



Correspondence

Violence against women (VAW) in Bangladesh and its mental health repercussions

ARTICLE INFO

Keywords

List of Abbreviations: VAW, Violence Against

Women

MH, Mental Health

Bangladesh



VAW is a severe public health issue and a human rights violation that jeopardises women's rights to life, freedom from torture and other cruel or humiliating treatment or punishment, and the best physical and mental health possible (Oram et al., 2017). The psychological effects of violence are far-reaching. The detrimental effects of violence against women on mental health (MH) have been demonstrated in numerous research (Kumar et al., 2013).

According to the WHO, one out of every three women (30%) has been victim of physical or sexually intimate relationship violence or non-partner sexual violence (Violence against women, 2021). Nearly a third (27%) of women aged 15 to 49 who have been in a relationship report their husband has physically or sexually assaulted them (Violence against women, 2021). Women's reproductive, mental, and physical health can all be harmed by violence (Violence against women, 2021). The WHO estimates that violence against intimate partners occurs in the Western Pacific, high-income nations and Europe, and the Americas regions, with rates ranging from 20% to 33% in the WHO African, Eastern Mediterranean, and South-East Asia regions (Violence against women, 2021). Intimate partners are responsible for up to 38% of all female homicides worldwide (Violence against women, 2021). Aside from intimate relationship violence, 6% of women globally say someone who is not their spouse has sexually assaulted them; nevertheless, data on this is scarce (Violence against women, 2021).

During the outbreak, domestic and sexual violence increased by 20% in Bangladesh (Sifat, 2020a). During any disaster or crisis, several factors might increase the incidence of gender-based or domestic violence (Sorono et al., 2021). To begin with, females' historical economic reliance on males increases the risk of gender-based violence during times of distress (Sorono et al., 2021). Second, survivors of gender-based violence frequently lack adequate legal representation during times of crisis, allowing perpetrators to escape punishment (Sorono et al., 2021). Finally, during a pandemic, the lack of external inspection might unbalance the home power balance, leading to violence and abuse (Sorono et al., 2021).

According to the survey, approximately 35% of women globally have had physical, intimate sexual interactions with non-partners or have been sexually abused by a non-partner (Sifat, 2020a). Despite the epidemic, rapes and sexual assaults continue to occur in Bangladesh, both within and beyond the family (Sifat, 2020a). A recent study of 38, 125 women conducted by a human rights organisation in 53 of

Bangladesh's 64 districts found that 4,622 women had been subjected to mental torture, 1,839 had been physically abused, and 203 had been sexually assaulted (Sifat, 2020b). Between 2001 and 2017, 5,699 women were victims of dowry-related violence, with dowry-related killings and assaults increasing. Suicides were very prevalent at this time (Dowry culture still thrives in Bangladesh, 2020).

In 2017, at least 256 women were victims of dowry-related violence, with 129 women being killed or committing suicide (Dowry culture still thrives in Bangladesh, 2020). From January 2001 to December 2019, over 6900 women were molested (Sifat, 2020b). A total of 189 women were gang-raped, 483 were slain, and 35 took their own lives (Sifat, 2020b). Despite this, only 208 complaints have been filed in response to 397 deaths. In addition, 762 women were gang-raped, with 208 of them by single perpetrators (Sifat, 2020b). Rape and sexual assault inflict long-term psychological, physical, economic, and cultural implications on women's bodies and dignity (Sifat, 2020b). Women's despair, anxiety, and psychosomatic difficulties increase due to the spread of bad sexual assault news on social media (Sifat, 2020b).

Throughout the COVID-19 crisis, domestic violence has been on the rise in Bangladesh, and the situation is expected to last for several more months or years. As a result, the psychological costs of domestic violence will become more frequent. To stop this rising trend of sexual assault on women, effective, preventative, and retaliatory measures must be adopted. Existing legislation that protects women's rights must be effectively applied. Law enforcement officials must confront the problem with honesty, dedication, and steadfast commitment without hesitation or bias. We can empower women and girls by demonstrating how to protect themselves. We also need to teach our males to value and respect women and girls equally. Both men and women must band together to speak out against sexual abuse.

