



The Pattern of Sexual Violence among Women and Children in the Hill Tracts of Bangladesh: An Unveiled Truth

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ABSTRACT

Introduction: Gender-based violence (GBV) has emerged as one of the most common and significant social problems worldwide including in Bangladesh. In recent times, incidents of sexual violence are on a rise in the country. The study was aimed at documenting the patterns of sexual violence that occurred in the hilly hard-to-reach areas of Bangladesh.

Methods: This descriptive cross-sectional study was conducted at the Bandarban District Hospital, a secondary-level hospital in one of the hilly districts of Bangladesh. The study participants included all the reported sexual assault victims between the period from July 2019 through June 2021. The variables were the victim's age, gender, religion, marital status, occupation, age at menarche, signs of assault, the interval between the incident and reporting, number of perpetrators, age of the perpetrators, and relationship of the perpetrator with the victims.

Results: During the study period, ninety cases were reported in selected hospitals of whom 86 (95.6%) were female and the rest (4.4%) were male. The mean age of the victims was 16±6.9 years (range: 2-40 years). Most of the victims (61.4%) were from the age group 11-20 years while 18.2% were below 10 years. Less than half (44.4%) of victims were assaulted before menarche. About 25% of the incidents took place in Farmhouses, or areas close to the forest or springs, while 34.4% occurred in either the victim's or the perpetrator's house. In most of the instances (75.6%), the number of perpetrators was single, and the mean age of them was 22.5±6.3 years (range: 13-45 years). In about 40% of cases, the perpetrator was known to the victim personally. Among 90 victims, 15(16.6%) were assaulted by their present or ex-lovers.

Conclusion: This study would help to set up the platform to undergo more research in this neglected, yet important area related to human rights violations.

Keywords: Gender Based Violence, Women, Bandarban Hill Tracts, Bangladesh

1. Introduction:

Gender-based violence (GBV) has emerged as one of the most common and significant social problems around the world.[1, 2] In 1993, the United Nations Declaration on the Elimination of Violence against Women would stipulate that the violence against women referred to in the declaration was "any act of gender-based violence results in or is likely to result in, physical, mental, or sexual harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life".[3] Although this criminal act can assault both men and women, traditionally women get more inflicted by men.[4] A major cause of this violence could be men's ideology of masculinity where men often brutally oppress women to satisfy their masculine behaviour.[5] Apart from that, poverty, extramarital affair, dowry, familial conflict, poor education, polygamy, and lack of knowledge and awareness are also responsible to accelerate the rate of GBV in society.[6] Gender-based violence can be different types where women can be sexually, physically, financially, or mentally victimised by intimate partners, acquaintances, and strangers.[7, 8]

The incidence of gender-based violence is increasing at an alarming rate in both developed and developing countries. Gender-based violence is a silent epidemic that affects one in every three women in their lifetime.[9] Research published by the World Health Organization (WHO) showed that approximately 736 million women become abused by their intimate partner or non-partner, or both in their everyday life. They also reported that nearly one-third of women have been subjected to physical and/or sexual violence.[10] Among the World Health Organization (WHO) regions, South-East Asian and African regions had the highest prevalence estimates for GBV, in the form of Intimate Partner Violence.[10] It has also been reported that

women living in middle-income and least-developed countries experience more sexual and physical assault compared to other regions.[11] In South Asia, more than two-fifths of women experience violence, especially from their intimate partners, in their lifetime.[12]

A study, conducted in Afghanistan, revealed that more than 50% of women experience sexual and physical assault by any penetrator.[13] In a study published in 2017, it was found that a total of 41% of women reported having experienced psychological violence in their lifetime.[14] Like other low-income countries, gender-based violence is perceived as a concerning issue in Bangladesh.[15] In a study, it was found that the women who had ever been married (55.4%) claimed having encountered controlling behaviour at some point in their lives along with experiencing physical (49.6%), emotional (28.7%), economic (11.4%) and sexual violence (27.3%). [16] Two recent studies reported the prevalence of intimate partner violence in urban slums of Bangladesh as 57.5% and 60% respectively.[17, 18] Even in a pandemic condition, the incidence rate rose by 24%, resulting in a total of 4,622 women in 53 districts suffering from mental abuse, 1,839 from physical violence, and 203 from sexual assault.[19] However, many incidents of GBV remain unreported in Bangladesh like many other low-and-middle-income countries.[8, 20, 21] The situation is even worse in the Chittagong Hill Tracts (CHT), which is the habitat of many tribes.[22, 23]

