort of violence against women.

It is believed that every society develops when all of its constituent members are treated equally and share both the positive and the negative outcomes of their actions in building the society and in taking responsibility for all the future generations to come within the stated society. So for Bangladesh, where half of its population is female, the aspect of mal-treating women is not one that would allow the nation to thrive. Hence, Sangshaptak Asrayon o Punarbashon Kendro can definitely be a starting point to remind all those who have lost sight of the principles of a successful society, of the importance of compassion and redevelopment of the vulnerable—in this case victims of a most common and extensive form of aggression committed against the female population within the country—in order for the country to prosper, and also warn them of the unprecedented detrimental impacts that breaching of women's rights would lead to.

1.4 Needs, Aims, and Objectives:

"...remember the ladies, and be more generous and favorable to them than your ancestors. Do not put such unlimited power into the hands of the Husbands. Remember all Men would be tyrants if they could. If particular care and attention is not paid to the Ladies we are determined to foment a Rebellion, and will not hold ourselves bound by any Laws in which we have no voice, or Representation."

—Abigail Adams

All over the world women are faced with the terror of being born as of the 'lesser' gender. Every day hundreds of thousands of women are being victims of violence worldwide. Many countries have records showing up to an average of 70 percent of their women population being physically and/or sexually harassed by intimate partners. And from the findings mentioned afore, it is clear that Bangladesh is one such nation.

Having looked at the escalating crimes against women, especially the degree of inhumane treatment of married women, both in urban and rural Bangladesh, and the lack of understanding of women's rights by the general population, as a result of which more Bangladeshi women are being subject to violence than would be otherwise, the primary aim of this proposal is to act as a starting point for the process of rounding up 'battered women'—the largest of the victimized female population in Bangladesh and help them redesign themselves as '**new**' human beings. Needless to say, the centre intends to attain this by providing holistic care to the female victims of domestic violence that span from physical to psychological to occupational to legal and awareness oriented programmes to ensure that the victims receive any and all necessary support to help them restore their lives to the fullest of potential.

Researches reveal that all of the cases of domestic violence recorded countrywide together represent only about one percent of the total number of domestic violence cases. Whereas this might appear to be a shocking revelation, however, when considering the socio-cultural norms of this country, better still, even the sub-continent, where women are taught to be mum when their husbands abuse them, it is not so atrocious a finding after all. A study by BNWLA shows that about 30 percent of women in Bangladesh actually believe their husbands have the "right" to abuse them! Therefore it should not come as a surprise when domestic violence cases go uninformed, or even ignored, considering that most of citizens of Bangladesh are not even aware of the Acts passed by the Bangladesh government to prevent violence against women, or even of the rights of the women. Hence, in light of the above findings, the next goal besides a holistic treatment option for this centre is to provide a platform of awareness-interaction for all Bangladeshi citizens to allow them to get a more comprehensive understanding of the issue of violence against women and the human rights attributed to women. The objectives of the awareness oriented platform range from housing a memorial for all female victims of violence, to experiential exhibition spaces to socio-cultural stage for VAW information to be disseminated with options including but not limited to awareness-raising performances, theatre work, seminars, campaigns and so on to challenge the norms in the society that allow girls and women to be devalued and denied of their rights.

A CARE study shows that domestic violence costs around Tk. 15 crore annually—a 2.05 percent loss of Gross Domestic Product (GDP) for Bangladesh. This is primarily a result of mistreating women at work, husbands preventing their wives from partaking in economic activities, economic abuse by husbands/intimate partners, and the failure of battered women to seek economic support for a steady future. Having considered the degree to which VAW affects the country along with its abused female population, the centre intends to provide occupational therapy opportunities that range from provision of educational to vocational training to abused women to help mobilize them to different economic sectors without fear of stigmatization.

Bangladesh has one of the world's highest rates of adolescent motherhood, based on the proportion of women younger than 20 giving birth every year, says a BRAC report. One in three teenage girls in Bangladesh is already a mother. Another 5 per cent are pregnant with their first child. One in seven maternal deaths is caused by violence, and two in five women will experience domestic violence at some point. Please note that the figures apply for both adolescent and adult women. Hence, in view of the vast number of 'mothers' and 'would-be-mothers' that fall in the domestic violence category, the centre endeavours to provide services that encompass the children (at least of a certain age, preferably up to 12 years) of the victims along with the victims themselves. This indicates further objectives for the centre, including day care, primary education opportunities, social and recreational opportunities for children, etc.

At present, there are approximately 8189 NGOs that have been registered by the Ministry of Women and Children Affairs (MoWCA) to cater to the needs of abused women in Bangladesh. However, due to their sizes, remoteness, lack of skill to develop project proposal, language barriers, sophistication and lack of access in to informational and professional approach, the lack of communication between MoWCA government organizations and departments, but most importantly, **the absence of all-inclusive facilities to ensure that battered women receive all levels of care without falling 'off the grid' as a result of not being able to avail all the facilities at one go**, the measures taken to treat and empower these women is inefficient as well as insufficient. The Centre for Abused Women means to alter this predicament by proposing to be the **first hub** to provide an all-encompassing, holistic rehabilitation and awareness program that would act as a guiding system for future sub-centres of the same nature to be established all over the country, from the most populated to the most isolated of areas.

In summary, Sangshaptak Asrayon o Punarbashon Kendro aims to act as mother-entity that will operate with the simple intention of taking up a broken society and reconstructing it in to a self-sustained, flourishing whole. It is after all the right of a human to be treated humanely. By attempting to design a system of re-building 'battered women' into brand new 'whole' this centre will try to provide a guideline for future transformation of other groups of people in our society who have so far been deprived of the rights to feel 'human'.

1.5 Given Program and Functions, in short:

<u>Psychological rehabilitation:</u>

Emergency trauma counseling cells
Long term therapeutic cells

Meditative spaces/cells

Physical rehabilitation:

Preliminary medical facilities
Temporary shelters: dormitory/family home style
Shelter oriented social spaces
Day care facilities
Schooling facilities for victims' children
Indoor/outdoor recreational facilities

Occupational rehabilitation:

Vocational training cells
Educational training cells
Alternate livelihood generating spaces

Legal aid:

Legal counseling cells
Legal mediation chambers

Awareness:

Auditorium/multipurpose hall
Exhibition spaces/galleries
'Abuse' library/archive
Contemplation chambers
Workshops/seminar rooms
Information centre

Others:

Restaurant
Community spaces
Administration offices
Service spaces

CHAPTER 2:

SITE APPRAISAL

2.1 Reasons for choosing the stated site
2.2 The site
2.3 Site at a glance
2.4 Site images
2.5 Site topography
2.6 SWOT analysis

2.1 Reasons for choosing the stated site:

2.1.1 Geographically:

When assessing the issue of prevalence of violence against women, especially domestic violence, it appears that the *char* and the *haor* areas of the country are the largest grounds of woman abuse. The principle reasoning for this is attributed the degree of inequality among the male and the female gender and the uneven distribution of wealth in these areas. A closer look at eight of the districts with the highest reported rate of violence against women in Bangladesh enlists the following names: Thakurgaon, Nilfamari, Rangpur, Jamalpur, Mymensingh, Netrokona, Sunamganj and Kishoreganj. Please note that the above mentioned names are an indication of the greatest infringement of women's rights being within the northern regions of Bangladesh. Considering the afore-mentioned facts, Mymensingh appears to be the most suitable strategic location to host a centre for female victims of domestic violence (please refer to the attached map in Appendix 2 for an understanding of the geographic position of the district in comparison to the other affected districts). This is so firstly because Mymensingh is geographically located as such that it is bounded by three of the highest reported VAW districts namely Jamalpur, Netrokona, and Kishoreganj as well as itself. Additionally, it is located as such that most of the high VAW zones are all at close proximity to this district, so that the issue of availing the centre facilities can be addressed very well, as availability of facilities is considered one of the most crucial factors in locating centres of this kind to ensure maximum out reach for victims. Similarly having been placed about a 120 km span from the country capital Dhaka, an approximate distance of 220 km from Rajshahi division, a value of about 260 km from Sylhet division and a 290 km distance from the Rangpur division, this district has the capability to serve victimized population that covers **four** major divisions of the country. Moreover, due to its close proximity to the country capital which is the largest hub for advanced medical and social facilities, a site in this district provides an opportunity for a centre for abused women to avail any necessary large scale medical and/or social services that may not be plausible within its scope.

2.1.2 Socio-culturally:

Socio-culturally speaking, Mymensingh has been identified as one of the four poorest districts in Bangladesh. The Mymensingh region—consisting of Mymensingh, Netrokona, Kishoreganj and Sunamganj—is also known for its uneven distribution of wealth (Local estimation of poverty and malnutrition in Bangladesh, Bangladesh Bureau of Statistics and UN World Food Programme, 2004) which is correlated with the consideration that this induces the vulnerability of rising violence against women. The same reasoning is attributed to the fact that more than half the population in this region lives below the poverty line, which is believed to be a determinant factor in culminating into violence against women. Besides this, the area consists of both *haors* and

char lands by which it belongs to some extent, to a certain specific cultural setting, having lower consciousness than the other parts of the country in terms of socio-cultural attitudes—which too, contributes to the increasing violence against women. Having looked at the afore-mentioned issues that plague this region, housing a centre for battered women within here would be most appropriate not only in terms of treating abused victims, but also in terms of curbing domestic VAW in the zone.

2.1.3 Historically:

Mymensingh has a history of over 200 years. The Sannyasi Rebellion of 1772, the *Swadesi Movement* of 1905, the *Tonko* Movement of 1946, all play witness to its involvement in Bengali history. Please note that, all of these movements were carried out to abolish injustice to the underdogs—at the time, the farmers. Note also, that of these three movements, the last was led by a female leader Rasmoni Hajong. Considering that the district has a history of rising up against injustice and had been one of the forerunners in having female leaders leading the uprising in Bengal history, it seems fitting to set up a centre for battered women here to re-enact as a platform for standing up against injustice—in this context, violence committed towards women. Also, the fact that during the British Raj most of the inhabitants of the town were Hindus with Muslims coming in during the 20th Century and their peaceful coexistence establishes that Mymensingh has played an important role as a centre for secularism. So once again the issue of promoting gender equality and enhancing rights of women—secularism in terms of men and women no longer being differentiated—appear to be a befitting choice for the area. In addition, the district has been known to play a great role in educating Bengali Muslim women. In fact, some of the earliest educational intervention for women were carried out here during the British Raj through the establishment of institutions such as the Vidyamoyee Uccha Balika Bidyalaya and Muminunnesa Women's College which have been known to hone a majority of first-generation successful Bangladeshi women, including the first woman justice of the High Court of Bangladesh Justice Nazmun Ara Sultana, Jahanara Imam, famous writer and political activist, Taslima Nasreen, writer, and so on. It had also been this district where one of Bangladesh's oldest women's organizations, Bangladesh Mahila Samity, (earlier known as All Pakistan Women's Association, originally established in 1947 as a premier social welfare organization for women) was incepted with the purpose of rehabilitating shelter-less women. Clearly, for a district which had been involved in the empowerment of women for over a hundred years, it seems only right to locate a centre that will once again rebuild the legacy of empowering helpless women—in this context victims of domestic violence primarily.

2.1.4 Environmentally:

The site chosen in the Mymensingh district is nearby the Mymensingh town, located just at the banks of the Brahmaputra River, a few kilometers away from the Bangladesh Agricultural University premises. The most crucial explanation for the selection of this area is the presence of multiple natural elements that are often considered as features of healing by modern eco-psychologists. It is in fact believed that there are connections between environmental justice and social justice, between despair for lost landscapes and environmental anger and activism, between personal stories of grief and loss and the healing offered by earth and community—all of which applies quite well for the site, which itself is a sprawling near-flat land opening out to the Brahmaputra on either side, with a larger stream of the river covering the north, north-western and the north eastern sides, and a smaller stream on the opposite directions. The presence of the river (which is currently believed to be drying up due to lack of dredging), the relative isolation of the site from the main town in the district (although **close enough** from the town to avail all its amenities) and the existence of other natural elements such large areas of trees, the shoal-like character of the land, etc all possess the ability to allow the victims of violence in the centre to heal within nature. And in doing so, help them find peace.

2.1.5 Symbolically:

A popular belief possessed by advocates of reduction of violence against women is that without the change in attitudes of the male population towards women, no amount of actions—regardless of policy level, awareness level or interventions at grassroots level—will suffice to curb violence against women. So, men need to come forward to support women and aid them to achieve equality. Now, considering that the Brahmaputra River is referred to as a 'male' river, it seems appropriate and highly symbolic to house a centre at its bosom, which would deal with the empowerment of abused women—an analogy of a 'male' voicing the cause of women.

2.2 The site:

2.2.1 Background:

2.2.1a About Mymensingh District:

Situated on the south bank of the old Brahmaputra River, it is an old district headquarter town in the northeastern part of Bangladesh. The Mymensingh district is located 120 kilometers north of the capital Dhaka and is widely connected with the capital and other district towns through good highways and a railway system. The district was once the largest district in undivided Bengal

before partition of 1947 and known as the abode of many *zamindars*. The town itself is over 200 years old with a rich tradition, culture and heritage. The name Mymensingh was penned from the Anglicized/corrupt pronunciation of the original name of the ruler Momen Shah.

Geography, Topography and Climate:

The Mymensingh District (Dhaka division) with an area of 4363.48 sq km, is bounded by Meghalaya State of India and Garo Hills on the north, Gazipur district on the south, Netrokona and Kishoreganj districts on the east and Sherpur, Jamalpur and Tangail districts on the west. The main river is Old Brahmaputra with other small rivers, marshes, canals and much forestry in the district. The topography of the district is flood plain, with some piedmont lands, terraced hills, and valleys between high forests. The annual average temperature is a maximum of 33.3°C, and a minimum of 12°C with an annual rainfall 2174 mm.

Administration:

The Mymensingh district was first established in 1787, which was later divided into six districts viz. Tangail, Jamalpur, Mymensingh, Kishoreganj, Sherpur and Netrokona. Today the Mymensingh district consists of 8 municipalities, 12 upazilas, 146 union parishads, 84 wards, 206 mahallas, 2201 mouzas and 2709 villages. The upazilas are Bhaluka, Dhobaura, Fulbaria, Gaffargaon, Gauripur, Haluaghat, Ishwarganj, Mymensingh sadar, Muktagachha, Nandail, Phulpur, and Trishal. The municipalities are Bhaluka, Gafargaon, Gauripur, Ishwarganj, Mymensingh Sadar, Nandail, Muktagachha and Trishal.

2.2.1b About Mymensingh Sadar:

The Mymensingh Sadar is located at 24.7500°N 90.4167°E. With a total area of 388.45 square kilometres it is home to 104,567 units of households. The River Brahmaputra cuts through a part of Mymensingh. Over a hundred years ago, the river was approximately 10 km wide, although today it one of the seasonal-flow rivers in the area. A huge amount of land recovered from this riverbed for a hundred years—the chars, in fact make up a big part of Mymensingh. Seasonal flooding of the river allows a refreshing fertility to the land and a helps create a pool of native fish that add some protein budget assistance to the poor char villages in the zone.

In terms of demographics, the Mymensingh Sadar has a population of 566,368 (Bangladesh consensus of 1991) with males constituting 52.18% of the population, and females 47.82%. The Mymensingh sadar itself has 20 Unions/Wards, 213 Mauzas/Mahallas, and 173 villages.

2.2.1c About Mymensingh Town:

The Mymengingh Town, earlier known as Nasirabad is located in the Mymensingh sadar. It stands on the bank of the Brahmaputra and consists of 21 wards and 85 mahallas. The total area of the town is 21.73 sq km. The town has a population of 225811 (male constituting 51.91%, and female 48.09%) with a population density of 10392 per sq km. The literacy rate among the town people is 60.4%.

2.3 Site at a glance:

2.3.1 Site location: 7.5 km from Mymensingh Town, Mymensingh District, Dhaka Division, Bangladesh

2.3.2 Site size: 13.5 acres

Figure 2.3.1 Source: Author

Figure 2.3.2 Source: Author

Figure 2.3.3 Source: Author

Figure 2.3.4 Source: Author

Figure 2.3.5 Source: Author

Figure 2.3.6 Source: Author

2.4 Site images:

from mainland

view towards north

Figure 2.4.1 Source: Ashif Ridwan

view: north east-east

view towards south

Figure 2.4.2 Source: Ashif Ridwan

Figure 2.4.3 Source: Ashif Rdwan

2.5 Site topography and overview:

The site, locally known as Taek is part of a 1500 acre government khas land, located on the banks of the Brahmaputra River. It is primarily a char-land with the characteristics common of shoal areas. The char gradually rises from the midst of the Brahmaputra River, and as it flows inwards towards the mainland, it raises in height. During monsoon the existing site is approximately 5 feet above the water level. Consequently in the winter, this height is around 30 ft from the water level. The site contains a large chunk of trees that covers around 1/6th of its area. There are also a few isolated trees scattered within the site and around it. The trees which cover the north-west and the eastern side of the site are mainly *sal*, *akashi, boroi, and kapila,* with a few fruit tree variations that include mango and jackfruit. Please note also that there are a few varieties of creeper and shrubbery present in the site, all of which coincide the typologies generally found close by water. At present the site contains no built structure. In fact it is primarily used as a *ghat* for boat and fishermen who live in the nearby areas, and as grazing pasture for the domestic animals of surrounding villages. Also, during the Eid-ul Azha festival, the area is used as a *haat* for the cows at sale. An interesting feature to the site is the issue of

its accessibility. Please note also that the site can be reached by foot in the winter-spring seasons when the western stream of the Brahmaputra passing along the site dries. Conversely, boat is the only mode of travel to the area during the rains, when it becomes completely isolated. The unique feature of river-views around and within site, and the presence of lush greeneries together create a beautiful scenic landscape soothing to the eye and the mind.

2.6 SWOT analysis:

2.6.1 Strengths:

*The site is situated in a district which is a very suitable strategic location to address the issue of Women abuse since it is a plausible distance from the major violence against women crime zones.
*The site is a very short distance from the main town, while simultaneously not so close that it is a part of the crowded town life.
*It is situated close to the highway and can avail transportation facilities from different parts of the country.
*There is a bazaar facility located nearby so that amenities for the programs in this site can be availed quite easily.
*The site has the presence of multiple natural elements such the river, trees and a lot of untouched open spaces as is necessary for psychological healing.
*The site is situated within 10 km of the Mymensingh Medical College and Hospital which is a crucial factor, since the centre to be designed here will have a large dependency on medical facilities.
*The site is right at the outskirts of the Bangladesh Agricultural University, and hence can avail many of the university's facilities if the needs coincide.
*The views facing the river and the surrounding are commendable.

2.6.2 Weaknesses:

*Becomes isolated in the rainy season.
*Transportation can become an issue.
*Negative spaces due to the surrounding unused area.

2.6.3 Opportunities:

*Due to the presence of serene natural elements, can contribute to the healing process of victims.
*The presence of the greenery and water can also contribute to creating beautiful landscapes.
*Since it is placed so close to the Bangladesh Agricultural University, the occupational provisional program part of the centre can work in collaboration with university to design agriculture or farming opportunities that would aid abused women in developing new livelihood techniques.
*As a place to host a mother centre for an issue which is such a huge concern for the entire country, it can help Mymensingh develop as a location that would cater to the needs of serving the most threatened people in the country.
*A centre as vast as the one proposed in this area can generate a lot of job opportunities for the existing population in Mymensingh.
*Placing a head-centre for any institution away from Dhaka indicates the decentralization process of activities from the country capital. This site allows that opportunity.
*Because of its proximal distance from the country capital, can create a wonderful opportunity for people to spend some leisurely time at the awareness facilities provided by the centre.

2.6.4 Threats:

*As a result of environmental pollution the width and the volume of water in the Brahmaputra River is reducing at a painstaking rate. Further increment as such can cause the river to dry out, or encroached on by people.
*As a lot of the spaces around the site and near the Mymensingh town as well as the sadar are still unoccupied, there is a chance of future unplanned development, which may lead to the overall site scenic and peaceful qualities to be affected.

CHAPTER 3:

LITERATURE REVIEW

3.1 Understanding ‘abuse’ and ‘violence’

3.2 Understanding ‘Domestic Violence’ or ‘Woman Abuse’

3.3 Battling Domestic Violence head on

23.4 Understanding the role of architecture in rehabilitating female victims of violence

3.5 Rehabilitation spaces

3.6 Domestic violence shelter features applicable in the design of a (rehabilitation) institution

3.7 Shelter Facilities for Women Victims of Domestic Violence

3.8 Meeting the Needs of Children in Centres for Abused Women

3.9 Understanding ‘awareness’

3.1 Understanding ‘abuse’ and ‘violence’:

3.1.1 Defining ‘abuse’:

According to the Oxford Dictionary definitions, the term ‘**abuse**’ refers to the following:

1. Use (something) to bad effect or for a bad purpose; misuse.
2. Make excessive and habitual use of (alcohol or drugs, especially illegal ones).
3. Unjust or corrupt practice
4. Treat with cruelty or violence, especially regularly or repeatedly.
5. Assault (someone, especially a woman or child) sexually, especially on a regular basis.
6. Use or treat in such a way as to cause damage or harm.
7. Speak to (someone) in an insulting and offensive way.

The term, first penned in the 15th century, is of late Middle English; via Old French from Latin word *abus*- meaning 'misused', from the verb *abuti*, where *ab*- indicates 'away' (i.e. 'wrongly') + *uti* ' refers to ‘to use'.

However, note that for the purpose of this paper and its subjective contents, the multiple definitions of the term ‘abuse’ as stated above will be limited to the classifications given in no. 4, no. 5, and no. 6 of the above-mentioned meanings.

3.1.2 Defining ‘violence’:

Having established the boundaries within which to define the term ‘abuse’ in the context of violence against women, or abusing of women, it is imperative to understand the meaning of the term ‘violence’ as well. Hence, according to the World Health Organization definition, ‘violence’ refers to:

"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation."

Notice that the definition of ‘violence’ is such that it encompasses all the classifications of ‘abuse’ as relevant to this paper, with the additional phrasing of “*intentional use of physical force or power*”. This gives a clear indication that when one is treated with cruelty, or is assaulted sexually/psychologically, or is treated in such a way on a regular basis that physical or economic or even spiritual damage is inevitable, by the aid of coercion that is either physical or that of supremacy, the case of simple ‘abuse’ becomes an issue of violence. This transformation is hence the basis on which the next classification—that of *‘violence against women’* stands.

However, even before understanding the context of violence against women, it is crucial that we comprehend the categories that 'violence' can be subdivided into, based on victim-perpetrator relationships. The following sub-categorization will not only help us understand the types of violence existing, but will also allow for us to find the starting point of where 'violence against women' begins. Therefore, according to WHO, the different subcategories of violence are defined as follows:

1. Self-directed violence refers to violence in which the perpetrator and the victim are the same individual and is subdivided into *self-abuse* and *suicid*e.

2. Interpersonal violence refers to violence between individuals, and is subdivided into *family and intimate partner violence* and *community violence*. The former category includes child maltreatment; intimate partner violence; and elder abuse, while the latter is broken down into *acquaintance* and *stranger* violence and includes youth violence; assault by strangers; violence related to property crimes; and violence in workplaces and other institutions.

3. Collective violence refers to violence committed by larger groups of individuals and can be subdivided into social, political and economic violence.

Please note that the afore-mentioned typologies distinguish four modes in which violence may be inflicted: physical; sexual; and psychological attack; and deprivation. These are in fact the most common forms of aggression that are attached to any victims of violence, especially women.

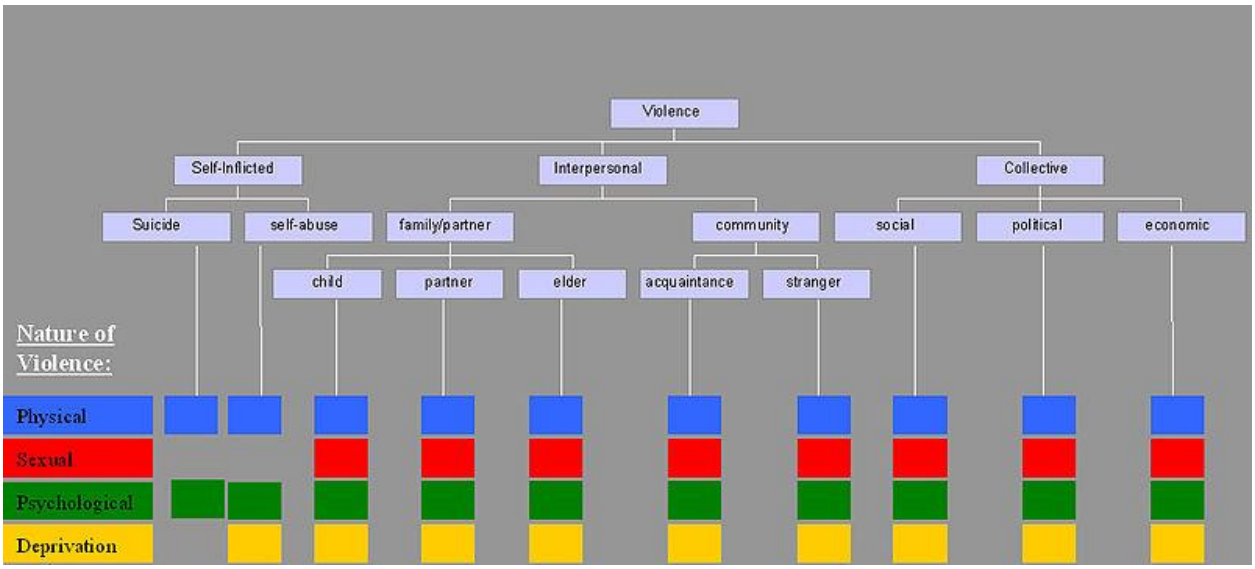


Figure 3.1.1 Source: Wikipedia.org

3.1.3 Defining 'violence against women':

From the above-mentioned labeling of the typologies of violence, it is evident that 'violence against women', falls under the inter-personal category, being further divided into the labels of "family/partner" such as domestic violence, husbandry rape, acid attack and so on, or "community" violence referring to date rape, eve-teasing, violence at work place, etc. Another issue is also made clear here: any form of violence is an infringement of human rights, which is defined as the rights inherent to all human beings, whatever the nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. Every human is equally entitled to his/her human rights without discrimination. These rights are all interrelated, interdependent and indivisible. Yet history of violence against women indicates that women have been facing the breaching of their human rights for a very long time now.

The history of violence against women remains vague in scientific literature. This is in part due to the fact that many kinds of violence against women (specifically rape, sexual assault, and domestic violence) often go unreported or under-reported, often due to societal norms, taboos, stigma, and the sensitive nature of the subject. It is widely recognized that even today, a lack of reliable and continuous data is an obstacle in having a clear picture of violence against women, so a historical picture of violence against women becomes even more difficult to capture. Although the history of violence against women is difficult to track, some claim that violence against women has been accepted, and even condoned and legally sanctioned throughout history. Examples include the fact that Roman law gave men the right to chastise their wives, even to the point of death, the burning of witches, which was condoned by both the church and the state, and an 18th-century English common law allowing a man to punish his wife using a stick "no wider than his thumb." This rule for punishment of wives prevailed in England and America until the late 19th century. Some historians believe that the history of violence against women is tied to the history of women being viewed as property and a gender role assigned to be subservient to men and also other women. Oftentimes, explanations of patriarchy and an overall world system or status quo in which gender inequalities exist and are perpetuated, are cited to explain the scope and history of violence against women. The UN Declaration on the Elimination of Violence against Women (1993) states that "violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men." To the modern day, it is recognized that violence against women exists everywhere, and that "there is no region of the world, no country and no culture in which women's freedom from violence has been secured.