Local community services that protect women's safety must be improved and maintained; health staff may be trained in recognising and intervening in domestic violence situations, and services must be available to women even if the lockdown is in effect. Create physical service centres for women and girls who do not have access to cell phones or the internet. Referral mechanisms for locally available resources, including psychosocial assistance, protection, hotlines, and shelters, have improved. Adaptation of how services are given, such as the use or increase of remote services, telemedicine, outreach, and group

<https://doi.org/10.1016/j.jadr.2022.100369>

Received 13 May 2022; Accepted 17 May 2022

Available online 19 May 2022

2666-9153/© 2022 The Author(s). Published by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

interventions, must also be ensured. Emotional support and case management are typically provided via telephone hotlines, chat rooms, and web-based programs. Domestic violence sufferers must be able to contact national call centres for a variety of services. They also require a variety of mental health treatments accessible via the internet and mobile devices. Governments and politicians should look into how they might help.

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Availability of Data Materials

Not applicable.

Conflict of interest

The authors report no conflict of interest. The authors alone are responsible for the content and writing of this article.

Funding

No funding from any public, private or non-profit research agency was received for this study.

Author Contributions

M.K.H. and S.S. conceptualized the manuscript; M.K.H. and Z.Z. wrote the manuscript; S.S. and M.K.H. reviewed and edited the manuscript.

Acknowledgments

None.

References

- Dowry culture still thrives in Bangladesh [WWW Document], 2020. URL <https://thefinancialexpress.com.bd/public/national/dowry-culture-still-thrives-in-bangladesh-1605955915> (accessed 4.22.22).
- Kumar, A., Haque Nizamie, S., Srivastava, N.K., 2013. Violence against women and mental health. *Ment. Heal. Prev.* 1, 4–10. <https://doi.org/10.1016/J.MHP.2013.06.002>.
- Oram, S., Khalifeh, H., Howard, L.M., 2017. Violence against women and mental health. *The Lancet Psychiatry* 4, 159–170. [https://doi.org/10.1016/S2215-0366\(16\)30261-9](https://doi.org/10.1016/S2215-0366(16)30261-9).
- Sifat, R.I., 2020a. Impact of the COVID-19 pandemic on domestic violence in Bangladesh. *Asian J. Psychiatr.* 53, 102393. <https://doi.org/10.1016/J.AJP.2020.102393>.
- Sifat, R.I., 2020b. Sexual violence against women in Bangladesh during the COVID-19 pandemic. *Asian J. Psychiatr.* 54, 102455. <https://doi.org/10.1016/J.AJP.2020.102455>.
- Soron, T.R., Ashiq, M.A.R., Al-Hakeem, M., Chowdhury, Z.F., Ahmed, H.U., Chowdhury, C.A., 2021. Domestic Violence and Mental Health During the COVID-19 Pandemic in Bangladesh. *JMIR Form Res.* 5 (9), e24624. <https://doi.org/10.2196/24624> <https://formative.jmir.org/2021/9/e24624> 5, e24624.
- Violence against women [WWW Document], 2021. URL <https://www.who.int/news-room/fact-sheets/detail/violence-against-women> (accessed 4.22.22).

Md. Kamrul Hasan^{1,*}, Zaziratul Zannat², Sheikh Shoib³

¹ Department of Public Health, North South University, Dhaka, 1229, Bangladesh

² Department of Public Health, BRAC James P. Grant School of Public Health, Dhaka, 1213, Bangladesh

³ Department of Psychiatry, Jawahar Lal Nehru Memorial Hospital, Srinagar, Kashmir, India

* Corresponding author at: Master's in Public Health, Department of Public Health, North South University, Plot 15, Block B, Bashundhara, Dhaka, 1229, Bangladesh.

E-mail addresses: kamrul.hasan11@northsouth.edu (Md.K. Hasan), zaziratul.zannat@gmail.com (Z. Zannat), sheikhshoib22@gmail.com (S. Shoib).