According to a study conducted in 2015, the prevalence of gender-based violence in CHT was 42.5% which will increase to more than 45% in 2020.[24, 25]. Particularly, women who live in hilly regions like Bandarban, Rangamati, and Khagrachori frequently experience many forms of physical and sexual abuse in public spaces including markets (61%), Jhum farms (45%), and government buildings (3%). Furthermore, it was also found that the women who were victimized among them 6% faced physical violence, 37% experienced mental or psychological assault and 11% endured sexual harassment (Hasan, 2020). A study published by the UNDP found the highest incidence of reported GBV in the Bandarban area out of all of Bangladesh between 2019-2020.[26] Another study portrayed that, approximately 44% of ethnic minority population have suffered domestic abuse at some point in their lifespan along with physical (33%), mental (38%), sexual (5%) and economic (19%) oppression.[19]

Although the rate of physical and sexual violence is higher, the rates of the disclosure are very much low in Bangladesh.[8] Therefore, gender-based violence is also known as the 'tip of the iceberg or silent epidemic'. [27] Several barriers, including social stigma, shyness, ignorance, inadequate education, and retaliation fear, prevent most women from sharing their experiences of violence with people.[28] The heinous crime of gender-based violence have not received adequate attention in recent years. Thus, this study aims at identifying the basic characteristics of the victims and the perpetrators of the reported cases in a secondary-level district hospital in Bangladesh with an overall goal to increase awareness regarding GBV in the country.

Methods:

Study design and setting

We conducted this descriptive cross-sectional study at the Bandarban District Hospital, a secondary-level hospital in one of the hilly districts of Bangladesh CHT region. The district is located in the South-eastern border of Bangladesh. It is one of the three hill districts of Bangladesh and a part of the CHT. This is a hilly area, accommodating three highest peaks of the country. This district is the hometown of the Bohmong circle, one of the eminent tribes of Bangladesh. However, there are more than eleven ethnic minorities living in the district besides the Bengalis. Overall, Bandarban has a total population of 481,109 with a population density of 87/m². [29] Among them are 283,134 Bengali settlers and 197,975 Tribal population.[30]

Study participants

The study participants included the sexual assault victims who reported the Bandarban District Hospital during the study period from July 2019 through June 2021.

Sample size and sampling

We calculated the sample size considering 5% prevalence of sexual violence in CHT, as reported by Sifat et al. (2020).[31], 95% confidence interval and 5% margin of error, which gave the preliminary sample size of 73. However, considering 5% non-response, and design effect of 1.1, our final sample size was 85. We the participants utilize a convenience sampling method. In total, 90 victims participated in this study.

Variables

The variables included the victim's age, gender, religion, marital status, occupation, age at menarche, signs of assault, the interval between the incident and reporting, number of perpetrators, age of the perpetrators, and relationship of the perpetrator with the victims.

Data collection, management, and analysis

The data was collected at first in the publicly available register for the sexual assault victims utilizing structured questionnaire. Then this data was extracted using a data abstraction form for research purposes. The extracted data was then transferred into Microsoft Excel 2016 and checked for inconsistencies. Finally, the data was analysed for descriptive statistics by using Stata SE V17.0. The continuous variables are presented with measures of central tendency and measures of dispersion. For the normally distributed variables, mean \pm standard deviation was used while for the non-parametric data, median and interquartile range was utilised. Normality was tested by Shapiro-Wilk test. The categorical variables are explained through frequency distribution. The tables, graphs, or charts are used when deemed feasible. The results were considered significant if the p-value was less than 0.05.

Ethical considerations

During data abstraction, anonymity was maintained strictly. The names of the victims have not been exposed by any means. The data was collected after taking informed consent from the participants. Moreover, the data extractors were recruited from outside of Bandarban district so that they do not recognize the victims. The approval to conduct this research study was granted by the hospital authority.

Results:

Among the 90 participants, more than 95% were female, and the rest were male children all of whom were less than 10 years of age. The mean age of the victims was 16.0 years with a range between 2-40 years. In total, 82.2% of the respondents were Bangladeshis while the rest represented tribal communities. About 75% of the study participants were Muslims, and the rest represented Hindus, Buddhists, Christians, and others. Only 23 (25.5%) participants mentioned their occupation of whom about 87% were students. Only 16.6% of the victims were ever married. The details of the basic demographic characteristics are provided in Table 1.