From here onwards the need to look at the context of violence against women as a mode of perpetrating the human rights of women becomes a counterpoint in dealing with one of the most pressing global issues of today. Therefore, an attempt to comprehend 'violence against women' is undertaken. Today the United Nations, 'Violence against Women' is defined as:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

From the definition above it can be understood that violence against women may be enacted against any and all women regardless of their race, status, country or relationship with the perpetrator, based simply on the context of sex. All over the world, more than a billion women—constituting around a 30 percent of the global female population—have been found to be victims of violence. The range of violence conducted against the women includes, but is not limited to violence carried out by 'individuals' as well as 'states.' Some of the forms of violence perpetrated by individuals are rape; domestic violence; sexual harassment; coercive use of contraceptives; female infanticide; prenatal sex selection; obstetric violence and mob violence; as well as harmful customary or traditional practices such as honor killings, dowry violence, female genital mutilation, marriage by abduction and forced marriage. Similarly, some forms of violence are perpetrated or condoned by the state such as war rape; sexual violence and sexual slavery during conflict; forced sterilization; forced abortion; violence by the police and authoritative personnel; stoning and flogging, etc. The issue of violence against women is so definitive that the World Health Organization (WHO), in its research on VAW, categorized it as occurring through five stages of the life cycle: "1) pre-birth, 2) infancy, 3) girlhood, 4) adolescence and adulthood and 5) elderly". Having defined these stages, it is imperative to understand that the degree of violence against those belonging to the 4th stage—that of adolescence and adulthood—is of the highest rates and of the most heinous kind. Below are a number of world figures (as compiled by UN Regional Information Centre and UN Entity for Gender Equality and Empowerment of Women) to corroborate to the stated claim:

* Violence causes more death and disability worldwide amongst women aged 15-44 than war, cancer, malaria and traffic accidents put together.
*Worldwide, up to 50 percent of sexual assaults are committed against girls under 16.
*In some parts of the world a girl is more likely to be raped than to learn how to read.
*Every year, 60 million girls are sexually assaulted at, or on their way to, school.
*Women and girls are 80% (640.000) of the estimated 800,000 people trafficked across national borders annually with the majority (505.600) trafficked for sexual exploitation.
*At least 60 million girls are 'missing' from various populations - mostly in Asia - as a result of infanticide, neglect or sex-selected abortions.

*Between 100 and 140 million women and girls alive today have been subjected to Female Genital Mutilation. In six African countries over 80% of women have been subject to this practice.
*Over 60 million girls worldwide are child brides: 31.3 million in South Asia, 14.1 million in Sub-Sahara Africa. Violence and abuse characterise married life for many of these girls.
*Across Asia, studies in Japan, Malaysia, the Philippines and South Korea show that 30 to 40 percent of women suffer workplace sexual harassment.
*Rape has been a rampant tactic in modern wars. Conservative estimates suggest that 20,000 to 50,000 women were raped during the 1992–1995 war in Bosnia and Herzegovina [6], while approximately 250,000 to 500,000 women and girls were targeted in the 1994 Rwandan genocide.

From the given data, another issue is quite evident. Of the different types of violence conducted against women, there are nine primary types. These include:

1. Physical violence
2. Sexual violence
3. Psychological violence
4. Financial Abuse Emotional violence
5. Emotional violence
6. Spiritual violence
7. Cultural violence
8. Verbal Abuse
9. Neglect

Of these typologies, the first four are the most common prototypes. The following section will discuss in detail, the spans of these typologies.

3.1.4 Most common forms of 'violence against women':

Physical Violence: Physical violence, also known as physical abuse occurs when someone uses a part of their body or an object to control a person's actions. It may include assaults involving beating, burning, slapping, choking, kicking, pushing, biting or a weapon. It may also include physical neglect through denial of food or medication, inappropriate personal or medical care, rough handling, or confinement. Physical abuse and neglect can result in serious injuries or death.

Sexual Violence: Sexual violence, also referred to as sexual abuse occurs when a person is forced to unwillingly take part in sexual activity. This form of violence may include rape (sexual assault), unwanted sexual touching, sexual harassment, sexual exploitation, or forcing a woman to participate in any unwanted, unsafe, degrading or offensive sexual activity. Sexual abuse may also include denying or ridiculing a woman's sexuality or controlling her reproductive choices. The practice of Female Genital Mutilation (FGM) of girls has serious consequences for young adult women, especially during the childbearing years.

Psychological Violence: Psychological violence, also known as psychological abuse occurs when someone uses threats and causes fear in an individual to gain control. It may include constant yelling, screaming, name calling, insults, threats, humiliation or criticism, excessive jealousy or suspiciousness, threatening or harassing a woman (or her children, family members, friends or pets), isolating a woman from neighbours, friends or family, or depriving a woman of love and affection. For some women, the effects of emotional abuse may be worse than the consequences of physical violence. Women who are emotionally abused are at high risk for experiencing physical violence.

Economic/Financial Violence: Financial Violence, also defined as economic abuse occurs when someone controls an individual's financial resources without the person's consent or misuses those resources. This form of violence may include preventing a woman from working, controlling her occupational choices, preventing her from achieving or maintaining financial independence, denying or controlling her access to financial resources, or exploiting her financially.

Having defined the different typologies of violence against women, it is imperative to take a look at the most predominant form of violence against women worldwide—**domestic violence.**

3.2 Understanding 'Domestic Violence' or 'Woman Abuse':

3.2.1 Definition and world context:

"I sometimes felt as if these marks on my body were a kind of code, which blossomed, then faded, like invisible ink held to a candle. But if they were a code, who held the key to it? I was sand, I was snow—written on, rewritten, smoothed over."

— Margaret Atwood, The Blind Assassin

Whereas incidents of war-rapes, work place violence against women, trafficking of women, political genocides, honour killings of women due to cultural and religious reservations do comprise a good part of the violence conducted against women, these numbers, however, are minute in comparison to the extent of abuse that women undergo at the hands of husbands/intimate partners or family through 'domestic violence' or 'woman abuse'. However, before delving into the subject of the degree of damage inflicted up on women via domestic violence, it is imperative to understand what 'Domestic Violence' or 'Woman Abuse' actually is.

The term '**woman abuse***'* or '**domestic violence'** refers to *various forms of violence, abuse, mistreatment and neglect that women experience in their intimate, kin or dependent relationships. These include current, dissolving or past relationships with husbands, common-law partners, lovers, dating partners, family members and caregivers.*

Many terms have been used to describe the abuse of women within relationships, including wife abuse, wife assault, wife battering, spouse abuse, and partner abuse. It is only recently that activists within the shelter movement have begun to use the more inclusive term woman abuse or woman battering. Some authors use the term woman abuse to refer to various forms of violence against women, including wife abuse, premarital woman abuse, rape and sexual assault. The term intimate partner violence has also been used. Some terms do not specify whether the abuser is a man or a woman. In fact, although a woman may be abused by another woman, it is generally accepted by front-line workers that she is most likely to be abused by a man.

Please note that any woman—regardless of her age, race, ethnicity, education, cultural identity, socioeconomic status, occupation, religion, sexual orientation, physical or mental abilities, or personality—may experience abuse. In fact a woman may be at risk of abuse at virtually any point in her life—from childhood to old age, and at any residential setting—their homes or the homes of their husbands. Also, women who are abused may experience more than one type of aggression. Typically, abusive partners attempt to dominate and control by engaging in actions that threaten or harm a woman's physical and emotional well-being, sexuality, social life, parenting ability, financial situation, possessions or spiritual life. It is also crucial to understand that a woman may experience a single episode of abuse, or she may endure a pattern of abuse over many years.

Having defined the boundaries of 'domestic violence', a few global-domestic-violence facts need to be pointed out. According to a 2013 global review of available data it has been found that 30 percent of women worldwide have experienced either physical and/or sexual intimate partner violence. However, some national violence studies show that up to 70 per cent of women have

experienced physical and/or sexual violence in their lifetime from an intimate partner. In fact it has been found that one in every four women is a victim of violence globally, and as many as 38% of murders of women have been found to be committed by an intimate partner. Research shows that domestic violence is the leading cause of injury to women—more than car accidents, muggings, and rapes combined. Today, Ninety-two percent of women surveyed listed the reducing of domestic violence and sexual assault as their top concern. What is more concerning is that this pandemic is so widespread that even in Developed Countries such as Australia, Canada, South Africa and the United States, intimate partner violence accounts for between 40 and 70 per cent of female murder victims. Having found the above-mentioned facts and figures regarding 'woman abuse' on a global scale, some light needs to be shed on it in context of Bangladesh itself.

3.2.2 'Domestic Violence' in context of Bangladesh:

Violence against women (VAW) is an ever-occurring phenomenon in the patriarchal Bangladesh that has both social and political roots. Over the years, researches shown that nearly half the women population of the country between the age of 19-59 have been undergoing violence under the many banners of religious fatwas, domestic violence, failure in love, revenge, eve-teasing and so on. The truth is that VAW in Bangladesh is a materialization of a historic unequal power relation between sexes, and is a form of discrimination and mistreatment of women which most often results in physical, psychological, and socioeconomic costs to women and society as well.

Bangladesh has a well-known history of women being abused and victimized. In fact, the very pillars of independence of this nation stand on the sacrifices of hundreds of thousands of women, raped by the Pakistani soldiers as part of their war strategy in 1971 when the nation fought its Liberation War. Considering the depth of trauma and difficulty that the country and its population underwent as a result of the mass war crimes, one would think that issues of violence against women here would be less pervasive than in other developing societies. Unfortunately, this is not the case. The patriarchal capitalism established in the very roots of the country puts women in such conditions within their own societies that women are forced to take up subordinate roles under male domination, and very often this is reflected via violence conducted against them. What is more is that even if women attempt to protect themselves, for example through legal means, justice is hardly ever served. For instance data received from the Bangladesh Police show that out of the 109,621 complaints of various forms of violence against women lodged within a period of less than two years (January, 2010-August, 2011), only 18,484 complaints were taken into cognizance. Less than a third of these complaints (6.875) were considered to be 'genuine' and fit for further proceedings. Clearly in this context, the voices of women are never heard.

Now, of all the various types of violence generally committed against women, domestic violence is considered the most prevalent of the typologies. Just like the global context where women are largely made victim by intimate partners or family members, Bangladeshi women bear the same burden. It has been found that 87 percent of violence conducted against women in Bangladesh falls under the banner of 'domestic violence'. In 2000, the country was ranked first in the list of countries where women suffered physical injuries by beating—some 62% of the victims are beaten by their husbands in Bangladesh today. Please note that today it is believed that nearly one out of every two women is a victim of domestic violence. A large part of the reasoning can be attributed to the fact that 'domestic violence' is often considered a "family matter" and hence legal aid or any other form of aid is almost never pleaded for. Another attribute to the massive prevalence of domestic violence in Bangladesh is the fact that there are huge numbers of child marriage cases in the country—74% of the 20-49 year old women who have partaken in VAW surveys concede that they have been married off before the legal marriage age of 18. As a result, there is the issue of dowries concerned—46% of the women aged between15-25 inform that dowry had to be paid in their weddings. The early marriage also leads to early motherhood. It has been found that the rates of child marriage and early motherhood are some of the highest in the world. In fact one in three teenage girls in the country is pregnant with child. Therefore, these issues of early marriage, dowry, early motherhood, and the simple cases of women being 'subordinate' to men, together contribute to domestic violence in the country. Today the scale of the problem is so large that the need to find scopes of treating the victims of domestic violence, followed by the curbing of this epidemic has become a very necessary stance. Of course, simultaneously certain rules and regulations have also to be laid to ensure there are legal repercussions to committing violence against women. In this context it must be mentioned that the Government of Bangladesh (GoB) has already passed a number of Laws and Acts to curtail violence against women. The next section will thus look at the existing set of rules regarding VAW as entailed by GoB.

3.2.3 Laws and Acts passed by GoB to curb VAW:

The Government of Bangladesh has passed several decrees in the country regarding curbing violence against women. These fall under the Penal Code of Bangladesh which contains provisions that protect women from various forms of violence, although it does not specifically define 'sexual assault'. However, offences related to rape, kidnapping, abduction of women, acid throwing or attempt to cause death or grievous injury because of dowry are treated as specific crimes of serious nature; so the Penal Code prescribes capital punishment for kidnapping, abduction, acid throwing and rape.

The government promulgated a number of laws reflecting the provisions of the Penal Code with some modifications necessary to address the specific crimes, including the following:
*Dowry Prohibition Act 1980 and its amendment in 1986 make dowry practice an offence punishable by fine and imprisonment.
*Prevention of Women and Child Repression Act 2000 provides for effective and efficient way of dealing with cases of violence against women such as rape, acid attacks, forced prostitution and trafficking.
*The Suppression of Immoral Traffic Act 1933 provides for detention of women under 18 years of age if found in a place where prostitution is being carried out.
*The Family Court Ordinance 1985 provides for the exclusive jurisdiction of the court on matters relating to marriage, dowry, maintenance and guardianship, and custody of children.
*The Cruelty to Women (Deterrent Punishment) Ordinance 1983 amends relevant section of the Penal Code and provides the penalty of life imprisonment for kidnapping, abduction, trafficking in women, cruelty because of dowry, and rape as well as abetment of such offenses.
*Trafficking in Women and Children Act 1993 provides a maximum penalty of up to three years for forced prostitution and its abetment.
*Recently the government enacted a law primarily to restrict import and sale of acid in open market and death penalty for acid attack offences.
*A law has recently been enacted to address the issue of sexual harassment in the workplace.
*The government has also signed the SAARC Convention on Preventing and Combating Trafficking in Women and Children.
*Bangladesh Government has recently passed the Domestic Violence (Prevention and Protection) Act of 2010 for the protection of women and children from family violence and discrimination.

3.3 Battling Domestic Violence head on:

In establishing the seriousness of the issue of domestic violence, the next plausible step would be to identify the methods by which the victimized population can be made to heal and the ill-effects of domestic violence can be curbed. However, even before that, it is important that the consequences of domestic violence on the victims be discussed.

3.3.1 Health effects of Domestic Violence on victims:

Figure 3.3.1. Source: Author

The figure represented above is a summary of the primary health effects that domestic violence subjects the victims to undergo. Please note that there are many more minor or isolated effects on heath that also fall under this category. However the diagram has emphasized mainly on the most prevalent and most consequential health effects to give a brief overview of the extents of health damage that domestic violence incurs. It must also be brought to attention at this point that there are more consequences to domestic violence than simply health concerns. These will be discussed in the next section.

3.3.2 Effects of domestic violence on society:

"You know all that sympathy that you feel for an abused child who suffers without a good mom or dad to love and care for them? Well, they don't stay children forever. No one magically

becomes an adult the day they turn eighteen. Some people grow up sooner, many grow up later. Some never really do. But just remember that some people in this world are older versions of those same kids we cry for."

— Ashly Lorenzana

It is needless to say that the effects of domestic violence spans well across the crevices our society, regardless of country, race, religion. The range of its expanse spares none—from affecting children to affecting businesses, it continues to rampage the society.

On children and family:

Beginning with the context of children, surveys have shown that each year more than 3 million children witness domestic violence at home. Sadly enough from 60 to 90% of these children suffer from serious neglect. What is more is that research has also revealed that children who belong to mothers suffering from domestic violence are 6-15 times more susceptible to abuse in the family. So in essence, domestic violence correlates to the abusing of children as well. However, the ill-effects are not limited to neglect or abuse alone, but also contribute to disruptive growth of these children. Most of these children develop certain diseases and lower rates of immunization; many suffer from behavioral problems—a third of the children who witness their mothers being abused develop emotional problems—and juvenile delinquency as well as juvenile crimes—around 50% of these cases revolve around the child attempting to murder the abusive parent; many even lean on to alcohol or drug abuse as a mode of coping with what they witness at home. To make matters worse, a child who witnesses domestic violence between his or her parents is more likely to view violence as an acceptable method of conflict resolution. These affected children contribute *multigenerational transmission* of domestic violence—boys who witness their fathers abusing their mothers are ten times prone to get into an abusive relationship, while conversely, girls who witness domestic violence are more likely to become victims of domestic violence as adults. In addition, clearly no family can function efficiently if one of the family heads is experiencing violence in the hands of others belonging to the same family—it disrupts the distribution of power within the family histrionics. Research reveals that today, up to 50% cases of homelessness for women and children is a result of domestic violence, where women flee from the confines of an abusive 'home' and take their children along to prevent any harm coming to them. Thus the massive scale of damage that domestic violence is responsible for instigating in any family is something that cannot be overlooked in any case.

On economy:

Today domestic violence is not recognized just as an egregious human rights abuse, but also as an economic drain. The way of visualizing its effects on economy is not limited to individuals

only, but also in terms of households, private businesses and the public sector through the cost of healthcare services used to treat victims, legal costs for providing justice to the victims, social services provided to victims, a loss of productivity and reduced income for women due to missed work, etc. Studies show astonishingly high figures when estimating the cost of violence in monetary value; and surprisingly enough, these values are equally high for both Developing and Developed Nations, indicating that domestic violence against women is an issue that spans globally, regardless of power and wealth advancements. Countries like the USA or Australia spend amounts of USD $5.8 billion or A$8.1 billion on a yearly basis. Similarly, Bangladesh itself incurs an average figure of 143 billion taka—USD $1.8 billion—annually on economic costs as a result of domestic violence. Why, the country incurred USD $262 million worth of economic loss in the 2012 alone in terms of costs of domestic violence—equivalent to 60% of what it spends on education and 40% spent on health. Please note that this brings down the GDP of Bangladesh by more than 2% annually. All of the above indicate that domestic violence is a significant drain on any economy's resources. Thus, keeping domestic violence in check should be within the primary most concerns of every country that suffers from it, including Bangladesh

3.3.3 The need for rehabilitation:

"There are far too many silent sufferers. Not because they don't yearn to reach out, but because they've tried and found no one who cares."

— Richelle E. Goodrich, Smile Anyway: Quotes, Verse, & Grumblings for Every Day of the Year

The section explored above establishes the most crucial of considerations in need of being addressed when it comes to battling domestic violence against women—which is in effect the first step of the many to be devised in order to put an end to the horrendous situation existent today; that is, it points out the need for rehabilitation of those being abused at home. Worldwide, there are not as many options for rehabilitation in comparison to the number of violence cases occurring. All over the world only about one million women out an estimated one billion, seek medical help for injuries caused by violence committed against them. In America only about a 110,000 (1 out of 5) women seek medical help annually for physical injury due to assault by intimate partner—in contrast to the entire 25% of the female population in the nation that experiences abuse. Only half the victimized female population of the US ever file a domestic violence complain. However, when measuring this to the 1% of female victimized population in Bangladesh filing a complaint, the former figure appears to be quite a progression. That being said, these simple facts reiterate a most basic phenomenon—women are not being as well 'reimbursed' for their ill experiences as they should be—not physically, nor emotionally, nor psychologically and neither financially.

At this point it is crucial to understand the degree of 'help' offered to female victims of violence in Bangladesh to fully understand the need for rehabilitation here. Currently there are over 8100 NGOs registered under the Bangladesh Ministry of Women and Children Affair that deal with the issues of violence against women, domestic violence included. Whereas this may sound like a massive numerical value, however, when considering that they are not able to reach even one-fourth of the total number of victims countrywide, assurance of aid based on numbers appears to be foolish. Today NGOs and the Bangladesh Government run organizations partake in many activities that range from the provision of legal aid to medical support, psychological support to economic-improvement opportunities and so on. However, it must also be understood that, the help that is being provided here reaches to very few victims in comparison to the rate of violence. For instance, one of the main initiatives regarding medical treatment of abused women in Bangladesh that the Government of the country has undertaken—the One Stop Crisis Centre (OCC) services at division/district level or One Stop Crisis Cells at upazila level—is shamefully inadequate in measuring up against the degree of injuries suffered; for example, there are only 60 One Stop Crisis Cells at upazila level in comparison to the 460 upazilas that Bangladesh is subdivided in to, attributing to only about $1/5^{th}$ of the areas in the country. Likewise, each occupational training service provided, or temporary shelters offered by government funded organizations or NGOs **cannot** cater to more than 30 victims at a time—a terribly small portion of the violence inflicted population.

Therefore, taking into consideration these statistics, it could not be more obvious that the need for rehabilitation is indeed the most important and the foremost need for the victimized population that has to be addressed.

3.3.4 Understanding 'rehabilitation':

The Oxford Dictionary places the following definitions to the term **'rehabilitation'**:

1. Restore (someone) to health or normal life by training and therapy after imprisonment, addiction, or illness.
2. Restore (someone) to former privileges or reputation after a period of disfavor.
3. Return (something, especially a building or environmental feature) to its former condition.

The word is of late 16th century in the sense 'restore to former privileges': from Medieval Latin *rehabilitat-*, from the verb *rehabilitare.*

Please note that for all the above-mentioned definitions to the term, the most common meaning that one can arrive at is that it is the **process of restoring someone or something back to their original state**. So medically speaking, rehabilitation refers to helping a person who has

suffered an illness or injury restore his/her lost skills and so regain maximum self-sufficiency, socially speaking, it refers to recovering the loss of status or privileges or reputation, and environmentally speaking it indicates to replenishing nature or any other element—both natural and man-made—back to their original state of existence. It must be noted here, that for this paper, the first two definitions suffice in understanding the context of rehabilitation.

3.3.5 Correlating rehabilitation with victims of domestic violence:

From certain sections of this chapter, it could not be made clearer that victims of domestic violence suffer multiple types of injuries. Some of these injuries may only be limited to the physicality of pain. However, there is more to damage than just physical injuries. Domestic violence brings in threads of emotional disintegration, psychological trauma, economic insolvency, ill-reputation, social stigma and so on. One out of every four women who is a victim of domestic violence attempts to commit suicide. Considering the rate of suicide is 1.5% and domestic violence affects 1/3 of the female population in the world, its contribution to suicide is not too difficult to comprehend. The reasoning for the attempt to such an act is not beyond sense either—domestic violence leads to the destruction of a victim's self-esteem, self-confidence, and self-love. Similarly, every year one in three women who is a victim of homicide is found to have been murdered by her husband or intimate partner. Conversely, of the 15% of female conducted homicides worldwide, it appears that these homicides are seven times more likely a result of self-defense than those conducted by men. Following these, a most common question to be asked is: why. The answer is simple—it is the lack of opportunities of rehabilitation to redevelop or restore the lives of female victims of domestic violence that leads them to fail to seek the help that they require to live normal lives again.

3.3.6 Types of rehabilitation:

Strictly following the definition of rehabilitation applicable for victims of domestic violence—rehabilitation being the treatment or treatments designed to facilitate the process of recovery from injury, illness, or trauma to as normal a condition as possible—there is a variety of rehabilitation processes that have already been put to use in treating victims worldwide. These typologies would be explained in this section.

Medical Rehabilitation:

This refers to comprehensive services provided to persons with injuries, who have behavioral deficits and functional disabilities. Please note that these services include but are not limited to provision of primary first aid services for superficial wounds to emergency surgery services for serious physical injuries, from gynecology services for any injured pregnant or sexually injured

patients to continuous follow-up checkup and medical consultancy for patients. Medical rehabilitation covers all forms of medical services attributed to persons who have suffered injuries and/or sickness of any kind. These facilities are exclusively provided by highly trained medical personnel.

Physical rehabilitation:

This refers to the process of recovery of patients after suffering from serious injury or surgery. It enables patients to restore the use of muscles, bones, and the nervous system through the use of heat, cold, massage, whirlpool baths, ultrasound, exercise, and other techniques. It seeks to relieve pain, improve strength and mobility, and train the patient to perform important everyday tasks. Physical therapy may be prescribed to rehabilitate a patient after amputations, arthritis, burns, cancer, cardiac disease, cervical and lumbar dysfunction, neurological problems, orthopedic injuries, pulmonary disease, spinal cord injuries, stroke, traumatic brain injuries, and other injuries/illnesses, many of which can be attributed to violence being inflicted on a person. This type of rehabilitation may be individualized or be conducted with the therapist's help, depending on the patient's health conditions.

Psychiatric rehabilitation:

Also known as psychosocial rehabilitation, this rehabilitation type refers to the process of restoration of community functioning and well-being of an individual diagnosed with a mental disorder and who may be considered to have a psychiatric disability due to any number of reasons ranging from birth defects to brain injuries to serious, long term exposure to trauma. Psychiatric rehabilitation promotes recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice. Psychiatric rehabilitation services may be collaborative, person directed or individualized.

Psychological rehabilitation:

This is a specialty area within professional psychology which assists an individual with an injury or illness which may be chronic, traumatic and/or congenital, including the family, in achieving optimal physical, psychological and interpersonal functioning. The rehabilitation psychologist consistently involves interdisciplinary teamwork as a condition of practice and services within a network of biological, psychological, social, environmental and political considerations in order to achieve optimal rehabilitation goals. The rehabilitation process may range from emergency trauma counseling options to provision of psychotherapy, meditative processes to anger-

management control techniques and so on. These facilities maybe conducted as one-on-one basis sessions or group therapy depending on the patient's progress in managing emotional and psychological distress.

Occupational/vocational rehabilitation:

In the simplest of words refers to the provision of training in a specific trade to a person or a group of persons with the aim of gaining employment. In many cases it may also be defined as goods and services necessary to enable an individual with a disability to engage in gainful employment. In such context, the definition of 'disability' can be recognized as to describe all those who may have physical and/or mental impairments and all those who are bound by circumstances that prevent them from seeking and securing employment. Occupational therapy may be achieved by restoring old skills or teaching the patient new skills to adjust to disabilities through adaptive equipment, orthotics, and modification of the patient's home environment. Occupational therapy may also refer to provision of equipments and facilitating educational and and/or hands-on techniques for victims of circumstances to gain sufficient knowledge to secure employments.

3.3.7 Understanding the Hierarchy of Rehabilitation needs for DVAW victims in Bangladesh:

In order to identify which type(s) of rehabilitation is most in need of being established, especially in Bangladesh, there are certain factors which must be taken into consideration. Researches depict that after a victim of domestic violence has been positively identified, a number of step by step measures have to be undertaken to carry out the complete rehabilitation process of a victim.

The first step towards breaking out of its grasps is for her to find an information service which will allow her to know all her options to find a way to be safe. The Bangladesh government has set up a 24 hour emergency help line for female victims of violence or their families to contact when seeking help. Unfortunately this is the only national helpline existing in a country where 87% of the female population suffers from domestic violence.

The next step can be divided into two parts—if the victim is physically injured and in need of medical help, she is to be provided with medical support; and if the victim is in need of legal advice regarding her rights or for the protection of her life or those of her children, then she must be provided with legal facilities. In terms of providing medical support, the government of Bangladesh is a forerunner compared to the NGOs—the Bangladesh Ministry of Women and Children Affairs (MoWCA) has established what is known as One Stop Crisis Centres in Medical

College Hospitals—eight of them in number—one for each division in the country, except for Dhaka Division, which has two. These centres provide not only healthcare, but certain other social services and trauma counseling opportunities, DNA testing facilities, etc to help victims receive the help they need. In addition the MoWCA has also intervened in 40 District Sadar hospitals and 20 Upazila level Health complexes all over Bangladesh, providing smaller versions of the afore-mentioned facilities, in this case known as One Stop Crisis Cells. Moreover, all hospitals and health complexes all over Bangladesh partake in treating victims of violence at all times when victims come for medical help. Therefore, it is quite evident that Bangladesh has quite an adequate form of medical rehabilitation program offered for anyone in search of medical support. Similarly, in terms of legal aid the ministry of Women Affairs has set up legal aids service cells both in Central and in the District and Sub-district level for prevention violence against women and children. Currently there is a central cell in Dhaka, 22 District and 136 sub-district cells existing. Along with this, the MoWCA along with a joint initiative of 10 other NGOs have undertaken the establishment of a Victim Support Centre to provide women-friendly policing support and encourage them to file complaints while remaining in the safe custody of police protection. Equally impressive are the human rights and legal aid services programme offered by BRAC which operates 517 legal aid clinics in 61 of 64 districts across Bangladesh (the largest NGO-led legal aid programme in the world) dedicated to the protecting and promoting of human rights of the poor and marginalized—including the poor female victims of violence—through legal empowerment. Also other organizations such as the Ain-o-Shalishi Kendra and the Bangladesh National Women Lawyers Association (BNWLA) are completely dedicated to providing legal help to all female victims of violence. Clearly, the legal service provision system of the country for the protection of victims of domestic violence is quite commendable.