Table 1: Characteristics of the victims recruited for the study from Bandarban District Hospital (N=90)

Variables	Frequency (%) / Mean \pm SD
Age, in years	16 \pm 6.9
Gender	
Female	86 (95.6%)
Male	4 (4.4%)
Religion	
Muslim	68 (75.6%)
Hindu	4 (4.4%)
Buddhist	11 (12.2%)
Christian	2 (2.2%)
Others	5 (5.6%)
Ethnicity	
Bengali	74 (82.2%)
Tribal	16 (17.8%)
Occupation	
Student	20 (22.2%)
Service holder	1 (1.1%)
Landlady	1 (1.1%)
Housewife	1 (1.1%)
Not applicable/Did not mention	67 (74.4%)
Marital Status	
Unmarried	51 (56.7%)
Married	11 (12.2%)
Divorced	4 (4.4%)
Not Applicable	24 (26.7%)

More than one-fifths (18.2%) of the victims in this study were aged 10 years or below while more than two-thirds were between 11-20 years of age. Thus, about 80% of the study participants were below 20 years of age. We found nine victims each in the categories of 21-30 years and above 30 years groups. Figure 1 graphically represents the age categories of the study participants.

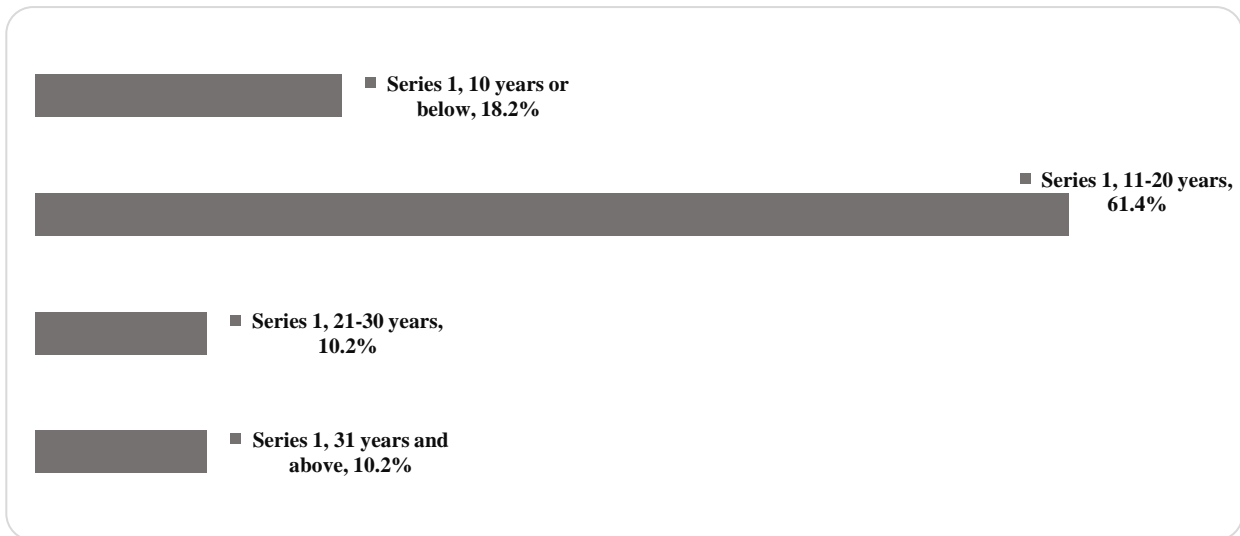


Figure 1: Age categories of the victims

Less than half of the victims reported to the hospital within one week of the incident. One of the victims was reported to the hospital even after two years. The interval between the incident and reporting to the hospital is shown in Figure 2.