The step which comes after is perhaps the longest and the most difficult both for the victims as well as any service providers. This is the psychological healing portion of the rehabilitation process. The length of healing period for trauma is longer than any other steps of healing; it begins with emergency trauma counseling for recently victimized females and can go on for months progressing to one-on-one psychotherapy to group counseling sessions to meditation and relaxation exercises and so on. In this context too, the MoWCA has intervened by establishing an emergency National Trauma Counseling Centre (NTCC) in the country capital. However, it must be noted that this is the only extensive psychological support available throughout the country. Of course, the OCCs mentioned earlier **do** have a section dedicated to psycho-counseling, however, these are not as elaborate as the NTCC, and in many cases refer their victims to the main centre. Surely, some of the NGOs also partake in the counseling process, however, their numbers are limited, and they cannot provide all-embracing psychological rehabilitation either.

Only after the completion of physical and mental rehabilitation or at least after the victim has been rehabilitated according to these two criteria to a certain limit can the question of addressing the financial needs of the victims in question and the issue of integrating them to an economic source to enable them to be self-sufficient in future be raised. Therefore, the context of occupational rehabilitation comes into play here. Please note that the MoWCA **does** take occupational therapy as part of its attempt to rehabilitate female victims of violence—domestic violence included. The government operates six divisional women support centres, providing shelter and training to female victims of violence for six months; the training facilities can be availed by only 30 women at a time. Please note that the women can be accompanied by up to two children under the age of 12. In addition, the Department of Social Service runs six divisional safe custody homes for female survivors of violence and witnesses with each home having a capacity to shelter 50 persons and includes provision of food, shelter, health care and legal aid. NGOs such as Bangladesh Mahila Samity or the BNWLA and some others also extend their support to providing vocational training facilities to female victims, however, in this case also, not more than 30 women can avail the services at a time. Considering the above-mentioned facts and figures it appears that there is a shortage of occupation services for female victims of violence existent in Bangladesh.

Now, having pointed out the different steps of rehabilitation applicable for domestic violence victims in Bangladesh, it appears that the hierarchy of rehabilitation spaces needed to be addressed for this project can be established based on the services that are already existent and those that are still inadequate and so, in need of being provided. The illustration on the left thus gives a clear cut view of the hierarchy of **existent** rehabilitation spaces.

From the assumed graphical representation (fig. 3.3.2) it is quite obvious to see that for the proposed project, the **opposite hierarchy** of rehabilitation spaces would help meet the needs of victims still unmet.

Figure 3.3.2. Source: Author

3.4 Understanding the role of architecture in rehabilitating female victims of violence:

"A powerful architecture experience silences all external noise; it focuses our attention on our very existence, and as with all art, it makes us aware of our fundamental solitude."

-Pallasmaa, 1996

Having established the hierarchy of rehabilitation needs for a centre for abused women—in this case, victims of domestic abuse, it is now crucial to explore the role of architecture in the creation of rehabilitation spaces which would meet these needs; the reason being architecture having the ability to manipulate space in a manner that allows its users to find safety, utility and comfort, all within one designated area.

Over the years architecture has played multiple roles in the society, sometimes in the creation of institutionalized spaces, sometimes as safe abodes, sometimes as a mode of increasing

interaction among people and joyful living. Around the world it has touched lives of millions through contributing in disaster resistant building, providing shelter in crises, through peace building, etc. Hence, just as similarly, it has the ability to enable victims of violence to be protected as well to be empowered.

Considering the recovery facilities most in need for the project in question, the first arena of influence for any victim who has experienced trauma and/or violence is the context of safety. When someone is ill, upset or stressed, their heightened sense of vulnerability leave them craving a comfortable, familiar and safe environment. The architectural design of victim rehabilitation institutions or other public services where people seek help or support can have a particularly sensitive approach to minimise the sense of anxiety that they can invoke and instead offer a welcoming and hassle-free place for people to deal with their problems. Architectural spaces can be such that that security measures would be un-invasive and contribute to the well-being of the users. After all, happiness and good health go hand in hand and one of the factors that determines a person's state of mind is the quality of his/her surroundings. And architecture has the inherent quality of manipulating a person's surrounding to the best of his needs.

Architecture in terms of creating healing spaces is also an important factor. A built structure can create calm, still places that preserve people's dignity and does not add to their stress levels. Such intentions can be achieved through clarity, intelligence and simplicity of the architecture. The spaces created here would ensure that the users can relate to the spaces in recovering from their trauma. The buildings should be such that they are legible and easy to navigate, while the internal spaces should be well-proportioned, day-lit and centred on people rather than architectural ego, ensuring that they are not a reminder to the users of the ill-experiences that they have been through. Conversely architectural landscaping to allow interaction between people and nature can be equally responsible in aiding a person to find peace within self.

Reiterating the fact that over 50% of the cases of homelessness happen as a result of domestic violence, it is no difficult task to understand that architecture can play a massive role in the provision of suitable temporary and permanent shelters for these victims. In terms of temporary shelters or transitional shelters as would be applicable for this institution design, architecture can create bright and cheerful environment to enhance victim's well-being, thereby acting more as a home than just a shelter. The design can accommodate a layout to allow interaction between the staff and the victims, multifunctional use of space; privacy for the users as well as provision of home comforts including storage and entertainment opportunities, etc. The feeling of homeliness is a very crucial aspect that adds to the overall rehabilitation of a victim. Thus even small interventions such as introducing pigeon holes at the entrance of shelters where users can store their slippers for instance—as was done by Alvar Aalto in his design of Piamio Sanatorium in Finland—can contribute largely in making victims feel at home.

Another aspect that must not be overlooked is the issue of architecture stimulating the local community. In elaboration of this context, often it is seen that institutions aimed to support victims of social stigma—as is the case for female victims of domestic violence—face many community criticism oriented problems. However, if the institution is designed in such a manner that not only stimulate spaces enjoyable to use, but also make the local community proud, then it can help reduce the stigma associated with the functions of the institutions and aid them in fundraising initiatives.

From all of the above-mentioned pointers it is quite transparent that architecture has quite a lot of openings to contribute to in the rehabilitation process of victims.

3.4.1 The architectural principles to be applied in domestic violence victim rehabilitation communities:

Generally a '*rehabilitation community'* is referred to a general community with strategic development for rehabilitation, equalization of opportunities, and social inclusion of all people with disabilities implemented through the combined efforts of people with disabilities themselves, their families and others in the community. For the context of this paper the term rehabilitation community has been penned to describe the community of domestic violence victims to be rehabilitated to the statute of 'wholeness'.

Although it is true that architecture fulfills function specific spatial needs based on the physical, psychological and emotional wellbeing of its users, however it must also be noted that it can have an overall/holistic effect on the wellbeing of the community in question. The influences of architecture **not** as form alone, but also in terms of creation of landscapes or the provision of light and shadow all contribute equally towards creating a more sustainable rehabilitation community for victims of violence. Following this idea, the overall contribution of architecture towards the creation of such an institution as the one proposed will be explored, before delving into the details of rehabilitation category specific recovery/therapy spaces and their architectural requirements. These roles are divided into three main subcategories given below:

3.4.1a Role of architecture in therapy:

"…The more 'felt' are buildings, the more connected to rhythms of day…they value the individuals they will house…environment can heal as well as harm…places of spirit…nourish both individual and society".

--Christopher Day, Spirit and Place

If rehabilitation is considered to be mostly about bringing out positive feelings and helping to build a new identity for members of rehabilitation communities, then architectural design, is perhaps the most decisive of factors in how space is utilized, both in practical terms and landscape wise, to uplift the spirit and provide the necessary environment in which community daily life and activities can become most effective. According to architect Christopher Day buildings have the life the architect gives them, a personality that is either positive or negative, and that aura is captured by those who reside in them. A host of studies have shown that the surrounding environment—that is the 'place' as a physical sense, is often associated with issues such as drug addiction risks; for example, a positive 'feeling' space will influence addicts to not return to addiction and vice versa for a negative space. Therefore, it is quite evident that that building design is more than just a backdrop to health issues, but is more of a forefront.

Also, a 'place'—regardless of being created via architectural intervention or by nature is not only physical, but equally social in character. In other words, the building and the way it is designed does not just form slabs of concrete, but is literally a social construction, that can have an influence on those who live in it. This is truer of people, in this case, domestic violence victims who are in a process of undergoing a rehabilitation programme that seeks to root out their negativity. In such an instance, the energy and individuality their residence might project could be crucial in how they respond to this process. For instance colour, the way they are able to move within the building, staircases, connections between rooms, surrounding nature can all play a role, not just in underpinning the mood of the residents, but also whether they feel welcome in the building, whether it affects the way in which residents in a victim rehabilitation community react to the energy of the space and can relax and release themselves, whether it forms a connection to their emotions and physical presence and by extension if it provides a motivation for them to follow the healing programme designed for them. So in essence, the daily life within community, housing individuals who need to feel as close to a home as possible must be designed having buildings in mind that are both practical but also do away with any institutionalized emotions, to ensure that the residents 'feel' as if they are at 'home'.

3.4.1b Kinesthetics and landscaping:

"…Kinesthesia is the exploration of our environment through movement; this can be movement with the eyes or with our body…"

--Jasper Schaap, Design your own Mind

The sense of movement in a space, deriving from the combination of the Greek words 'kinisi' and 'aisthisi' is believed to affect the way an individual reacts to a building, how it marks their behaviour, mood, how it creates and maintains a positive or negative attitude to the particular

situation they are facing, and so on. Architecture can become a strong determinant in the successful kinesthetics of individuals, particularly in the case of people with psychological imbalances such as those victims of domestic violence who have undergone severe psychological trauma, who join the rehabilitation communities seeking to regain the peace of their inner selves in order to build or regain their social identity. So the way they are able to physically interact with their surroundings—through movement throughout the building and around the premises—the kinesthetics of human bodies, can be said to be decisive in how they adapt to their daily routine in a group community.

Besides, movement is a major part of sensory perception. According to Dutch architect Jasper Schaap, who co-wrote the paper 'Design your own Mind' in 2009, "contemporary architecture must turn the tide of its alienation, through buildings that are not monochromic and mono-visual, spaces that participate and affect human movement and action, designs which encourage multi-sensory perception, bringing to the fore the power of the senses, beyond the visual and the spatial." He advocates that buildings which encourage a highly positive sense of kinesthesia connect with the individuals that reside in them. The Schaap thesis is that moving through space with the body, automatically makes the architecture experience less static. If one is able to wake up what Pallasmaa calls 'the eyes of the skin', the building immediately becomes a source of positive energy of particular importance. Simply put, all of the above indicate to the simple concept of rehabilitation community architecture being dynamic and multi-visual, allowing for its users to connect to it through their senses.

"…If we succeed in enticing the senses, people can participate again in their surroundings and regain their identity in the contemporary world…"

--Jasper Schaap, Design your own Mind

Landscape can also contribute to a heightened positive kinesthesia in therapeutic rehabilitation communities, as has been seen in the case of The Good Samaritan Regional Medical Centre in Arizona, whereby the space triggers the senses through an award winning health design. The surrounding garden awakens a patient's senses of sight, smell and touch, prompting body movement by inspiring the patient to explore the garden. Features such as water flowing through the garden as well as proximity of plants to all patients, allows the interactive sense of touch. Please note that the same effect can also be achieved through keeping an open space landscape simple, without elaborate additions. A good example of such landscaped therapeutic spaces is the healing gardens that today many rehabilitation institutions initialize as part of their therapy process.

3.4.1c Light and shadow:

"Architecture is the masterly, correct and magnificent play of volumes brought together in light ...the history of architecture is the history of the struggle for light."

--Le Corbusier, 1989

Light and particularly the life-giving rays of the sun, have been well documented as a major determinant of vitality and wellbeing, more so in therapeutic environments where such positive natural stimulants can go a long way towards developing the desired attitude to individual change. In therapeutic architecture therefore, the way sunlight is utilized is one of the factors in creating a healthy environment and psychological motivation. The way the corridors are lit, the way the windows are placed throughout the building to reflect warmth and how light and shadow appears in the space, can affect the balance or imbalance of rooms—of course in conjunction with colour, shape, interior design and landscape features. Again, the context of how the senses perceive the surrounding environment, the degree that space resonates with the individual self is explored, but in this case with the aid of light.

According to Christopher Day, sunlight is a great part of the spirit of place and is directly associated with physical and psychological health. It is about energy and mood and how it positively connects people with their environment, particularly so when it comes to a long and arduous process of self-healing, such as seen in rehabilitation communities. Daylight is also closely associated with kinesthesis in the sense that natural light through interactive directions can constantly change the colours and shadow dynamics, stimulating the eye, which is essential for health. Simply put, natural light deinstitutionalizes and humanizes a space, making residents of such rehabilitation communities as the one in question to feel as if they are not enclosed, but receiving therapy in a home-like environment.

All of the abovementioned aspects of architecture can act as guiding principles to give life to a therapeutic environment that utilizes both natural and built space formation, thereby resulting in a soothing and healing rehabilitation community, aimed at piecing together disintegrated humans into a flourishing whole.

3.5 Rehabilitation spaces

Now that the role of architecture in the creation of rehabilitation spaces has been made evident, an understanding of the different rehabilitation spaces—based on the types of rehabilitation to be accommodated in this project—is essential in order to understand the scope of architectural intervention. The next sections will attempt to identify different categories of rehabilitation spaces and their spatial and/or architectural requirements.

3.5.1 Medical services (primarily first aid services):

3.5.1a Spaces:

Medical facility within an institution that is not a hospital or a surgical health complex is generally limited to first aid where “First-aid” is referred to as the assessment and interventions that can be performed by a first aider during an emergency with minimal equipment until appropriate medical personnel arrive. Such medical facilities include the following features:

1. **Medical examination room** (where a user’s physical health can be examined. This ranges from attending to physical injuries to routine checkup or follow up physical exam can take place)

2. **First aid room** (where first aid equipment and a patient bed with an attending medical personnel is present at all times to treat minor physical injuries or provide preliminary treatment for major injuries, until medical help arrives.

3. **Medical officer’s room** (where a trained medical officer will be available to provide preliminary treatment to any physical injuries that are brought to his/her attention.

4. **Patient room(s)** (where the victims recuperating from physical injuries can remain until healed)

3.5.1b Architectural specifications

The specific design requirements for the above-mentioned medical facilities include:
1. **Accessibility**-First Aid Rooms must be accessible during working hours as well as in emergency situations. These must be situated close to toilets and a sink or basin with hot and cold water and have access to a means for boiling water. Also they must have a wide enough door for entry and exit of a person on a stretcher.
2. **Lighting and ventilation**-They must be well lit and well ventilated to enable medical personnel to treat patients to the best of their abilities and also to prevent the air from becoming stale which can prove to be dangerous for patients. Patient rooms must also be well lit and ventilated to ensure maximum comfort.

3.5.2 Psychiatric and psychological rehabilitation:

Before establishing the spatial needs for psychological treatment spaces it is imperative that an attempt is made to understand the different types of psycho-therapies that are available for trauma victims. Please note that this section has been included keeping in mind the fact that psychological trauma is the most prevalent and the most long-lasting ill effect on any victim of violence—domestic violence included. Having said that, the different psychotherapies provided are given below:

1. Trauma counseling: Trauma counseling is a short-term intervention, which is appropriate when a person has suffered a traumatic incident. It differs from traditional counseling and analysis in that it is typically short-term and often limited to one or two sessions. However, it is also true that trauma counseling often uncovers other issues from the past that have never been dealt with and in such cases, longer-term therapy may be indicated. Trauma counseling tends to opt for one-to-one counseling sessions where the counselor listens to the victim and helps him/her to cope with the incident that has happened.

2. Psychoanalysis and psychodynamic therapy: This approach focuses on changing problematic behaviors, feelings, and thoughts by discovering their unconscious meanings and motivations. Psychoanalytically oriented therapies are characterized by a close working partnership between therapist and patient. Patients learn about themselves by exploring their interactions in the therapeutic relationship. Psychoanalytic therapists generally spend time listening to patients talk about their lives, which is why this method is often referred to as "talk therapy." Time frame for psychodynamic therapy is generally 6 months or longer.

3. Cognitive behavioral therapy (**CBT**): This is a psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviors and cognitive processes and contents through a number of goal-oriented, explicit systematic procedures. Cognitive therapists tend to focus on specific problems. These therapists believe that irrational thinking or faulty perceptions cause dysfunctions. A cognitive therapist may work with a client to change thought patterns. This type of therapy is often effective for clients suffering from depression or anxiety. Conversely Behavioral therapists work to change problematic behaviors that have been trained through years of reinforcement. Time frame for CBT is generally 12 weeks to 6 months.

4. Group therapy: This is a form of psychotherapy where two or more clients work with one or more therapists or counselors. This method is a popular format for support groups, where group members can learn from the experiences of others and offer advice. This method is also more cost effective than individual psychotherapy and is oftentimes more effective.

3.5.2a Spaces (formal defined spaces):

These spaces would include all active and passive areas that contribute to the psychological wellbeing and mental health improvement of users. Such spaces can be both designed according to specifications of the therapists or counselors, or they can be simple interactive spaces—natural and/or designed—which allow users to find mental peace whether in solitude or with others who share the same injuries. Such spaces may include:

1. **Trauma counseling cells** (where victims with recent trauma history can have one-to-one counseling sessions with attending psychotherapists)

2. **Psychotherapy cells** (where victims can have one on one therapy sessions with respective therapists regarding the understanding of trauma that befell them and the understanding of self)

3. **Cognitive-behavioral Therapy cells** (where victims can have one on one therapy sessions with respective therapists regarding overcoming certain behavioral traits that remained with them as a result of the trauma that befell them)

4. **Group Therapy spaces** (spaces that are dedicated to group discussions of victims with two or more therapists and among themselves to develop support among them and heal through experience sharing)

5. **Meditative spaces** (these may be natural or built spaces where victims can relax and soothe themselves through the practicing of exploring their own minds and mind control)

6. **Healing gardens** (outdoor garden space that has been specifically designed to meet the physical, psychological, social and spiritual needs of the victims as well as their caregivers, family members and friends.)

3.5.2b Architectural specifications:

There are a number of features that contribute largely in the healing process of psychological trauma that can be addressed by architectural intervention. These features are listed below:

1. **Privacy**- the context of privacy is considered an important aspect for victims of violence, because of the simple fact that they have been exposed to long lengths of psychological humiliation and hence prefer spaces that cater to the needs of the victim being able to communicate with whom she trusts. Also victimized women often show symptoms of shunning

public interaction and prefer to remain in the safety of privacy. Hence, it is crucial to ensure privacy and safety for therapeutic spaces for victims of violence.

3. **View of nature**- literature from both past and present indicate that a proximity to nature—regardless of visual or physical—contributes to the psychological healing process of a victim. Natural processes such as biodiversity, the freshness of surrounding, etc. induce the victims to appreciate the victims to visualize life as that worth living, and hence enable them to make peace with their inner demons and therefore recover.

4. **Soundproof**- the therapy chambers are required to be soundproof in order to ensure prevention of distraction of any kind so that victims are able to utilize their time fully with their respective therapists to recover from trauma effects.

5. **Incidental space creation**- it is important that architectural design is done as such to create incidental spaces, meaning informal spaces that allow victims to interact with themselves as well as with other victims. Such spaces induce conversations and allow for opportunities for victims to heal through informal sharing.

3.5.3 Occupational rehabilitation:

3.5.3a Spaces:

Generally occupational rehabilitation spaces refer to those spaces attributed to providing vocational and educational training facilities to help users secure occupations and hence become financially self-sufficient. Such spaces may include the following types:

1. **Vocational training spaces** (such spaces are dedicated to different hands on skill development of the victims for future financial solvency. Different vocational training spaces may include sewing machine rooms, candle making training facilities, handicraft making facilities, etc)

2. **Educational training facilities** (these differ from the vocational training facilities in the sense that they are dedicated to disseminating knowledge regarding certain skills, for example providing computer training to those victims who have had some form of higher secondary level formal education)

3. **Alternate livelihood generating spaces** (refers to those spaces which are attributed to carrying out experimental or any alternative livelihood generating processes. An example of such spaces would be a space allocated to cultivate a new form of crop.)

3.5.3b Architectural specifications:

Architectural spatial requirements for occupational rehabilitation can be generalized in the sense that both vocational learning and educational training spaces may be designed so that there can be immediate access to learning resources and supporting opportunities for on-the-spot recording and assessment of skills. They must be well ventilated and well-lit as is required for learning spaces.

3.6 Domestic violence shelter features applicable in the design of a (rehabilitation) institution:

When designing an institution as the one proposed for victims of domestic violence, one of the given factors is that in application of the rehabilitation processes that involve extended psycho-therapy or occupational trainings, the provision of temporary living arrangements is of absolute necessity. Having pointed this fact out, it must also be mentioned that many architects and researchers have attempted to understand the design needs of shelters provided for the victims of violence to ensure that the users are most comfortable and that they feel 'safe' in a new environment designed for them. Among these groups, Mahlum Architecture has arrived at a number of conclusive design strategies that can aid in designing successful shelters for domestic violence. Not so surprisingly enough, these same principles can also be applied in the design of institutions such as schools, etc. In this case an attempt has been made to correlate these principles with the probable design of the rehabilitation centre (which is an institution per se) to ensure that victims are able to connect with the institution and can accept the healing processes being introduced to them. This section will thus list those principles or shelter features that may be applied to the proposed institution for a more successful rehabilitation environment. However, before delving into these features it must also be noted that these features as defined by Mahlum Architecture are based on two major ideas that are believed to contribute to preventing violence. These ideas are as follows:

The first measure is that of a shield or an armoured tank – the idea that spaces can be created that are so hardened that they can protect victims by literally deflecting the violence directed against them. While relatively easy to achieve, these hardened spaces however, reflect the violence that they are intended to prevent. The users who use them are thus confronted with this latent violence every day, which in effect strengthens their efforts at developing healing and learning communities for a better society.

The second idea of preventing violence is a little more difficult to define; it's the idea that when a community is successful, it raises members who are less likely to be violent, and at the same

time protect themselves by looking out for one another. For instance– when shelters protect a woman from violence when she's inside the shelter, but do not provide a space that helps that woman build a new life away from abuse, the shelter has not really prevented violence, it has only delayed it. So shelters or any institution hosting victims of domestic violence need to be developed in ways so that they are able to do both.

Many of the strategies seen at successful shelters- e.g. visual connections, flexible and right-sized spaces and abundant day-lighting – are also strategies that can result in more successful institutions by fostering a strong sense of community among the users. The design challenge hence, is to find the appropriate balance between open, connected spaces and enclosed, defensible spaces which respond directly to an individual community's culture, traditions and needs.

Having briefed out the ideas on which domestic violence shelters and institution design can be based on, the architectural features are given below:

1. Allow varied/multiple levels of access for public areas:

A shelter or an institution may have community meeting rooms open to the public which may simultaneously be used by residents to gather with family and supportive friends, host community groups for meetings, and/or provide a location for classes or workshops or trainings. Similarly, an outdoor gathering space that can be used for public events, without compromising resident safety, can invite members of the neighbourhood community to get involved in fulfilling the shelter's mission of protecting and healing victims of violence.

2. Consider scale when configuring shared living quarters:

Communal living is increasingly difficult to manage for both advocates and residents as size and cultural diversity increase,(as would be the case if a centre as the one proposed is designed, since it intends for housing victims from all over Bangladesh). For instance it is much easier for two or three families to share a kitchen than four to ten families, regardless of how large the kitchen is. The same principle is applicable for learning spaces where 25-30 users can partake in better learning processes than 50-100 users at a time. Similarly, small sized group therapy can result in more intimate and concentrative healing process than too large a group.

3. Visual access throughout the building enhances autonomy:

In shelters, choosing when to interact and with whom is an essential component of self-determination. Residents appreciate the ability to see who is in a communal space before entering it. Interior windows or cutouts and open sight lines can accomplish this. At the same time clear visual access supports people who may be deaf, hearing impaired or use sign

language to communicate. In terms of the institutional spaces visual connections create a highly collaborative environment, such as in vocational training spaces visual access between all learning areas should be encouraged to enhance communication among the staff and students and reinforce the strong student-staff connection. Also Views to the exterior stimulate a feeling of connectedness of the users to the world and beyond, and provide natural day-lighting, and above all enables users to feel safe.

4. Clarify way-finding:

An easy-to-navigate environment is particularly important for people who are anxious, depressed, or in crisis. Clear way-finding helps people with short term memory problems or other cognitive challenges (which are not uncommon for survivors who have sustained traumatic brain injuries from being beaten).Children also appreciate lively colors and images at their eye level that can help them stay oriented and serve as landmarks. So, areas of buildings can be differentiated with the use of color, images, etc. The needs of users with varying mobility levels should also be an important consideration. Features such as signage should be easy to read, Braille for the visually impaired and pictograms can be included for those who cannot read. In many cases, visual connections of spaces and vistas provided in institutions can contribute largely to the process of way-finding for users.

5. Alcoves allow residents to retreat from larger group situations:

Children in particular, but also adults favour features such as window seats, alcoves and other peripheral spaces that allow them to create their own space while also being connected to the larger, communal space. Such features can be applicable for both the shelters as well as in the pocket space creation process of the institution design.

6. Flexibility within communal spaces stimulates and encourages a variety of uses:

Incorporating “tools,” such as mobile storage and lightweight but durable furniture, encourages and empowers residents and staff to reconfigure and transform the space to support their needs. Therefore, care must be taken so that large flexible spaces are designed as part of both the shelter and institutional areas rather than creating multiple smaller rooms that ultimately limit future flexibility.

7. Abundant daylight and views to the outdoors promote wellness:

Rooms, windows, and skylights should be positioned as such to maximize natural daylight and increase views of natural features like gardens and trees. Windows, for instance, can be placed strategically throughout the building to provide a sense of connection between the inside and outside, while still preserving the feeling of security. This is very important for a community of users who have undergone trauma for whom factors such as lack of light or airiness of the space triggers anxiety and other psychological ill-effects.

The features explained above comprise of only a few of the architectural interventions that can be adapted in order to make domestic violence shelters and rehabilitation institutions such as the one proposed more successful in the healing process.

3.7 Shelter Facilities for Women Victims of Domestic Violence:

When exploring provision of shelter to victims of violence, it is imperative that we understand the types of shelters that are generally provided to female victims, as well the categories or the types of female victims who will avail these shelters to comprehend the type(s) of stay-in facilities to be provided for victims requiring residency. The next sections will discuss in brief, the different shelter types, available for female victims of violence all over the world, and the categories of female victims availing help regarding domestic violence in Bangladesh.

3.7.1 Shelter typologies:

Below is a list of shelter types available for female victims of violence, availed all over the world:

Emergency Shelter:

Emergency shelter is offered on a short-term basis—typically three months or less, aimed towards assisting residents with housing searches and accessing referrals to other social services. This also applies for those victims accessing short term psychological counseling or short term trainings and other such rehabilitation facilities availed by the abused women centre. Victims availing the emergency shelter tend to stay for 30 days on average.

Transitional housing/shelter:

Transitional housing, sometimes called second stage housing, is a residency program that includes support services. Usually provided after crisis or homeless shelter, the transitional housing is designed as a bridge to self-sufficiency and permanent housing. Residents usually remain from six months to two years, and are typically required to establish goals to work towards economic stability. Please note that in Bangladesh, the transitional housing options range up to 6 months. These generally provide a wide range of support services such as childcare, child development programs, financial assistance, clinical therapy, and counseling in life planning and job development, etc, as a prerequisite for battered women to be eligible for this form of shelter.

Permanent shelter:

These, as suggested by the name are shelter options in which battered women may stay permanently in the shelter provided to them. In such cases the homes/shelters are leased out to the victims who have to meet the rent payment requirements to avail the housing facilities provided. This kind of facility provision is not applicable for shelters in Bangladesh.

Having identified the different types of shelters and the main groups of female victims availing help from Centres for domestic abuse victims, it can be concluded that in the context of Bangladesh the two main 'housing' systems that can be provided are the emergency shelter and the transitional shelter. The last option is to be left out because the overall aim of the centre is to enable a female victim of violence to be self-sufficient, and not permanently dependent on help services.

3.7.2 Category of women availing shelter services in a centre for domestically abused women:

Having discussed the types of residential facilities provided by Abuse Centres, it is now crucial to recognize the category of women who will be availing these shelters. Please note that in Bangladesh, the largest age group of female population undergoing domestic violence range from the age of 15 to the age of 49. Based on this finding, the next sub-section will identify the different categories of women who seek help in centres as the one proposed above, in brief:

Single women:

Domestic violence is an act that is not necessarily limited to wife beating alone. It can in fact be attributed to those households where parents or family members abuse female victims as well. For this set of female victims, the marital status is most generally single. Also, Bangladesh has one the highest rates of child marriages compared to anywhere in the world, and in most cases, earlier into the marriage these adolescent girls are abused by their husbands or in-laws, for dowry related and other issues, thereby resulting in a great influx of these female victims in need of help. Those from this group of women not having children, also fall under the 'single women' category when availing services in domestic abuse centres. Conversely, there may be middle aged or older women victims of domestic violence with adolescent or grown children having the ability to look after themselves, that may come to the domestic violence centres. Such women too will fall under the 'single women' classification.

Women accompanied by children:

It has been found that 50 to 80% of women availing shelter help, arrive accompanied by children; which indicates the other category of women victims—those female victims with children. Again, in remembering that there are huge numbers of underage marriages in Bangladesh and reiterating the fact that most of the girls in these marriages are domestically abused, it is obvious that early marriage often results in early motherhood. This means that a massive percentage of the female victims seeking help will come accompanied with their children—primarily within the age of 12—and hence, shelter services must be provided to the children as much as to the abused mothers.

In correlation to the categories of female victims of domestic violence seeking help in centres, it is quite evident that both emergency and transitional shelters should be such that they are able to serve both 'single women' as well as 'women with children'.

3.8 Meeting the Needs of Children in Centres for Abused Women:

A section earlier (3.2.2) regarding effects of violence on society has already given an overview of how domestic violence disrupts the lives of children belonging to the DVAW victims, thereby relegating the need for centres for domestic violence victims as well as their children.

In establishing the need for facilities for children in a centre for domestically abused women, the types of needs of these children may be explored before delving into the aspect of categorizing the services to be provided. A most important factor for children of victims of domestic violence is psychological damage to the children. These children, over long exposure to parental exchange of violence—which sometimes extend to them undergoing abuse as well—develop a degree of isolation and often struggle to keep their heads above the violence they witness. Simply put, they develop a range of short term and long term emotional and behavioral problems which need to be ridden of in order to elevate the lives of these children. In addition, children in battered women shelters, or in this case, centres are faced with greater health problems and hence, will require greater attention in terms of medical as well as physical fitness options. Another important issue is that of child care—research depicts that of the households having domestic abuse issues, a disproportionately large number have children below or up to the age of five, which goes on to indicate that most children accompanying mothers to abuse centres will be within this age limit, so that services pertaining to kindergarten facilities, etc need to be established in the centres. Finally, children with domestic abuse history often tend to have difficulties in academics as many factors such as the impact of domestic violence on cognitive

and behavioral functioning and the level of emotional distress these children experience, etc all contribute to the problem. Therefore routines that ensure reception of academic help such as individual attention to setting up academic goals and participating in recreational activities are vital for children's development and well-being and should be maintained in order to help them develop a sense of normality in their lives. These are some of the most important facets that need to be addressed when designing services for children in centres for abused women.

3.8.1 Facilities for children in a centre for female victims of domestic abuse:

a) Individual or group counseling options:

in order to break free of the isolation and the fear caused by exposure to domestic violence, and the resulting emotional and behavioral problems; or the fact residing in the centres with victimized mothers means living in an unfamiliar, communal, and emotionally intense setting, experiencing separation from important relationships and support systems, children of victims of violence are highly in need of undergoing psychological therapy. These therapies are most effective in group activity modules because group curriculums attempt to meet some of the children's immediate emotional needs and to set in motion positive coping responses. Thus facilities for **group counseling** with psychologists, **family therapy**, **individual psycho-counseling,** and **group activities** such as story-telling sessions and **art therapy** can contributing to the psychological development of these children.

b) Child care options:

As has been mentioned earlier, most of the children accompanying battered mothers are within the age of five. Hence, it is imperative that child care facilities be provided for these children while they remain under the centre. Please note that for such centres as the one proposed, these facilities will include **day care services** such as early learning opportunities for preschoolers, etc during the time frame that victimized mothers would be undergoing treatment and/or availing employment trainings.

c) Academic facility options:

The issue of continuation of academics even in adverse situations such as leaving home and school, accompanying battered mothers to centres is crucial because activities pertaining to self-interest and self-growth reintroduce a sense of normality in the lives of children. Of course fully fledged school systems may not be possible to be availed in abused women oriented centres; however, such centres can maintain a **schoolroom** on site for resident children from kindergarten through class 5—that is provide primary education—with individually oriented instruction or individualized educational programming by one or more full-time experienced teachers. Arrangements can also be made to screen older children—adolescents—for

educational and vocational training needs and to direct them to appropriate educational placements.

d) Physical fitness and recreational options:
It is not difficult a task to understand that a large part of children's health conditions depends upon their physical activities and physical fitness. Keeping the above in mind, centres for battered women and children must also pay heed to introducing recreational and revitalization options for the children. For instance, along with periodic **medical examinations**, there may be provisions for children such as **playgrounds/fields** and **music rooms** or **extra-curricular activity spaces** to help develop their physical health.

3.9 Understanding 'awareness':

3.9.1 Defining 'awareness':

According to the Oxford Dictionary definitions, the term '**awareness**' refers to the following:
1. Knowledge or perception of a situation or fact.
2. Concern about and well-informed interest in a particular situation or development3. Consciousness

The term penned before 1100, is Middle English origin. It is a variant of '*iwar*', Old English '*gewar*', meaning watchful.

Please note that for the context of 'awareness' in the field of violence against women, all of the above meanings are applicable. Simply put, 'awareness' in relation to violence against women is the understanding of the issue of existent violence conducted against women by victims, perpetrators and the general public, and the using of this understanding in a conscious effort to curb any such future violence.

Please note that as important as the provision of rehabilitation for victims of domestic violence is, the need to remove violence from society, in the first place, is the most crucial. The reasoning for this is very simple: a society can become a functional 'whole' only when all its resources and values are shared equally; and that is only possible when gender biased violence is stopped at its roots rather than only minimizing the effects of violence being conducted.

3.9.2 Understanding the need for 'awareness' in curbing (Domestic) Violence against Women:

Having defined awareness and its extent in context of violence against women, it is quite evident that the importance of awareness and awareness-oriented programs need to be relegated in the prevention of violence against women. Research both nationally and internationally has demonstrated that in most cases both victims and perpetrators remain unaware of the fact that domestic violence or any form of violence for that matter is a punishable act by law. Similarly, many women remain oblivious to their rights which often make them vulnerable to violence. For instance, a UNICEF survey showed that 48% of the female respondents admitted to their husbands being the sole decision makers regarding their health, their social interactions with friends and families, etc. Of course, where such a finding may appear "obvious" in the patriarchal Bangladesh, it is essentially such aspects that lead to greater violence against women. Thus, the need to understand the issue of domestic violence, its underlying causes, the outcomes of violence, rules and regulations set up against domestic violence or any other form of violence, etc is of crucial necessity to curb violence conducted against women.

Today battling violence against women is considered to be a priority for most nations, courtesy of the massive level of gender discrimination and inequality witnessed globally. As a result of intolerant gender biased behavior, nations all over the world have raised and continue to raise concern regarding modes of curbing gender discriminatory violence. The United Nations General Secretary Ban Ki Moon has in fact identified five goals that his *Unite to End Violence against Women* campaign aims to achieve worldwide by 2015. These goals are as follows:

Goal 1: Adopt and enforce national laws to address and punish all forms of violence against women and girls
Goal 2: Adopt and implement multi-sectoral national action plans
Goal 3: Strengthen data collection on the prevalence of violence against women and girls
Goal 4: Increase public awareness and social mobilization
Goal 5: Address sexual violence in conflict

Upon viewing these goals, it can be seen that the first three are those that require national commitment of states, as they relate to policy making and data collection options. Please note, that for Bangladesh, the first four goals are most applicable. Note also that for Bangladesh, goal no. 1 has already been conducted and goal nos. 2 and 3 are on the way of being implemented under the avid participation of different policies of Bangladesh Ministry of Women and Children Affairs. However, at this point it is necessary to iterate that not one of the first three goals can be successful in the reduction and prevention of violence against women, domestic violence inclusive, unless the fourth goal is met. The truth is violence against women is rooted in

discrimination and inequality, making it challenging to address. Men and women who have not had opportunities to question gender roles, attitudes and beliefs, cannot change them; women who are unaware of their rights cannot claim them. Similarly, governments and organizations cannot adequately address these issues of having perpetrators and victims follow policies they have designed without the directed population having access to standards, guidelines and tools. Therefore, the first and foremost step to ensure all of the above is to 'aware' the respective populations about the respective concerns. It is only if awareness grows that the potential for stopping all forms of violence does too.

Therefore, it is easily understandable that increasing awareness to change attitudes and influence behaviour amongst people from all walks of life is essential to preventing and ending violence against women. Please note that in Bangladesh, both the government sector and NGOs are mobilized in different ways in local, national and international efforts to deal with the problem of violence against women. Activities ranging from government campaigns to letting women know which laws exist to prevent and punish violence, to global petitions, to community and village meetings on the adverse effects of female genital mutilation, to projects engaging men and boys in preventing violence against women are conducted to make the general people cognizant of the issue of violence against women and the need for preventing it. Still, much has to be done in terms of creating awareness to remind that everyone everywhere has a responsibility to end violence.

3.9.3 Reviewing Awareness Options Existent Locally and Globally:

Having established the need for awareness in the curbing of domestic violence against women it is equally important to explore the different aspects of 'awareness' practiced in local and global settings to battling domestic violence head on.

When referring to global intervention through awareness to curb violence against women, the first and foremost body to conduct the intervention appears to be the United Nations—which in essence is a representational body of all countries comprised. That being clarified, the steps taken by the UN Women—the UN body responsible for fighting violence against women—include: The Virtual Knowledge Centre to End Violence against Women and Girls which features detailed guidance on how to implement laws, policies and programmes with access to promising practice, case studies and recommended programming tools from around the world, to end violence against women; The UN Secretary-General's Database on Violence against Women which tracks Government measures of different countries on violence against women; The Inventory of United Nations system activities to prevent and eliminate violence against women which details specific initiatives by various UN; The UN Secretary-General's UNiTE to End Violence against Women campaign, which rallies governments, individuals and civil society

organizations to raise public awareness, increase political will and resources as well as strengthen partnerships, and aims to engage individuals and civil society groups in fighting this global pandemic. In addition to the creation of databases and keeping track or government and other UN interventions in keeping violence against women in check, the UN Women also take responsibility of conducting researches, surveys and data collection regarding violence conditions at country level. Also, other sister organizations of the UN such as UNICEF or WHO, etc partake into creating awareness programs such as media advertisements or televised programs on curbing violence against women, in collaboration with local NGOs.

In context of Bangladesh, both the Government and the NGOs partake into creating awareness for everyone in the society to understand violence against women as well as its effects. There are many public campaigns aimed to educate women about their basic rights, aware the general public about the laws and acts regarding violence against women, or about the punishment criteria, etc for perpetrators. Many programs are also designed to educate the youth about the cause and effects of abusive relationships at an early age—debate and quiz competitions are arranged in educational institutions to create awareness on violence against women among adolescents, or to mobilize public as well as social workers to understand the risk assessments, access and custody issues, and crisis intervention regarding violence against women. In addition, many NGOS conduct surveys regarding different issues of gender violence which can enable a public data bank for references whenever necessary. Besides, radio broadcasts and newspaper/magazine articles on the issue of VAW, One Stop Crisis Centres, DNA profiling, etc are often relayed for the general public. Similarly advertisements regarding project activities are often published in national dailies. Also, workshops on VAW and DNA activities, psychological counseling process, rehabilitation process, service providers' coordination and so on for both social and professional groups are also conducted. Moreover, some aid groups and NGOs serving rural communities lacking literacy, design dramas, songs or plays to mobilise them to protest and prevent violence against women. in many cases the 'actors' of these programs provide psychosocial counseling to survivors of violence and their families, to enable them to cope with their personal suffering and societal attitudes, increase their self-esteem, and motivate and help them to socially reintegrate into their communities. In fact, the context of awareness through visual or auditory media has become such a proactive means of awareness that there are stage performances—such as the Vagina Monologues—that are conducted in theatres countrywide today open for all, to enable people to get an understanding of the entire concept of 'woman', aiming that understanding women would allow an understanding of violence against them. Simply put, all the different awareness programs or interventions are oriented towards a single direction: creating a society which is more 'prepared' to battle violence—domestic violence inclusive—head on.

3.9.4 Scope of Architecture in the creation of awareness:

In remembrance of the term ‘awareness’ being to be knowledgeable or cognizant about a subject, or developing concern and consciousness over it, the next question of concern would be to how architecture can be employed to create consciousness among the users of architecture regarding a certain aspect—in this context, the issue of domestic violence against women.

Of course architecture has the capability of creating a consciousness among users. The fact that architecture itself is the art of making spaces renders that any and all spaces formed always have a purpose to it—the act of becoming ‘places’ once people begin to inhabit it or utilize it for a function. In a similar vein, when space is designed with the purpose of directly creating awareness among users through itself or with the intention of housing functions that aim to disseminate knowledge to the users, it becomes quite clear that architecture does serve the purpose of making its users responsive to any issue at hand that needs attention.

When referring to the two abovementioned means by which architecture adopts the role of creating consciousness, the context of it creating functional spaces is the more obvious of the options. For instance, if there is a need for the design of a gathering space where workshops can be conducted for people to learn about a certain development, then with the aid of architectural design, conference spaces or auditoriums can be brought into reality for the purpose of disseminating knowledge. Conversely, if the knowledge criterion is one that can be absorbed subconsciously or through experience, architecture can also contribute to this—through a unique expression of itself by interacting with its surrounding. Simply put, through phenomenology. Thus, a small discussion on the aspect of awareness and the scope of phenomenology in architecture is imperative here.

The term ‘phenomenology’ refers to the study of *subjective experience*. In architecture it directs to **the experience of built space and of building materials in their sensory aspects**. In phenomenology, the environment is concretely defined as "the place", and the things which occur there "take place". Please note that the place is not as simple as the locality, but consists of concrete things which have material substance, shape, texture, and color, and together coalesce to form the environment's character, or atmosphere. It is in fact this atmosphere that allows certain spaces, with similar or even identical functions, to embody very different properties, in accord with the unique cultural and environmental conditions of the place in which they exist.

Having defined phenomenology in architecture, it is beyond doubt that architectural design can be entailed as such that it may allow users to 'experience' the past as well as now. According to Architect Peter Zumthor, when he spoke about his work:

'*A consciousness of time passing and an awareness of the human lives that have been acted out in these places and rooms charged them with special aura… Architecture is exposed to life. If its body is sensitive enough, it can assume a quality that bears witness to the reality of past life.'*

Evidently, architecture has the caliber of mimicking past experience through its spatial phenomenon and its relation to an environment around it. Hence, for the context of this project, where the design of creating awareness regarding violence against women is equally important to the rehabilitation of female victims of (domestic) violence, the idea of phenomenological architecture can go a long way into providing all those who visit the centre—for training, for healing, for learning and so on—with an 'aura' of consciousness through spatial experience. As has been pointed out by R.C Cloninger in his book *Feel Good: the Science of Well-being*, phenomenology acknowledges the state of being fully conscious of, or aware of individual experience. So in this case, the individual experience of understanding violence can be attained through the architectural phenomenology. A simple example would best suffice to explain this concept—an exhibition space can be designed through phenomenology to induce subconscious awareness within the viewers about the contents of the exhibition and correlating these to the viewers' experiences of the past, or present, or even the purposes of their lives, and lead them to be more responsive to an issue of concern. Whichever way it may be put, but the idea remains simple: the use of architectural spatial characteristics to develop places that can aware an audience.

3.9.5 Awareness Space Options:

Awareness spaces can range from anything resembling a small nook to a contemplation chamber to a huge gallery space hosting elements that represent an issue of concern. For a centre as the one to be designed here, the basic built spaces can include but not be limited to the following:

Galleries:

Spaces that have the ability to host enshrined objects or elements of concern for an audience to view to remind them of an event, a phenomenon, or a series of actions. These may be permanent with fixed objects on display or they may be temporary with changing objects of display emphasizing on different facets of violence and victims to keep a continuous state of updated information for the audience.

Database:

A library-cum-archival space configuration where materials regarding any one or more topic (in this case, the context of violence against women) of concern can be stored, shared and the knowledge disseminated. These generally allow on-spot reading as well as audio visual media of information system so as to allow a universal knowledge-spreading option for its audience.

Auditorium:

A formal place of performances is an unsaid requirement for any learning institution, and equally important for a centre of this kind to allow theatre performances, cultural events, seminar or workshop options for national and international bodies to promote awareness regarding violence against women.

Seminar rooms and workshops:

For short term information dissemination options or temporary training activities, formal teaching spaces including all required equipment, etc are necessary for any teaching institution

Information centre:

A 24 hour information service centre imparting valuable knowledge/data not only regarding awareness issues but also regarding how victims can deal with facing DVAW at home, what steps are available for them, the different legalities and hosts of other services provided to victims and so on is one of the most important aspects for any awareness inducing institution.

Spaces of reflection and contemplation:

Spaces—both built and natural—that allow the audience a scope of reflecting on the questions of concern about victims of violence and enable them to make resolutions on fighting violence head on are passive means of creating awareness which are equally important to active awareness spaces as those mentioned above.

Spaces of interaction:

Shared plazas for public and private use, spaces for community use, spaces for sharing of information such as exchange of experience events among the victim and the public parties can all create opportunities for learning for both sides so that a greater span of choices are open to creating a bigger platform for awareness.

CHAPTER 4:

CASE STUDIES

4.1 Introduction to case studies
4.2 Cases

4.1 Introduction to case studies:

To understand the scope of opportunities that can be made available for the rehabilitation process of female victims of violence while simultaneously ensuring that these scopes correlate with the context of site, tradition, climate and such other issues, a number of case studies has been added to this paper. Please note that no exact programmatically developed project as the conceived framework (Centre for Abused Women) is available; hence projects—national and international—addressing different aspects of the perceived design will be explored to grasp at the possibilities and the issues concerned with such a centre.

4.2 Cases:

4.2.1 Kenya Women and Children's Wellness Center, Nairobi, Kenya:

Figure 4.2.1. Source: www.archdaily.com

Location: Nairobi, Kenya
Firm: Ralph Johnson, FAIA, Perkins+Will
Site Area: 10 acres
Completion: 2012

Main program(s):

- 170 bed hospital
- Women and Children outpatient clinics
- Institute of Learning
- Gender Violence Recovery/Counseling Center

- Family village (Hostel)
- Forensics Laboratory

The Kenya Women and Children's Wellness Centre, located on the campus of the United States International University, Nairobi, Kenya is considered a state-of-the-art healthcare facility in the country. The project is comprised of a variety of complimentary wellness facilities that bridge local, traditional, and global medical needs in a campus setting that share a common goal of advancing wellness in the community. The goal of this design has been to create a modern healthcare facility which also employs an approach tailored to the less robust infrastructure and construction methodologies found in the developing world. Hence, in order to achieve this, the design was specifically tailored to Kenya with respect to social customs, local construction practices and environmental concerns.

It is believed that design in the developing world requires further consideration of local social issues than in the westernized world. Using this context of local social issues, the design for this project has been approached. For instance, in the case of Kenya, citizens are generally group-oriented rather than individualistic. "Harambee," defines the Kenyan approach to others they meet in life. The concept is about **mutual assistance**, **mutual effort**, **mutual responsibility**, and **community self-reliance**. Using this social standard as guidance provided the appropriate balance between global healthcare standards and local customs for the design of this facility. To that end, refinements were made to the design and the process so as to customize the hospital typology to be uniquely Kenyan.

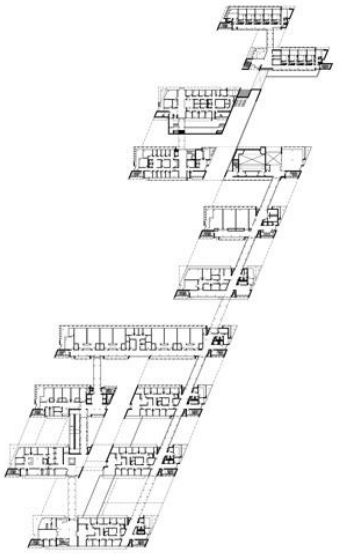


Figure 4.2.2 Plan Layout. Source: www.archdaily.com

Since the patients of the wellness center are expected to be generally from small villages surrounding Nairobi, the center had to be something that was familiar in scale and non-institutional in character in order to encourage people to use the facility by creating a less intimidating and more familiar environment. This was achieved by burying the larger scale portions containing the diagnostic facilities (which require mechanical ventilation) below grade and organizing the remaining program as a series of village like pavilions of similar scale and texture to the surrounding communities. A central outdoor stepping pathway connects the pavilions and a series of exterior courtyards. An essential social component of the wellness center is the Gender Violence Recovery Center which was deliberately secluded from the hospital entry for the privacy of those using the facility.

The pavilions employ typical construction methods of Kenya; for instance, the above grade bars employ a simple hollow pot concrete construction system. This framework is in-filled with a lightweight and porous metal screening and operable window system. A corrugated metal roof provides building enclosure and also extends over the courtyards to create shaded exterior rooms for patients and visiting families.

In terms of environmentally sustainable design, it must be noted that at an elevation close to 6,000 feet above sea level, Nairobi benefits from an ideal year-round climate. Hence, the massing and envelope strategies were employed to take advantage of this climatic condition to reduce energy. The massing is adjusted by positioning thin east-west oriented bars to open up to the prevailing breeze and promote cross ventilation. Fixed at 14 meters wide, including the overhangs, the width of each of the buildings plays an important role in day-lighting and the collection of rainwater. Steps have also been considered in the design to reduce or eliminate solar gain without compromising the ability to daylight the patient rooms, classrooms, and counseling spaces.

Project Analysis:

The most significant aspect in terms of the success of the project is its ability to house a multiple number of functions that contribute to a holistic healing process while ensuring that these are all tied under one roof. What plays an even vital role regarding this project is its context of '*Kenyanizing*' the entire design while simultaneously ensuring that it provides a global quality health care. The process of adapting the design to that of a Kenyan village—that is, by breaking the function down to accommodate village-like pavilions with scaled down architecture to imitate Kenyan village layouts; using familiar local materials and local techniques of construction, etc—all partake in the success of the project. Another counterpart of the project's achievement is the attention to sustainability; for instance by ensuring building widths of 14 m, care has been taken that optimum day-lighting, and the collection of rain water is made viable. Similarly, roofs have been extended by 2m on all sides of each building to ensure a fixed level of sun entering into different spaces while simultaneously louvers screens supported by the overhangs further diffuse the sunlight and optimize it in a particular direction. Spatial significance include features such as a series of outdoor courtyards, breezeways in between buildings, an outdoor stepping pathway connecting all the pavilion-ed spaces, in-patients' family interaction spaces, and ample natural landscaping all contribute to the healing process of those who come to seek help in the centre.

Figure 4.2.3. Source: www.archdaily.com

4.2.2 Women's Opportunity Centre, Kayonza Rwanda:

Figure 2.2.4. Source: www.archdaily.com

Location: Kayonza, Rwanda

Architect/Firm: Sharon Davis Design

Site Area: **2200.0 sqm**
Completion: 2013

Main program(s):

- Community gathering space
- Education Centre: training facilities
- Farming demonstration facilities
- Dormitories and staff lodging
- Guest lodging
- Farmer's Market

The Women's Opportunity Centre, designed by Sharon Davis Design has been a recently completed project, located in Kayonza, an hour's journey from Rwanda. Placed on a two hectare site, this 2200 sqm Women's Opportunity Centre—an undertaking of the global NGO Women for Women International (WfWI)—is an environmentally friendly, multi-use facility that will become a support mechanism for the education of women and the support and advancement of the community in the region. The Women Opportunity Centre is in fact an element of the mission of WiWF to address poverty stricken regions which may be recovering from political turmoil and genocide that will attempt to use education and community as tools to encourage self-sufficiency, self-employment and self-empowerment of women who dedicate their days to small subsistence farms, fetching fresh water, and scavenging wood for fuel.

In terms of design context, the idea of a vernacular Rwandan village has been used as an organizing principle: a series of human-scaled pavilions clustered to create security and community for up to 300 women at a time. The design is essentially that of a mini village which 'transforms urban agglomeration and subsistence farming with an architectural agenda to create economic opportunity, rebuild social infrastructure, and restore African heritage.' Imitating the traditional Rwandan design practice of deep spatial and social layers, the building forms are all rendered circular—spiraling outwards; placing intimate scale classrooms at the centre of the site followed by community spaces, farmer's market all conglomerating out to a civic realm beyond. The center's circular structures have been modeled after the historic King's Palace in southern Rwanda, whose woven-reed dwellings were part of an indigenous tradition that the region had all but lost.

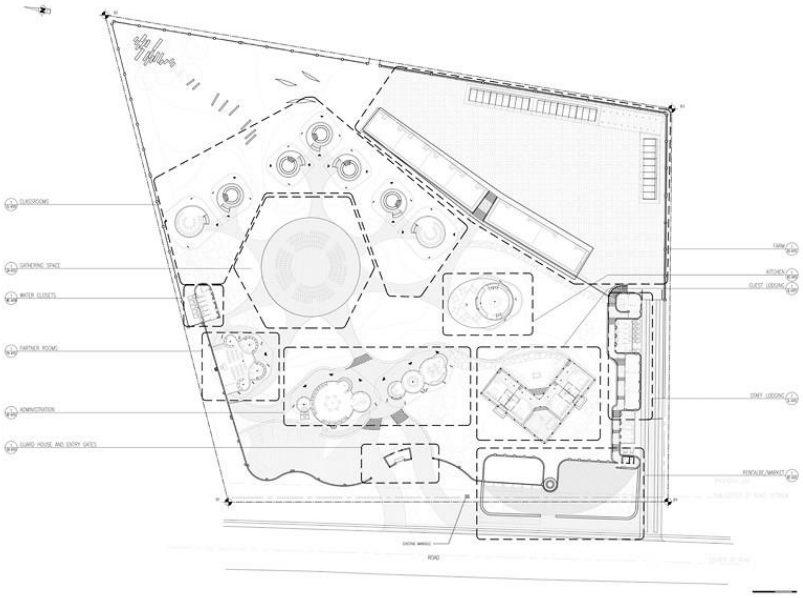


Figure 4.2.5. Source: www.archdaily.com

Functionally speaking other than the classrooms for vocational training and the inviting plaza (easily accessible by motorists and public) in the centre, the project also includes a demonstration farm that helps women produce and market their own goods. This Commercial Integrated Farming Initiative teaches women to produce income from the land through organic techniques geared toward commercial production.