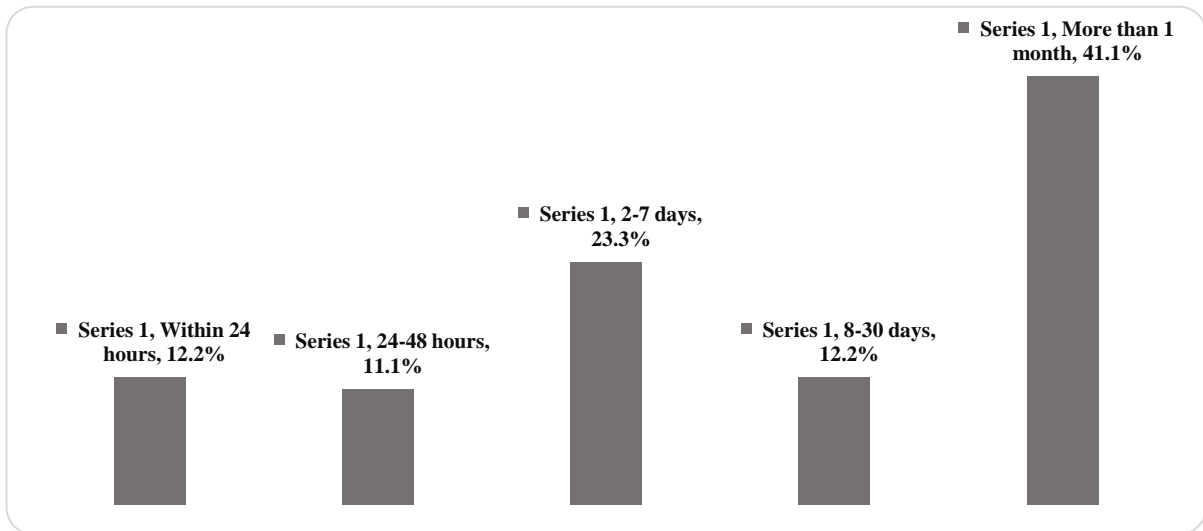


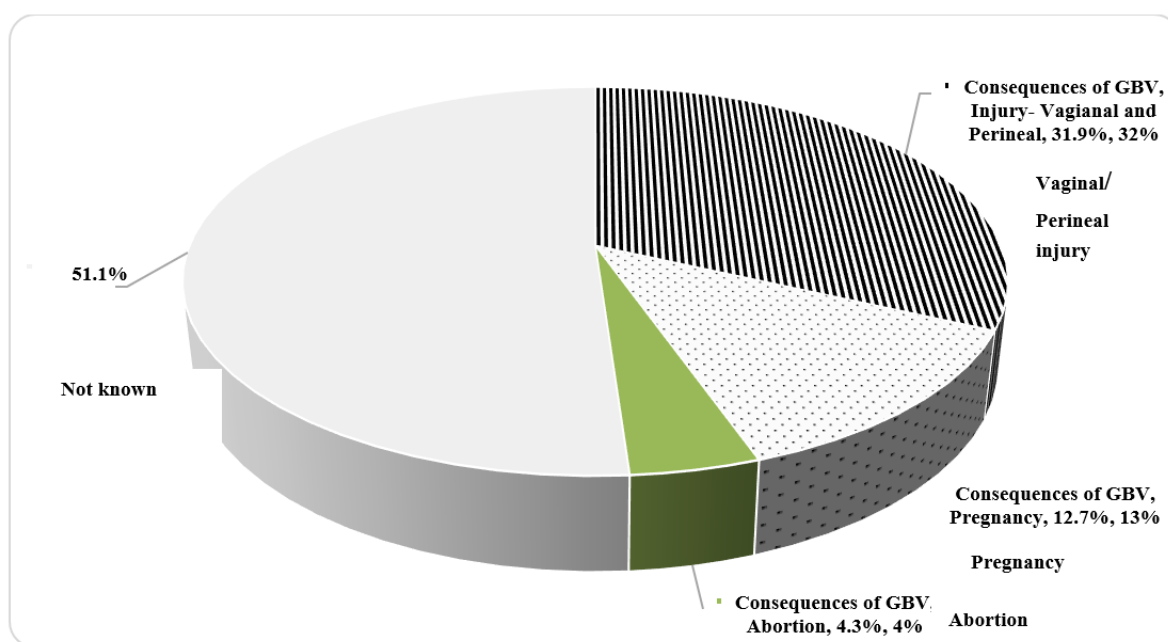
Figure 2: Interval between the incident and reporting to the hospital

About 25% of the incidents took place in Farmhouses, or areas close to the forest or springs, while 34.4% occurred in either the victim’s or the perpetrator’s house. The mean age of the perpetrators was 22.5±6.3 years with a range between 13-45 years. In most of the cases, the perpetrators singly attacked or harassed the victim. However, 12 (13.3%) of the victims could not mention the number of the participants. Among the perpetrators, 6 (6.7%) were boyfriends/lovers of the victim who mostly intended to rape the victim with or without consent providing a false hope of marriage. Five were family members, one of whom was the father of the victim, while two were neighbours. About one-fifth of the perpetrators were previously known to the victim who were neither family members nor neighbours. More than half of the victims could not identify the perpetrators. The incidents mostly occurred while the victims were alone and helpless. In many cases, when parents go away to tend to their farm (jhum cultivation), poor children often go out alone in these insecure remote hilly areas to tend to goats and perform other chores. This is where they are unprotected and most vulnerable to attacks. A couple of rapes occurred while returning from schools, while another couple of incidents occurred when the victim went outside their house to go to the toilet. Most of the assaults by lovers or boyfriends were consensual, however, the victims claim to be deceived. The basic characteristics of the perpetrators are shown in Table 2.

Table 2: Characteristics of the perpetrators

Variables	Frequency (%) / Mean \pm SD
Age, in years	22.5 \pm 6.3
Number of perpetrators	
One	68 (75.6%)
Two	4 (4.4%)
More than two	6 (6.7%)
Could not mention	12 (13.3%)
Relationship with the victim	
Familiar to the victim other than boyfriend, family member, or neighbour	18 (20.0%)
Boy friend	6 (6.7%)
Family members	8 (8.9%)
Neighbour	11 (12.2%)
Taxi Driver, Workers from father's farmhouse	3 (3.3%)
Could not mention	48 (53.3%)

In addition, we could not follow up with 51.1% of the survivors and came to know about the consequences of the incident. Among the women whom we could follow, 65.2% survived with vaginal and perineal injury, 26.1% had pregnancy and about 8.7% had an abortion. Figure 3 shows the consequences of GBV in our study.

**Figure 3: Consequences of GBV**

Discussion:

This study investigated the characteristics of the perpetrators and victims of gender-based violence (GBV) who were reported to a secondary hospital in Bangladesh. In this study it was found that almost every age group of participants had experienced physical or sexual assault once in their life. However, the women who were between 11 to 20 years old (61.4%) and unmarried (56.7%) were found to be a more vulnerable group of people who are constantly victimised by their acquaintances or strangers. Despite being a serious issue, gender-based violence is not receiving enough attention in this country. Due to the lack of awareness, most of the time the incidence of this GBV does not get enough priority among people. Even a good number of participants (41.1%) were found to report after a few months in the hospital after being physically abused by the offenders which eventually increases the risk of GBV in Bangladesh.

In this current study, we found that more than half of the respondents were unmarried in our study which is consistent with previous studies where the number of single participants was predominant.[32, 33] Another retrospective study was carried out in Egypt and showed a similar result where most of the victims were found to be unmarried.[34] In contrast to our findings, a Bangladeshi study stated that a good proportion of people were ever married among the whole participants who have faced different sexual and physical violence in their married life.[35] This difference might be of two reasons, firstly,

the higher proportion of the young women and girls among the participants, and secondly, perceived infatuation towards the unmarried women by the perpetrators.[36]

The findings of our study revealed that the victim's age was reported to range from 2 to 40 years old, with the mean reaching 16 years old. Furthermore, a good proportion of the participants were under the age of 10, while more than two-thirds were between the ages of 11 and 20. This result was found to be concordant with a study done in Egypt where the average age of the respondents was 15.2 years, ranging from 4 to 40 years of age, and the incidence of GBV is found to be higher among the people who were between 12 and 18 years of age.[37] Another study in Punjab also showed a consistent result where 60.8% of the participants were between 11-20 years of age group, with a range of respondents between the ages of 3 to 39 years old.[38] In contrast to this finding, a retrospective cross-sectional study in Bangladesh indicated that more than half of the respondents (63%) were between 16 to 30 years old.[35] Likewise, another study conducted in Eastern Uganda also demonstrated that a majority of the participants (56%) were found to be between 18 to 44 years of age group.[39]

Results show that the incidence of gender-based violence was higher in students compared to other professional which is slightly higher than the 20.5% reported in a previous study.[40] The percentage was reported to be higher in a prior study in Ethiopia where more than half of the participants (55.55%) were found to be students.[41] Similar to that, another study performed in South Africa also revealed that the female participants studying in public universities were at high risk of getting victimised by different sorts of gender-based violence in their country.[33] Nonetheless, research conducted in Northern Nigeria found that a good number of participants were female healthcare professionals (93.5%) who became victimised by some form of sexual or physical violence at least once in their lives.[42] The results of this study support previous studies done by Kinyanda et al., (2016) where a majority of the study population (38.7%) was found to be farmers in Eastern Uganda. Likewise, another study, conducted in Bangladesh, reported that more than half of the participants were housewives who had experienced different forms of violence in their life.[35] The difference in the economic and social status of the population may help to explain the discrepancy in occupation. It can also be explained by the fact that this particular group of people spends a lot of time with the perpetrators, which exposes them to different harassment.