Compact, easily maintained animal pens and classrooms have been designed around the plaza space where women learn to raise pigs, cows, goats, and rabbits, along with food storage and processing methods that can be used to run their own food cooperatives profitably.

These processed products such as food, textiles, baskets, etc produced on site, as well as potable water harvested from the center's rooftops can then be sold off in the market within the centre. The market spaces are also expected to be rented to generate additional income, building a self-sufficient community network in Kayonza. Also, guest lodging facilities have been incorporated into the design to ensure that donors and partner organizations can experience the Opportunity Center first-hand. In fact, these lodges serve as a manner of initiative that would allow one-to-one relationships between women in Kayonza and sponsors around the world to be built, thereby expanding the center's social footprint through a sustaining global network.

Regarding construction techniques and environmental supportive aspects of the project, the design draws on the delicacy of the vernacular Rwandan construction method with rounded, perforated brick walls that allow for passive cooling and solar shading, while maintaining a sense of privacy. The bricks were made on site by the center's future users—the women themselves—who crafted the 450,000 clay bricks needed for construction, using materials found on site, adapting the traditional manual pressing method used in Rwanda. Partnership with the local enterprises led to the creation of sustainable systems of water purification, biogas production, etc which can be produced and maintained by the inhabitants themselves. For instance, instead of pit latrines typically found in Rwanda, which pollute groundwater aquifers and are vectors for disease–-simple, hygienic composting toilets that reduce water use while

capturing nitrogen-rich solid and liquid waste have been designed. Such easily managed naturally producing fertilizer system that can nourish the farm or be sold as part of the site's revenue-generating strategies are all steps taken to ensure the development of a self-sustaining centre. Another commendable design feature is the unique roof design of the buildings in the centre for the catchment of rain water.

The model for the WOC is such that within the next five years the facility is expected to become financially independent through a multi-use approach: renting space to partner organizations, creating market and retail space for local small businesses, storage and workspace for lease, event space, demonstration farm, and lodging and restaurant services for tourists. When put simply, the Women's Opportunity Centre, Kayonza, Rwanda is believed to touch lives of over 28000 women in the region.

Project Analysis:

The most significant achievement of this project is its ability of picking up a ravaged society—in this case, conflict and strife stricken African women—and providing them with a chance at self-empowerment and self-sustainability. This is done even better in fact, because of the familiarity in heritage, local elements, construction principles, etc that have been incorporated into the design of the project. The design of the Opportunity Centre is of commendable merit because of the functional considerations—which entailed that opportunities in the field which Rwandan women are most familiar with—farming are created. Not only that, but the fact that the architecture plays an equal role as the allocated functions in creating a guideline of self-sufficiency, self-employment and self-empowerment for the women is quite notable as well. For instance, organization principles of the functions starting from classroom training facilities in the centre to hands on farming demonstration opportunities to self-marketing as well as interaction options with probable sponsors spiraling outwards, all managed in the simple Rwandan village layout, again to install familiarity for the women; demonstrate the need of architectural intervention in the lives and stories of these women to help them develop into a self-sustainable community. Simultaneously it also represents the need for architecture to be locally inspired in order to develop into a globally resonant architecture of optimism.

Figure 4.2.6. Source: www.archdaily.com

4.2.3 Maggie's Centre:

Maggie's Centres are the legacy of writer and designer Margaret Keswick Jencks, who, being a terminal cancer patient had the notion that cancer treatment environments and their results could be drastically improved through good design interventions. The idea came to Maggie in May 1993 when she sat at a windowless corridor of a small Scottish hospital, waiting for her counseling session because her prognosis stated that her cancer had returned. She remembered that surpassing everything else, it was the waiting room and the chemo drip rooms that she had returned to for the next two years until she died that completely broke at her strength—it was as if 'patients like her were left to "wilt" under the desiccating glare of the fluorescent lights' of such neglected, thoughtless spaces. It was then that an idea came to her: if architecture could demoralize patients like herself, could it not also be restorative? Ever since, Maggie and her husband—and architectural historian and theorist—Charles Jencks started an experiment of providing free, global care for cancer patients through great architecture.

Their attempts over the last twenty years have resulted in over 17 cancer care centres sprinkled all over the world from Edinburgh to Hong Kong; and the results have been remarkable. According to Charles Jencks, there has not been a single 'bad' building, and the success of the work can be largely attributed to the 'architectural-placebo-effect'—*that is, a building, while not wholly capable of curing illness, can act as "a secondary therapy", as a feedback therapy. A number of selected Maggie's centres have thus been added as a case study to demonstrate the* different examples of healing spaces, in this case, different architectural interventions, having the same functions, and their effectiveness on patients.

4.2.3a Example 1:

Centre Name: Maggie's Gartnaval
Location: Glasgow, Scotland
Architect/Firm: Rem Koolhaas, OMA
Completion: 2011

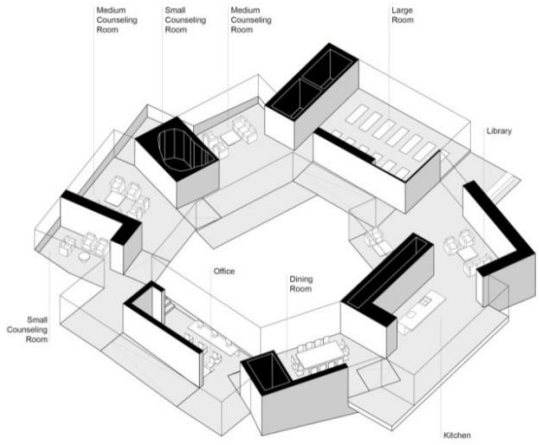


Figure 4.2.7 Source: www.archdaily.com

This single storey centre designed by OMA is a composition of interlocking rectangular spaces that form around a lush courtyard to provide moments of comfort and relief. The walls of the light filled interior promenade building are made transparent allowing patients to connect directly to nature. The building accommodates for the complex needs of the facility by providing spaces of interaction, personal privacy, and discrete counseling rooms, along with private nooks and corners. With a flat roof and floor levels that respond to the natural topography, the rooms vary in height, with the more intimate areas programmed for personal uses such as counseling, and open spacious zones as gathering places creating a sense of community.

Located in a natural setting, much like a pavilion in the woods, the building is both introverted and extroverted: each space either has a relationship to the internal, landscaped courtyard or to the surrounding woodland and greenery, while certain moments provide views of Glasgow beyond. A notable characteristic of Maggie's Gartnavel is the rich use of materials, from the flush inlaid timber and concrete ceiling to the simplistic concrete exterior and expansive floor-to-ceiling glass walls.

Figure 4.2.8. Source: www.archdaily.com

4.2.3b Example 2

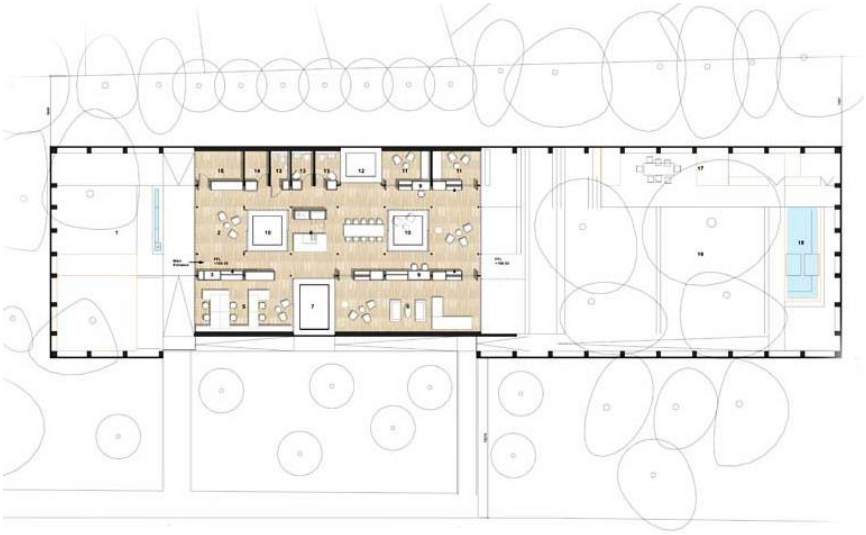
Centre Name: Maggie's Aberdeen
Location: Aberdeen, Scotland
Architect/Firm: Snohetta
Area: 350 sqm
Completion: 2013

Figure 4.2.9. Source: www.archdaily.com

The centre designed by the Oslo-based firm Snohetta is conceived as a pavilion in the parkland setting in which it is located. The soft exterior of the form envelopes the whole centre and sculpts the main spaces, whereas the timber interior buildings create more intimate rooms and spaces that the centre requires. Steel reinforcements have been used to form the building's outer shell, along with thick insulation molded by hand to fit the shape of the building. Activity and meeting rooms are primarily located on the ground floor for this centre, with a small mezzanine spaces devoted to office functions.

The centre hosts a number of facilities ranging from counseling rooms to group work spaces to a small library, dining and relaxing spaces. The surrounding field has been arranged so that the building appears to be the most important aspect of the entire grass covered field; for instance, the texture and cutting pattern of the grass is proposed developed to form a large-scale platter within which the pavilion building forms an integral part. The center enjoys views across the fields and ample sunlight from the south and west.

Figure 4.2.10. Source: www.archdaily.com



4.2.3c Example 3:

Centre Name:
Maggie's Monklands
Location:
Lanarkshire, Scotland
Architect/Firm:
Reiarch and Hall Architects
Completion:
2014

Figure 4.2.11 Source: www.archdaily.com

The Maggie's Monklands Centre is a story of enclosed gardens, a linked sequence of external rooms perforating a low building which in turn acts as a mediator and connector between these sources of light and air. The building plan is perforated with four small sheltered courts, with intimate external rooms embedded in the plan. The design is a simple repetitive framed structure which defines and creates an intimate scale while allowing spaces and rooms to either open up to the central sequence of public rooms or close down to create private moments. Golden metal light catchers have been introduced, that hover over these spaces reflecting sunlight onto the floor of the courts. On the outside, a brick wall binds the site enclosing this gathering of human scaled spaces, catching sunlight and creating sheltering places. A linear rill—a spring—animates the space with the sound of running water, acting as a refreshing

source and an intimation of beginnings. This pool of water is approached by stepping out of the building into the walled garden that lopes into a number of terraces, giving way to a lawn and at the, the water body.

Figure 4.2.12. Source: www.reiachand**hall**.co.uk

Project Analysis:

The most significant aspects of Maggie's Centres include the personalization of healing spaces and the variety of spatial interventions that can be made possible for accommodating the same functions. There is a number of design approaches that appear to be congruent for the three examples given above; for instance, the buildings are located a little separately from the main hospital bodies, amidst ample greenery, aiming for a natural healing process. Similarly, designs depict a breakdown of spaces into human scale to inspire intimacy and privacy. Also all of these designs have a natural landscaping or a 'garden' environment around which the functions are seen to be arranged. In addition, every one of the designs accommodate informal spaces likes nooks or private counseling spaces or even a quite library where patients can spend time with 'themselves' and learn to accept their conditions in peace. However, simultaneously, every centre is designed differently, paying heed to the site context or different natural element context and so on—where one centre is placed like a cocooned pavilion on an ocean of a green field, another is a set of rectangular spaces sheltering a green heart, while yet another is a set of decked spaces, with pockets of green in between, sloping downwards and culminating into a water body. Please note that these three examples befittingly demonstrate the different arrangement of natural healing spaces that can be designed within and around built healing spaces.

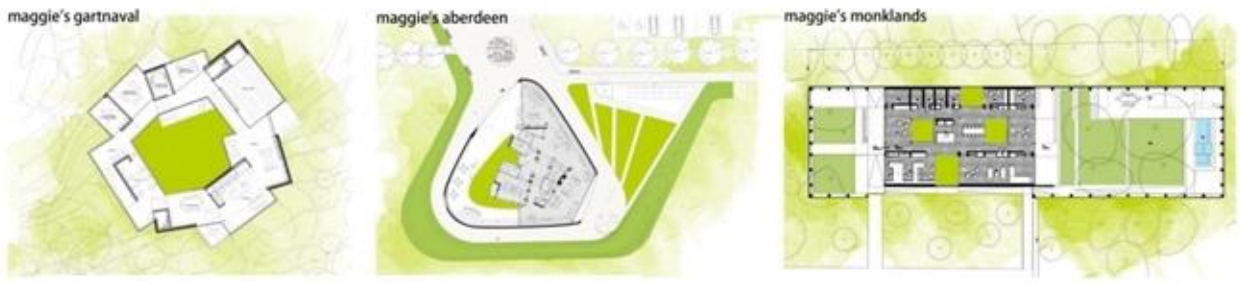


Figure 4.2.13. Source: Bidoura, 2014

The diagram above gives a 'greenery' spatial arrangement comparison of the three Maggie's Centres to show how different approaches of natural healing spaces can be devised in coordination with built healing spaces.

4.2.4 Pima County Behavioral Health Pavilion and Crisis Response Center, Arizona, USA:

Figure 4.2.14. Source: www.archdaily.com

Location: Tucsan, Arizona, USA
Firm: Cannon Design Associate Architect
Site Area: 208,000 sft

Completion: 2009

Main program(s):

- 96 bed psychiatric hospital
- Medical emergency department (rebuild)
- Courtroom
- Crisis Response Centre call centre
- Teaching facilities and related class rooms
- Youth and adult crisis stabilization facilities
- Short-term-stay and long-term-stay services

In the task of creating a 'holistic healing campus' Cannon Design Associate Architects have partaken into designing two inter-related buildings that respond to the broadest range of patient needs. These two functionally distinct buildings, the Crisis Response Center (CRC) and Behavioral Health Pavilion, integrated into the existing University Physicians Hospital Kino Campus, will operate in unison to respond to those who are in need of immediate psychiatric assistance.

A particularly interesting feature is that the buildings are organized around a shared service court that provides what is known as a 'sally port'—a secure circulation zone for medical staff, law enforcement, courtroom personnel, and patient and material transfers. Additionally, a courtroom serves patients entering hospitalization through the legal system. Special attention has also been given to patient safety, privacy, security, and dignity, by creating independent entry points to allow for segregated movement of patients and staff onto units, thereby greatly enhancing safety.

Internally, each building is organized into layered zones of patient and support spaces clustered around accessible outdoor courtyards and oriented along an east/west axis for optimal solar orientation. The interiors provide private rooms that are naturally lit giving patients "privacy, security and dignity." The interior finishes in each patient unit and treatment area has distinct themes, drawing inspiration from the desert South-west to create a sense of community and identity.

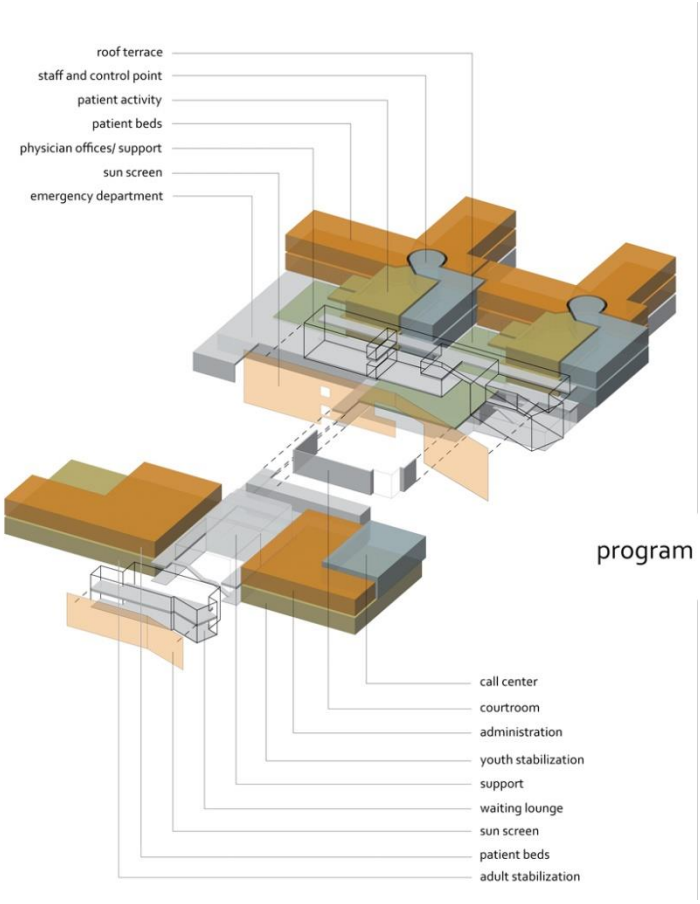


Figure 4.2.15. Source: www.archdaily.com

The rooms are located close to shaded outdoor gardens to connect patients and staff directly to their surroundings, and access to these shaded outdoor gardens is provided on all levels for patients, visitors, and staff, which promotes healing and overall well-being. In addition, the Behavioral Health Pavilion's central courtyard features a sky garden on the second and third floors, which is protected from the sun above, and provides distant vistas for staff and visitors. Also, the Crisis Recovery Center is organized around a central courtyard that provides an internal oasis for visitors and staff, and a spatial buffer between the adult and youth assessment and treatment areas.

The structures use sustainable design strategies, including optimum building orientation, indigenous landscaping, locally produced building materials with a high level of recycled content, and high-performance glazing and HVAC systems, and careful glazing strategies bolster the concept of creating a holistic healing environment. Both buildings also feature south-facing perforated sunscreens which allow filtered views while reducing peak energy loads by up to 30%. These sunscreens are made of corrugated perforated. The earth-toned concrete block

combined with warm metallic panels and screens create a palette similar to the harsh Arizona landscape with high performance quality.

Project Analysis:

Site-wise speaking, this project has a great significance because it is placed in close proximity to an already existing community hospital, public health building and community clinics, and so with the addition of the behavioral health pavilion and the crisis response centre, creates an opportunity of holistic treatment for all patients availing the services. Besides this aspect, the project is wholesome by the virtue of adding certain programmatic facilities that are hard to find in regular health complexes—a 24 hour call centre, to receive information on crises and a courtroom to deal with the legal aspects that accompany certain patients—which also contribute to the 'holistic' treatment approach. Another interesting feature attributed to this project is the design of a 'sally port'—a secured circulation zone for medical staff, law enforcement, courtroom personnel, and patient and material transfers—within the two operating centres which ensures efficiency as well as safety of movement of not only patients but also all personnel involved in the health complex. Please note that the issue of security and efficiency are both of extreme importance in centres such as this, to assist in the protection of patients (for example: a patient who has undergone rape for instance) and their privacy. Also, spatially speaking, the organization of patient and support spaces around internal courtyards, and the usage of these internal courtyards and gardens, not only as internal oasis or vistas for natural healing, but also as spatial buffers between different treatment areas, is indeed an interesting design intervention.

Figure 4.2.16. Source: www.archdaily.com and www.gilbaneco.com

4.2.5 Steilneset Memorial, Vardø, Norway:

Figure 4.2.17. Source: www.archdaily.com

Location: Vardø, Norway
Firm: Peter Zumthor and Louise Bourgeois
Completion: 2011

Main program(s):

- Memorial
- Installations

The 17th century saw a lot of witch trials in Europe. Among the countries relegating these trials, the island of Vardø, Finnmark, on the Barents Sea, Norway experienced the highest rate of accusations of witchcraft of any part of Norway. Over a hundred men and women—most of whom were the indigenous Sami people—were tried for witchcraft here, with 91 (77 women and 14 men)of them being burned at the stake between 1598 to 1692. Hence, over 320 years later, the Steilneset Memorial was commissioned to be designed to commemorate the victims of the

Finnmark Witchcraft Trials. Please note that this memorial has also been designed as a part of the National Tourist Routes, launched in 1999 by the Norwegian Public Road Administration to develop 18 routes and roadside amenities navigating through the mountains, waterways and coastlines of Norway. Please note also that to date, 200 projects have been completed in these routes, ranging from observation platforms to picnic areas, each connecting to their surroundings and the unique history of the sites.

The Steilneset Memorial designed as a collaboration work between Swiss Architect Peter Zumthor and French American Artist Louise Bourgeois is located in the very place where the burnings took place, Steilneset in Vardø, 64 kilometres from the Russian borders. If travelling from the main town square, one would have to walk past the 1307 Vardø Fortress, through the little cemetery, past the small black and white timber Vardø Chapel until they reach the burning grounds—viewed as another significant underline beneath the distant treeless mountains of mainland Norway, along the jagged rocky coastline.

The memorial itself is a two-part composition – a long white line and a black dot, sharing the black and white colour scheme of the nearby cemetery chapel. It consists of two structures designed by Zumthor – an 'infinitely' long structure of bleached 'driftwood' frames encasing a stretched canvas cocoon and a dark glass cube. The elongated structure, known as "Memory Hall" is a long fabric enclosure shaped like a herring fillet, 400ft long, supported by hundreds of bleached 'driftwood' frames, inspired by the remnant diagonal timber fish-drying structures that stood abandoned in nearby fields. The timber structure holds the canvas cocoon up off the ground and allows daisy-like flowers to flourish on the rocky ground below. The walls, white on the outside, consist of stiff fabric stretched by stainless steel wires into a regular pattern that suggests sail rigging. There are ninety-one small, square windows recessed in metal frames punctuating the walls at irregular heights. Entered through a timber ramp, the structure is light to the touch. The inner surfaces of the walls are black fabric that resonates in the wind. Each of these windows represents a victim of the witch trials, with the details of their ordeal displayed on plaques. These ninety-one light bulbs suspended in the windows create the sense of endless movement along a 5ft wide torch-lit corridor. This sensation is enhanced by the raised timber catwalk underfoot. The varying heights of windows and lights, the elevated walkway, and the square, with recessed views of the outer world, produce a superbly theatrical effect on anyone walking through it.

In stark contrast, a reflective black glass pavilion made of weathering steel and 17 panes of tinted glass, encloses Bourgeois's installation, just a few metres away, creating a point of high drama after the studied calm of the tunnel. This pavilion known as *the Damned, the Possessed, and the Beloved* houses a steel chair centred inside a volcanic cone of off-form concrete, burning perpetual flames from its seat. Seven huge oval mirrors, angled above the chair on

slender pylons, like judges around the condemned, twist the flames and the viewer into sinister shapes and distortions. Unlike the timber canvas hall that celebrates the lost lives this perpetual flame– that old chestnut of commemoration and reflection – here is devoid of any redemptive quality, illuminating only its own destructive image.

Project Analysis:

The project's major significance lies in its ability to evoke memories within the viewers. The location of the memorial attributes to this ability to some extent. However, the division of the commemoration process into two distinct lines of thoughts—one which leads to celebrating the lost lives, while the other demonstrates the unforgiving image of destruction—acts as a two way process of reminder to the viewers of what the Finnmark Witchcraft Trials brought to the condemned and their families. This project in effect acts as a perfect example of phenomenological architecture where the context of site, history and heritage together create a sense of place—a platform of experiential awareness to remind the locals and the 'globals' to commemorate the incidents of a forgotten time in a forgotten place.

Figure 4.2.18. Source: www.archdaily.com and www.arch20.com

CHAPTER 5:

PROGRAM DEVELOPMENT

5.1 Events and Activities

5.2 Rehabilitation Space Allocation

5.3 Awareness Space Allocation

5.4 Transition Space (between Public and Rehab) Allocation

5.1 Events and Activities:

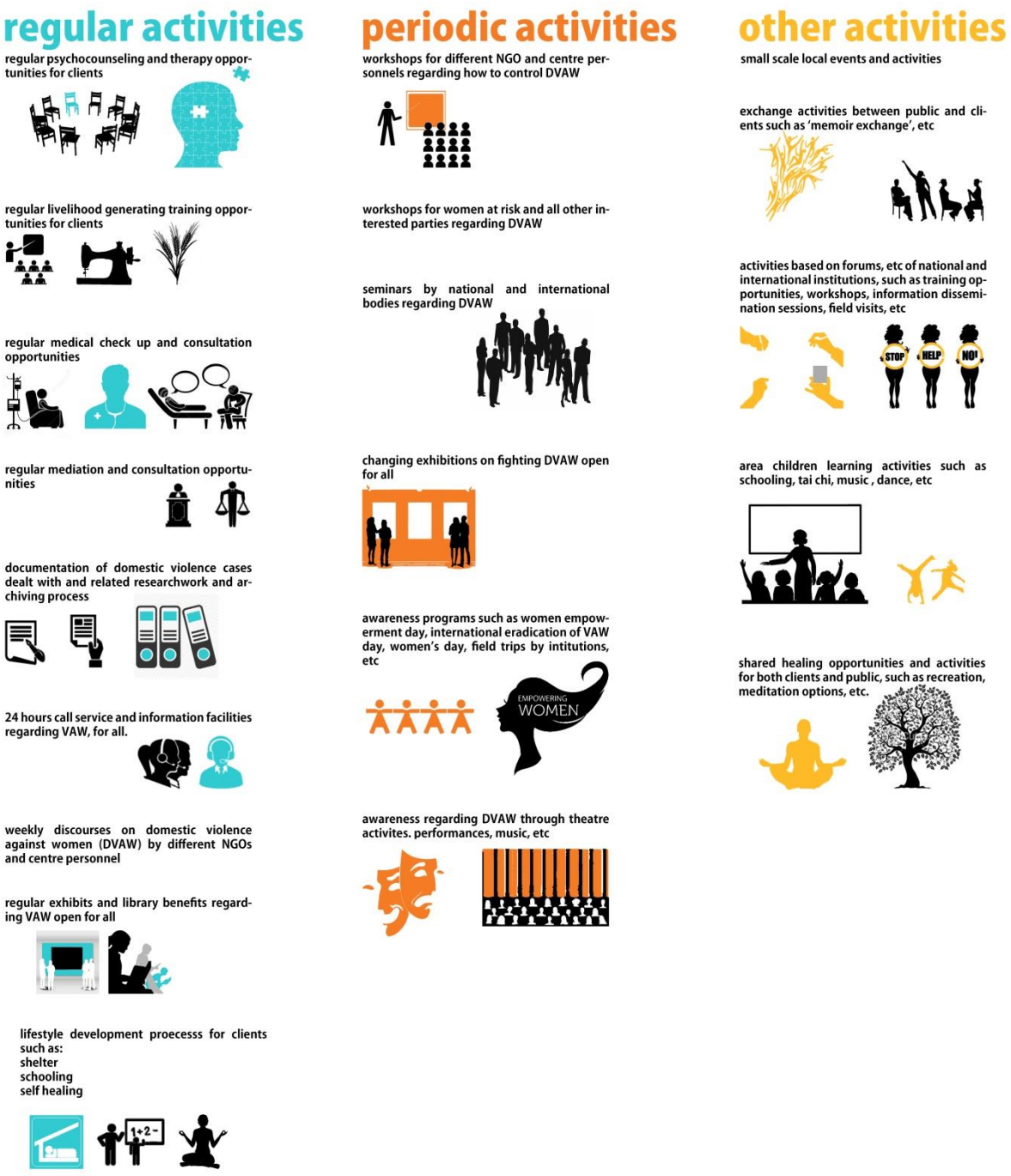


Figure 5.1.1. Source: Author

Sangshaptak Asrayon o Punarbashon Kendro proposed for female victims of domestic violence has been conceptualized as such that it is able to enable battered women to find holistic healing to recuperate from the effects of violence and develop 'self-worthiness' to live life independently. Simultaneously it also aims to provide awareness for any and all those concerned with and about domestic violence, both locally and globally. The ultimate goal of this proposed thesis is to help mend a broken society into a functioning whole, by empowering a stigmatized population

into becoming independent members of the society while consecutively disseminating knowledge and resources for the general public to prevent further stigmatization of marginalized populations.