According to the WHO (2013), there are multiple pathways through which intimate partner violence can lead to adverse health outcomes. There are more than twice as likely to have an abortion, almost twice as likely to experience depression, and 1.5 time more likely to acquire Human Immuno-deficiency Virus (HIV), as compared to women who have not experienced GBV.[43, 44] Physical trauma may lead to soft tissue and musculoskeletal injury and lead to disability or death.[45] Similarly psychological trauma and stress may lead to mental health problems such as anxiety, depression, sleep and eating disorders, post-traumatic stress disorder (PTSD) and even suicide.[46] The fear and control, which are integral to violence, may limit autonomy, health care seeking and limited sexual and reproductive control, lack of contraception and unprotected sex leading to unwanted pregnancy, abortion, Sexually Transmitted Infections (STIs) and HIV infection.[10] The persistent stress of a violent relationship affects the immune system leading to gastrointestinal disorders, chronic pain, hypertension and cardiovascular disease and the development of insulin-dependent diabetes.[47]

Regarding the physical outcome, our study demonstrated that more than three-fourths of the victims' hymens were ruptured, which was found to be consistent with previous studies.[48] Furthermore, the percentage of the hymen tear was also reported to be higher in a retrospective study in Himachal Pradesh where more than half of the participants had ruptured hymen with old tears.[49] However, the findings of the present work contradicted another study conducted where only one-fifth of the respondents claimed to have ruptured hymen due to sexual violence.[50] A lower number of cases was also found in a retrospective study in Egypt where only 35.3% of the respondents were found to have had hymenal tears in the body.[32] A similar result was also reported by Al-Hawari & El-Banna, (2017) where one-fifth of the participants had complained to have had a genital injury in their hymen. According to the findings of our literature, only a small percentage of participants (12.2%) were observed to get examined within 24 hours at the hospital, where nearly half of them were found to have reported it more than a month later. Abo El Wafa & Mohammed Ali, (2020) also demonstrated a similar result in their literature where only 6.2% of the participants disclosed an assault on the same day. On the other hand, the percentage was quite higher in a different study in Karachi where almost one-third of the subjects were found to complain about their occurrence within 6 to 24 hours of the incidence day.[51] A study done by Sehgal, (2015) revealed that the majority of subjects spoke about their incident on the second day of the occurrence. Likewise, Arif et al., (2014) also found in their research that approximately one-third of the study population arrived at the hospital within two days for their medical examination. This could be attributed to the fact that the participants were more aware and less cared about public reaction or shame of gender-based violence which pushed them to let people know about their condition. In our findings, physical evidence of forceful sexual violence was limited due to the reason that the patients often came forward with their case much later from the time of the incident. By the time they arrived in our care, the wounds were healed and in many instances wash themselves of all the evidence of abuse. Therefore, when they ask to obtain our medical certification for the purpose of legal action, in most cases we had to present a negative result for the violence. In all cases except for one where the patient (two years old) arrived a few hours after incident, were we able to obtain sperm through vaginal swab testing. This goes along with a research conducted in Bangladesh which described that more than 70% of women never told anyone despite experiencing violence, and fewer than 3% took legal action.[52]

According to the present research work, a number of the incidents were perpetrated by either boyfriend or lover where the perpetrator singly abused the victim. The finding of this study correlates with existing literature in Ethiopia where the students who had boyfriends had experienced two times more gender-based violence in their life compared to those who had no boyfriends.[53] Another Ethiopian cross-sectional study also showed a similar result where most of the victims were 4.78 times more perpetrated by their boyfriends.[54] This is in agreement with a study where people who have close relationships with their boyfriends and friends were reported to be more likely to experience various forms of sexual violence in social media.[55] In another study, it was found that a good number of participants having close friends were found to be more victimized by different assaults in comparison to others.[56] Nonetheless, a systematic review suggested that husbands were the leaders of gender-based violence in women where a majority of the victims were perpetrated by their life partner.[57]

Moreover, this study also revealed that only one-fifth of the perpetrators were mostly known to victims including their family members like in one case where the perpetrator was the father. More than half of the perpetrators in our study were strangers which is in contrast to a prior study where approximately three-fourths of the offenders were the victim's family members or close relatives[53]. This is in accordance with another previous study (Maqsood et al., 2014) where nearly half of the offenders were reported to be familiar with victims from before. Another study in Turkey also found a higher percentage where more than three-fourths of the assailants were known to the victim.[58]. This may be explained by the subjects spending more time with strangers than their known ones, which rendered them more susceptible to various forms of physical and sexual abuse. It is worth noting that, most of the cases occurred in an isolated place where victims were alone which agreed with research performed by Arif (Arif et al., 2014) where it was demonstrated that almost three-quarters of the violence cases were happening in an isolated place in Punjab. These findings conflict with the study of Kaushik et al., (2016) where most of the physical or sexual assault cases were found to be committed at the victim's house. In a similar way, other studies done by Abo El Wafa (Abo El Wafa & Mohammed Ali, 2020) and Sehgal (Sehgal, 2015) claimed that the most common place for gender-based violence is the perpetrator's house. This might be due to differences in geography, where people view certain locations as isolated places to commit crimes. In the context of our study, one fourth of the incidents took place in the farmhouse or areas close to the forest or springs, while 34.4% occurred in the victims or perpetrator's house. The areas close to the forest or springs are usually desolate; as a result, these become the ideal place to commit the heinous crime by the perpetrators. The farmhouses also remain empty when the season for Jhum cultivation is over. Besides, the known perpetrators could choose either the victim's or the perpetrator's house, whichever was suitable for them in the given time.

One of the biggest strengths of this study was the geographical location which allowed the study to figure out the prevalence of gender-based discrimination among the minority group of people in Bangladesh. By doing this, this study would be able to address the key problems of increasing the rate of gender-based violence in that particular area which will eventually make people more aware and knowledgeable about the negative consequences of gender-based violence. Additionally, this study will also be able to contribute to promoting the intervention program against different physical and sexual assaults that would ultimately help to reduce the rate of gender-based violence in this country. However, like other studies, there are also some limitations in our study. Since this study was a descriptive cross-sectional study, it cannot determine a strong causal effect between the potential risk factor and the prevalence of gender-based violence among the people in Bangladesh. Furthermore, there may be some recall bias that may be associated with collecting the data from the participants. Last but not the least, since the incidence of gender-based violence is still a shameful issue in Bangladesh, some instances of gender-based violence might not have been recorded in this study.

Gender-based violence is considered one of the curses which may hinder all the prospects in Bangladesh. The increase in gender-based violence in this country is directly related to the socio-demographic traits of the perpetrators and victims. More than three-fourths of females experience different physical or sexual assaults compared to other groups of people. Additionally, children were another vulnerable group who also had suffered different torture in their life. Most often, strangers were the ones who physically or sexually assaulted women and had a major negative influence on their health. However, a lot of individuals still pay very little attention and are embarrassed to go to the hospital, which causes them to put off taking the right medications and endanger their physical health. In these circumstances, this study recommends that different awareness programs should be introduced against gender-based violence especially at the community level so that people from all stages can be more aware of it. In addition to that, this study also recommends the organisation and the policy maker to come forward and to take necessary steps to prevent the prevalence of gender-based violence in the country. Furthermore, providing adequate education to people could be another way in which the government should pay enough attention. Finally, this study also suggests doctors and health professionals also play an important role so that the victims may not feel ashamed to talk about the incident.

Conclusion:

The heinous crime of GBV has not received adequate attention in recent years and evidence is limited to scientific literature and almost none for the hard-to-reach area. This study is an attempt to uncover the gender-based violence and therefore insecurity that is being perpetuated day by day in the hilly area of Bangladesh. To achieve the target of SDG by 2030, to create an environment free from discrimination, this study would help to set up the platform to undergo more research in this neglected, yet important area related to human rights violation. Moreover, the pattern of the survivors and perpetrators would help society to be more cautious and safer regarding their vulnerable population. However, this is just the report from the tip of the iceberg since many cases still go unnoticed and unreported because of social stigma and taboos.

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