As a result of the above-mentioned aims and objectives, an attempt has been made to categorize the different types of activities that would be taking place in the centre in order to determine the programmatic requirements of the centre. The diagram shown in the previous page is a summary of activities devised.

5.2 Rehabilitation Space Allocation:

Based on the types of activities to be hosted here, this thesis proposal categorizes its programmatic development into two distinct typologies: **rehabilitation spaces** and **awareness spaces**. Please note that these categories of spaces are further broken down to specialized spaces, and are to be further connected to each other through transitional thresholds.

5.2.1 Rehabilitation Administration Zone:

Requirements	User/unit	Number of units	Area in square ft
Security office	4	1	200
Visitors' lounge and reception	variable	1	500
Director's office	1	1	250
Assistant Directors' office	1	1	180
General office	6-8	1	500
Finance and Accounts	3	1	200
Meeting room	8	2	250x2= 500
Board room	15	1	400
Storage and documents	-	1	80
Men's toilet	-	1 (2 cubicles/unit)	80
Women's toilet	-	1 (2 cubicles/unit)	80
R			
			2970
Circulation 40%			1188
TOTAL			**4158**

5.2.2 Rehabilitation: Call Centre Services

Requirements	User/unit	Number of units	Area in square ft
Lobby and reception	variable	1	500
Staff workstations	6	1	300
Media and Communications room	2-3	1	150
Meeting room	8	1	250

Storage	-	1	50
Men's toilet	-	1	30
Women's toilet	-	1	30
			1310
Circulation 40%			524
TOTAL			**1384**

5.2.3 Rehabilitation: Medical Services

Requirements	User/unit	Number of units	Area in square ft
Lobby and reception	variable		800
First aid room	1	1	100
Doctor's office	1	2	150x2= 300
Exam room	1	2	200x2= 400
Patient/recovery room	2	4	125x4=500
Nurses/medical staff station	4	1	150
Meeting room	8	1	250
Medical storage	8	1	80
Men's toilet	-	1 (2 cubicles/unit)	50
Women's toilet		1 (2 cubicles/unit)	50
Kitchen	2	1	100
			2780
Circulation 40%			1112
TOTAL			**3892**

5.2.3 Rehabilitation: Legal Clinic Services

Requirements	User/unit	Number of units	Area in square ft
Lobby and reception	variable		500
Legal director's office	1	1	150
Assistant Legal director's office	1	1	100
Legal workstation	6-8	1	500
Staff lounge	8	1	180
Meeting room	10	1	250
Legal Counseling room	1-3	3	100x3= 300
Legal Mediation room	2-5	3	100x3= 300
Legal Storage	-	1	80
Men's toilet	-	1	30
Women's toilet	-	1 (2 cubicles/unit)	50
			2440
Circulation 40%			976
TOTAL			**3416**

5.2.4 Rehabilitation: Psychological Counseling Services

Requirements	User/unit	Number of units	Area in square ft
Lobby and reception	variable	1	800
Head counselor's office	1	1	200
Counselors' lounge	10	1	450
Meeting room	10-12	2	300x2= 600
Emergency trauma counseling room	2(counselor and patient inclusive)	3	100x3= 300
Individual psycho-counseling room: • Psychotherapy cell • Cognitive behavioral therapy cell	12(therapist and patient inclusive)	6 (3 of each)	150x6= 900
Family counseling cells	4-6	3	150x3= 650
10-persons group therapy cell	10-12(counselor inclusive)	3	450x3=1350
20-persons group therapy cell	20-22 (counselor inclusive)	2	800x2=1600
Interior Meditation space	20	1	800
Informal therapy spaces (multifunctional) such as art therapy, music therapy, etc	20-30	1	1250
Storage	8	1	80
Kitchen	2	1	100
Staff toilet	-	1 (4 cubicles/unit)	100
Men's toilet	-	1 (2 cubicles/unit)	50
Women's toilet	-	1 (4 cubicles/unit)	100
			9330
Circulation 40%			3732
TOTAL			**13062**

5.2.5 Rehabilitation: Occupational/Training Services

Requirements	User/unit	Number of units	Area in square ft
Training type: sewing			
workspace	40	1	1250
Storage	-	1	250
Instructor room	2-4	1	120
Training type: handicraft			
workspace	40	1	1500
Storage	-	1	250
Instructor room	2-4	1	120
Training type: IT			
workspace	40	1	1500
Storage	-	1	250
Instructor room	2-4	1	120
Training type: Agro-based			
workspace	40	1	2000
Storage	-	1	450
Instructor room	2-4	1	120

			7930
Training director's office	1	1	150
Instructors' lounge	10	1	200
Kitchen	2	1	100
Staff toilet	-	1 (2 cubicles/unit)	50
Women's toilet	-	1 (4 cubicles/unit)	100
			8530
circulation			3412
TOTAL			**1194**

5.2.6 Rehabilitation: Temporary Shelter Services

Requirements	User/unit	Number of units	Area in square ft
Family unit type	2-3	55	
			12x20x55= 13200
Dormitory type			
8-bed room	8	3	1600x3=4800
6-bed room	6	4	1350x4= 5400
			10200
Common room	15	3	500x3= 1500
Dorm supervisor's room	2	2	250x2= 500
Dining	40	1	1500
Kitchen	4	1	500
Pantry	1	1	100
Exercise space	15-25	1	1500
Workshop	10-15	1	800
Storage	-	1	150
Library	20-25	1	1800
Toilet and bathing	-	3 (4 cubicles/unit)	36x5x3= 720
			9070
			32470
Circulation 40%			12988
TOTAL			**45458**

5.2.7 Rehabilitation: Victims' Children Support Services

Requirements	User/unit	Number of units	Area in square ft
Non-formal education classroom	15	2	400x2= 800
Instructor room/lounge	2-4	1	200
Play room	15-20	1	400
Music/art room	15-20	1	400
Child counselor's room	1	2	200x2= 400
Parent-children interaction cell	10-15	1	300
Boys' toilet	-	1 (2 cubicle/unit)	50
Girls' toilet	-	1 (2 cubicle/unit)	50
Cafeteria	25-30	1	1250
Kitchen	1	1	80

Storage	-	1	100
			2780
Circulation 40%			1112
TOTAL			**3892**

5.3 Awareness Space Allocation:

5.3.1 Awareness Centre and Memorial Services

Requirements	User/unit	Number of units	Area in square ft
Administration			
Security and supervision	4	1	100
Reception and lobby	10-12	1	300
Director's room and att. toilet	1	1	250
Asst. Director's room and att. toilet	1	1	250
Curator's office	1	2	150
General office	5-6	1	300
Conference room	15	2	400x2= 800
Storage and documents	-	1	80
Men's toilet	-	1 (2 cubicles/unit)	50
Women's toilet	-	1 (2 cubicles/unit)	50
Refreshment area	3-5	1	100
			2430
VAW Database/library			
Reception and lobby	10-12	1	300
Archive staff room	5-8	1	250
Reading space	50	1	2500
VAW archive	-	1	3500
Workshop space	40	2	1000x2= 2000
Documentation room	2	1	300
Men's toilet	-	1 (2 cubicles/unit)	50
Women's toilet	-	1 (2 cubicles/unit)	50
Storage	-	1	250
			9200
Exhibition area			
Reception and lobby	10-12	1	300
Permanent exhibit	-	-	4500
Temporary exhibit			2000
Exhibition storage	2-3	1	250
Exhibit repair workshop	-	1	400
Exchange of memoirs	-	1	1250
Men's toilet	-	1 (4 cubicles/unit)	100
Women's toilet	-	1 (4 cubicles/unit)	100
			8900
Cultural awareness spaces			
Auditorium and stage	300	1	7500
Foyer/breakout space	-	1	700
Green room	15	1	225
Storage	1-3	1	150

Rehearsal room	10-15	2	750x2= 1500
Scenery and technical workshop	3-5	1	800
Sound and lighting cubicles	2-3	3	3x100= 300
Men's toilet	-	1 (2 cubicles/unit)	50
Women's toilet	-	1 (2 cubicles/unit)	50
			11275
			31805
circulation			12722
TOTAL			**44527**

5.4 Transition Space (between Public and Rehab) Allocation:

Requirements	User/unit	Number of units	Area in square ft
Dining/restaurant area	100	1	32x100= 3200
Restaurant kitchen and pantry	2-3	1	1000
Shared performance spaces	50-100	1	3000
Victim-family-public interactive spaces	15-20	2	400x2= 800
Men's toilet	-	1 (2 cubicle/unit)	50
Women's toilet	-	1 (2 cubicle/unit)	50
Storage	-	1	100
			8200
circulation			3280
TOTAL			**11480**
GRAND TOTAL (built)			**1,40,393**

5.5 Additional Spaces:

Community plaza

Ghaat

Outdoor exhibit spaces

Playgrounds

Butterfly garden

Spiritual healing cave

Healing gardens

Roof gardens

Water pools

Healing courts

Sensory gardens

Outdoor informal performance spaces

CHAPTER 6:

DESIGN DEVELOPMENT

6.1 Introduction
6.2 Reaffirming: the issues; where to intervene; the outcome
6.3 Concept Development Phase
6.4 Space Development Phase
6.5 Physical Development Phase
6.6 Final Design

6.1 Introduction:

In this chapter, the overall design process of the centre for female victims of domestic violence—Sangshaptak Asrayon o Punarbashon Kendro will be explored. The design development process simply put, has been an amalgamation of findings regarding VAW and DVAW explored in the previous few chapters along with intangible concepts of empowerment process of women, reintegration of a broken minority into a social 'whole' and so on and converting these into a rational, tangible built form. For ease of understanding, the design development process of this thesis proposal can primarily be divided into two segments: **conceptual** and **physical** development. The next few segments will discuss how the above-mentioned development phases have resulted in the creation of a holistic centre aimed to eradicating domestic violence against women from the very roots of the society. However, before delving into that it is imperative to brainstorm the starting points that led to the development process of the idea of this proposal in the first place.

6.2 Reaffirming: the issue; where to intervene; the outcomes:

In devising the concepts which brought about the creation of the centre in question, the earlier findings regarding what actually happens to a woman during domestic violence and after, and how this affects the society in turn needed to be revisited first to understand the scope of intervention that would be possible in order to help create a domestic-violence-free society through the centre.

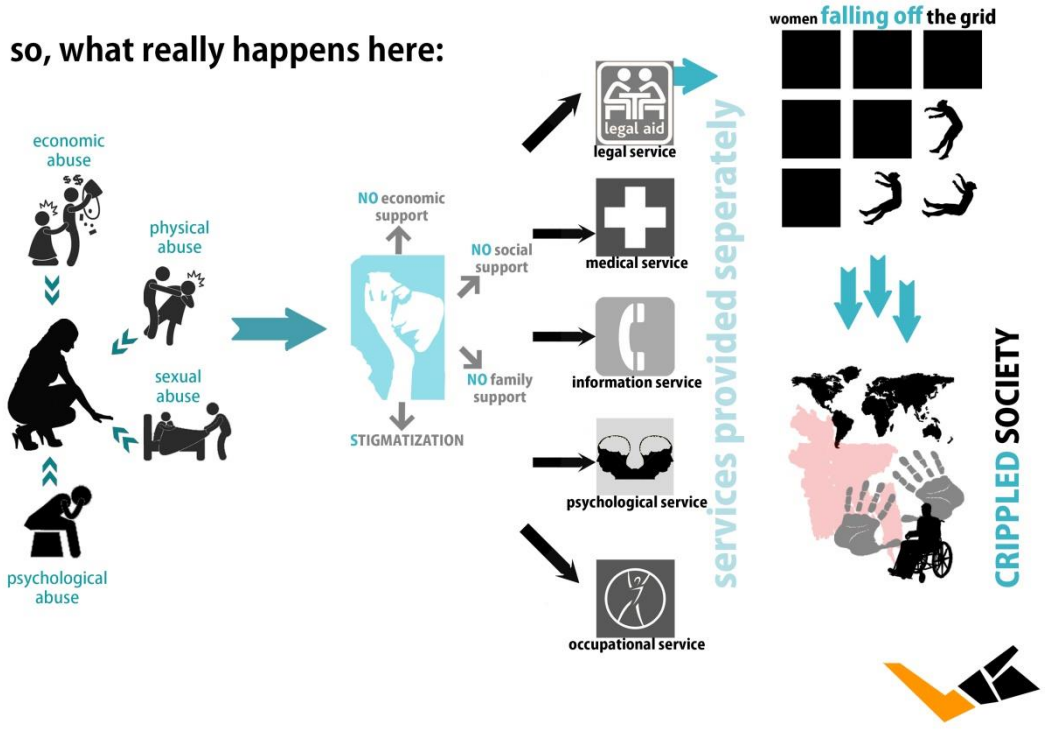


Figure 6.2.1. Source: Author

Once the determinant points for crippling a society through DVAW were re-identified, and it was made clear that, DVAW could never be wholly abolished until now because of the lack of holistic

support system (causing women to NOT be able to avail all the services to re-develop themselves and hence repeatedly falling prey to the same violence, resulting in the society remaining crippled in terms of economy, crime, health and so on), an attempt was made to summarise the previous findings of this paper to pin-point exactly where intervention would be possible:

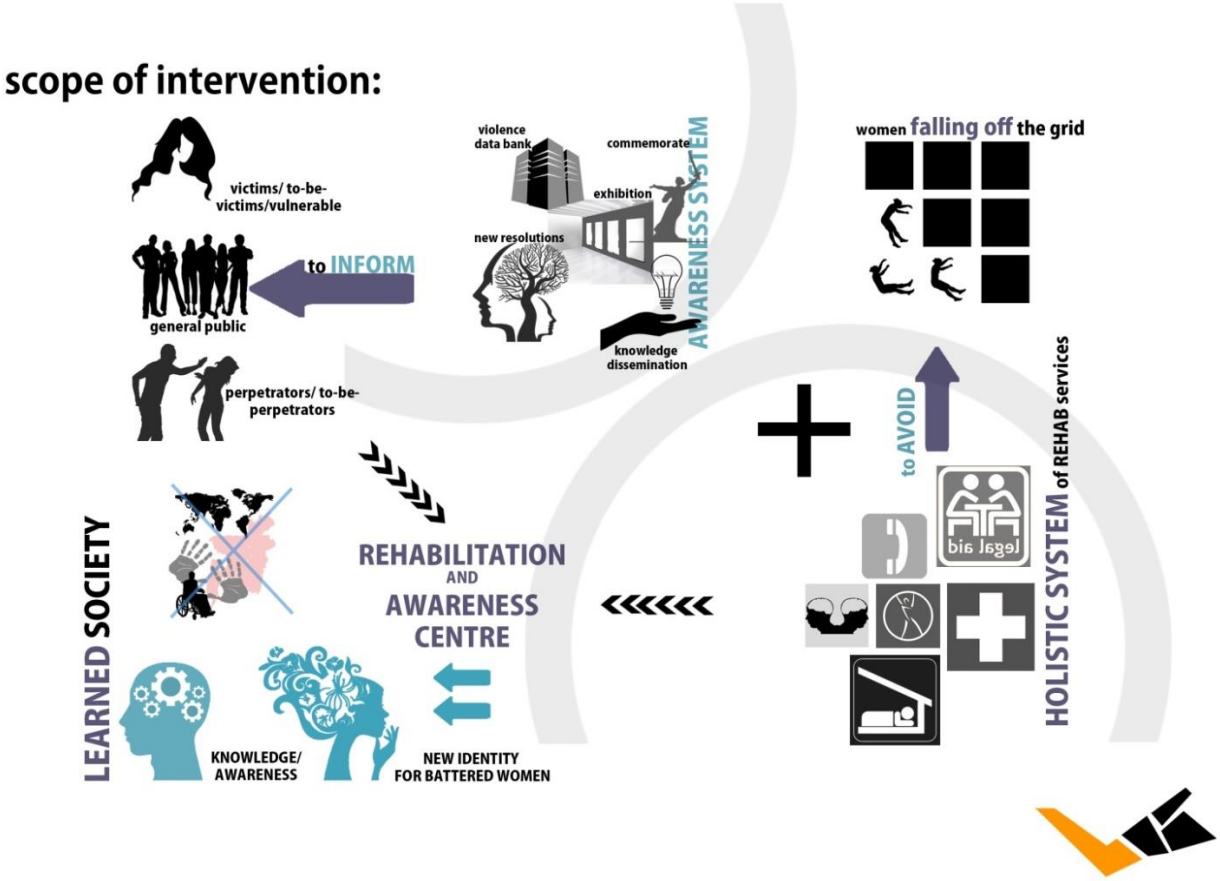


Figure 6.2.2. Source: Author

Now that the scopes of intervention had been re-recognized, the desired outcomes of creating such a centre were much easier to visualize. In the most basic of senses, creating a centre for female victims of domestic violence would in effect result in:

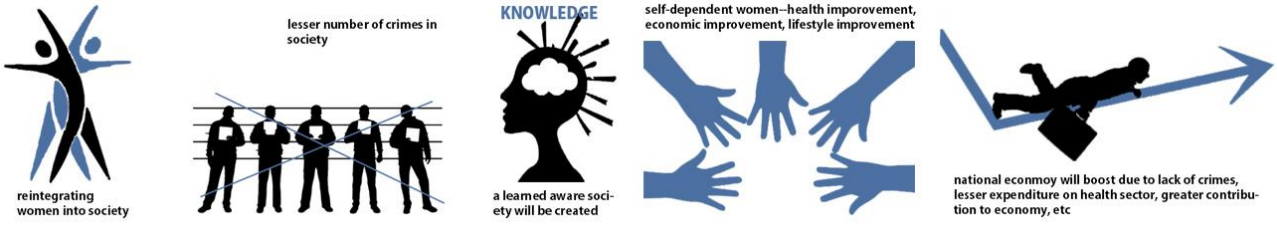


Figure 6.2.3. Source: Author

6.3 Concept Development Phase:

6.3.1 Phase 1: primary thoughts and ideas:

A number of lines of thoughts have been explored in order to create a **suitable** centre with a holistic rehabilitation system aimed at 'healing' female victims of domestic violence which can simultaneously partake in creating awareness for the general public. These lines of thoughts can be broken down to as follows:

1.

Figure 6.3.1. Source: Author

If one is to apply the finding that one of the major reasons that attributes women in the Indian subcontinent more likely to be victims of domestic violence is the presence of certain cultural and social bindings and prevent them from being looked upon as equals to men, or the fact that issues of violence at home being overlooked is a result of tabooed topics and social stigmatization, it is quite clear that the first step towards eradicating the issue of VAW is to be able to break free of the bindings that entrap a woman and make her subject to violence in the first place. So the idea of instigating the breaking of such 'shackles' and creating free human beings with new identities acts as stepping stones for the form and programmatic design of this project.

This idea is taken further when the newly 'identified' humans having their own individual personalities and new directions in life are treated together as a new community of empowered women, ready to re-integrate into the mainstream society and contributing to make it better; much like an example of the Swarm Intelligence Theory which dictates that even though individual agents belonging to natural or artificial group do not follow a particular rule of behavior, their local, and to a certain extent random interactions among each other lead to the emergence of 'intelligent' global behavior. So, in essence if these newly free spirited women are compared to birds in a flock, they maybe individual entities, but as a whole they propagate and expand as is dictated by their new group identity.

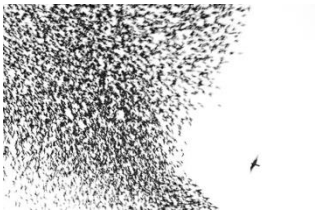


Figure 6.3.2. Source: sevenkatenine

2.

Figure 6.3.3. Source: Author

Alternate to the first line of thoughts, another way the idea of developing a centre as the one in question has been by visualizing it as the system that would put together a 'broken' minority of women—in essence a broken portion of the existing society—and reintegrate them back to it while simultaneously bring together people from different layers of the society and bind them in one strand: that of standing up against violence, so as to create a stronger, gender-unbiased and learned wholesome society.

3.

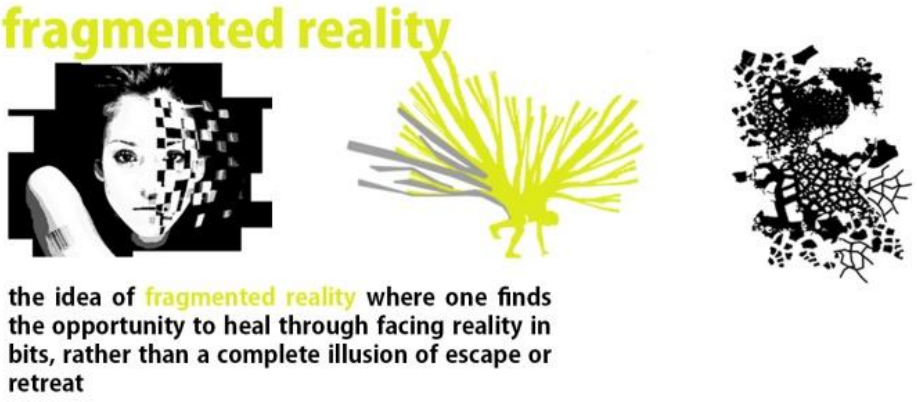


Figure 6.3.4. Source: author

The idea that for a victimized woman, trauma is a forever long process that retains its roots within the victim long after the inflicted violence is gone indicates that to a victim the reality is not completely as it appears to others for a good amount of time. Rather there is always a struggle within her regarding what was, what is and what could only be in her dreams, thereby weaving her into an imagery of fragmented reality, for as long as she remains traumatized. To bring a victim back to the reality of living in a society already filled with prejudices to methods can

adapted: one of healing through escaping, where a victim can retreat to until she is holistically ready to face the world; while another that reinforces a certain degree of existent trauma, preventing a victim from completely losing herself from the touches of reality, so that she emerges out as empowered rather than with a rose-tinted version of a not-so-fair society. This latter version of reintroducing a victim to reality is an approach that may not only be applicable in the process of rehabilitation, but may also be achieved through the virtue of architectural design intervention as explored in the section 3.6 of this paper.

4.

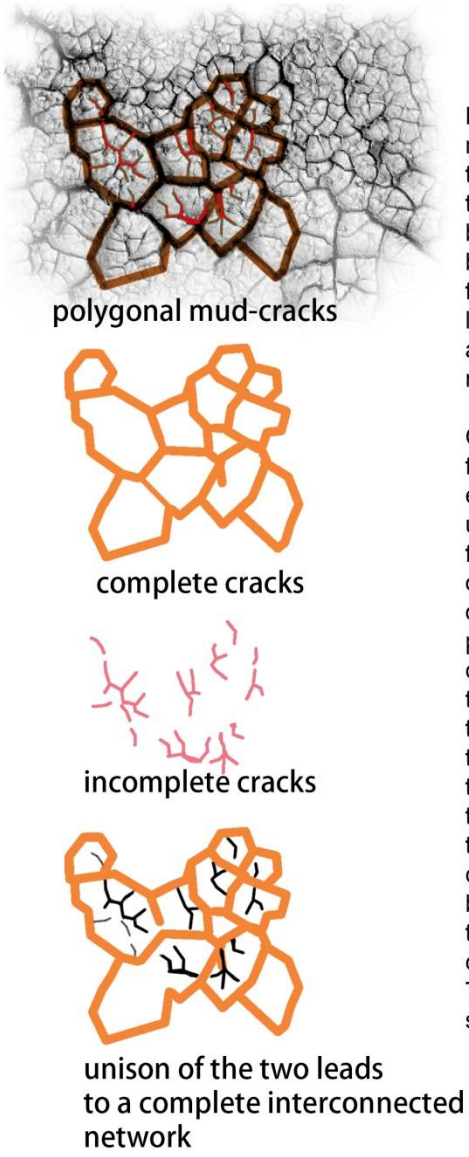
Figure 6.3.5 Source: Author

The presence of multiple natural elements within and around site such as a river flowing around, the ample greenery, lush forest clusters and so on give rise to the idea of finding 'healing' through nature. Hence, the context of the creation of a nature scape to aid rehabilitation (in correlation with historical examples of healing gardens, water healing, earth healing and so on) comes into play—with the underlying belief that the centre would become a place of universal healing for both victims and the general public.

The first three strands of thoughts explored above, along with studies of the spatial needs for rehabilitation and awareness spaces resulted in the decision of designing fragmentation oriented architecture, one that would reflect the state of breaking free of bindings and shattering into pieces while alternately resemble the reintegration, or unification of the broken to a whole and simultaneously allow its users to experience both reality and utopia through its spaces.

6.2.2 Phase 2: Understanding cracks for real:

For inspiration and an understanding of cracks a study was then made on the fragmentation process of the most typical form of natural cracks existent in Bangladesh—mud cracks.



Naturally forming mudcracks start as wet, muddy sediment desiccates, causing contraction. A strain is developed because the top layer tries to shrink while the material below stays the same size. When this strain becomes large enough, channel cracks form in the desiccated surface material, relieving the strain. Individual cracks spread and join up forming a polygonal, interconnected network.

Orthogonal intersections can have a preferred orientation or may be random. In oriented orthogonal cracks, the cracks are usually complete and bond to one another forming irregular polygonal shapes and often rows of irregular polygons. In random orthogonal cracks, the cracks are incomplete and unoriented therefore they do not connect or make any general shapes. Although they do not make general shapes they are not perfectly geometric. Non-orthogonal mudcracks have a geometric pattern. In uncompleted non-orthogonal cracks they form as a single three point star shape that is composed of three cracks. They could also form with more than three cracks but three cracks in commonly considered the minimum. In completed non-orthogonal cracks, they form a very geometric pattern. The pattern resembles small polygonal shaped tiles in a repetitive pattern.

Figure 6.3.6 Source: Author

The above-mentioned study on crack formation led to the decision of the architectural language to be developed (to be shown in the physical development phase later in this chapter) for the centre in terms of its landscape, form development, fenestration and so on.

Therefore, following the fragmentation principles of the first three conceptual ideas and the ‘healing within nature’ principle of the last, the overall development of form and space became based on the idea of **healing through cracks**. Here, the interplay of natural and built elements would enable suitable spatial configurations to be created for different types of rehabilitation and awareness processes to be conducted.

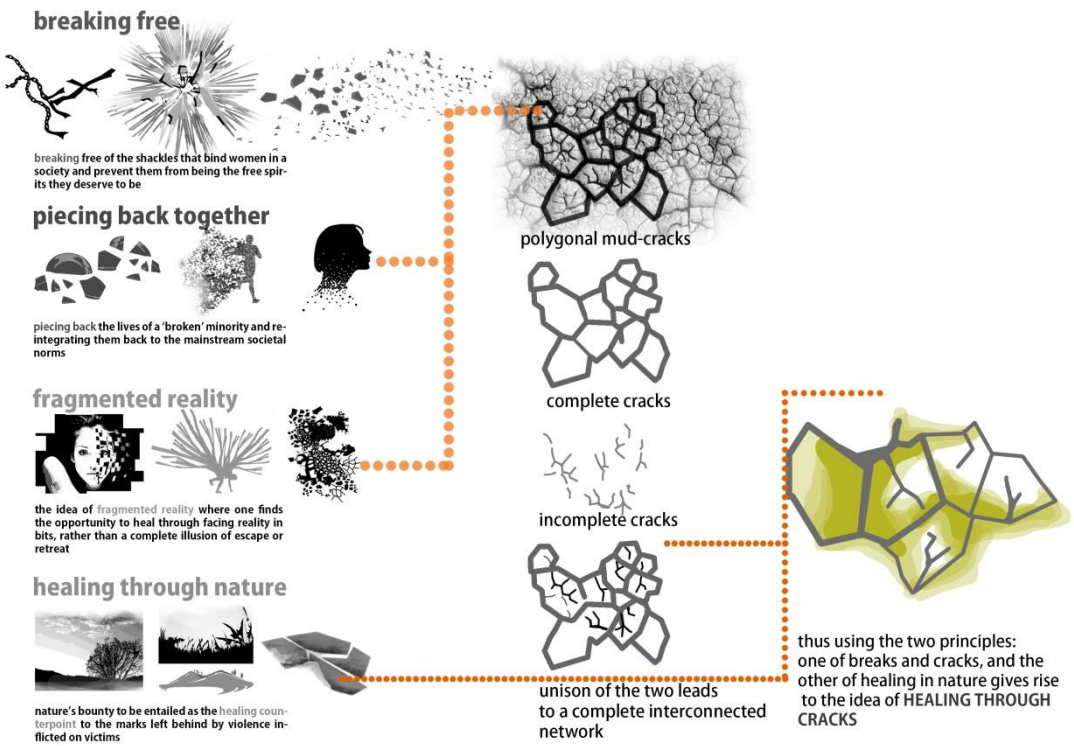


Figure 6.3.7 Source: Author

6.4 Space Development Phase:

The next step was to identify environments and settings that actually contribute to healing in context of both the traumatised category and the un-traumatised category of people that would be availing support or facilities at the centre in question. Generally, healing is referred to the process of becoming sound or healthy again; meaning the process of regaining self-balance and/or inner peace. This can obviously be achieved through direct processes if the 'pain' is physical, or one that can be treated medically, through psycho-counseling and so on. However, another aspect to dealing with pain is the process of 'passive healing' which can be referred to as healing through the surroundings; and that can only be achieved by providing an environment or a setting that can by its own virtue render a person healthy again.

The above-mentioned system is where a great opportunity for generating a scale of varied spaces can be availed. Hence an attempt was made to categorize the types of settings that induced healing from which the types and scales of spaces to be designed were determined.

6.4.1 Healing through interaction

Figure 6.4.1 Source: Author

For humans, **contact** is perhaps the most crucial element to a meaningful life. This observation applies for both healthy and 'non-healthy' persons per se. Support, camaraderie, common goals with similar others all play an extremely important role in boosting a human being's morale. Any place which can provide an opportunity for contact—be it on a very personal scale such as a quiet corner for two women to sit and share their life experiences or in terms of mass gathering such as a place of learning, all partake in the development of a person's state of mind. Hence an attempt was made to introduce different types of **interactive spaces** of different scales (refer to information box on the diagram) into the centre to enhance communication, and eventually healing.

6.4.2 Healing through belonging

Figure 6.4.2 Source: author

As soon as contact is established there is a drive to 'belong' for any intelligent organism. The contexts of moving in swarms, schools or flocks, or the history of human civilizations over time indicate just that. Once commonalities have been established, it is crucial to entail a setting of

belonging—that is, **community**, in order to strengthen the mind against the battles of life, as is generally the case for victims of violence. When a trauma victim finds herself amongst others with similar stories, a sense of belonging immediately descends on her. The goal for any rehabilitation centre is then to take this sense of **belonging** towards a positive direction. And this is achieved by creating opportunities for them to partake in activities that would bond them together further and **empower** them in different ways. Such opportunities can easily be availed when activities, and hence activity places are designed for different undertakings ranging from gardening, sensory activities, sports, exercising, learning skills together and so on. Hence, spaces like the ones demonstrated above (please refer to information box and related images above) have been incorporated in the centre design.

6.4.3 Healing through own-space

Figure 6.4.3 Source: author

Just as important as belonging to a community where one feels among his/her own, is self-reflection and self-evaluation. Old sayings talk of the power of unity; however in today's world **mind-space** is just as crucial for a holistic development of a person's character. Whereas belonging to a group, sharing common causes helps to a large extent, the need to self-reflect and to come to terms with one's own demons requires some degree of voluntary isolation. For this centre however, the different spaces of isolation provided (please refer to information box and images above) have been designed keeping in mind that such spaces are anything but enclosed, claustrophobic, or intimidating. Rather, more attention has been paid to creating comfortable, warm and personal self-spaces within nature and within built atmosphere for anybody to relax and contemplate in.

6.4.4 Healing through nature:

Nature has been the earth's way of healing trauma—let it be physical such as a when a wound dries, it scabs even without any artificial treatment; or let it be environmental such as when a barren land begins to burgeon blooms after the first rains. Similarly, nature has an intrinsic way

of pulling the mind towards **peace**. Centuries of cultural, religious and historic texts worldwide refer to nature's healing system through media including but not limited to herbal medicine, **therapeutic healing** of sand gardens in Zen Buddhism, water and earth healing, eco-healing gardens and so on.

Figure 6.4.4 Source: Author

Keeping in mind all of the above and the concept of **sensory experiential healing** that comes from hearing, smelling, touching and feeling the surroundings, natural healing spaces have been designed for the centre. Hence, the ideas of nature-escapes, waterscapes, landscape gardening and other aspects of incorporating nature as has been mentioned in the above diagram have all been incorporated.

6.4.5 Healing through believing

Figure 6.4.5 Source: Author

Historically speaking, **faith** has always been an additional virtue attributed to only human kind. Believing is something that is in-built in human nature, and as has been proved time and time

again through miracles in religions, good fortunes in wars, cultural and cult rituals in different societies and so on, 'believing' brings hope to people. And **hope** is what heals. After all, the desire to survive can only come from the need of it; and that can come only when there is something to look forward to. Hope acts as that beacon that leads one to look forward. Consequently, it has also been found that throughout history women have always guarded the forefronts of the concept of **'belief'**—may that be as priestesses in the ancient Greek and Roman temples, as nuns in Christian churches, as disciples of the different gods that roam the earth or simply as mothers, sisters, wives of men at war, in travel or simply those in trouble. It is of no surprise when the question of **space to harbor that belief** arises. Every human needs something to ground them and a place that grounds that belief. So in case of women who have experienced violence, the concept is not any different; in fact perhaps more crucial, because for them the need to believe is equivalent to the need to survive. If a wounded cannot believe that there is something better for her, then she would not want to 'get better' to look forward to it. Thus, keeping in mind all of the above, an attempt has been made to introduce faith inducing spaces in nature, **neutral spiritual spaces** that do not necessarily cater to any particular faith, but rather places more **universal** (please refer to information box and diagram) in character. An attempt has also been made to diversify locations of such spiritual spaces ranging from underground caves to soothing water-bodies, to hidden hillocks within the given site.

Having looked at all the space configurations as has been indicated above it must be mentioned here that such spaces have been designed to include NOT only the victimized population attending rehabilitation, but also for the general public wishing to visit the centre for awareness or leisure purposes. Simply put, the spaces designed are universal, and open to any and everybody wishing to heal through them.

6.5 Physical Development Phase:

As soon as the concept and the spatial needs had been identified, an attempt was made to incorporate the above into tangible forms related to contexts of the proposed site. The first step was to identify the existing site features and utilize these to zone out the functions to be availed by the centre.

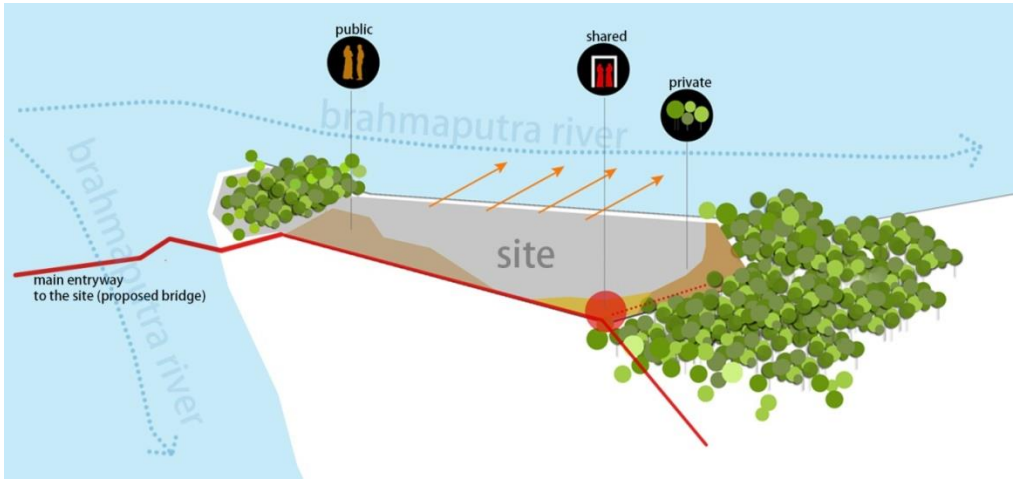


Figure 6.5.1 Source: Author

As seen in the diagram above and in the site analysis part of this paper (please refer to chapter 2) there is no formal infrastructure developed within the site yet—which itself is detached from the mainland by virtue of the Brahmaputra River—other than the local kuchha pedestrian network spread within and around site (please refer to infrastructure map in chapter 2), so this gives rise to the opportunity of developing a new infrastructure system for the site. Taking this into consideration, **a pedestrianized bridge** has been proposed connecting the site from the mainland which would allow visitors and clients to avail the services of the centre. Following the direction of the proposed infrastructure, and the locations of the ample natural elements within site—for instance the green forest flanking the eastern part of the site or best view of the river and so on, the next step has been to subdivide the proposed functions into public, shared and private zones, and locating these zones as follows:

Public facilities such as exhibition spaces, theatre activities, VAW database, etc closest to the main entryway to the site

Shared facilities and platforms for interaction among clients and visitors somewhat to the centre

Private facilities such as active psycho-counseling spaces, training cells, schools for clients' children or private housing and passive healing spaces furthest from the entry and closest to the existing natural elements in site.

All facility structures would then be oriented so as to **face** the wonderful views of the **river**, thereby creating an array of forms nestling a figurative heart—the **heart of empowerment**, within their centre.

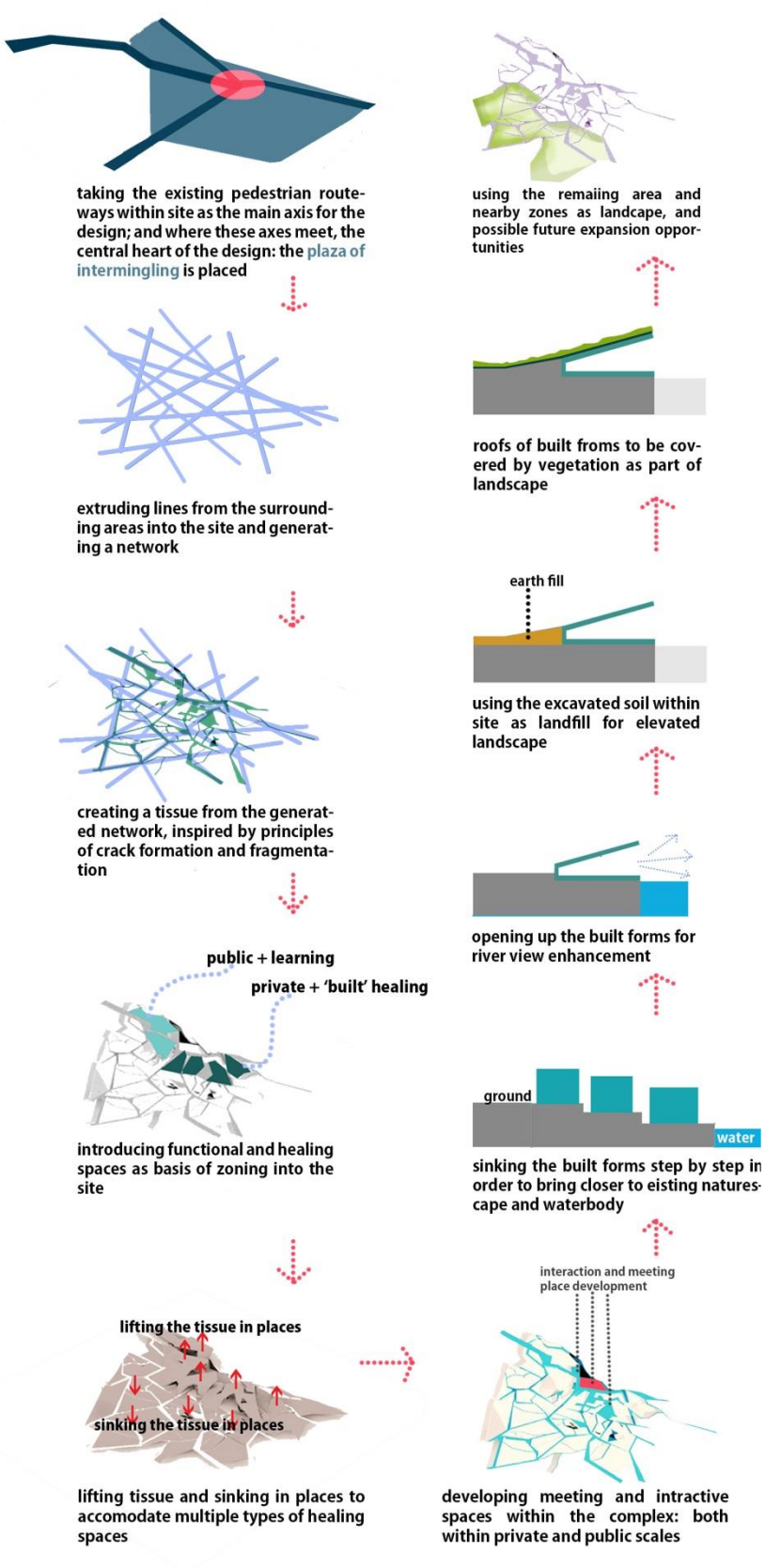


Figure 6.5.2 Source: Author

6.5.1 Design Process:

The diagrams to the left demonstrate the site and its surroundings have been incorporated into the design process of Sangshaptak Asrayon o Punarbashon Kendro.

Following the given steps, emphasizing on site features, the concept of fragmented architecture and its intention of healing through nature, the centre design has been developed.

6.5.2 Form Development:

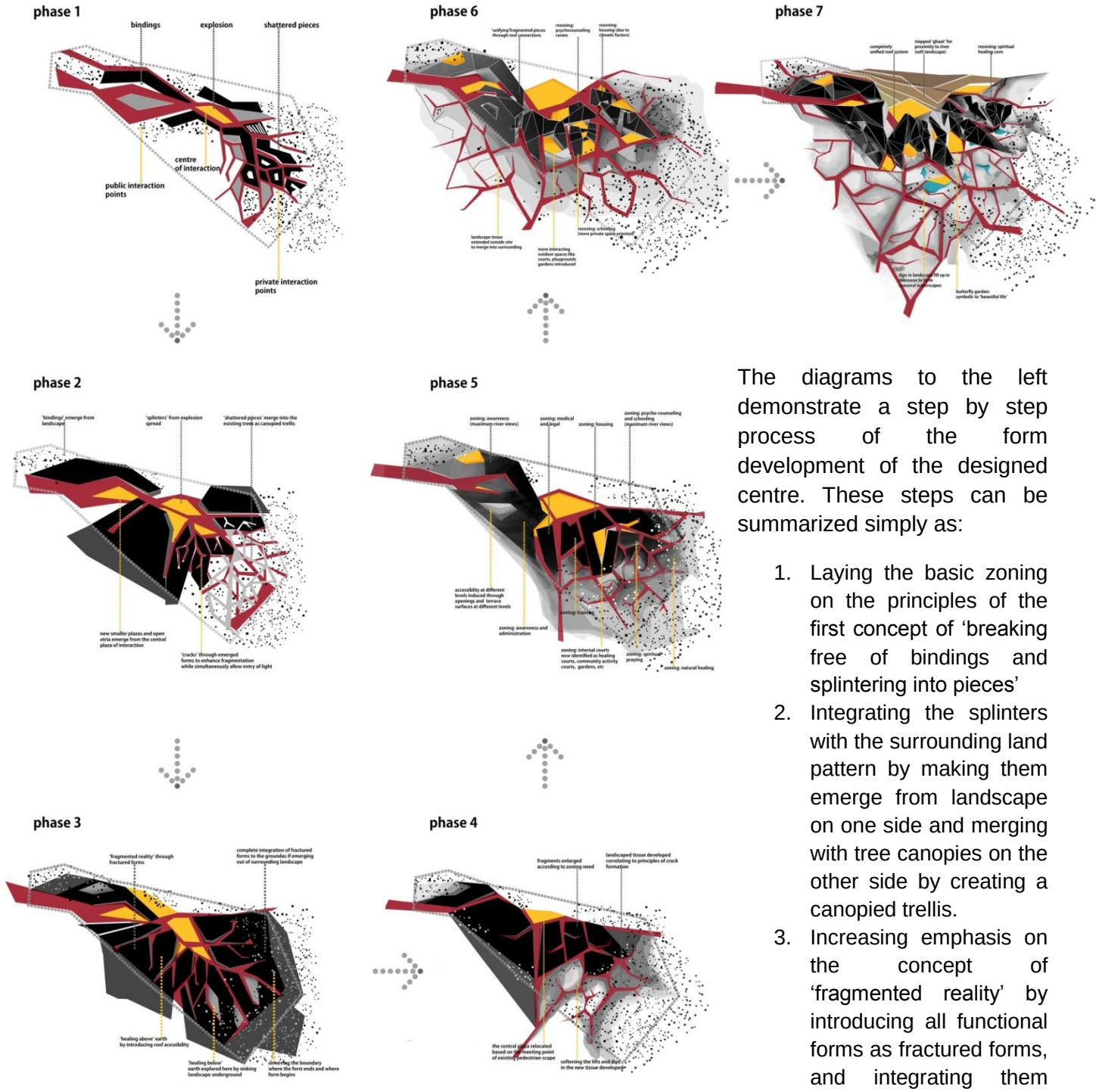


Figure 6.5.3 Source: Author

The diagrams to the left demonstrate a step by step process of the form development of the designed centre. These steps can be summarized simply as:

1. Laying the basic zoning on the principles of the first concept of 'breaking free of bindings and splintering into pieces'
2. Integrating the splinters with the surrounding land pattern by making them emerge from landscape on one side and merging with tree canopies on the other side by creating a canopied trellis.
3. Increasing emphasis on the concept of 'fragmented reality' by introducing all functional forms as fractured forms, and integrating them completely to the ground so that they appear to have all emerged from the existing land.

4. Resizing the fragmented chunks according to functional needs and developing a pedestrianized streetscape that would work as the basis of the landscape tissue development.

5. Proper zoning and allocation of forms accordingly; and introduction of new interactive spaces at different levels of the design ranging from below ground to ground level to accessible roof structure.

6. Rezoning functions according to climatic factors thereby altering built form orientations, placement of interactive spaces and so on while simultaneously beginning the process of unifying the roof structures according to the third concept of 'piecing together broken fragments'. Consequently the landscape tissue is spread out to incorporate the surrounding lands into the design.

7. Attaining the complete unification of multiple roofs into one fluid structure while developing the pedestrian streetscape fully. Consequently the river-front is treated as a soft stepped promenade—the *ghaat*, slowly descending out to the water, welcoming all to the central heart (the main plaza of interaction) of the centre. The dips and lifts incorporated in the landscape as such that during monsoon the dips in landscape become shallow pools during monsoon thereby creating a natural drainage system for the entire centre as well as forming seasonal healing waterscapes.

6.5.3 Fenestration, Structure and Landscape Development:

For fenestration development the same concept of 'cracks' has been used. Patterns have been generated based on the principles of crack formation, as shown in the study earlier in this chapter. However, care has been taken so that the patterns generated are linearly progressive, that is, the unit size of polygons created in cracks begin as the smallest and most frequent in number at the start of progression and these continue to become larger and lesser in quantity with continuity in progression. This metamorphosis in progression is done to enhance the idea of 'healing through cracks', demonstrating the evolution of fragmented chunks being pieced together as a holistic 'whole'.

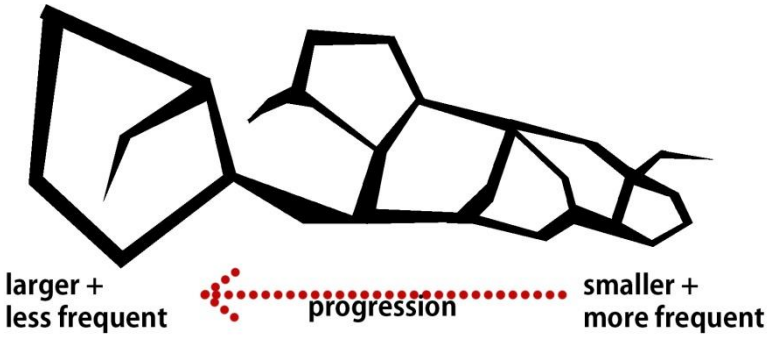


Figure 6.5.4 Source: Author

The **polygonal elements** formed in the progression themselves then convert to **structural elements** in places, where the initial polygons at the start are rendered as **solid shear wall elements**, and with movement ahead these **hollow out** so that a only **polygonal structural**

frame remains—much like an **exoskeleton** of sorts, which may then either be fitted in with customized **operable glasses** or be **left open**, depending on the **indoor** or **outdoor functions** to which they cater.

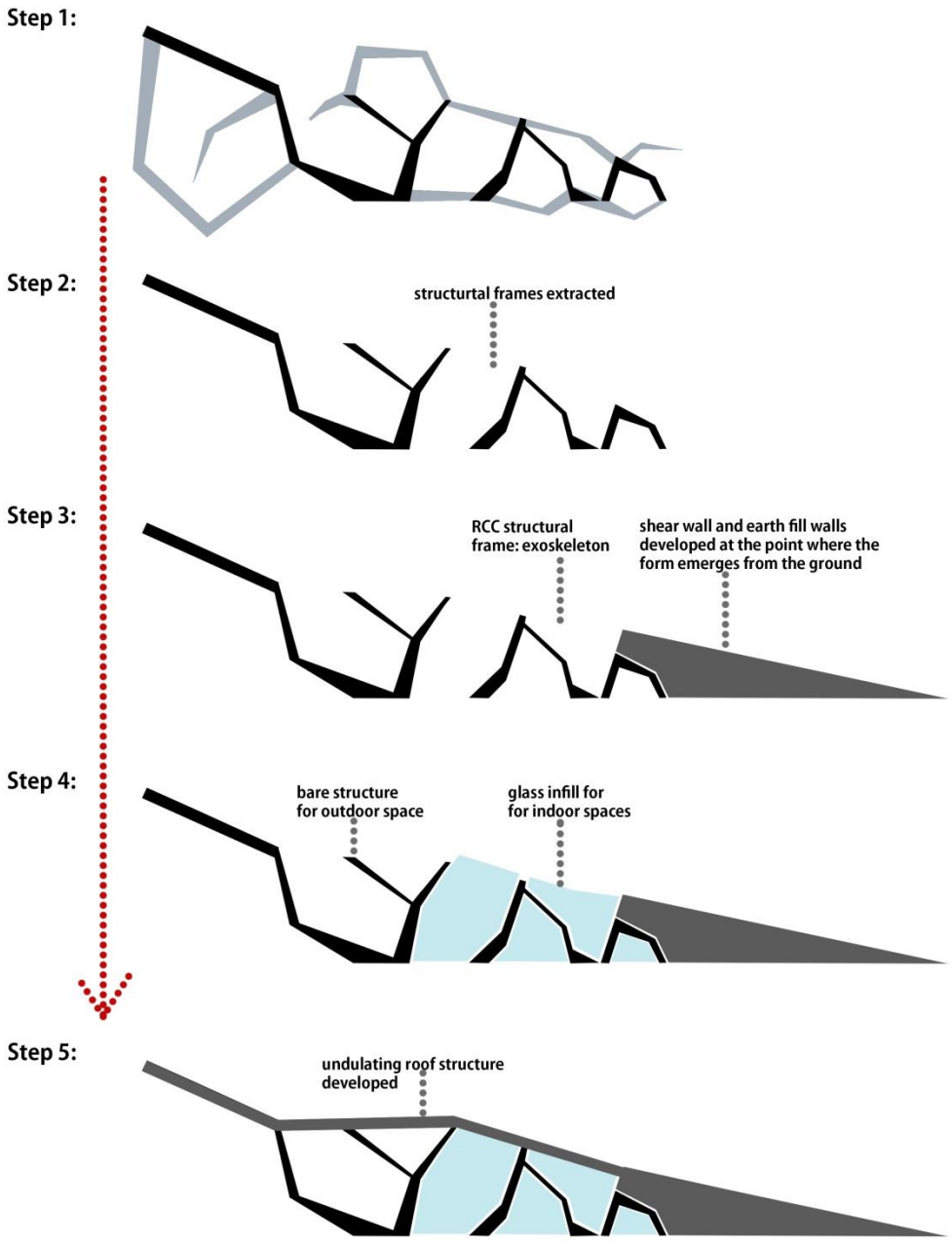


Figure 6.5.5 Source: Author

Simply put, the composite system of structure has been applied for the design of the centre. The material used has primarily been **reinforced concrete**, keeping in mind its **structural strength** and **thermal insulation** properties. The exposed reinforced concrete has been treated to have wood shuttering textures to enhance the rough tactile qualities that contribute to psychological healing. The internal pave-work for the entire centre design has been brick inlay, softened with local herbaceous plants and shrubbery.

For landscape development one of the primary concerns has been to ensure that healing is entailed throughout; after all a prime principle to this centre has been about healing through nature. Hence the whole aspect of emerging the entire design from the landscape, the attempt of ensuring that the roofs of the built forms integrate into the ground and are accessible for use and so on. In correlation to the above-mentioned the first decision was to 'soften' the fragmented built forms as well as the flat natured grounds of the site. This was done entirely by the virtue of introducing different types of **vegetation**: plants, flowering shrubs, herbs, local trees and other natural elements into the site, while entailing **gentle dips** and **slopes** within the existing land pattern to entail **healing at multiple levels.**

Inspiration was drawn from two primary sources:

1. Nature's way of softening a hardscape:

Figure 6.5.6 Source: Author

Flowers, seasonal and of varied colours and plants of herbaceous and clustered nature often tend to grow in hill-scapes all around the world. These do not require any particular nurturing, but have their own ways of adorning the grounds they cover. Bangladesh itself has 300 known varieties of wildflowers that can be found spread across here, and many more, yet undefined. Considering the context of flowers having the ability to bloom and beautify even in neglect as an analogy for the minds of the women—that beauty and power within oneself can never be driven away no matter what the degree of violence inflicted on them; and the fact that the built forms and their developed roof systems do emulate hill-scapes, the idea of accessible 'green' roofscape has been considered here.

Impressionism began as an art form in the 19th century first by a number of Paris based artists. Initially criticized for the techniques involved in the painting the characteristics of which include relatively small, thin, yet visible brush strokes, open composition, emphasis on accurate depiction of light in its changing qualities (often accentuating the effects of the passage of time), ordinary subject matter, inclusion of *movement* as a crucial element of human perception and experience, and unusual visual angles, and so it was later embraced by many artists of the time in the West.

2. Landscape paintings of Impressionist artists:

Figure 6.5.7 Source: Author

Inspiration has been taken from the ideas of:

-Treating texture that is evident in the defined brushstrokes of impressionist artworks as analogous to the 'bruised' conditions of the women in question
-Treating the juxtaposition of colours and open composition as analogous to the idea of housing women from different backgrounds and norms under one roof.
-Using the same principles of including movement throughout the developed landscape to heal via kinesthetics (refer to chapter 3)

To develop a landscape system that would both actively (by the virtue of designed healing zones such as butterfly gardens, underground healing caves, etc) and passively (by the virtue of presence of the rough, untamed qualities of vegetation) entail healing for any resident or visitor availing the services of the centre.

At this point it is also important to explain that the seasonal flowering and herbaceous plants, trees and other flora and natural elements used in the landscaping process has been conducted keeping in mind the climate and the availability of local plants and natural items in the zone of the country the site is located in.

Note also that choice of colours and textures involved in the use of flora and natural elements in site have been determined based on their psychological impacts on humans. For this purpose psycho-analysis of colour effects and texture healing ideologies have been consulted with.

Figure 6.5.8 Source: Author

The figure above demonstrates the colour combinations used in the landscaping process of design intervention.

6.6 Final Design:

6.6.1 Plans

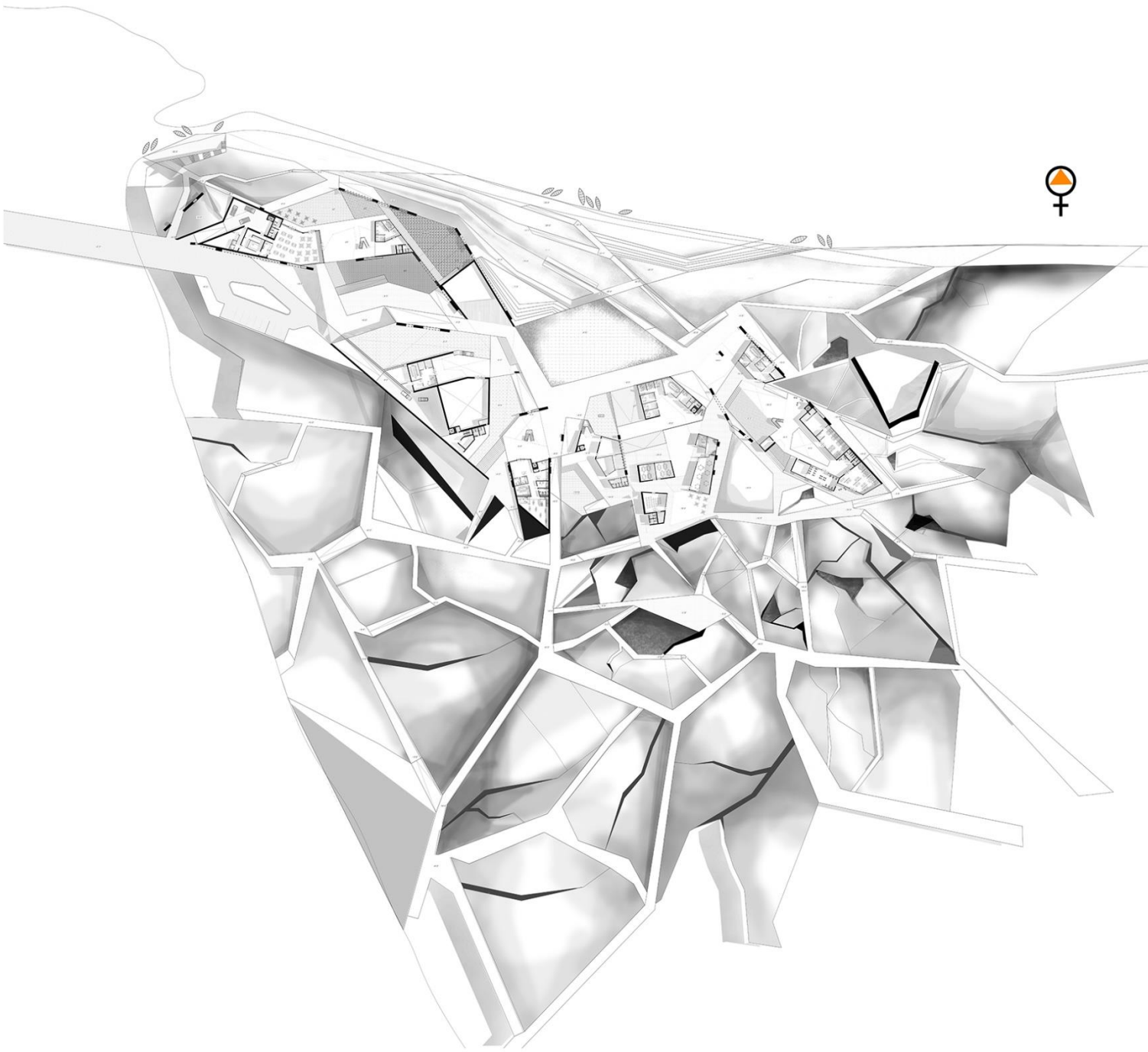


Figure 6.6.1 Source: Author

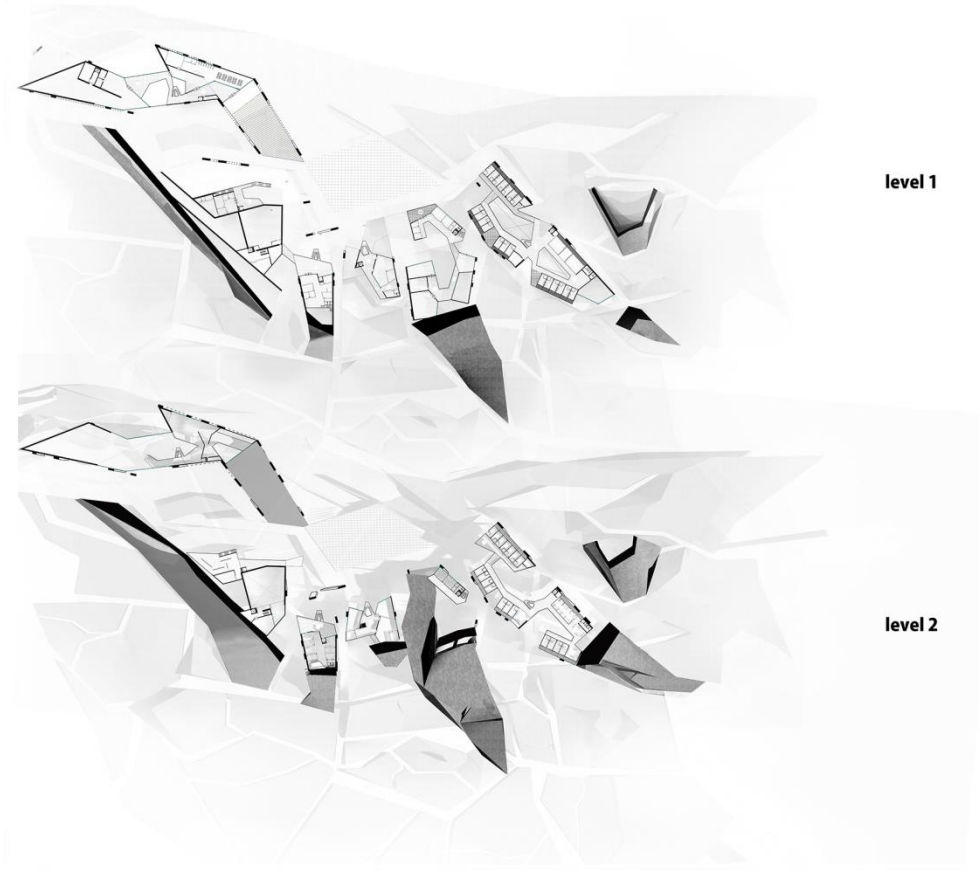


Figure 6.6.2 Source: Author

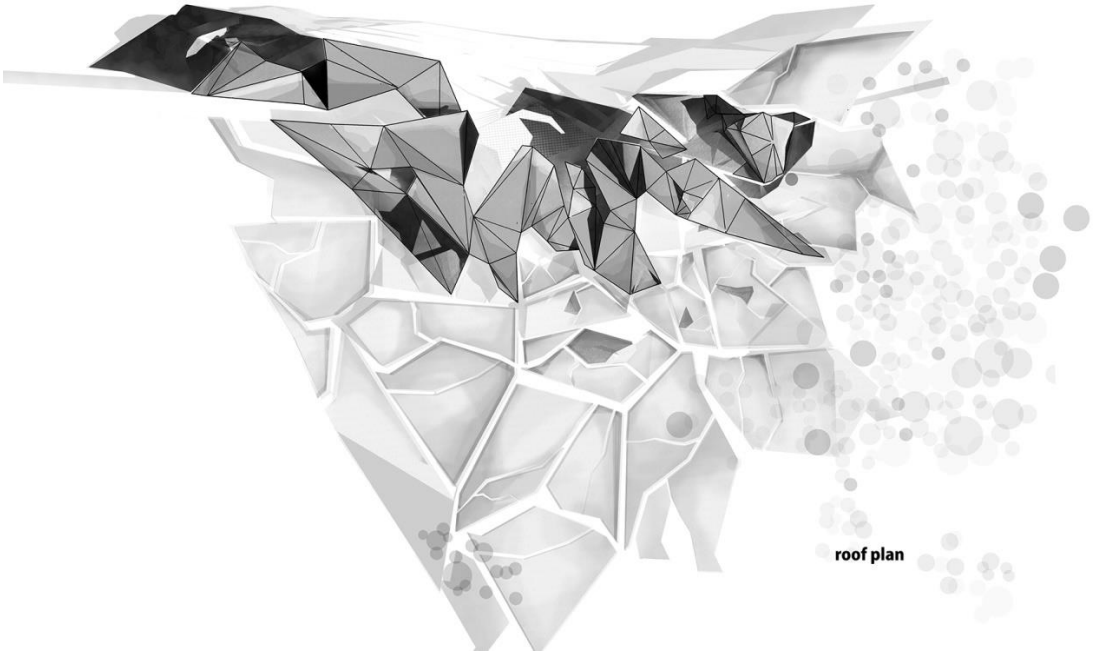


Figure 6.6.3 Source: Author

6.6.2 Sections and Elevations:

Figure 6.6.4 Source: Author

6.6.3 Model Images:

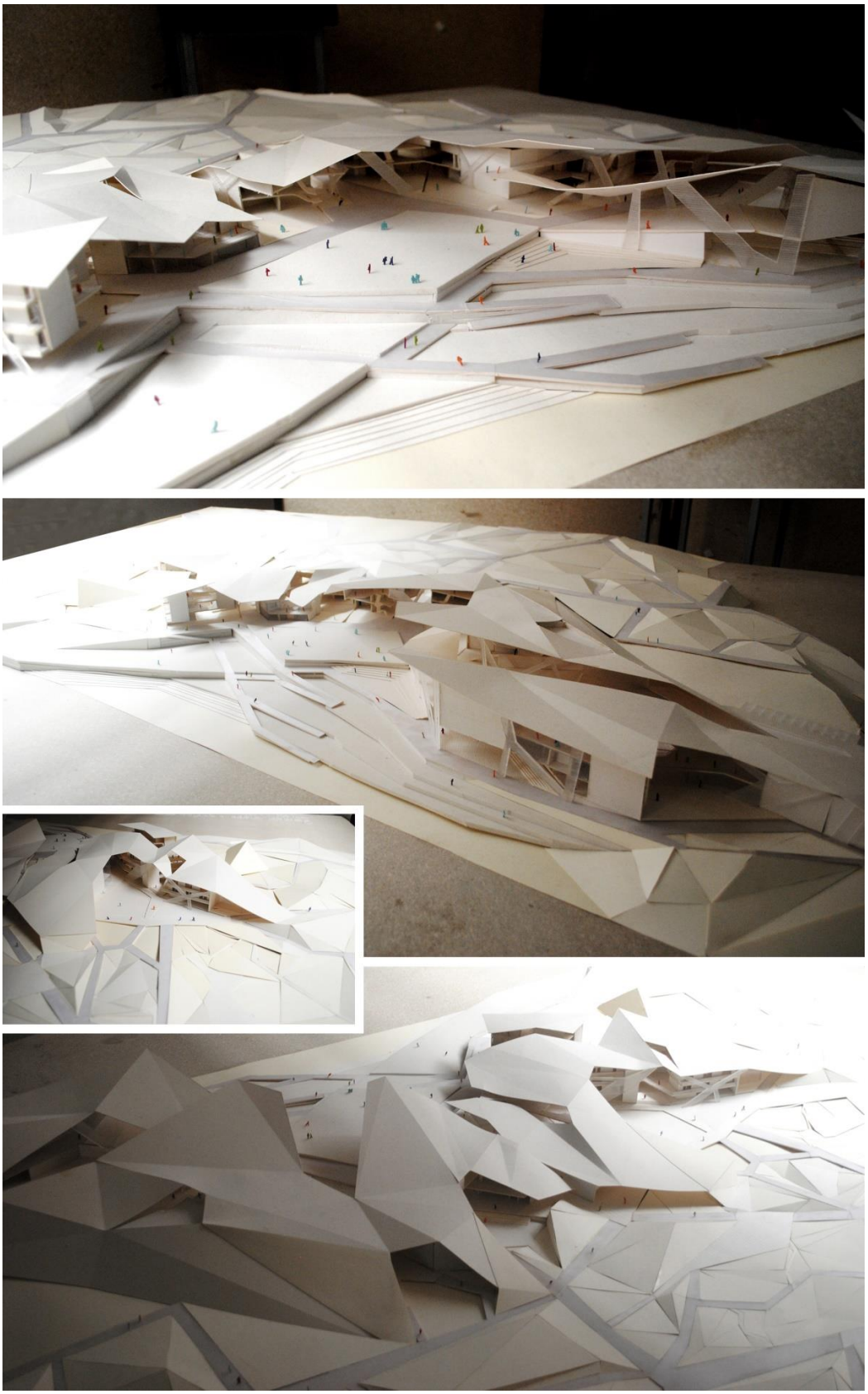


Figure 6.6.5 Source: Author

6.6.4 Rendered Images:

views:

1. view of part of the complex from 'ghaat' on a rainy day
2. view of the accessible roof-scape
3. view of a healing garden from the psychocounseling building
4. view of temporary 'violence' gallery from an acessible roof
5.view of a common circulation in the housing zone showing indoor-outdoor interaction
6. view of spiritual praying place

Figure 6.6.6 Source: Author

CHAPTER 7:

CONCLUSION

7.1 Conclusion

7.1 Conclusion:

The treatment of woman as the 'lower' of the beings between a man and a woman is a centuries old trait. With the advancement in global culture, lifestyle, social traits that hare in play today, one would imagine that the ill-favoured condition mentioned above would have changed. Sadly, that is not the case. Worldwide women are subjected to violence at home and outside because of gender in equality issues, their subordinate roles, historical and social beliefs, or simply because they are 'weaker'. So the question arises as to whether the world has advanced in the first place. Yet the systems for making the situation better are not adequate—there is either not enough help services, or not enough awareness services, both of which are equally important in curbing the situation. That is why the idea of holistic intervention is so necessary.

Centres such as the Sangshaptak Asrayon o Punarbashon Kendro are only minor steps to handling the violence situation—baby steps that would eventually culminate into bigger ones when more people are ready to stand up and fight violence against women. The aim of this centre has been to pick up a problem-oriented female group in the society—one that constitutes a major portion of the mal-treated Bangladeshi female population: victims of domestic violence, and giving them a direction to reintegrate back into society through the process of empowerment, and simultaneously giving the society something to 'chew' on by warning them of the consequences of such maltreatment and teaching them to stand up against it; so that as a whole the society itself can be elevated. Simply put, a centre such as this one introduces a system of solving a problem that has socio-cultural roots spread all over the world, so that world can find courage in solving bigger problems.

Such a centre, if successful will lead to ten other similar centres to be developed first across the country, then across the sub-continent, and then the across the globe, so that the problem can be cured from the very roots. If one problem is solved, then attempt maybe taken to take on another problem and developing another system to solve it at its origin; then another and so on, until each and every crime against women—rape, acid violence, harassment, arson, genital mutilation, prostitution, work place violence, female infanticide, trafficking, murder—name anything is stopped at the very start. Only then can there be a chance of claiming the world to be a better place.

The passage to a Utopia can only be made when its scales are balanced. And the scales can only be balanced if the position of a woman equals to that of a man; at least for starters. So, Sangshaptak Asrayon o Punarbashon Kendro is only one drop of change to the ocean that yet needs to be filled to tip the scale of utopia towards balance, built with the hope that it carves the way for more drops to be added in the ocean of change.

Appendix 1

One-Stop Crisis Centre (OCC) Clients up to May, 2014

Category	OCC, DMCH	OCC, RMCH	OCC, CMCH	OCC, SMCH	OCC, KMCH	OCC, BMCH	OCC, FMCH	OCC, RpMCH	Total
Physical Assault	2893	4284	1838	1932	2089	1045	168	152	14401
Sexual Assault	1674	523	689	1191	327	340	58	32	4834
Burn	212	45	14	19	54	20	4	4	373
Total	**4779**	**4852**	**2541**	**3142**	**2470**	**1405**	**230**	**189**	**19608**
No. of filed cases	1808	502	610	621	355	434	63	59	4452
No. of judgment announced	272	166	51	81	27	76	2	1	676
Cases where penalty imposed	43	31	12	02	03	04	0	0	95

One-Stop Crisis Cell (OCC), Total victims in sixty OCCs upto May 2014

Types of Violence	Year 2013	Jan 2014	Feb 2014	March 2014	April 2014	May 2014	Total
Physical Assault	3282	278	313	326	375	432	5006
Sexual Assault	706	33	36	32	36	42	885
Burn	27	3	9	0	1	3	43
Acid Burn	6	0	9	0	0	1	16
Mentally Abuse	347	43	33	49	56	55	583
Abduction	21	17	13	1	0	0	52
Prevent Child Marriage	2	0	0	0	0	0	2
Total	**4391**	**374**	**413**	**408**	**468**	**533**	**6587**

National Forensic DNA Profiling Laboratory, Categories of DNA test up to May 2014

	Description	Year 2006	Year 2007	Year 2008	Year 2009	Year 2010	Year 2011	Year 2012	Year 2013	Jan-May 2014	Total
1	Parentage test	20	72	105	146	100	139	156	117	51	906
2	Murder	02	08	20	25	20	24	47	66	13	225
3	Rape	03	90	154	223	162	198	189	198	115	1307
4.	Identity	02	02	01	03	03	01	04	25	8	50
5.	Immigration	00	03	03	05	08	03	03	7	4	36
6.	Burglary	01	00	00	00	00	0	0	0	0	01
7.	Sibling	00	00	01	02	02	02	00	04	1	12
8.	Tissue Transplant	00	00	00	00	00	13	25	15	0	53
	Total	**28**	**175**	**284**	**404**	**295**	**380**	**424**	**432**	**70**	**2615**

News on the incidences VAWC published in 24 national daily newspapers (January 2009 – May 2014)

Year	Physical Assault			Sexual Assault			Burn			Total
	Consequence			Consequence			Consequence			
	Injury	Murder	Suicide	Injury	Murder	Suicide	Injury	Murder	Suicide	
2009	283	779	150	456	77	5	122	36	14	1922
2010	629	952	321	710	80	12	177	39	7	2927
2011	656	1379	498	921	67	27	160	62	13	3783
2012	776	1088	583	892	65	17	125	31	9	3586
2013	727	1474	797	1183	99	15	143	29	9	4476
May 2014	326	578	366	365	45	05	34	19	4	1742
Total	**3397**	**6250**	**3715**	**4527**	**433**	**81**	**761**	**216**	**56**	**18436**

NHCVAW Services in May 2014

Types of Services	June to December 2012	January to December 2013	January 2014	February 2014	March 2014	April 2014	May 2014	Total
Medical Facilities	103	101	06	2	57	**60**	**55**	**384**
Counseling	174	156	10	9	175	**104**	**75**	**703**
Police assistance	263	257	10	5	110	**98**	**87**	**830**
Legal Help	1615	1420	63	73	378	**303**	**306**	**4158**
Information	1784	9039	354	448	1474	**3702**	**3732**	**20533**
Others	885	1604	48	47	2506	**330**	**421**	**5841**
Total	**4824**	**12577**	**491**	**584**	**4700**	**4597**	**4676**	**32449**

National Trauma Counseling Centre (NTCC) clients (Age-wise) in May 2014

Age Group	2009	2010	2011	2012	2013	Jan 2014	Feb 2014	March 2014	April 2014	May 2014	Total Client (Age wise)
0-18 years	18	66	109	135	107	16	17	14	**13**	**9**	**504**
19-50 years	30	151	173	85	67	3	2	5	**11**	**8**	**535**
51 +	2	4	2	2	0	0	0	0	**0**	**0**	**10**

Years											
Total Client	50	221	284	222	174	19	19	19	24	17	1049

Number of cases for VAW from Police Headquarters (June 2013 - March 2014)

Category	June 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014	Total
Dowry	657	593	522	616	533	446	362	374	367	467	**4937**
Acid	14	9	9	12	6	2	5	4	4	6	**71**
Abduction	366	285	273	408	319	338	253	265	291	371	**3169**
Rape	370	345	254	375	297	264	171	177	214	315	**2782**
Homicide/injured after Rape	0	4	0	1	2	4	1	1	2	2	**17**
Murder	31	22	26	14	18	21	15	14	14	19	**194**
Injured	18	16	8	19	26	5	12	8	11	15	**138**
Other forms of VAW	465	480	383	362	309	306	215	190	246	15	**2971**
Total	**1921**	**1754**	**1475**	**1807**	**1510**	**1386**	**1034**	**1033**	**1149**	**1521**	**14590**

VAW Cell Department of Women Affairs

Category	Family Related			Dowry			Physical Torture			Second Marriage			Divorce		
	Total	Res.	Unre.	Total	Res.	Unre.	Total	Res.	Unre.	Total	Res.	Unre.	Total	Res.	Unre.
Sep. 13	667	31	646	506	34	522	324	18	306	190	5	185	183	2	174
Oct. 13	663	24	511	533	36	497	315	15	300	189	3	186	188	9	179
Nov. 13	660	16	644	542	35	507	315	14	301	192	4	188	181	2	179
Dec. 13	662	22	640	533	39	494	312	17	295	191	5	186	180	1	179
Jan. 14	657	23	634	524	29	495	308	16	292	189	4	185	180	2	178
Feb. 14	663	22	641	513	15	498	304	12	292	191	8	183	180	2	178
Total	**3972**	**138**	**3716**	**3151**	**188**	**3013**	**1878**	**92**	**1786**	**1142**	**29**	**1113**	**1092**	**18**	**1067**

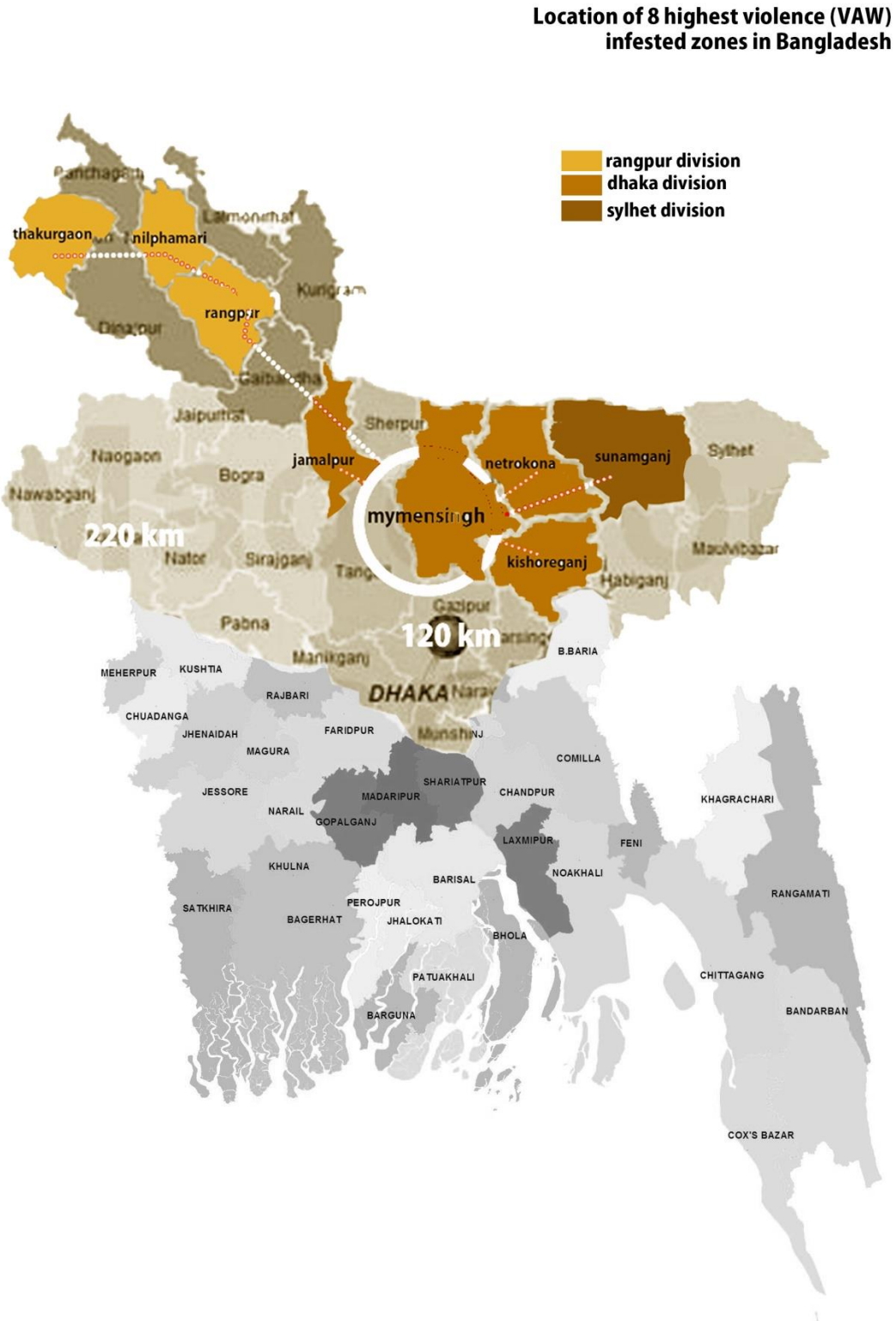
Note: 1. Res. : Resolved

2. Unre. : Unresolved

AW Report from Jatiya Mohila Sangstha (October 2013 to April 2014)

Category	Complaints Received	Disposal	Legal aid Sent	Total
October 2013	18	02	02	**22**
November 2013	12	01	03	**16**
December 2013	09	02	01	**12**
January 2014	05	0	0	**05**
February 2014	08	01	0	**09**
March 2014	05	01	01	**07**
April 2014				
Total	**39**	**07**	**07**	**53**

Appendix 2


Location of 8 highest violence (VAW) infested zones in Bangladesh
rangpur division
dhaka division
sylhet division
thakurgaon
nilphamari
rangpur
jamalpur
netrokona
sunamganj
Sylhet
mymensingh
kishoreganj
220 km
120 km
Naogaon
Bogra
Nawabganj
Nator
Sirajganj
Pabna
Habiganj
B.BARIA
MEHERPUR
KUSHTIA
RAJBARI
DHAKA
CHUADANGA
JHENAIDAH
FARIDPUR
MAGURA
COMILLA
JESSORE
SHARIATPUR
MADARIPUR
CHANDPUR
KHAGRACHARI
NARAIL
GOPALGANJ
LAXMIPUR
FENI
KHULNA
BARISAL
NOAKHALI
RANGAMATI
SATKHIRA
PEROJPUR
BAGERHAT
JHALOKATI
BHOLA
PATUAKHALI
CHITTAGANG
BARGUNA
BANDARBAN
COX'S BAZAR

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